



Health Seeking Behaviour Among Housewives in Dharwad City

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ABSTRACT

The paper explores into the health seeking behavior taking into consideration utilization of health services by housewives in a mid-sized city. The results reveal that health services provided by private health organizations are of high cost. The cost of health services should be so nominal that every woman can afford within household budget. Housewives with high and middle family income can better afford private health services. While housewives with low family income look for access to public health service as they cannot afford to buy private health services due to low income. The rising price of food grains, vegetables and other products had brought transition in food consumption among women affecting their reproductive health. Health seeking behaviour, education, food consumption, family income are key factors in determining women's health.

KEYWORDS

Food consumption, health seeking behaviour, private & public health service, reproductive health issues.

Introduction: Urbanization has brought little changes in the traditional attitudes and roles towards women. However, development of neighbourhood health programme, community health centres and hospitals should function effectively in urban areas and health departments in any cities can bring about coordination and support needed for improvement of environmental and socio-economic conditions which are fundamental for improving health was observed by Ashish Bose (1978). Meera Chatterjee (1990) who has extensively worked on the issues concerning women and family opined that the family has been the traditional source of emotional, social, economic and health support throughout the life cycle. Women of all ages have not only poor access to health care system but are also less likely to use it. Individual and community perceptions of health care are important determinants of health seeking behaviour. As long as disabilities and diseases are considered natural or predestined, women suffer unnecessarily from conditions which can be prevented or treated better. Further, socio-economic norms, joint decision of couples, and affordability of health services determine woman's ability to seek health care. Biswas Subir (2012) reveals that most of the housewives are followers of traditionality being kitchen as centre of home remedies. The significance of traditionality in health care, high cost of medicare services, high proportion of medical expenditure develops tendency among women to spend less on them for medicare services. Therefore, it is essential for women to take care of health which effectively depends on family income and food consumption.

* This paper is an outcome of the early results that are available from the ongoing survey of Health and Nutrition among Housewives in Dharwad City.

In the background of this, the present study was conducted in Dharwad city with following objectives in frame. 1. To know respondents background such as age, education, religion, social category and family income; and 2. To examine the relationship of reproductive health issues, food consumption and utilization of health services by respondent housewives with selected variables.

Methodology: The present study was conducted in Dharwad city in order to understand health seeking behaviour of respondents by taking into consideration their family income,

food consumption, reproductive health issues and utilization of health services. A sample of 200 respondent housewives were selected by using random sampling method in order to know from them about their reproductive health problems, food consumption, and health seeking behaviour. Interview schedule was specially designed for the purpose of collecting data from the respondent housewives by taking into consideration the objectives set for the study.

Data Analysis and Interpretation: In the following paragraphs the empirical details pertaining to background variables are presented which are later used in the analysis of data analysis and interpretation. At first we begin with age of respondents, the details are given in Table 1 below.

Age of Respondents	Frequency	Percent	Valid Percent
Below 20	60	29.4	30.0
21-30	52	25.5	26.0
31-40	42	20.6	21.0
41-50	46	22.5	23.0
Total	200	98.0	100.0

The table 1 shows the respondents age group stratified under four categories. It is found that about 30 percent of respondents were below the age of 20 years since early marriage is still a practice among larger section of people in north Karnataka. We find such a huge number 60 of respondents being obtained in their age group when they should have been in school or college for higher education. Early marriage has its own implications for health seeking behaviour, especially among women. Further the education of respondents is considered, the details about which reveal nearly 61 percent of respondents having terminated their education by reaching secondary education in order to enter into marital life as data reveal in the table 2 below.

Table 2 Education of Respondents

	Frequency	Percent	Valid Percent
Illiterate	29	14.2	14.5
Primary	37	18.1	18.5
Secondary	56	27.5	28.0
PUC	56	27.5	28.0
Graduation	22	10.8	11.0
Total	200	98.0	100.0

The details in the above table 2 indicate that little over 28 percent of respondents have attended to college education. Higher education has considerable significance in health maintenance activities among women. The social background of the respondents is concerned, we find from the data that about 87 percent of respondents are hindus while only 13 percent are muslims. Dharwad has sizeable muslim population which has migrated from villages and towns from far and near places. This is evident from the fact that most of the menial jobs in market are conducted by Muslims.

The respondents of present study are identified by their social category background as has been done by the state for providing some welfare measure benefits. The categorization is followed on the basis of division of caste into particular social category by the state.

Table 3 Social Category of Respondents

Category	Frequency	Percent	Valid Percent
IGM	77	37.7	38.5
OBC	22	10.8	11.0
SC	43	21.1	21.5
ST	32	15.7	16.0
Category I	26	12.7	13.0
Total	200	98.0	100.0

Going by the details available, nearly 61.5 percent of respondents have come from socially and economically backward categories. City being a place having accumulated all categories of people including the socially and economically better social groups. The statistical details in the table 3 show that about 38.5 percent of respondents are from upper social categories among whom the health seeking behaviour is quite pronounced. Family Income is an important determining factor in health seeking behaviour. The details from the present study reveal that nearly 69.5 percent of the households of respondents do not make up to more than one-fourth of a lakh rupee that is twenty five thousand rupees a year implying their consumption level being obviously low with having its implications to health seeking behaviour. The details are given in table 4 given below.

Table 4 Family Income of Respondent Housewives

Family Income	Frequency	Percent	Valid Percent
10,000	47	23.0	23.5
11,000 -25,000	92	45.1	46.0
26,000 - 50,000	50	24.5	25.0
51,000 - 5lakh and above	11	5.4	5.5
Total	200	98.0	100.0

Table 5 Correlation of Respondents Reproductive Health Issues with Age, Education, Religion and Social Category

	Menstruation	Abortion and pregnancy disorders	Infertility	Other reproductive health problems
Age				
Pearson correlation	-.586**	.198**	-.096**	.153*
Sig. (1 Tailed)	.000	.002	.087	.015
N	200	200	200	200
Education				
Pearson correlation	.210**	.175**	.007	.150**
Sig. (1 Tailed)	.001	.007	.460	.017
N	200	200	200	200
Religion				
Pearson correlation	-.090	.073	.136*	.121*
Sig. (1 Tailed)	.103	.151	.028	.043
N	200	200	200	200
Social category				
Pearson correlation	-.091	-.020	.108	.006
Sig. (1 Tailed)	.100	.392	.063	.469
N	200	200	200	200

** . Correlation is significant at the 0.01 level (1-tailed) * . Cor-

relation is significant at 0.05 level (1-tailed)

The table 5 explains that the reproductive health problems of housewives were found correlated by using selected variables such as age, education, religion, and social category of respondents which was done through Karl Pearson correlation. The results of the present study revealed that the problem of abortion pregnancy disorders, other reproductive health problems was found among all age group of respondent housewives which shows significant relationship at 0.01 level. Further, it also revealed that the irregularity of menstruation was found among the respondents of middle age due to low and high flow of blood during periods, genetic disorders, vaginal related issues and older age respondents as they are reaching the menopausal stage which shows significant difference at 0.01 level. However, the regularity of periods was found among younger respondents and no problem was noticed, the problem of infertility was increasingly found among middle aged group of respondents compared to other respondents who belong to both lower age and upper age. The reason behind this was irregular menstruation, uterine related disorders; problem of formation of eggs in ovum, stress and sedentary life style of couples therefore significant difference was found at 0.01 level. The reproductive health problems was commonly found among all respondents who are illiterates and have completed primary, secondary, PUC and graduation level of education which shows significance at 0.01 level. The respondents who are severely suffering from irregular periods, infertility, abortion and other reproductive health problems is increasingly found among respondents of Hindu religion background compared to Muslim religion background which shows significant relationship at 0.05 level. Among social category of respondents particularly among upper caste people reproductive health issues were more prevalent compared to respondents from other categories.

Further, the background details of the sampled housewives are correlated to their food consumption of selected items to find out whether there is any significant relationship. The analyzed details are given in the table 6 below.

Table 6 Correlation of Respondents' Food Consumption with Selected Variables

		Green leafy vegetables fruits	Meat Fish Chicken and Egg	ce-reals pulses	rice dhal and other vegetables	milk ghee butter and other milk products
Family income	Pearson correlation	-.474**	-.101**	.245*	.131*	-.261**
	Sig. (1-tailed)	.000	.077	.000	.032	.000
	N	200	200	200	200	200
age	Pearson correlation	-.015*	-.009**	.176*	.066*	.111*
	Sig. (1-tailed)	.416	.450	.006	.178	.059
	N	200	200	200	200	200
education	Pearson correlation	.212**	.155*	.094	.013	.124*
	Sig. (1-tailed)	.001	.014	.094	.426	.040
	N	200	200	200	200	200
religion	Pearson correlation	.210**	-.130*	.095	.031	.081
	Sig. (1-tailed)	.001	.033	.092	.330	.127
	N	200	200	200	200	200

Social Category	Pearson correlation	.137*	-.659**	.147*	.013	.501**
	Sig. (1-tailed)	.027	.000	.019	.427	.000
	N	200	200	200	200	200

** . Correlation is significant at the 0.01 level (1-tailed)
* .Correlation is significant at the 0.05 level (1-tailed).

The details in table 6 above show the relationship between respondents' food consumption with age, education, religion, social category and family income. The respondents whose family income was adequate had consumed green leafy vegetables, fruits, non-vegetarian food, milk and other milk products regularly, once or twice a week compared to the respondents with low family income background who limited their consumption of such foods once in a week or occasionally or not at all as they could afford these food expenses limitedly. A significant difference was noticed between family income and food consumption at 0.01 level. In addition to this, all the respondents with varying family income background consumed rice, dhal, cereals, pulses, and other vegetables which is found significant at 0.05 level. The consumption of cereals, pulses, rice, dhal, and other vegetables, was found among all age groups of respondents which shows significant relationship at 0.05 level. The significant difference at 0.01 level was noticed when respondents age was correlated with consumption of green leafy vegetables, fruits and non vegetarian food as the relationship showed that these kind of food was increasingly consumed by lower aged and middle aged respondents compared to respondents' of older age category as these respondents were consuming it once in a week, occasionally which was based on their food choice and again family income. The relationship of respondents' education, religion, social category with food consumption was found significant at 0.05 and 0.01 level as the respondents with different levels of education, religion, and social category consumed all kinds of food. But the significant difference was noticed where most of the respondents who consumed non-vegetarian food belonged to Hindu religion especially among backward caste, SC and ST social categories compared to Muslims where non-vegetarian intake was found to be very less due to low family budget. This significant difference was found at 0.05 and 0.01 level.

Further, the data were analyzed to find out health seeking behaviour among the respondent housewives in the background of their family income, education, age, religion, and social category. The data given in table 7 below reveal that there is positive correlation between both sets of variables.

Table 7 Correlation of Respondents' Health Seeking Behaviour with Selected Variables

Age	Seeking health service	Health check-ups, treatment	Efficient health service	Medical expert	Costs of health care should be nominal, affordable and manageable
Pearson correlation	.073	.113	.129	.033	.071
Sig. (1-tailed)	.302	.112	.070	.646	.318
N	200	200	200	200	200
Education	.089	.031	.008	.043	.200
Pearson correlation	.209	.664	.909	.543	.004
Sig. (1-tailed)					
N	200	200	200	200	200
Religion	-.142**	-.192**	-.239**	.111	.062
Pearson correlation	.045	.007	.001	.119	.381
Sig. (1-tailed)					
N	200	200	200	200	200
Social Category	-.026*	-.118*	-.014*	.101	.194**
Pearson correlation	.717	.096	.841	.155	.006
Sig. (1-tailed)					
N	200	200	200	200	200

Family Income	Pearson correlation	.741**	.656**	.447**	.136	.371**
	Sig. (1-tailed)	.001	.001	.001	.055	.001
	N	200	200	200	200	200

** . Correlation is significant at 0.01 level (1-tailed) * . Correlation is significant at the 0.05 level (1-tailed).

The analyzed data given in the table 7 above imply determining the health seeking behaviour of the respondents with selected variables such as age, education, religion, social category and family income. The results reveal positive relationship showing respondents with different age groups and level of education seek health care services, health checkups and treatments both at private and public health organizations respectively, with having medical experts serving in both private or public field and all respondents opined that health care services should be nominal, affordable and manageable. It is also found that most of the respondents belonging to hindu and muslim religion were increasingly seeking private health service and underwent checkups and treatment at private hospitals which shows significant difference at 0.01 implying religion is no bar for seeking health care services from whatever sources available. Few respondents seek only public health services irrespective of religion.

Further, respondents of hindu and muslim religion opined that efficient health service is provided by the private health organizations showing significance of difference at 0.01 level where public health service have less efficiency in rendering the service. In social category we found that most of the respondents belonging to upper castes, other backward castes, scheduled castes and scheduled tribes were found seeking private health service, underwent regular checkups and treatments at private hospitals and opined that private health organization provides efficient health service than public organization which shows significant difference at 0.05 level, as some respondents belonging these castes were seeking public health service. The respondents of all social categories visit medical experts, and opined to make health costs nominal which is significant at 0.01 level. Further, when family income was correlated with health seeking behaviour, we found that the respondents belonging to higher and middle level income families were seeking private health service, getting medical checkups done and treatment at private establishments which indicates to be efficient health service provider showing significant difference at 0.01 level compared to those respondents with low family income undergoing public health service which needs to be improved in providing efficient services and its utilization pattern among respondents. Finally all respondents belonging to different family income have revealed that health costs and affordability should be nominal and be available equally to all showing positive significance at 0.01 level respectively.

Conclusion: Urban area should have better health infrastructure facilities so that every woman can access to it. The family economies and state should provide affordable health services to women of all ages. Most of the housewives are deprived because of inadequate family income as well as improper food consumption affecting their reproductive health as well. The state should need to gear up its health care policies and programmes in order to render the needy of its services. Education, economy and health are key factors in determining health seeking behaviour among women. The government should provide basic amenities besides good food grains, medicines, housing, sanitation facilities at nominal rates for women in general and women from weaker sections in particular to live a healthy and better life.

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