

# Health Status and Health Seeking Behaviour of Women in Rural Areas of Uttarakhand



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## Abstract

### Background and Objective

Health is one of the prime concerns of mankind. Normally the context in which an individual lives it is of very vital and significant for his/her health status and quality of life. ". The health of women is a key component for determining the progress in meeting the nation's health and development goals. The objective of this study is to find out current trend in health seeking behaviour among married women of reproductive age group in the state of Uttarakhand.

### Methodology

A descriptive study was done in a rural area of Chamba block, Tehri district of Uttarakhand. Using simple random sampling method, 150 married women in reproductive age group were selected randomly who were present at the time of door to door survey.

### Result

Majority (30%) of the respondent belongs to the age group of 36-40. 40% experiences skin problem, 38.6% weakness, and joints pain, 32.1% gastric problem. In this study first approach of seeking health treatment for the reported illness among women was (37.1) private health facility, followed by home treatment (27.1) and 21.4% would go to the government hospital.

### Conclusion

It was observe that women in rural areas for treatment seeking prefer private health services. Seeking the health treatment from government hospital is not the first choice of treatment by the respondent due to inaccessibility. For avoiding the unfavorable circumstances people should be motivate and make aware through mass media about seeking medical help from trained medical personnel only.

**Keywords:** Health, Health seeking behavior, Health Services, Illness, Treatment.

### Introduction

World Health Organization defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health is a pre-requisite for human development and is essentially concerned with the well being of the common man. Health is not only related to medical care but an integrated development of an entire human society [1]. The health of women is a key component for determining the progress in meeting the nation's health and development goals. If the women are healthy her family is also healthy [2]. Health Care Seeking Behavior (HCSB) refers to decision or an action taken by an individual to maintain, attain, or regain good health and to prevent illness. The decisions made encompasses all available health care options like visiting a public or private and modern or traditional health facility, self-medication and use of home remedies or not to utilize the available health services etc. [3]. Many factors like sex, age, type of illness, access to services and perceived quality of the services, influences the health seeking behaviour. People differ in their willingness to seek help from health care services. Some go readily for treatment others only when in great pain and in advanced state of ill health [4]. Health seeking behavior of women is an important area of study. Since prevention of disease and its cure lies more on behavior disposition than on medicine, the question that arises is whether women in India can behave in a manner favorable to their health. There for the study was conducted in the perspective of exploring

the current trend in health seeking behaviour among married women of reproductive age group in the state of Uttarakhand.

#### Objectives

1. To study the socio economic and the demographic profile of the Respondent.
2. To know the various health issues the Respondent.
3. To find out the various factors, affecting health seeking behaviour of the Respondent.

#### Materials and Methods

A community based descriptive study was done in a rural area of Chamba block, Tehri district, in

#### Result:

**Table 1- Demographic Characteristics of Respondents (n=150)**

Categories	Options	Frequency	Percent
Age group of the Respondent	18-25	10	6.7
	26-30	22	14.7
	31-35	38	25.3
	36-40	45	30.0
	41-45	35	23.3
Marital Status	Unmarried	15	10.0
	Married	125	83.3
	Other	10	6.7
Educational level	Illiterate	06	4.0
	Primary school	16	10.7
	Middle school	10	6.7
	High school	20	13.3
	Intermediate	42	28
	Graduate	44	30.7
	P. graduate	12	8.0
Occupation	Agriculture	52	34.7
	House wife	54	36.0
	Service	24	16.0
	Other	20	13.3

Majority (30%) of the respondent belongs to the age group of 36-40 followed by 25.3% in age group of 31-35 Years. Majority 83.3% women were married. 30.7 % of the respondent was educated up

Uttarakhand state of India. Using simple random sampling method, 150 married women in reproductive age group were selected randomly who were present at the time of door to door survey. A pre-tested structured questionnaire was used to collect data by house to house visits. Information about socio-demographic characteristics, presence of common illness, health care seeking behavior and reasons for non-utilization of particular health facilities etc. was obtained.

Data analysis were done with the Microsoft excel, Means and proportions were calculated for continuous and categorical variables respectively.

to graduation and followed by 28% up to intermediate level. 36% of these women was house wife and 34% engaged in Agriculture. 16% of them work in some kind of services.

**Table 2- Common symptoms of illnesses experienced by Women**

Categories	Options	Frequency	Percent
experience symptoms of illness (within last year) (n=150)	Yes	140	93.3
	No	10	6.7
Types of common illness ever experience (n=140)	Headache	35	25.0
	Dental problems	33	23.6
	Gastric problems	45	32.1
	Abdominal pain, Diarrhea	32	22.9
	Urinary Tract problems	43	30.7
	Eye, ear, throat problem	30	21.4
	Skin Problems	56	40.0
	Weakness	54	38.6
Others (joint pains)	44	31.4	

(Multiple responses)

Result from table no. 2 revealed that majority (93.3%) of the women had experience the symptoms of common illness within a year. Out of them 40%

experiences skin problem, 38.6% weakness, and joints pain, 32.1% gastric problem and 30.7% stated urinary tract problem.

**Table 3- Women's reaction to symptoms of illness experienced (n=140)**

Categories	Options	Frequency	Percent
Response to symptoms experienced	Home Treatment	38	27.1
	Private health care services	52	37.1
	Going to patent medicine dealer	20	14.3
	Going to the govt. hospital	30	21.4
	Use spiritual tools	10	7.1

In this study respondent were asked to their first preference for treatment of their common illness. Result from table no. 3 shows that out of 140 respondent who stated experiencing any kind of illness during last one year, 27.1% would take home

treatment, 37.1% prefer to go for Private health care services, 14.3% would take medicine from patent medicine dealer and 21.4% would go to the govt. hospital and while the rest 7.1% of the respondent use the spiritual tools.

**Table 4- Factors that are responsible for the health seeking behavior adopted by Women**

Categories	Options	Frequency	Percent
Home Treatment (n=38)	Cultural tendency	22	57.9
	Accessibility	21	55.3
	More effective	28	73.7
Private health care services (n=52)	Accessibility	30	57.7
	More effective	20	38.5
Going to patent medicine dealer (n=20)	Accessibility	15	75
	More effective	10	50
Going to the Govt. hospital (n=30)	Accessibility	20	66.7
	More effective	25	83.3
Use spiritual tools (n=10)	Belief that there is no medical cure	08	80
	Effective and accessible	05	50

(Multiple responses)

Among the total 38 respondent who stated to have self medication at home 73.3% had belief that it is more effective and out of 52 respondents who seeks private health care services 57.7% find it more accessible. The respondents who would take medicine from patent medicine dealer 75% think it easily accessible and 50% find it more effective. 10(7.1) respondent use spiritual tools if they do not find any medical cure of their illness.

#### Discussion

The present study was women centered and consisted of 18-45 years age group and conducted in rural areas of Tehri Garhwal, Uttarakhand. In this study the most common illness among rural women was skin problem, weakness and joints pain followed by gastric problem and urinary tract problem. The skin problem mostly pigmentary disorders among women in that area may be due to their occupation as working in agricultural land and geographic terrain (high hills). It was observed that women feels weakness during their daily course of work, this may be due to anemia disorder. According to NFHS-4, 42% of women in Uttarakhand are suffering from anemia including 31% with mild anemia. [5] A study conducted by Kar C, Das in accomplished that pattern of skin diseases mostly depends not only on environmental factors but also on occupation, socioeconomic status, literacy, and age of the patients. [6] Sonia jain et.all in her study concluded that the prevalence of skin diseases was 60%. And pigmentary disorders were more common in participants. Study showed a higher prevalence of eczema in female and fungal infection in male [7]. In the study done in rural districts of Vietnam showed that the women had more reported cases of the diseases than men and the common illness were

headache bone and joint pain [8]. In this study first approach of seeking health treatment for the reported illness among women was (37.1) private health facility, followed by home treatment (27.1) and 21.4% would go to the government hospital. In this study area people also prefer to access the private health facilities as they find it more accessible rather than government health facilities. Distances of the government hospital may be the reason for not preferring the first choice for the treatment. According to a study conducted by Gera et al. at Uttarakhand found that all respondents went for traditional/home remedies on initial of illness [9]. Women have belief that for common illness home treatment is the best way for curing the illness. As in this technically advanced era it has been also observe that people are searching for the self health treatment method for their illness on internet. Similar the findings have been observed in a study conducted by Arun Vijay Paul that the most preferred choice of treatment among the study group was private health facility (44.3%), followed by government sector (31.2%). It indicates that in spite of free service and facilities available at government health centres, women have their own preferences [2]. In many studies it was found that the decision to engage in a particular type of medical system is often influenced by a variety of factors [10]. This study is useful for assessing the people's needs for health care and in planning and evaluating health programs.

#### Conclusion

Understanding health seeking behavior is the first and most important step in effecting change in public health scenario in a positive direction. In this present study Majority respondent belongs to the age group of 36-40 years. Most of the women were

educated up to higher secondary and graduate and occupied in household course and agricultural work. It was observed that women in rural areas mostly experience skin disorders and weaknesses, joint pain and gastric problem as well. For treatment seeking women prefer home treatment and after that private health services. Seeking the health treatment from government hospital is not the first choice of treatment by the respondent due to inaccessibility. For avoiding the unfavorable circumstances people should be motivated and made aware through mass media about seeking medical help from trained medical personnel only.

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