



Health seeking behaviour of rural women: A comparative analysis between members and non-members of self help group in Coimbatore, Tamil Nadu

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Abstract

Background: Health Seeking Behaviour (HSB) includes all activities associated with establishing and maintaining physical and mental health. Women tend to engage in less HSB than men, where poverty emerges as a major determinant. Women empowerment through Self Help Groups (SHG) help them to become socially and economically empowered which in turn facilitates better access to health services.

Objective: A study to assess the HSB among SHG members and non-members in rural areas of Coimbatore.

Methods: Descriptive study was done among SHG members and Non-members selected through multi stage sampling technique and a pretested interview schedule was used for data collection.

Results: Nearly 30% of the women belonged to 26-35 years of age in both groups, having primary education and 50% of them were housewives. The main reason for joining the SHG was taking loans and 90% of them have taken more than one loan and used for their business. Nearly 40% of them had government health centres nearby and reached it by bus. About 65% of them reported illness in their family out of which only 25% accessed hospitals for treatment.

Conclusion: It was found that there exists no significant difference in the HSB among the members and non-members of SHG.

Keywords: health seeking behaviour, women, SHG members, non-members

Introduction

There is a growing realization now by social scientists, and other health care providers, that great improvement in health standards of marginalised groups can be achieved through improvements in social determinants of health. For the majority of the world's people, health status and access to health care is determined primarily by their socio economic development which includes education, employment, income, housing, and political system of their country. According to the Global Gender Gap report by the World Economic Forum (WEF) in 2015, India ranked 108 on the gender gap scale among 145 countries and also scored poorly in overall literary and health rankings of female. Women, although constitute half of the humanity, are socially and economically marginalized. Women are primarily seen as wives, mothers and home makers because their reproductive role is given prominence over their productive role. These inequalities in a society are the outcome of unfair distribution of power between different groups within that society. (SEWA Case Study 2008) ^[8]

Health seeking behaviour of women

Health seeking behaviour refers to the decision or action taken by an individual to maintain, attain or regain good health or prevent illness. In the broadest sense, it includes all behaviours associated with establishing and maintaining physical and mental health and reducing the impact and progression of an illness. The difference between gender roles is significant in the patterns of health-seeking behaviour

between men and women. According to Currie and Wiesenberg (2003), women tend to engage in less health-seeking behaviour as they are less likely to identify disease symptoms, shrug of symptoms as regular occurrence and do not engage in healthcare treatments even if they recognise a health problem. In addition, poverty emerges as a major determinant of health-seeking behaviour among marginalised group women in our country. Even though public and private sectors are involved in providing health care, people prefer private care providers due to individual and immediate attention. However, owing to lack of money to access care at private hospitals, many poor people resort to self-treatment and over the counter medications bypassing health care providers. Indirect costs like travelling to the health facilities, charges for free services in government hospitals act as deterrents for health seeking behaviour among the rural women population. Knowledge on preferences in seeking health care services is essential to provide need based health care services to the population.

Women empowerment and health seeking behaviour of SHG members

Changes in the health care system by themselves have not been able to enhance the health status of the women. There are varied legislative safeguards and protective mechanisms for women, but the ground reality is different. Despite all these provisions women are still being treated as second rate citizens in our country. Therefore, what is needed is the movement for empowering women. Self Help Groups (SHG)

is a method of organising the poor people and the marginalized to come together to solve their individual problems. SHGs are being seen as the main stay for poverty alleviation in emerging market but they are broad based micro institutions that can prove to be highly rewarding in both financial and non-financial parameters like social, educational and health entity.

The SHG movement was started in India with the proactive policy support from the National Bank for Agricultural and Rural Development (NABARD) and Reserve Bank of India (RBI) as a pilot SHG- bank linkage programme in the year 1992 with a modest target of linking 500 SHGs in the country as a whole. Over the years, this intervention received overwhelming response which now boasts of about 85.77 lakh SHGs as on 31st March 2017. SHGs have facilitated the rural poor women to become socially and economically empowered at individual and family levels. This self-reliance helps them in achieving social security in the form of better access to health care facilities and improved health outcomes. This study was done to assess the process of health care seeking behaviour among SHG members in comparison to the non-members in rural areas of Coimbatore.

Methods

This community based descriptive study was done in the rural areas of Coimbatore district of Tamilnadu. The sampling technique adopted for the study was multi stage sampling technique, which involved taking the samples in stages using smaller and smaller units at each stage. The sample consisted of 122 SHG members and 295 non-members proportionately. *Participant eligibility criteria:* Married women between the age group of 18 to 40 years with atleast one child (non-members) and member of SHG atleast for a year (SHG member) was included in the study. *Data collection:* An interview schedule was prepared by reviewing literature and obtained content validity from the subject experts and pre

tested before administration. The data was collected by house to house visit from both the non-members and members of SHGs. Informed consent was obtained from all the participants before the initiation of interview by assuring confidentiality. Data was collected on personal information of the respondents like age, education, marital status, employment, type and head of the family, family size and total monthly income of the family. Information about group formation, reasons for participation in SHGs, benefits of joining the group and opinion about the group activities was collected from the SHG members. Reasons for not participating in such group activities were gathered from the non-members. Health seeking behaviour of all the respondents was assessed by interviewing about the availability and accessibility of health services, information on presence and management of acute and chronic illnesses. In addition, data about awareness and adoption of family planning methods, changes in food and health habits and self-evaluation of their health in the previous and current year was also collected.

Analysis: The collected data was analysed in SPSS version 21. Frequency distribution and percentage was used to express the demographic characteristics and self-help group activities. Chi square test was applied to find the association between the independent and dependent variables. P value of <0.05 was considered as statistically significant.

Results and Discussion

The personal information of the SHG members and non-members is given in Table 1. In both the groups nearly 30% of them belonged to 26-30 years of age having primary education. Above 80% of them live in nuclear families and their husband was the head of the family. Nearly 50% of the SHG women and 65% of the other group were housewives with a family income below Rs 30,000 per month in all of them.

Table 1: Personal information

S. No	Personal information		Members of SHG		Non members	
			n = 122	Percentage	n = 295	Percentage
1	Age in Years	20 – 25	13	10.65	29	9.83
		26 – 30	37	30.32	93	31.52
		31 – 35	38	31.11	83	28.13
		36 – 40	34	27.86	90	30.50
2	Educational status	Illiterate	15	12.29	26	8.81
		Primary	40	32.78	92	31.18
		Secondary	22	18.03	98	33.22
		Graduate	45	36.88	79	26.77
3	Type Of Family	Nuclear	104	85.24	253	85.76
		Joint	18	14.75	42	14.23
4	Head of the family	Husband	110	90.16	249	84.40
		In Laws	5	4.09	11	3.72
		Parents	5	4.09	23	7.79
		Self	2	1.63	12	4.06
5	Number of children in the family	1	51	41.80	159	53.89
		2	62	50.81	104	35.25
		Above 2	9	7.37	32	10.84

6	Employment	Housewife	62	50.82	189	64.07
		Coolie	8	6.56	20	6.78
		Private job	11	9.02	38	12.88
		Self Employed	41	33.61	48	16.27
7	Family Income / month in Rupees	Below 15,000	20	16.39	63	21.36
		15,001 – 30,000	40	32.79	85	28.81
		30,001 – 45,000	34	27.87	71	24.07

Table 2: Information on SHG activities

S. No	Characteristics		Members of SHG	
			N=122	Percentage
1	Number of years in the group	Below 2 years	65	53.28
		Above 2 years	57	46.72
2	Reasons for joining the group	Savings	39	31.97
		Loans	49	40.16
		Personal Development	34	27.87
3	Benefits of participating in SHG activities	Less debt	12	9.84
		Increased saving	35	28.69
		Developed new skills	48	39.34
		Health information	45	36.89
		Employment	20	16.39
4	Monthly savings in rupees before joining SHG	No savings	103	84.43
		2001 – 5000	18	14.75
		Above 5000	1	0.82
5	Number of loans taken from SHG	One	9	7.38
		Two	51	41.80
		Three	39	31.97
		Above three	23	18.85
6	Utilization of loan amount	Business	76	62.30
		House expenses	6	4.92
		Child education	36	29.51
		Debt	4	3.28

About 50% of them were in the group for more than two years and 90% have taken more than one loan so far. The main reason for joining the SHG was to avail loans and got benefitted in other ways becoming aware on health issues and

starting new business. About 85% of them were not able to save money every month and while others do save between 2000-5000 rupees per month.

Table 3: Availability of health care facilities

S. No	Availability of health care facilities		Members of SHG		Non Members	
			n = 122	Percentage	n = 295	Percentage
1	Health Centre near their house	Not available	37	30.33	68	23.05
		Government	43	35.25	125	42.37
		Private	42	34.43	102	34.58
2	Doctor availability	Available	97	79.51	253	85.76
		Not available	25	20.49	42	14.24
3	Health services on weekends or holidays	Available	105	86.07	261	88.47
		Not available	17	13.93	34	11.53
4	Ambulance facilities	Available	117	95.9	279	94.58
		Not available	5	4.10	16	5.42
5	Lab and scan facilities	Available	99	81.15	251	85.08
		Not available	23	18.85	44	14.92
6	Specialized care	Not available	106	86.89	248	84.07
		Government	12	9.84	28	9.49
		Private	4	3.28	19	6.44
7	Emergency health services	Government	98	80.33	228	77.29
		Private	24	19.67	67	22.71

Nearly 40% of the respondents have a government health centre near their house, 80% of them said they have a doctor available to consult regularly even during weekends and holidays and also confirmed the presence of laboratory and

scan facilities. About 95% of them said the availability of ambulance facilities and 80% of them referred government health centres for emergency health services.

Table 4: Accessibility to health care services

S. No	Accessibility to health care services		Members of SHG		Non Members	
			n = 122	Percentage	n = 295	Percentage
1	Access to health centre	By walk	24	19.67	66	22.37
		Bus	68	55.74	140	47.46
		Bike	17	13.93	43	14.58
		Auto	13	10.66	46	15.59
2	Preference of GH for treatment	Preferred	99	81.15	241	81.69
		Not clean	3	2.46	11	3.7
		Improper care	1	0.82	13	4.41
		No quality	11	9.02	11	3.37
		No medicines	8	6.56	9	3.05
3	Medicines in GH	Longer distance	0	0.00	10	3.39
		Available	88	72.13	181	61.36
		Not available	8	6.56	15	5.08
4	Access to Free medical services	No idea	26	22.13	99	33.56
		Not accessed	36	39.51	91	30.85
		Eye check up	28	22.95	55	18.64
		Medical check up	44	36.07	106	35.93
5	Home visit by health centre staff	Dental check up	14	11.48	43	14.58
		Visited	81	66.39	233	78.98
		Not visited	41	33.61	62	21.02

About fifty percent of the respondents accessed health care facilities by bus while others used auto and bike as modes of transport to reach the hospitals. 80% of both the SHG members and non-members preferred government hospitals for treatment. About 70% of the SHG members and 60% of

the non-members reported availability of medicines in GH. Nearly 35% of all the respondents have not accessed free medical camps and not visited by health centre staff in their home setup.

Table 5: Details of illness and its management

Sl. No	Details of illness and management		Members of SHG		Non members	
			n= 122	Percentage	n=295	Percentage
1	Illness of self /family member in the past 6 months					
		Presence of illness	81	66.39	182	61.69
		No illness reported	41	33.60	113	38.30
2	Person / relationship		n= 88	Percentage	n=192	Percentage
		Self	17	19.31	53	27.60
		Parents / In laws	29	32.95	54	28.12
		Husband	20	22.72	46	23.95
3	Children		22	25.00	29	20.31
	Types of Illness		n= 90	Percentage	n=192	Percentage
	Chronic	Diabetes	16	17.77	37	19.27
		Hypertension	13	14.44	19	9.89
	Acute	ARI	26	28.88	58	30.20
		Diarrheal diseases	17	18.88	46	23.95
Measles		3	3.33	2	1.04	
Chickenpox		5	5.55	7	3.64	
	Minor injuries	10	11.11	23	11.97	
4	Reasons for illness					
	Chronic	Not eating properly	10	11.11	24	12.5
		Smoking	9	10	15	7.81
		Stress	3	3.33	6	3.12
		Hereditary	7	7.77	11	5.72
Acute	Changes in water	12	13.33	33	17.18	
	Not eating properly	13	14.44	19	9.89	
	Climate	9	10	18	9.37	
	Putting things in mouth	8	8.88	26	13.54	

		Low immunity	7	3.64	18	9.37
		Naughty / Careless	12	13.33	22	11.45
5	Management					
	Chronic	Going to Hospital	26	28	51	26.56
		Rest / Food	3	3.33	5	2.60
	Acute	Going to Hospital	26	28	68	35.41
		Cure by itself	10	11.11	17	8.85
		Home remedy	11	12	32	16.66
Over the counter medicines		14	15	19	9.89	

Above 60% of all the respondents reported illness of self and / or other family members in the past six months and hence the number of persons with illness was about 88 in SHG members and 192 in non-members. Nearly 30% of them reported chronic illnesses like diabetes mellitus and hypertension and acute respiratory illness. Above 10% of them mentioned the

occurrence of minor injuries in their families and majority of them are aware about the reasons for the illness. More than 50% of all the respondents in both the groups underwent treatment in hospitals while others managed themselves by taking rest or over the counter medications.

Table 6: Changes in Health Habits

S. No	Changes in health habits		Members of SHG		Non members	
			n = 122	Percentage	n = 295	Percentage
1	Taking food on time	Takes on time	99	81.15	237	80.34
		No time	5	4.10	26	8.81
		Busy in work	18	14.75	32	10.85
2	Changes in food habits in the past one year	No changes	52	42.62	111	37.63
		Weight reduction	58	47.54	136	46.10
		Diet restriction	12	9.84	48	16.27
3	Changes in health activities in the past one year	No changes	57	46.72	108	36.61
		Walking	38	31.15	113	38.30
		Diet restriction	12	9.84	48	16.27
		Health check up	15	12.29	26	8.81
4	Health rating in the past year	Good	81	66.39	196	66.44
		Moderate	41	33.61	99	33.56
5	Health rating in the current year	Good	86	70.49	199	67.46
		Moderate	36	29.51	96	32.54

80% of all the respondents had food on time and nearly 50% of them said that they are involved in weight reducing food habits. Only 10 % of them reported to do health check-ups

regularly. Nearly 65% of them rated their health to be good in the previous and current year.

Table 7: Health seeking behaviour

S. No	Health seeking behaviour		Members of SHG		Non members		
			n = 122	Percentage	n = 295	Percentage	
1	Consultation with Friends about health	Not consulted	42	34.43	162	54.91	
		Consulted	80	65.57	133	45.08	
2	Person accompanying for treatment	Husband	79	64.75	191	64.75	
		Family members	42	34.43	93	31.53	
		Friends	1	0.82	11	3.73	
3	Care during sickness	Husband	75	61.48	186	63.05	
		Family members	36	29.51	88	29.83	
		Friends	11	9.02	21	7.12	
4	Awareness on Family planning methods	Hospitals	61	50.00	128	43.38	
		Family member	23	18.85	98	33.22	
		Mass media	26	21.31	69	23.38	
		Group programs	12	9.83	0	0	
5	Family planning methods used	Reasons for not using	Lack of interest	29	23.77	65	22.03
			Aged	17	13.93	22	7.45
		Methods used	Natural	1	0.82	9	3.05
			Copper –T	10	8.20	45	15.25
			OCP	24	19.67	51	17.29
6	Family planning services	Condom	41	33.61	103	34.92	
		Government	86	70.49	214	72.54	
		Private	36	29.51	81	27.46	

About 65% of the SHG members and 45% of the non-members said that they have discussed with their friends about the health issues and above 60% of them were cared and accompanied by their husband for treatment. More than 30%

of the respondents or their spouses were not using any family planning methods and about 35% of them used condoms as a major contraceptive method accessed from private sectors.

Table 8: Association between selected variables

S. No	Factors	Group	P value	df	Significance
1	Age and use of family planning methods	SHG	0.241	3	NS
		Non SHG	0.959	3	NS
2	Education and use of family planning methods	SHG	0.796	3	NS
		Non SHG	0.638	3	NS
3	Employment and use of family planning methods	SHG	0.260	3	NS
		Non SHG	0.09	3	NS
4	Type of family and use of family planning methods	SHG	0.416	1	NS
		Non SHG	0.476	1	NS
5	Income and preference of government health facilities	SHG	0.000	3	S
		Non SHG	0.000	3	S
6	Education and changes in health habits	SHG	0.245	3	NS
		Non SHG	0.930	3	NS
7	Education and changes in food habits	SHG	0.565	3	NS
		Non SHG	0.499	3	NS
8	Income and changes in health habits	SHG	0.792	3	NS
		Non SHG	0.520	3	NS
9	Income and changes in food habits	SHG	0.582	3	NS
		Non SHG	0.429	3	NS
10	Number of years in SHG and changes in health habits	SHG	0.672	1	NS
11	Number of years in SHG and changes in food habits	SHG	0.914	1	NS
12	Number of years in SHG and current health status	SHG	0.943	1	NS

S – Significant, NS – Not significant at 0.05 level of level of significance.

The table shows that there is no association between age, education, employment, type of family, income with use of family planning methods, health habits, food habits and health status among SHG members and non-members. Number of years in SHG had no association with the health habits, food habits and health status. There is a significant association between the income and preference of Government health facilities.

Conclusion

The finding of the study reveals that there exists only a marginal difference in the health seeking behaviour of the SHG members and non-members. Women's participation in self-help groups can help in poverty alleviation and achieving gender equity by empowering them. But as far as the health care seeking behaviour is considered, membership in SHGs had no impact in changing the level of knowledge on health related issues among women.

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Contribution of each author

Mrs. V. Brindha was involved in the study conceptualization and design, preparing the tool for data collection, analysis of data and preparing the manuscripts. Dr. Sampathkumar Srinivasan was involved in designing the

study and guided in finalizing the manuscript for submission.

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