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ORIGINAL RESEARCH

A Questionnaire-Based Study To Evaluate Health-Related Behaviors Of Women Of Reproductive Age In South India- An Original Research

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ABSTRACT

Aim: The purpose of the present study was to assess the health-related issues and behaviours of women of South India who were in reproductive age.

Methodology: Cross- sectional study with sample size of 200 was conducted in three villages. Women of aged 20 years and above were included in the study. Data was collected by predesigned pretested semi- structured questionnaire. Data was presented in proportions with confidence interval and Chi- square test was applied to find the association between variables by using SPSS ver. 25.

Results: Only 34.5% [95% CI: 27.9, 41.5] of the subjects seek medical care as soon as symptoms appear and 69% [95% CI: 62.1, 75.3] of the participants were aware of nearby functioning health centres. Majority (60.5%) of the subjects Visits qualified medical practitioner during illness.

Conclusion: The present study found that there is still a need to create awareness about the importance of healthcare and available health centers as significant proportion of women population approached unqualified medical practitioners and seeking home remedies as first consultancy source for their health remedies.

Keywords: Behavior, healthcare, medical practitioner, women.

INTRODUCTION

A holistic definition of health, approved by the World Health Organization (WHO), presents it as a widely-understood welfare, but concomitantly as a state of diversity, variability, and continuity. 1 In turn, health behaviors are important factors shaping and directly affecting health, apart from genetic liability, environmental conditions, and healthcare. These behaviors are defined as actions taken by the person in order to maintain, achieve, or regain good health or prevent diseases. Behaviors conducive to building health potential are pro-health behaviors (eg, undertaking physical activity, rational nutrition), while behaviors harmful to health (eg, use of substances) are anti-health behaviors, otherwise negative. All these actions indirectly and directly affect health and well-being of the individual, as well as reflecting their attitude toward health.2 It should be emphasized that good reproductive and sexual health is a condition of complete physical, mental, and social well-being in all the aspects of sexuality and functioning of the reproductive system, and each person has the right to make their own choices concerning their sexual and reproductive health.3 Moreover, health competences can significantly determine health behaviors of women in the scope of reproductive health, and health awareness is also strictly associated with knowledge of reproductive health.4 Women's health in the reproductive period before conception is extremely important because it has effects on fertility, test results during pregnancy, health consequences for women themselves and for their children, and thus the health condition of the future generations. Women's health is a component of pre-conception care and a very significant public health strategy.5,6 The importance and significance of the reproductive period in a woman's life, the diversity of the population of women planning pregnancy, who are characterized by rather irregular involvement in health care before getting pregnant and limited awareness in this regard, are important for their health.5,7 In the literature on the subject, research on health behaviors takes into account aspects of physical activity 8,9, eating habits, follow-up visits, vitamin supplementation or the use of stimulants, as well as the concept of pregnancy planning. Researchers exploring the issues of healthy behavior and health awareness of people in the reproductive period of life do it using specially developed questionnaires and scales, individual in-depth interviews, or using mixed-methods study.10 Under primary healthcare approach, promotive, preventive, and curative services were provided by health team which also includes field level health workers like auxillary nurse midwife (ANM), Anganwadi worker, Accredited social health activist (ASHA) to all the rural women during different phases of life with much attention towards improving health seeking behavior. The rationale of this study is to assess the health seeking behavior of women which helps to evaluate the quality of services provided by healthcare team at ground level and emphasize the need to address the barriers and take necessary measures for improving health seeking behavior of rural women.

AIM OF THE PRESENT STUDY

The purpose of the present study was to assess the health-related issues and behaviours of women of South India who were in reproductive age.

METHODOLOGY

The study was a descriptive, community- based cross- sectional study conducted from 1st November 2022–31st December 2022. Pre-designed and pretested semi- structured questionnaire was used as a study tool and pilot study was conducted on 50 rural women initially and questionnaire was translated into local language as a part of standardization of the questionnaire. The questionnaire consists of sociodemographic variables such as age, religion, education, occupation, socioeconomic status, and marital status. It also consists of questions regarding healthcare seeking behavior and preference of health care centers. Data

was collected by face to face interview method. Informed consent was obtained before data collection and study was approved by Institutional ethics committee. Data were analyzed using IBM SPSS Statistics for Windows Version 25.0. Data was expressed in proportions with confidence interval (95% CI) and mean with standard deviation (SD), respectively. Pearson's Chi- square test was applied as test of significance for assessing association between marital Status and education status with health care seeking behavior. $P < 0.05$ was considered as statistically significant.

RESULTS

The mean age of study participants was 39.2 years (SD ± 12.3). Majority of participants were of age group 20–30 years (30.5%), Hindu (69%), literates (51.5%), unemployed (64.5%), middleclass (38.5%), and married women (58%). The study showed that 42% [95% CI: 35.1, 49.2] out of 200 participants required permission from any of the family members to access healthcare services.

Table 1- Health care seeking behaviour among study subjects (n=200)

Health care seeking behaviour	No. of subjects answered Yes (%)	95% CI
Do you have inhibitions in discussing your health issues with family members	70 (35)	28.4, 42
Do you require permission from any of the family members to access health care services	84 (42)	35.1, 49.2
Can you make own decisions regarding health care	131 (65.5)	58.5, 72.1
Do you seek medical care as soon as symptoms appear	69 (34.5)	27.9, 41.5
Treating doctor will be chosen based on his consultation fees	123 (61.5)	54.4, 68.3
Distance from your place will decide the health centre to be visited	61 (30.5)	24.2, 37.4
Are you aware of nearby functioning health centres	138 (69)	62.1, 75.3

(Table 1) Only 34.5% [95% CI: 27.9, 41.5] of the subjects seek medical care as soon as symptoms appear and 69% [95% CI: 62.1, 75.3] of the participants were aware of nearby functioning health centers. Majority (60.5%) of the subjects visits qualified medical practitioner during illness followed by visiting RMP (19.5%) and following home remedies (15.5%). The present study found statistically significant association between marital Status ($P = 0.04$) and education status ($P = 0.01$) with health care seeking behavior. (Table 2)

Table 2- Association between education status with health care seeking behaviour (n=200)

Education status	Knowledge about available health centres		Total (%)	Chi square P
	Yes (%)	No (%)		
Literate	83 (80.6)	20 (19.4)	103 (100)	0.01
Illiterate	55 (56.7)	42 (43.3)	97 (100)	
Total	138 (69)	62 (31)	200 (100)	

DISCUSSION

In the present study, 200 rural women were included with the mean age of 39.2 ± 12.3. The present study found that 35% of the women have inhibitions in discussing their health issues with family members and 42% of the subjects required permission from any of the family members to access healthcare services. These findings reflect the hurdles to overcome among the women in order to seek healthcare services. In a study conducted by Khan A, et al., in Pakistan, it was observed that 29% of the women doesn't want to discuss with their husband if they are hit with tuberculosis.11 Current study observed that 65.5% of the rural women can make their own decisions regarding health care. In a study conducted by Gopala krishnan S, et al., among antenatal and postnatal rural women in Tamil Nadu, it was observed that only 3.3% of the subjects could take a final decision regarding the place of delivery which projects the status of the women in the society.12 Lassi ZS, et al., in their systematic review study observed that decision-making power is less likely to be with women and mostly rests with their partners and mothers-in-law.13 In another study conducted by Sikder SS, et al. in rural Bangladesh, it was observed that more than one-third of women identified their husbands as the main healthcare decision maker. 14 Mainuddin AKM et al. found that only 12% women were empowered to decide on their own about seeking healthcare and 8.5% in healthcare seeking for their children in a study done on rural Bangladesh women.15 Considering all these barriers, women often postpone seeking help, with the hope that the problem will subside on its own. This clearly states that women empowerment is a key issue in healthcare seeking behavior of women, on which targeted strategies should be implemented. It was observed in the present study that 34.5% of the subjects seek medical care as soon as symptoms appear where as in the study conducted by Khajeh A, et al., in Iran found that 13.5% of the study subjects visited health centers when they had mild symptoms.16 Older females were 0.41 times more likely to go for treatment in contrast to males according to the findings of Srivastava S et al. study.17 This emphasizes the need to sensitize the women regarding her health and provide them essential health education. The current study also observed that 61.5% of the study participants opted treating doctor based on his consultation fees whereas Omotoso et al., in their study conducted in Nigeria observed that 32.9% of rural dwellers claimed that they patronized a particular medical establishment because they could afford the medical charge.18 Distance from home is the deciding factor to opt a particular health center among 30.5% of rural women in the present study which is similar to the findings of Chauhan RC, et al., study conducted in Tamil Nadu where most (31.12%) common reason for visiting particular health facility was easy accessibility.19 Current study found that majority of the married women were able to make their own decision regarding health problems when compared to unmarried and widow and this association was found to be statistically significant ($P = 0.04$). Health of the women in all stages of life must be given utmost importance because it is one of the determinants of child's health and family health. However, it is often neglected because many social factors. Though government had introduced many schemes and programmes, still significant number of women couldn't utilize those services.

CONCLUSION

Nearly half of the women require permission of family members to access health services and only one-third of the subjects seek medical care as soon as symptoms appear and aware of nearby health centers. The present study found that there is a need to create awareness about the importance of health care and available health centers as significant proportion of women population approached unqualified medical practitioners and seeking home remedies as first consultancy source for their health remedies.

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