

Health Care Management and Health Seeking Behavior among Women at Selected Communities, Chennai

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Abstract:- Health is an important factor that not only contributes to human well-being, but also aids in economic growth globally. The most important to note is that, women's health concerns are numerous. Though Women are the important pillar of the family and the society and the primary caretakers in every country of the world, they suffer more and have poorer health outcomes around the world. With this focus this study aimed to assess the health care management and health seeking behavior among women. This is a quantitative research methodology with a descriptive correlational research design. 130 women were chosen using convenient sampling. Informed consent was obtained. They were given background variables proforma, health-related variable proforma, a rating scale for health care management, and a multiple-choice questionnaire for health screening and health seeking behavior. The information gathered was organized and analyzed using descriptive and inferential statistics. The results revealed that women had moderately adequate health care management (60%), 36.8% of them had adequate health care management and only 3.82% had inadequate health care management. Health screening among women revealed that more than half of them checked their blood pressure (56.9%), blood sugar level (56.9%) and hemoglobin level (56.2%), less than half of them assessed their thyroid level (30%) and 34.6% had done the breast self-examination, 12.3% of them were underdone Mammogram and only 26.2% has done Pap smear testing within 1 year. 37.7% and 32.3% of the women seek allopathy medical practitioner in private and government setup, 26.2% see traditional healers and only 3.8% seek AYUSH.

I. INTRODUCTION

Health is an important factor that not only contributes to human well-being, but also aids in economic growth globally. The most important to note is that, women's health concerns are numerous. Women are the important pillar of the family and the society. They are the primary caretakers in every country of the world, but still, they suffer more and have poorer health outcomes around the world. Health seeking behavior is one of the important determinants of women health. Identifying and Understanding health seeking behavior is essential to provide need-based health care services and develop strategies for improving

utilization of health services to the community particularly women. (Reddy, 2020).

Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth, and 20 per cent of these women are from India. Seven of the top 10 causes of death in women in India are Non-Communicable Diseases, led by heart attacks, stroke and respiratory diseases. India's anemia burden among women is widespread, with 53.2 per cent of non-pregnant women and 50.4 per cent of pregnant women being anemic. (NFHS, 2016). Despite taking necessary action to improve health indicators and providing healthcare for all, the government must also focus on the implementation and execution at all levels. Achieving sustainable health through investment and priority-driven approach in strengthening and expanding healthcare services and creating awareness on women's rights will effectuate in achieving Universal Health Coverage with special focus on India. (Kasthuri, 2018)

Female healthcare providers can play an important role in educating society to recognize their health and nutrition needs as well. Empowering women at all levels would help them to serve as productive members of society and develop healthy generations. (Chauhan, 2015)

II. REVIEW OF LITERATURE

Martinez-Marcos (2015) conducted a grounded theory study on the topic Women's self-management of chronic illnesses in the context of caregiving among 39 women caregivers with a chronic illness. Semi structured interviews and focus group interviews were done for data collection. Results revealed that self-management helps women caregivers with a chronic illness to balance the demands of their own illness and those of the dependent relative. They self-manage their illness by self-regulating the treatment, by regulating their strength and by controlling their emotions.

A cross sectional study on self-management, health service use and information seeking for diabetes care among black Caribbean immigrants in Toronto was conducted by Hyman (2014). Using structured questionnaire, Interviews were conducted among 48 Black-Caribbean immigrants and 54 Canadian-born participants with type 2 diabetes. The results revealed was significant among Black-Caribbean immigrants compared to the Canadian-born group in

recommended diabetes self-management practices (i.e., reduced fat diet, reduced carbohydrate diet, non-smoking and regular physical activity) and receive regular A1C and eye screening by a health professional. More than the Canadian-born group, the Black-Caribbean immigrant participants were significantly more likely to report receiving diabetes information and care through a Community Health Centre (CHC) and nurses and dieticians.

A cross sectional study to assess the health seeking behavior and its determinants among 400 attendees of urban health center, Dharavi, Mumbai, India was done by Patil et al (2016). The samples were selected through systematic random sampling from. Using predesigned, pretested semi structured questionnaire, the data was collected. The study findings revealed that only 34% were aware and thought to be healthy. More than 75% preferred government services during major illness and followed home remedies for the minor illnesses. The study also concluded that it is necessary to create awareness about health and reduce the time gap between symptom and health care services.

Anjali et al (2014) carried out a descriptive study on health seeking behavior among 315 women healthcare

providers in Surat. Pre-designed, Pretested and semi-structured questionnaire was used to collect the data on reproductive and general health care seeking behavior. The results revealed that the health care providers and their family members utilized private sector for approximately 70% of the general health problems. Health care providers and their family members having a lower socioeconomic status utilized the government services more. (P<0.05).

III. METHODOLOGY

This is a quantitative research methodology with a descriptive correlational research design. Having acquiring ethical clearance and setting permission, study participants were chosen using convenient sampling. Following self-introduction, researchers obtained informed consent from study participants. They were given background variables proforma, health-related variable proforma, a rating scale for health care management, and a multiple-choice questionnaire for health screening and health seeking behavior. The information gathered was organized and analyzed using descriptive and inferential statistics.

IV. RESULTS

Table 1 represents that majority of them had moderately adequate health care management (60%), 36.8% of them had adequate health care management and only 3.82% had inadequate health care management.

Health Care Management	Score	f	%
Poor Health Care Management	1 – 14	-	-
Inadequate Health Care Management	15 – 28	5	3.82
Moderately Adequate Health Care Management	29 – 42	78	60
Adequate Health Care Management	43 - 55	47	36.18

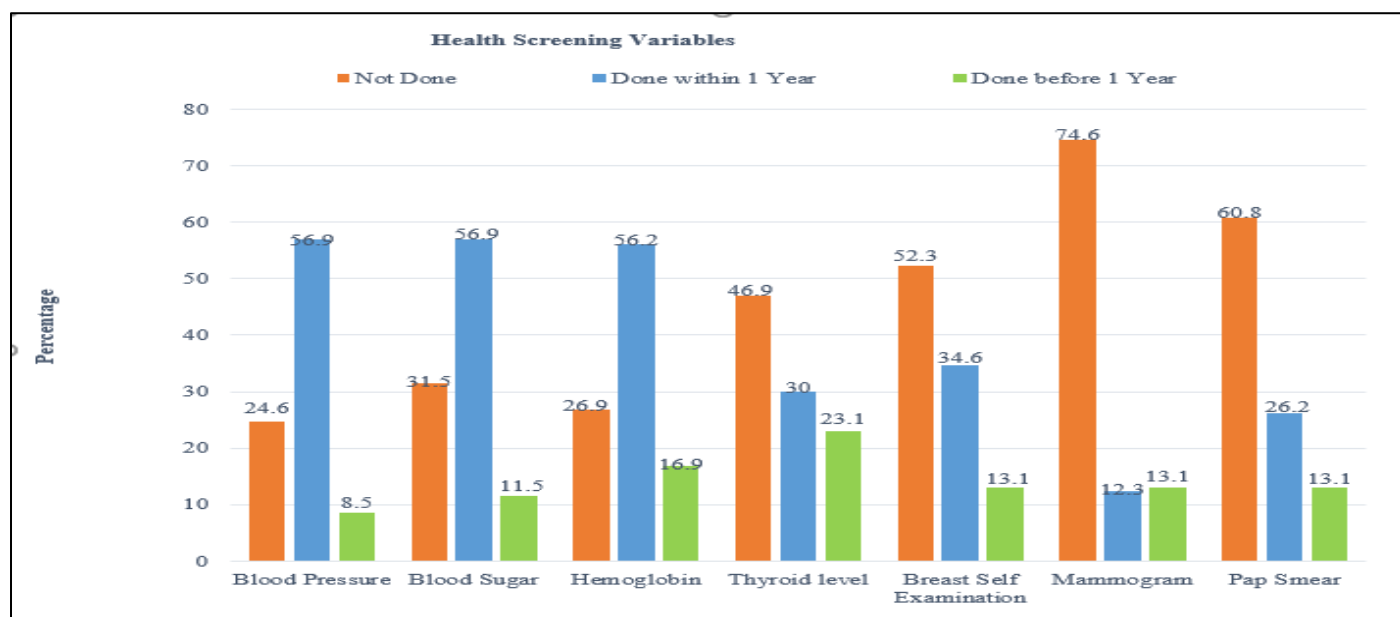


Fig 1: reveals the health screening variables among women, more than half of them had checked their blood pressure (56.9%), blood sugar level (56.9%) and hemoglobin level (56.2%), less than half of them assessed their thyroid level (30%) and 34.6% have done the breast self-examination, 12.3% of them have underdone Mammogram and only 26.2% has done Pap smear testing within 1 year.

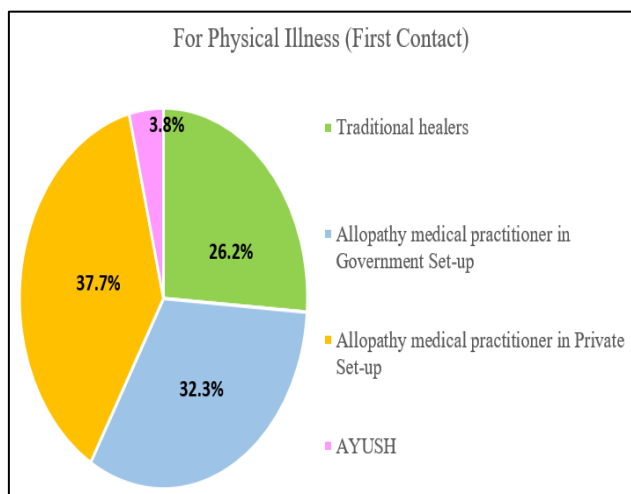


Fig 2: Represents the First Contact for Physical Illness, i.e., 37.7% and 32.3% of the Women Seek Allopathy Medical Practitioner in Private and Government Setup, 26.2% see Traditional Healers and only 3.8% Seek AYUSH.

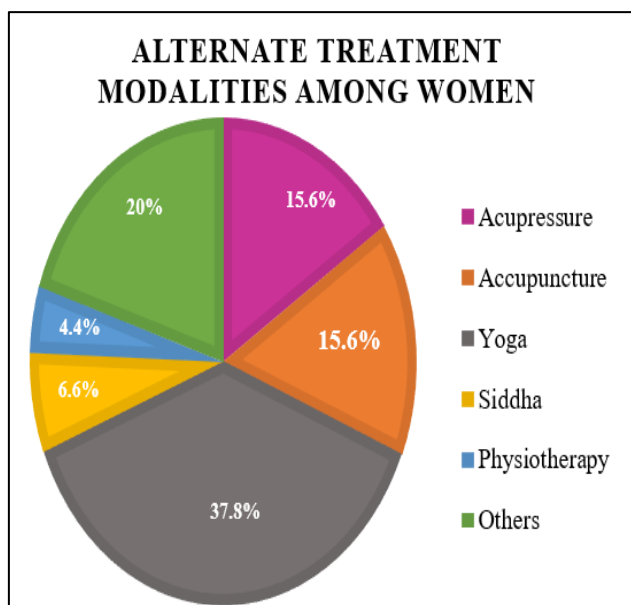


Fig 3: represents the Alternate Treatment Modalities among Women, 37.8% do Yoga, 20% Use Other Treatment, 15.6% use Acupressure and Acupuncture, 6.6% use Siddha Medicine and 4.4% follow Physiotherapy.

V. DISCUSSION

Health care management among women revealed that majority of 60% had moderately adequate health care management 36.8% of them had adequate health care management and only 3.82% had inadequate health care management. This result can be discussed with the study conducted by Camerini (2012) on Differential effects of health knowledge and health empowerment over patients' self-management and health outcomes among 209 fibromyalgia Patients. The results revealed that knowledge and three empowerment dimensions were found to positively impact health outcomes. Self-management, in terms of physical exercise and drug intake, was found to be a strong predictor of health outcomes.

In the aspect of health screening, the present study findings revealed reveals more than half of them checked their blood pressure (56.9%), blood sugar level (56.9%) and hemoglobin level (56.2%), less than half of them assessed their thyroid level (30%) and 34.6% had done the breast self-examination, 12.3% of them had underdone Mammogram and only 26.2% had done Pap smear testing within 1 year. This study finding is in better discussion with the findings of a cross-sectional study on Self-Management, Health Service Use and Information Seeking for Diabetes Care among Black Caribbean Immigrants in Toronto, conducted by Hyman (2014). The results were significant among Black-Caribbean immigrants compared to the Canadian-born group in recommended diabetes self-management practices (i.e., reduced fat diet, reduced carbohydrate diet, non-smoking and regular physical activity) and receive regular A1C and eye screening by a health professional. More than the Canadian-born group, the Black-Caribbean immigrant participants were more significantly likely to report receiving diabetes information and care through a Community Health Centre (CHC) and nurses and dieticians.

The present study findings revealed, the first contact for physical illness, i.e., 37.7% and 32.3% of the women seek allopathy medical practitioner in private and government setup, 26.2% see traditional healers and only 3.8% seek AYUSH. The predominant / most common contact for physical illness of women, i.e., 36.2% of the women seek traditional healers, 32.3% seek allopathy medical practitioner in private setup and government setup, only 2.3% seek AYUSH. The above study findings are supported by the results of a community based descriptive study done by Chauhan (2015) to assess the determinants of health care seeking behavior among 559 Participants in a rural coastal area of Villupuram district in Tamil Nadu, India. The result revealed, that majority of 56.4% visited the public health facilities for various illnesses, about one-third of them visited the private health facilities and very less of 11.6% visited other health facilities including pharmacies. Febrile illnesses (39.5%) and pain (20.8%) were the most common reasons for visiting a health care facility.

Out of 130 women, 34.61% use complimentary/ alternative treatment whereas more than half of them (65.39%) does not use any complimentary/ alternative treatment. Among those who use complimentary / alternative treatment, 37.8% do Yoga, 20% use other treatment, 15.6% use acupressure and acupuncture, 6.6% use Siddha medicine and 4.4% follow physiotherapy. In the present study, health seeking behavior of women for their relatives' illness revealed that 34.6% of the women refer their relatives to seek allopathy medical practitioner in private setup, 31.5% refer to seek traditional healers, 30.8% refer to seek allopathy medical practitioner in government setup and only 3.1% refer to seek AYUSH. This result can be discussed with the descriptive study conducted by Anjali et al (2014) on health seeking behavior among 315 women healthcare providers in Surat. The results revealed that the health care providers and their family members utilized private sector for approximately 70% of the general health problems. Health care providers and their family members

having a lower socioeconomic status utilized the government services more. ($P < 0.05$).

The health-seeking behavior of women in the community is an intricate combination of information and practice, as well as an array of additional concerns that need to be investigated. Policymakers need to focus their attention on the health care professionals who work at the grassroots level and are forerunners of improved health practices for women and children in the community. As women are considered to be role models for their community, their dismal performance in their personal health and government service utilization may have an undesirable influence and encounter trustworthiness.

VI. CONCLUSION

The present study shows that majority of them had moderately adequate health care management, most of the women's health seeking behavior in the allopathy medicine in government and private set-up. No significant association was found between the selected demographic variables and health care management of women. Thus, the study conclude that women need to enhance their health care management, health screening and health seeking behavior to lead a healthy life style. Women specially in the community need to be educated about the importance of healthy life and should be aware of the health care services available and accessible at the earliest. Role of health care professionals in the community has a major impact on women's health seeking behavior and health care management by the utilization of government health care services which should be available, accessible and at affordable cost.

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