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Research Article

Health Seeking Behaviour of the Women Working in Unorganised Sector-A Cross Sectional Study in Andhra Pradesh

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Abstract: Reproductive health is universal concern and is of immensely importance for women particularly during the reproductive years. Health is the major path to human development, which is the foundation for a healthy, wealthy and prosperous life. The status of unorganised working women in India 'very poor' and is affected by the general widespread poverty, illiteracy, malnutrition, absence of safe drinking water and sanitary, living conditions, poor food intake and lack personal hygiene. The present study was conducted from three revenue divisions of Chittoor district, Andhra Pradesh. The sample was 300 women working in unorganised sector. The study aims to explore the health seeking behaviour among women in unorganized sector.
Keywords: Reproductive health, Health Seeking behaviour, Revenue division, Women, Unorganized Sector.

Introduction

In our country, currently, unorganized working sector covers more than 90 per cent of the total work strength. Among these unorganized workers more than half of the construction workers belong to the informal sector. To meet the demand of large population in India, private and Government sectors are using lands for building construction at fastest rate. It includes offices, houses, hospitals, schools and other buildings, urban infrastructure (including water supply sewerage, drainage) highways, roads, ports, railways, airports, power system, irrigation and agriculture systems, telecommunications etc. Building construction is basic of industrial development comes under informal/unorganized sector (Jain *et al.,* 2006).

Women and men share many similar health challenges, the differences are such that the health of women deserves particular attention. Because there are conditions that only women experience and whose potentially negative impact only they suffer. Women generally live longer than men because of both biological and behavioural advantages but these advantages are overridden by gender-based discrimination-in education, income, employment limit the ability of women to protect their health.

One more important aspect to this is personal attention to one's own health that is in the broadest sense; health behaviour includes all behaviours associated with establishing and maintaining a healthy physical and mental state (Primary Prevention). Health- seeking behaviours also include behaviours that deal with any digression from the healthy state, such as controlling (Secondary Prevention) and reducing impact and progression of an illness (Tertiary prevention).

Review of Literature

Health is influenced by number of factors such as individual's personal knowledge that is education, economic status income and employment, socio-cultural factors-gender disparities, traditional belief structure, environment indoor and outdoor pollution, work related health complications and the biological aspects.

In the words of Amarthya Sen in his work published in (2000) he ascertains Health status is multidimensional in nature and difficult to measure precisely. It is captured through a range of indicators such as mortality, morbidity, anthropometric measures (study of origins and development of human beings), nutritional status or calorie intake and life expectancy at birth. Among these, mortality and life expectancy at birth are widely used to measure the health status of a population, as they are easily observed, objective and less prone to measurement errors.

However, morbidity may be a more useful indicator than mortality, since it is related to the pain and sufferings of the people, while mortality is a terminal event'. Whereas Duraisamy (2001) elaborates 'Health status, in general, and morbidity in particular, are primarily influenced by the behavioural decisions of the individuals or family, besides genetically inherited health endowments and the health environment in which they reside.

Health care seeking behaviour has been defined as any action undertaken by individuals who perceive them to have a health problem or to be ill for the purpose of finding an appropriate remedy (Ward *et al.*, 1997).

Objective of the study

The objective of the present study is to review the working women in the field of unorganised sector and their health seeking behaviour. Study also aims at acquiring particular knowledge about the factors that influence the behaviour of women engaged in unorganized sector.

The specific objective is to assess the health status and health seeking behaviour of the surveyed sample.

Study Area and Sample Design

The study was undertaken in all the three revenue divisions of Chittoor district of Andhra Pradesh viz., Tirupathi, Chittoor and Madanapalle revenue divisions in order to make the findings applicable for the entire state.

The sampling unit for the study was ever married women aged 20-44 years and having at least one conception/child at the time of survey. Suppose, if more than one sample is available in any household the youngest one is given preference.

The total sample for the present study was 300 i.e., 100 samples from each revenue division in Chittoor district.

The data will be collected through interview schedule. The collected data has been analyzed with the help of Statistical Package for Social Sciences (SPSS).

Especially, KWH test have been employed in the present study to examine the samples' health seeking behaviour.

Table 1. As per KWH test mean differences between on respondent's Socio-economic characteristics according to health seeking behaviour among respondents (N= 300)

Variables	Response	N	Mean Rank	Statistical Values
	Chittoor division	100	182.97	
	Tirupati division	100	141.60	
	Madanapalle division	100	126.94	
	20-25	128	173.74	
	26-30	110	112.53	
	31-35	62	169.89	
	Hindu	210	158.20	
	Muslim	55	116.41	
	Christian	35	157.86	
	OC	89	173.55	
	BC	125	127.97	
	SC	83	157.07	
	ST	13	133.03	
	Married	257	156.25	
	Widow	7	131.14	
	Divorced	23	125.11	
	Separated/Abandoned	13	92.08	
	<18	168	167.70	
	19-23	84	135.82	
	24 and above	48	115.99	
	Illiterate	159	169.26	
	Primary	69	114.27	
	Upper primary	35	176.29	
	Secondary	37	113.05	
	3001-6000	130	140.91	
	6001-9000	83	151.43	
	9001-12000	62	158.99	
	12001 and above	25	176.22	
	up to 4	202	151.46	
	5-7	71	160.98	
	8 and Above	27	115.76	
	Nuclear	215	159.95	
	Joint	71	133.16	
	Extended	14	93.25	
	Pucca	132	133.81	
	Kutcha	141	171.00	
	Hut	27	125.02	
	Total	300		

Source: Primary data; Significance level: p<.000***, p<001**, p<005*.

The data in the table-1, explore the mean difference between socio-economic characteristics and Health seeking behaviour of the respondents. The KWH test found that there was

significant difference between health seeking behaviour and three divisions (χ^2=25.324, p p<0.05), Age (χ^2=37.648, p<0.05), Religion (χ^2=11.741, p<.003), Caste (χ^2=18.500, p<.000), Marital Status (χ^2=10.550, p<.000), Age at Marriage (χ^2=18.744, p<0.05), Education (χ^2=33.253, p<.005), Family Size (χ^2=6.085, p<0.05), Type of Family (χ^2=12.966, p<0.05), Type of House (χ^2=17.030, p<0.05). We observed that Chittoor division has highest mean score of health seeking behaviour than Tirupati and Madanapalle divisions. Regarding age, the age group between 20-25 years respondents had much health seeking behaviour than age group between 31-35 years and 26-30 years respondents. With regarding to religion, Hindu religion respondents had higher mean score on health seeking behaviour than Christian and Muslim religion. Caste wise, Other Caste respondents had highest mean score than scheduled caste, Backward Caste and Scheduled Caste. With respect to Marital Status, married respondents had higher health seeking behaviour than widowed/divorced and Separated/Abandoned. Regarding to Age at Marriage, below 18 years who married they had much mean score of health seeking behaviour than who married 19-23 years and 24 and above years. With regarding to Education, the respondents who has studied up to upper primary level had highest mean score than illiterate, Primary and secondary education. Respect to family size, the respondents who had family size group of 5-7 members had highest mean score than up to 4 members and 8 and above members in their family. With regards to type of family, Nuclear family respondents were had highest mean score of health seeking behaviour than Joint and Extended families. Among the sample respondents those who are residing in Kutcha houses they had higher mean score of health seeking behaviour than Pucca household residents and Hut household residents in the study area.

Index on health seeking behaviour

The range of score lies between 7-21

Range score	Factors of health seeking behaviour
7-11	Low
12-16	Medium
17-21	High

The factors health seeking behaviour derived as per the group score as below.

Table 2. Index on Health seeking behaviour of unorganised working women according to division-wise classification (N= 300)

Health Seeking Behaviour	Revenue Divisions			Total	Statistical Values
	Chittoor	Tirupati	Madanapalle		
Low	23.0 (23)	11.0 (11)	9.0 (9)	14.3 (43)	
Medium	34.0 (34)	32.0 (32)	27.0 (27)	31.0 (93)	
High	43.0 (43)	57.0 (57)	64.0 (64)	54.7 (164)	
Total	**100.00 (100)**	**100.00 (100)**	**100.00 (100)**	**100.00 (300)**	
Figures in the parentheses indicate the number of respondents Source: Primary data; Note: ***Significant at 1 per cent level.					

As per index data results, 55 per cent of the total respondents in the study area were have high level amount prevalence on health seeking behaviour. It is quite surprising to note that 14 per cent of the total sample were have low level amount of prevalence on health seeking behaviour. If we observed, division- wise data 23 per cent of the total sample women at Chittoor division have low level amount of prevalence, as against it 64 per cent surveyed sample at Madanapalle division were have high level amount of prevalence on health seeking behaviour. From the chi-square output significant 1 per cent level has been achieved. This means that, chi-square value showing systematic association between three variables. Hence, it is concludes that there was significant relationship between the unorganised working women and their health seeking behaviour at division-wise.

Conclusion

The present study found that there is a need to create awareness about the importance of health care and available health facilities as significant proportion of women population approached unqualified medical practitioners and seeking home remedies as first consultancy source for their health remedies. This study strongly emphasizes that healthcare seeking behaviour of unorganised working women depends on socioeconomic conditions and geographical factors as their decision of choice of doctor depended on consultation fee and location of health care service rather than on the qualification of health care professionals and quality of service provided. Ignorance of Women about health issues, social stigma, socio-economic conditions, communication barriers in family and availability of necessary health care played a major role in an unprofessional health care seeking behaviour among sample women. An integrated and structural approach is strongly suggested to create awareness about commonly encountered health issues and improve health seeking behaviour among working women, especially those who are in unorganised sector.

Conflicts of interest: There is no conflict of interest of any kind.

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