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Health-seeking Behaviour of Women in Rural Punjab: A Sociological Perspective

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Abstract

Health status and health-seeking behaviour are commonly studied in the context of human public health care system. This paper aims to investigate the impact of the autonomy of women and the factors affecting the women's health-seeking behavior in rural Punjab. Majority of respondents (61.25 per cent) were aged 20-25, residing in joint families, with incomes between Rs 50,000 - 1.0 lakh. Only five per cent were regularly visiting for routine checkups. The regular availability of doctors on public health Centres was reported by 86.25 per cent of the respondents. A significant barrier was the hesitation (61.25%) to discuss health issues with male doctors. Most women resorted to home remedies before seeking formal healthcare .The study highlights a significant correlation between the quality index, especially accessibility, and health-seeking behavior. This underscores the importance of improving healthcare accessibility to enhance women's health-seeking habits in rural areas.

Keywords: Health, Rural**,** Health seeking Behaviour, Primary Healthcare.

JEL Classification : J16, Z13, I12

Introduction

Maternal health is inextricably linked to social, cultural, and economic factors that affect all aspects of their lives, including the well-being of their children (particularly females), as well as the functioning of households and the distribution of resources. In India, maternal and child health remains an important public issue. Maternal health refers to a woman's health and well-being before, during, and after pregnancy and contains physical, mental, emotional, and social well-being. Children cannot achieve optimal health on their own. They rely on adults in their family and community to provide an environment in which they can successfully learn and grow. Moreover, because they are steadily expanding physically and mentally. The maternal health status, practices, and environment throughout and even before pregnancy have a huge impact on a child's health and well-being. (Bhardwaj and Grece 2010).

Women's health is a particular concern because, in many societies, it is disadvantaged due to prejudice stemming from sociocultural factors. To be empowered and gain access to high-quality healthcare, women must overcome many social barriers. One of the key factors affecting women's health is their tendency to seek out health care (Reddy *et al* 2020).

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Maternal health-seeking behavior is a complex phenomenon that depends on a variety of factors, including demographic, cultural, social, and personal barriers, as well as the availability of healthcare services. Furthermore, a woman's social status may be related to her poor health-seeking behavior (Yesudiian, 2009)

Healthcare utilization, like health-seeking behavior, is a dynamic concept that is again reliant on time and is influenced by a wide range of factors. The use of healthcare facilities is generally determined by factors like accessibility, comprehensiveness of care, and continuum of care(Da Silva *et al* 2011). In India, different socioeconomic groups use healthcare facilities to varying degrees .Because private healthcare facilities are simpler to access and offer, people in developing nations like India prefer to use them,where public facilities are thought to be of lower quality and provide more individualized care (Patel *et al* 2010). Prior to engaging in health seeking behaviors, individuals and/or households make decisions that are then influenced by community norms and expectations, as well as provider-related characteristics and behavior (Ihaji *et al* 2014). People used healthcare and identified the barriers to care in developing nations. In many low- and middle-income countries, healthcare utilization varied significantly according to socio-economic status. Income, knowledge, education, cultural and gender roles, social factors, proximity to healthcare facilities, and the

price of healthcare services were all identified as determining factors (O'Donnell, 2007)

Women's health-seeking behaviour is a major determinant of their health. Actual knowledge, disorder perception, socio-demographic variables, and the easy access of health care services all have an impact. Based on these determinants and their interactions, healthcare-seeking behaviour is an intricate result of several factors operational at community, family and at individual levels (Nazia,2013).

A person's decision or action to uphold, obtain, or restore good health and avoid disease is referred to as healthcare-seeking behaviour (HCSB). All available health care selections are considered, including visiting a public or private, modern or traditional health facility, self-medication and home therapies, and not using available health services (Sudharsanam ,2007).

Primary Health Centers are the cornerstone of rural health services and are crucial to the delivery of healthcare in the nation's rural areas. PHCs are the first port of call for rural residents seeking curative care from a licensed public-sector physician.The majority of disease prevention initiatives, as well as acute and chronic health issues, should be addressed in primary care. A committed therapeutic relationship can develop when there is access to high-quality primary care, especially in the community (Stange, 2009). The population's overall health will improve and the burden of disease will be reduced as a result of effective primary healthcare services being implemented through universal health coverage (Wang S Y 2012).

The availability of health care varies significantly between rural and urban India. Rural women have less options than city dwellers, who have the option of using both public and private services. The primary point of contact between the village community and the medical officer is the primary health centre. They are designed to provide unified curative and preventive health care to the rural population, with an emphasis on preventive and promotional health care (Barik and Thorat 2015).

More and more, governments are using the Sustainable Development Goals (SDGs) to gauge their own and other nations' progress in terms of development. Many poor nations continue to place a high priority on achieving the SDGs linked to health. This study assessed the development of a few SDG health indicators across social and economic groups in the states of India and forecasted its likely development by 2030.This evaluation of the available literature updates knowledge about women's health in relation to sustainable development objectives. It is important to consider how social, political, and economic variables affect women's health (Panda and Mohanty 2018).

Table 1. Socio-economic profile of sampled respondents

Particulars		Number	%age
Age (years)	20 – 25	49	61.25
	26 – 30	28	35.00
	31 – 35	3	3.75
	Average Age	25.41	
Caste	General	40	50.00
	SCs	40	50.00
Education	Uptoprimary	8	10.00
	Middle	28	35.00
	Matric	31	38.75
	Above matric	13	16.25
Family type	Nuclear	34	42.50
	Joint	46	57.50
Occupational status	Housewives	75	93.75
	working	5	6.25
Annual family income(Rs. Lakhs)	0.5 - 1.0	38	47.50
	1.0 - 2.0	18	22.50
	2.0 - 3.0	11	13.75
	> 3.0	13	16.25
	Average income (Rs.)	165225	

Women's health and health-seeking behaviour impact their competence to perform in society. Four domains that determine women's health includes access, permission, ability, and availability for health care utilization (Chatterjee,1988). Household resources, socio-economic features, community norms, pricing, quality, and availability of services are all part of the demand force on women's accessibility (Claeson and Waldman 2000).

To be empowered and gain access to high-quality healthcare in our nation, women must overcome many social barriers. Women should be sensitized to identify health-related felt needs and improve health seeking behavior. Women should also be educated about common health issues encountered and should improve access to healthcare services by not only establishing health centers.One of the key factors affecting women's health is their health seeking behavior, which is influenced by their knowledge of diseases, how they perceive those diseases, sociodemographic factors, and the availability and accessibility of health services. So, keeping all this in viewpoint this study is planned with specific objective of (i) to explore the factors which influence the health seeking behaviour and utilization of healthcare services of the community in context of maternal health in rural Punjab.

Data Sources and Methodology

The locale of study is Punjab state. The respondents were the females in between age of 15-49 years. From the state, two districts i.e Ludhiana and Sangrur were randomly selected for the study. From Ludhiana 20 SCs and 20 non-SCs were taken up. From Ludhiana district 40 female respondents were selected for the study and similarly from Sangrur district again 20 SCs and 20 non-SCs were taken in account and thus comprising of 40 female respondents. The total sample comprised of 80 respondents from both the districts. Further the respondents were interviewed on the basis of health seeking behaviour related with maternal health during their last pregnancy.

Results and Discussion

It was observed that majority (61.25 %) of the respondentswere in the age group 20-25 years.It was also observed that more than half (57.50 %) were living in joint families and 42.50 per cent were living in nuclear family set up. Half of the respondents were educated upto secondary level. Further, only 6.25 per cent respondents were working. They were working as maid servant or as labour in surrounding areas and 93.75 per cent were housewives. Less than half (47.50%) of respondents had annual family income between Rs 50,000 -1.0 lakh whereas 16.25 per cent women respondents were having more than 3 lakh annual family income. Half of the respondents were Schedule Castes.

It was observed from the data that more than half (57.50 %) of the respondents were married between the age of 21-25 years followed by 38.75 per cent were in the age group of 19-20 years when they got married. Most of the respondents i.e 95.00 per cent were irregularly visiting for checkups and only 5.00 per cent were regularly visiting for routine checkups. Major portion of expenditure on health was taken up by husband in rural areas whereas 37.50 per cent of the respondents stated that their other family members such as in-laws families or their own families were contributing towards their health expenditures when needed. Average number of children in the study area was two children.

Table 2 : Health status of sample respondents in the study area

Particulars		Number	%age
Age at marriage(years)	19 – 20	31	38.75
	21 – 25	46	57.50
	> 25	3	3.75
	Average Age	21.31	
Check up	Irregular	76	95.00
	Regular	4	5.00
Source of expenditure on health	Husband	50	62.50
	Family	30	37.50
No. of children	1	3	3.75
	2	73	91.25
	3	2	2.50
	4	1	1.25
	5	1	1.25
	Average number	2	

Table 3. Distribution of respondents on availability factor on health care system

Particulars		Number	%age
Place where pregnancy got confirmed	Home	19	23.75
	Hospital	61	76.25
Availability of doctor	Yes	69	86.25
	No	11	13.75
Availability of staff	Yes	77	96.25
	No	3	3.75
Consumption of iron folic tablets	Yes	77	96.25
	No	3	3.75
Consumption of tetanus toxoid injections	Yes	74	92.50
	No	6	7.50
Consumption of calcium tablets	Yes	20	25.00
	No	60	75.00
Place of delivery	Public	40	50.00
	Private	40	50.00
Availability of drinking water	Not available	0	0.00
	Available	80	100.00
Conduct of Asha worker	Not Good	7	8.75
	Good	73	91.25
Availability of ambulance 24*7	Yes	18	22.50
	No	62	77.50

Table 4. Distribution of respondents according to accessibility of health centre

Particulars		Number	%age
Health facility for antenatal period	Private	22	27.5
	Public	58	72.5
Distance (kms)	2	11	13.75
	3	5	6.25
	4	25	31.25
	5	14	17.50
	> 5	25	31.25
	Average	5.65	
Time (In minutes)	1 – 15	61	76.25
	16 -20	12	15.00
	21 - 30	5	6.25
	>30	2	2.50
	Average	14.44	
Visit cost(Rs)	Nil	67	83.75
	50	4	5.00
	200	3	3.75
	300	2	2.50
	500	4	5.00
	Average	42.50	
Dependency	Never	7	8.75
	Sometimes	55	68.75
	Always	18	22.50

Availability refers whether there is sufficient amount of health resources available. Data shows that majority of the respondents i.e 76.25 per cent vailed pregnancy test in health centres near them. Under this most of the respondents availed public health centre or sub- centres. The regular availability of doctors on public health Centres was reported by (86.25 per cent) of the respondents. A large number of respondents i.e. 86.25 per cent stated that the staff members were always available in case of emergency. During the antenatal care the availability of iron and folic tablets and TT injection was there as reported by most of respondents. A Significant respondents i.e (91.25 per cent) reported good conduct by Asha worker. They were satisfied with good conduct and her behaviour. The availability if ambulance facility in near public health centre was less and it was not readily available as they have to call on 108 for ambulance facility.

The table 4 reveals that accessibility plays a crucial role in health seeking behaviour. During the Antenatal period, 72.5 per cent respondents availed public health facility as 27.5 per cent were using private health facilities. It was observed that average distance of health centre was 5.65 Kms .The majority of respondents availed health care with in average time 14.44 minutes and the respondents did not pay anything to avail the health services and 22.50 per cent respondents always depend on someone like to access Public health care during their pregnancy.

Acceptability concerns subjective assessment of the concerned person. Half of respondents stated that the family planning measure decision were taken by both husband and wife which was reported as influence of mass media by respondents. Hesitation to discuss health issues with male doctor was a problem for 61.25 per cent respondents in rural

Table 5. Acceptability towards health care system of respondents

Particulars		**Number**	**%age**
Decision regarding family planning	Self	7	8.75
	Husband	33	41.25
	Both	40	50.00
Post delivery health	Bad	5	6.25
	Average	21	26.25
	Good	54	67.50
Awareness regarding health	School	1	1.25
	Husband	14	17.50
	Family	6	7.50
	Friends	11	13.75
	Mass media	48	60.00
Hesitation towards male doctor	No	31	38.75
	Yes	49	61.25
Health insurance awareness	Yes	18	22.50
	No	62	77.50
Health affected by society	Never	6	7.50
	Sometimes	68	85.00
	Always	6	7.50
Satisfaction towards health facilities	No	12	15.00
	Yes	68	85.00
Visit during minor illness	Nil	1	1.25
	No	72	90.00
	Yes	7	8.75
Wearing stones and amulet during illness	Yes	3	3.75
	No	77	96.25
Gender biasness	Yes	5	6.25
	No	75	93.75
Home remedies	Yes	79	86.25
	No	11	13.75

Table 7. Relationship between healthcare quality index with different factors among healthcare seeking women in rural Punjab

Factors	Correlation coefficient	p-value	Level of significance
Availability	-0.146	0.195	NS
Accessibility	0.969**	0.000	**
Acceptability	-0.066	0.563	NS

*** Significant at 1 per cent level ,NS Non-Significant*

areas. Less than one forth i.e 22.5 per cent hadcomplete awareness about the health insurance policies. It is also revealed from the data that 85 per cent believed that health is partially affected by society as various socio-cultural norms affect the health seeking behaviour. Majority of women reported home remedies before visiting to health centre as they do not instantly rush to health facility for treatment during pregnancy period. Also, during pregnancy and post natal period only 3.75 per cent women used amulet and stones to secure themselves from evil powers. Only 6.25 per cent of respondents reported biased while assessing health services in Public Health Centres.

On the basis of three main indicators of health seeking behaviour i.e availability, accessibility and acceptability the quality is formulated and further it is categorized into three categories of low,medium and high. it was revealed from the data that 36.25 per cent with score range of 51-57 quality index fall under low quality index whereas 32.50 per cent with range of 62-102 fall under high quality index. Under this majority from the high quality index were from Non-scheduled castes women who underwent for health care facilities

In Table 7 data shows that while analyzing all the health seeking behaviour it was found that the relationship between the quality index with its indicators accessibility was found significant results at one per cent level of probability and it should be focused area to improve accessibility factors for better health seeking behaviour in the study area. The decision-making process that precedes the act of seeking health is also influenced by the behavior of the individual or household, by societal norms and expectations, and by the characteristics and actions of the provider. This makes a contextual analysis of care seeking behavior necessary because the nature of care seeking is not uniform and depends on both cognitive and non-cognitive factors. Context can influence cognition or awareness, as well as sociocultural and economic factors.

Conclusion and Policy Implications

Women's independence is a key indicator of their propensity to seek out health care. It seems that certain aspects of women's autonomy may have a greater impact on their decision to use Antenatal care (ANC) services after analyzing the health-seeking behavior of women during the antenatal period. Women's freedom of movement at the household level affected the use of ANC services, but women's control over household economic resources had no effect on healthcare-seeking behavior. Employment has been found to increase freedom of movement, which has increased interest in ANC services. Therefore, these factors must be taken into account when developing interventions for promoting healthcare. Additionally, a bottom-up strategy is advised because it will help to empower local healthcare providers, who will play a significant role in raising awareness of the importance of getting access to maternal care in helping

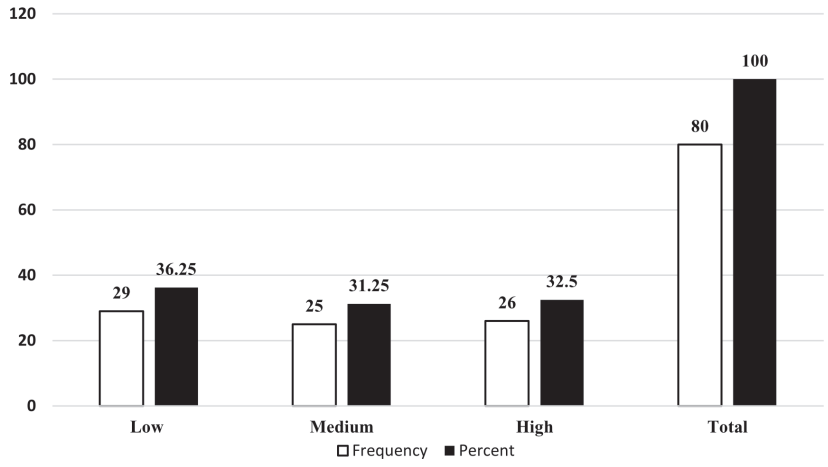

Figure 1 Distribution of sample respondents on the basis of health quality index

women adopt a positive outlook on engaging in health-seeking behavior.

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