

## A Study On Health Seeking Behaviour Among The Working Women In Nagapattinam Taluk Of Tamilnadu

<sup>1</sup>Mrs. S. Barani\* & <sup>2</sup>Dr. S. Rajarajan\*\*

<sup>1</sup>Ph.D., Research Scholar, Department of Economics, Government Arts College (Autonomous), Kumbakonam – 612 002  
(Affiliated to Bharathidasan University, Tiruchirappalli-24)

<sup>2</sup>\*\*Research Advisor and Associate Professor, Department of Economics, Government Arts College (Autonomous), Kumbakonam – 612 002  
(Affiliated to Bharathidasan University, Tiruchirappalli-24)

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**ABSTRACT:** This paper focuses on health seeking behavior among the working women in Nagapattinam Taluk of Tamil Nadu. India is on the path of becoming an economic superpower but its performance index in health component of human development, particularly that of women is not at all impressive. The typical female advantage in life expectancy is not seen in India. 75 percent of the working women are known to experience the ill effects of misery/general tension issue in contrast with ladies with lesser degrees of mental work environment requests. The main driver of this issue is related with the long working hours and exacting cutoff times. The study is based on Primary and secondary data. Data was collected by predesigned pretested semi-structured questionnaire. A pretested structured interview schedule was prepared to elicit information related to socio-demographic characteristics, health-seeking behaviour of the study participants. Hence the study made by the researcher with reference to Nagapattinam Taluk of Tamil Nadu. Totally 150 working women respondents were selected for that study. In conclusion, we can safely say that risk factors of lifestyle diseases like unhealthy food habits, physical inactivity, inappropriate body posture and disturbed biological clock should be avoided. Hence, working women's safety and health issues at work need to be addressed and diagnosed at an early stage on priority. The government should take necessary and compulsory policies to improve the literacy rate and quality education as well as to provide adequate employment opportunities for women, which might explore positive impact on the women's health concerns.

**KEYWORDS:** Healthcare, Health Care seeking, maternal and Occupational Health.

### Introduction

A woman is known to be multi-faceted and plays some vital roles in our society. India is on the path of becoming an economic superpower but its performance index in health component of human development, particularly that of women is not at all impressive. The typical female advantage in life expectancy is not seen in India. The health seeking pattern of Indian women has always been a confront for policymakers because of linked numerous of reason like poor status in community, poverty, vulnerability due to child birth and lack of knowledge and empowerment. Women need to break numerous social obstacles to empower and to get entrée for quality health care services. Health seeking behavior is one of the significant determinants of women health. A woman's access to health care, in physical, social, and psychological contexts, depends upon on her health old belief and her socio-economic and demographic background. As in most developing Nations, as well as the health system in India is a combination of modern and traditional medicine, and the nature of care sought again depends on the individual's health beliefs and background individuality. This paper focuses on whether health troubles of working women, but also on the disparity that exist in the health-seeking behaviour among women with different backgrounds. Lack of finances to access any health service and considering the symptom as something common not needing attention are the two main reasons for not seeking help of working women.

### Statement of the Problem

Women dealt with different issues there is consistently a battle against time for a working women. It become apparently hard for her to keep a work-life balance bringing about less or no an ideal opportunity to consider herself. Not to fail to remember this has suggestions on her family and working environment. In a study, 80 percent of the Indian working women in the age bunch 25-45 years were seen to be fat; because of the inactive way of life and changing food propensities. Weight is likewise known to influence the psyche, and cause indications like wretchedness, a sleeping disorder, and self indulgence. women in the IT area go through 10-12 hours sitting at their work-stations in a controlled climate bringing about weight acquire. Battling with the

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weight the executives working women may experience the ill effects of mental issues which not just influences her dietary patterns yet could in the end prompt sorrow. 75 percent of the working women are known to experience the ill effects of misery/general tension issue in contrast with ladies with lesser degrees of mental work environment requests. It has been anticipated that by 2020, despondency would be the second significant reason for inability around the world. The main driver of this issue is related with the long working hours and exacting cutoff times. Factors, for example, helpless rest, nourishment, absence of activity, and medication misuse additionally add to wretchedness.

### Objectives of the study:

1. To study the socio-economic background of the working women in Nagapattinam Taluk.
2. To examine the health seeking behavior of working women in study area.
3. To suggest some policy measures to improve the working women health status.

### Methodology

The study is based on Primary and secondary data. Data was collected by predesigned pretested semi-structured questionnaire. A pretested structured interview schedule was prepared to elicit information related to socio-demographic characteristics, health-seeking behaviour of the study of working women. Hence the study made by the researcher with reference to Nagapattinam Taluk of Tamil Nadu. There were 150 working women respondents selected for that study. In this study, only working women are alone selected and disproportionate stratified random sample was used. The researcher has collected the necessary primary data with the help of a well structured interview schedule. Collected data will be cross-tabulated and simple averages and percentages are computed.

### Study Area

District of Nagapattinam has been carved out as a separate district due to bifurcation of Thanjavur district. According to this division, six taluks namely Sirkazhi, Tharangampadi, Mayiladuthurai, Valangaiman, Nagapattinam and Vedaranniyam were detached from their parent district i.e. Thanjavur to form this new district. The earlier history of this district is more or less the same as of its parent district i.e. Thanjavur being its part till recently. Nagapattinam district lies on the East Coast of Tamilnadu. It is bounded by Thanjavur district and Thiruvarur district on the West, Cuddalore District on the North and the Bay of Bengal on the South and the East district and Tiruvarur district.

### Limitation of the study

The health seeking behavior of working women and its determinants which is very necessary in identifying the barriers and thus improving working women health is the strength of the present study. However, few limitations could not be avoided, particularly restricting to only 1 Taluk such as Nagapattinam. with comparatively sample size which limits the generalization of the results. The limitation of this study is that the data collection could be done only among a small sample of 150 working women.

### ANALYSIS AND INTERPRETATION OF DATA

**Table 1 : Age wise Classification of the Respondent**

Age of the Respondents	No. of Respondents	Percentage
15-25	79	52.66
26-35	28	18.66
36-45	39	26.00
Above 46	04	02.66
<b>Total</b>	<b>150</b>	<b>100</b>

**Source:** Primary Data

It is inferred from the table 1 the majority of the respondents (52.66) were fall under the age group of 15-25 years among the total respondents followed by 36-45 years, 26-35 years, and above 46 years which constitute 26.00 per cent, 18.00 per cent, and 02.00 per cent respectively.

**Table 2 : Education Wise Classification of the Respondent**

Education	No. of Respondents	Percentage
Primary	26	17.33
Higher Secondary	44	29.33
Graduation	49	32.66
Illiterate	31	20.66
<b>Total</b>	<b>150</b>	<b>100</b>

**Source:** Primary Data

In the sample on the whole 29.00 per cent of the respondents have completed up to higher secondary school level, it was followed by primary school level, and Graduation. Which constitute 32.66 per cent, and 17.33 per cent, respectively among the overall sample household. In the study area 20.66 per cent of the respondents were illiterate.

**Table 3: Marital Status of the Respondents**

Marital Status	No. of Respondents	Percentage
Married	111	74.00
Unmarried	39	26.00
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

It is inferred from the table- 3 out of 150 respondents the majority of 111 (74.0 per cent) respondents were married, 39 (26.00 percent) respondents were unmarried.

**Table 4 : Occupation of the Respondents**

Occupation	No. of Respondents	Percentage
Private	12	08.00
Self Employment	57	38.00
Business	81	54.00
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

It can be observed that 54.00 per cent of the respondents were Business, 38.00 per cent were Self employment and 08.00 percent were unemployed.

**Table 5 : Household Expenditure per month**

Expenditure	No. of Respondents	Percentage
Below 3000	33	22.00
3000-6000	40	26.66
6001-9000	30	20.00
Above 9000	47	31.33
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

The details about the expenditure distribution of the households are presented in Table -5 Majority of the 31.33 percent respondent's household spent above Rs 9000 per month. It was followed by below Rs.3000, Rs.3001-6000, and Rs. 6001-9000, which constitute 22.00 per cent, 26.66 per cent and 20.00 per cent respectively.

**Table 6: Working Position of the Respondent**

Position	No. of Respondents	Percentage
Sitting	70	46.70
Standing	80	53.30
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

The above table shows the position of work. Out of 150 sample respondents 53.30 percent of the respondents working in standing position and remaining 46.70 respondents are working in sitting position in the study population.

**Table 7 : Types of Medicine**

Medicine	No. of Respondents	Percentage
Home Based	02	01.33
Siddha	06	04.00
Ayurvedic	18	12.00
Homeopathic	05	03.33
Unani	05	03.33
Allopathic	114	76.00
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

The table 7 shows that 76.00 per cent of the respondents said that allopathic medicine has availed, 12.00 per cent of the respondents said that ayurveda medicine has availed, 04.00 per cent of the respondents said that siddha medicine has availed, 03.33 per cent of the respondents said that unani medicine.

Figure 1 : Types of Medicine

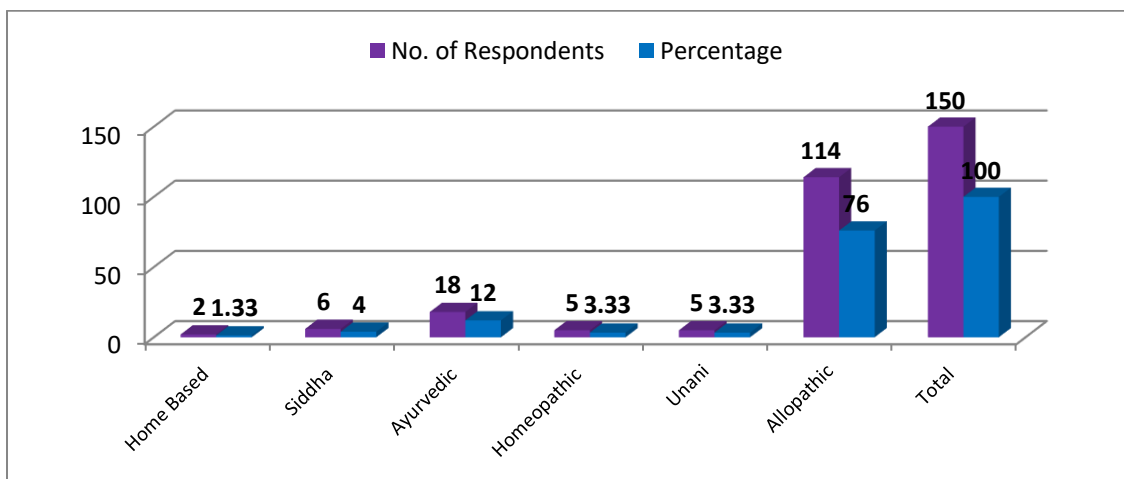


Table 8 : Types of Health Care Service

Health Care Service	No. of Respondents	Percentage
Public	65	43.33
Private	85	56.66
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

The table 8 shows that Out of 150 respondents 85 (56.66 percent) of the respondents are getting treatment in private hospital and remaining 43.33 percent of the respondents said getting treatment in Government hospital for their health problems.

Table 9 : Status of Health

Status	No. of Respondents	Percentage
Good	40	20.00
Fair	58	32.00
Poor	72	48.00
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

The above table shows that Out of 150 respondents majority of 58 (32.00 percent) of the respondents health status is fair, 48.00 percent of the respondents health status is poor and remaining 20.00 percent of the respondents health status id reported good.

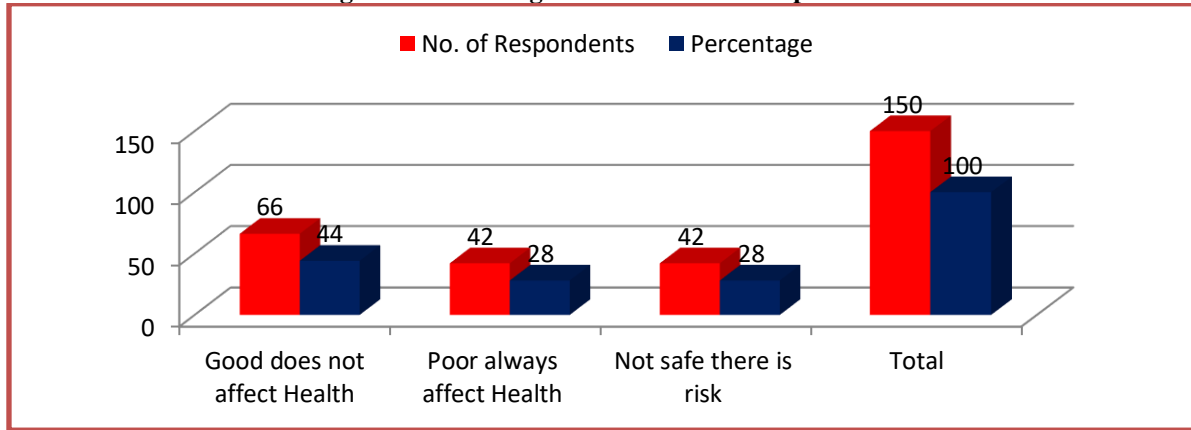
Table 10 : Working Conditions of the Respondent

Working Condition	No. of Respondents	Percentage
Good does not affect Health	66	44.00
Poor always affect Health	42	28.00
Not safe there is risk	42	28.00
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

Among all the respondents surveyed, 66.00 (44.00%) have agreed that the working conditions at their work places are good and they don't affect their health, 42 (28.00%) have opined that the working conditions at their work places are poor and always affects on their health and 42 (28.00%) have felt that the working conditions at their work places are not safe.

**Figure 2 : Working Conditions of the Respondent**



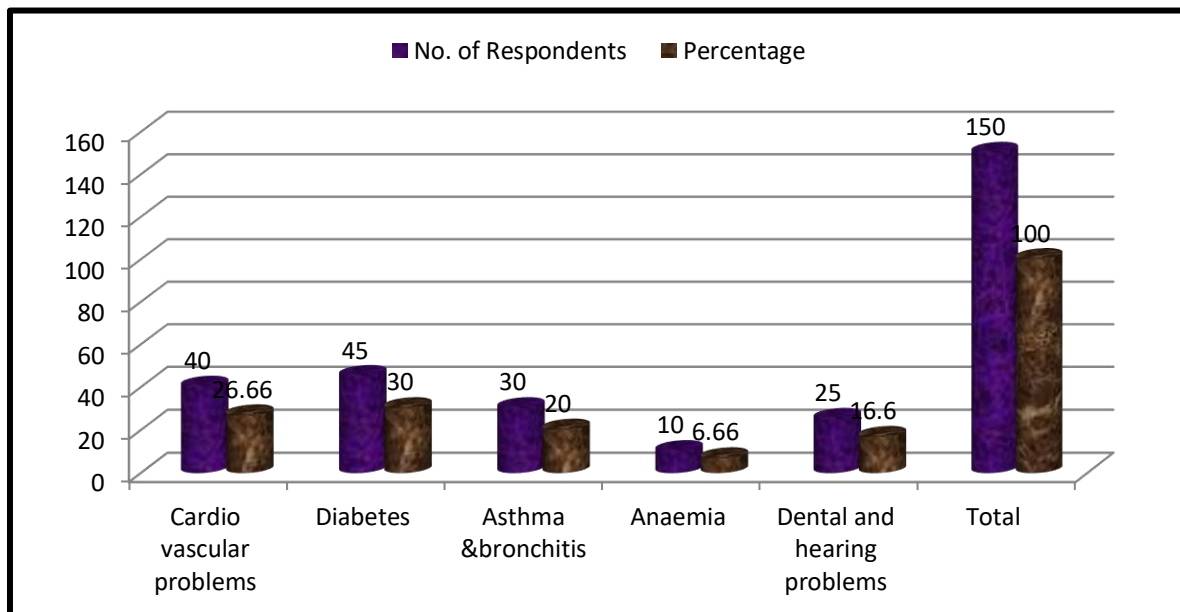
**Table 11 : Health Problem faced by working women**

Working Condition	No. of Respondents	Percentage
Cardio vascular problems	40	26.66
Diabetes	45	30.00
Asthma & bronchitis	30	20.00
Anaemia	10	06.66
Dental and hearing problems	25	16.60
<b>Total</b>	<b>150</b>	<b>100</b>

Source: Primary Data

In the study area 30.00 percent of the respondents are affected by diabetes, 26.66 percent of the respondents are facing cardio vascular problems, 20.00 percent of the respondents are reported asthma & Bronchitis, 16.60 percent of the respondents are facing dental and hearing problems and remaining 06.66 percent of the respondents are affected by Anemia.

**Figure 3 : Health Problem faced by working women**



**Finding of the study**

- The study found that majority of the respondents (52.66) were fall under the age group of 15-25 years.
- It is found that 29.00 per cent of the respondents have completed up to higher secondary school level, it was followed by primary school level, and Graduation.

- The study was found that 111 (74.0 per cent) respondents were married, 39 (26.00 percent) respondents were unmarried.
- Majority of the 31.33 percent respondent's household spent above Rs 9000 per month.
- It can be observed that 54.00 per cent of the respondents were Business, 38.00 per cent were Self employment and 08.00 percent were unemployed.
- It is found that 53.30 percent of the respondents working in standing position.
- Out of 150 respondents 85 (56.66 percent) of the respondents are getting treatment in private hospital.
- It is found that 76.00 per cent of the respondents said that allopathic medicine has availed, 12.00 per cent of the respondents said that ayurveda medicine
- It is found that 42 (28.00%) have opined that the working conditions at their work places are poor and always affects on their health and 42 (28.00%) have felt that the working conditions at their work places are not safe.
- The study was found that 30.00 percent of the respondents are affected by diabetes, 26.66 percent of the respondents are facing cardio vascular problems,

### Conclusion

Gender equity is required for enhancing productivity and performance of women in various roles in society. It is on India's agenda for sustainable livelihoods. In conclusion, we can safely say that risk factors of lifestyle diseases like unhealthy food habits, physical inactivity, inappropriate body posture and disturbed biological clock should be avoided. Hence, working women's safety and health issues at work need to be addressed and diagnosed at an early stage on priority. There seems to be a knowledge gap, convenience and financial burden in their health seeking behaviour. To provide health education regarding the danger signs of pregnancy and importance of adequate prenatal care to all working women to make them aware of when and how to seek medical care, which in turn could reduce the overall maternal morbidity and mortality. For this, we can opt for regular health checkups. Women's autonomy significantly influences health-seeking behaviour. Woman's control over economic resources at the household level did not influence woman's decision to seek healthcare, whereas woman's freedom of movement had a significant influence on their health-seeking behaviour. This affects their physical, emotional and social well-being. When they have enough family and social support they have a sense of control over their work life balance, and are more productive and committed to their work and better prepared to manage the demands of today's rapidly changing workplace. We recommend that best practices elsewhere should be followed in India. They are being good staff training, fostering high-quality social care provision. Finally, strengthening the information, education, and communication activities and special health check-up camps with emphasis on improvement of health and awareness could help to combat the situation. To develop rational policy to provide efficient, effective, acceptable, cost-effective, affordable and accessible services, we need to understand the drivers of health seeking behaviour of the population in an increasingly pluralistic health care system. The government should take necessary and compulsory policies to improve the literacy rate and quality education as well as to provide adequate employment opportunities for women, which might explore positive impact on the women's health concerns. The government can also improve the health status of women by strengthening and expanding essential health services as well as by frequent counseling on safe sex, awareness on educational and nutritional needs and gender based violence.

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