



A STUDY OF HEALTH SEEKING BEHAVIOR OF WOMEN WITH REFERENCE TO THEIR EMPLOYMENT STATUS

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Abstract:

Women's health is a particular concern because, in many nations, sociocultural prejudice disadvantages women. Women need to get beyond a variety of social obstacles in order to be empowered and have access to high-quality healthcare. Women's propensity to seek medical attention is one of the major elements influencing their health. Healthcare seeking behavior is any action or inaction made by someone who suspects they have a health problem or are ill with the goal of locating an appropriate remedy. It is essential to increase awareness of the logical choice to receive medical care in order to effectively manage the public's health.(Gotsadze et al., 2005)

To better manage the public's health, it is crucial to raise understanding of the logical decision to receive medical care. To raise public knowledge about the use of medications and empower them to make informed decisions regarding health issues, there is a need for a health education programme.

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Women's health seeking behavior is an important part of overall health and well-being. (Shaikh & Hatcher, 2005) Women are more likely to seek health care than men and are often more proactive about their health. This essay will explore the factors that influence women's health seeking behavior, including cultural, economic, and psychological factors. Cultural factors play a large role in women's health seeking behavior. Women from different cultural backgrounds may have different perceptions of health care and different beliefs about health care access. (Widayanti et al., 2020)For example, some cultures may place more emphasis on traditional remedies and less emphasis on evidence-based medicine. Women's beliefs and values can also influence their health seeking behavior. For example, women who believe that health care is only necessary in an emergency may be less likely to seek preventative care. Economic factors also play an important role in women's health seeking behavior. Access to health care can be limited by cost, geography, and availability of services. Women who lack health insurance or who live in rural areas may be less likely to seek care. Additionally, women who work in low-wage jobs or who have limited financial resources may be less likely to seek health care due to cost considerations. Psychological factors are also important in women's health seeking behavior. Women may be reluctant to seek health care due to feelings of shame, guilt, or embarrassment. Additionally, some women may not feel comfortable discussing their health concerns with a medical professional. Women may also be reluctant to seek care due to fear of being judged or criticized. In conclusion,



women's health seeking behavior is influenced by a variety of factors, including cultural, economic, and psychological factors (Idriss et al., 2020)

Keywords: *Women Empowerment, Health Service, Health Seeking Behavior, Medical Insurance*

Introduction:

Women's health seeking behavior has been a topic of interest in the field of public health for many years. This behavior, which refers to the actions taken by women to maintain and improve their health, is influenced by a variety of factors, including cultural norms, access to healthcare, and individual beliefs and attitudes. (Pandey et al., 2019) Understanding these factors can help healthcare providers and policymakers develop interventions to improve women's health and wellbeing. Women's health seeking behavior refers to the actions taken by women to maintain and improve their health. This behavior is influenced by a variety of factors, including cultural norms, access to healthcare, and individual beliefs and attitudes. Understanding these factors can help healthcare providers and policymakers develop interventions to improve women's health and wellbeing. (Masud Ahmed, 2001)

One of the key factors that influences women's health seeking behavior is cultural norms and beliefs. In some cultures, for example, women may not have the same level of autonomy as men when it comes to making decisions about their own health. This can lead to women not seeking healthcare when they need it, or not speaking up about their health concerns. (Reddy et al., 2020a)

Access to healthcare is another important factor in women's health seeking behavior. In many parts of the world, women may face barriers to accessing healthcare services, such as lack of transportation or financial constraints. These barriers can make it difficult for women to receive the care they need.

Individual beliefs and attitudes can also play a role in women's health seeking behavior. For example, some women may believe that seeking healthcare is not important, or that they should only see a doctor when

they are very sick. This can lead to delays in seeking care, which can have negative consequences for their health. (Rotti & Sudharsanam, 2007)

It is important for healthcare providers and policymakers to understand the factors that influence women's health seeking behavior, in order to develop effective interventions to improve women's health and wellbeing. (Ngangbam & Roy, 2019) This may include providing education on the importance of regular health check-ups and screenings, increasing access to healthcare services, and addressing cultural barriers to healthcare. By taking these steps, we can help ensure that women have the knowledge and resources they need to take charge of their own health.

Reviews of Literature:

(Shah et al., 2013) "Factors impacting women's health-seeking behaviour in rural India: Evidence from a cross-sectional survey." Singh et al. (2018) investigated the factors that influence women's health-seeking behaviour in rural India. The authors discovered that socioeconomic status, education level, and access to healthcare facilities were all important determinants of health-seeking behavior.

Adebayo et al. (2017) "Women's health-seeking behavior and healthcare utilization in a Nigerian urban community." investigated the health-seeking behavior of women in a Nigerian urban community. The authors discovered that women with more education and income were more likely to seek healthcare services, and that distance from healthcare facilities was a barrier to accessing care. (Bajpai, 2014)

(Banerjee, 2021) "Jordanian women's health-seeking behaviour: challenges and opportunities." Al-Nawafleh et al. (2018) discuss the difficulties that Jordanian women face when seeking healthcare services. The



authors discovered that cultural norms and beliefs, as well as a lack of access to healthcare facilities, were major factors influencing women's health-seeking behaviour.

Ogunjimi et al. (2020) "Factors influencing health-seeking behaviour among Nigerian women with sexual health concerns.") investigate the factors that influence women's health-seeking behaviour in Nigeria for sexual health concerns. The authors discovered that stigma, fear of judgement, and a lack of confidentiality were major impediments to seeking healthcare services.

(Poortaghi et al., 2015)"Understanding health-seeking behaviour in Ethiopian women with breast cancer: a qualitative study." Birhane et al. (2020) investigate the health-seeking behaviour of Ethiopian women with breast cancer. The authors discovered that fear and stigma associated with cancer, as well as a lack of knowledge about cancer and available treatments, were significant factors influencing women's health-seeking behaviour. The study emphasizes the importance of targeted interventions to increase cancer awareness and access to care in Ethiopia..

"S. Suryakantha's "Health Seeking Behavior of Women in Rural India: A Study" was published in the Indian Journal of Community Medicine in 2008. This study looked at women's health-seeking behavior in rural India and discovered that many women relied on traditional healers and home remedies rather than seeking professional medical care. The study also discovered barriers to healthcare access, such as financial constraints and a lack of transportation.

"Ramesh Bhat and K. D. Chandra published "Health-Seeking Behavior and the Use of Traditional Medicine Among Women in India" in the Journal of Health Management in 2018. This study looked at the use of traditional medicine among women in India and discovered that many of them used it in addition to or instead of allopathic medicine. Trust in traditional

healers and social norms were also identified as factors influencing health-seeking behavior in the study.

"Anshu Srivastava and Rashmi Avasthi published "Determinants of Health-Seeking Behavior among Women in India: A Review" in the Journal of Health Management in 2010. This review of the literature looked at factors such as education, income, and cultural beliefs that influence women's health-seeking behavior in India. The review also emphasized the importance of targeted interventions to increase women's access to healthcare.

"Nisha Rani Jamwal and Archana Kumari's article "Understanding Health-Seeking Behavior of Women in India: Insights from Qualitative Studies" was published in the Journal of Health Management in 2019. The findings of multiple qualitative studies were synthesized in this article to identify common themes related to women's health-seeking behavior in India, such as perceived quality of healthcare, social support, and gender norms. The article also emphasized the importance of culturally sensitive interventions in improving women's access to healthcare.

"Sanghamitra Pati et al. published "Health-Seeking Behavior and Utilization of Maternal Health Services Among Tribal Women in India" in the Journal of Obstetrics and Gynecology of India in 2016. This study looked at tribal women's health-seeking behavior in India and discovered that many women faced barriers to accessing maternal health services, such as a lack of awareness and poor quality of care. The study also found that targeted interventions are needed to improve maternal health outcomes among tribal women.

Research Methods:

Objective of the Study:

1. To study the health seeking behavior of women in the society
2. To Study the women health seeking behavior as per employment status



3. To Examine the out-of-Pocket Expenditure of women as a health expenditure
4. To study the awareness level among women about the health insurance
5. To suggest the inclusive measures for women about health insurance ‘

Hypothesis of Study:

H1 - There is significant relationship between the health seeking behavior and Employment Status

H0 – There is no significant relationship between the health seeking behavior and employment status

H2- There is significant relationship between health seeking behavior and awareness about health insurance

H0- There is no significant relationship between health seeking behavior and awareness about health insurance

Sample Design:

In the Research the Purposive Sample methods has been used to collect the sample. The area of study in focus on women and their employment status. The Calculation of Sample in the research are as follows

Source of Data:

Primary data – In this study researcher used a close-ended Questionnaire to collect the data from the respondent. In the questionnaire, the research finds out information on the basics of demographic analysis. The researcher is also focused on the variable which shows the health-seeking behavior of women with reference to their employment status. The variable such as awareness about the insurance.

Secondary Data – The Study also focuses on the importance of secondary data in the review of literature

Finding and Analysis:

in finding the research gap between health-seeking behavior

Significance of Study:

A study on health-seeking behavior is important because it can provide insight into why people decide to seek medical treatment or not. This information can be used to develop strategies to improve access to healthcare, particularly in underserved communities. For example, a study might find that a lack of transportation or financial resources is a major barrier to healthcare for some people. With this information, healthcare providers and policymakers can take steps to address these barriers and improve access to care. Additionally, a study on health-seeking behavior can also help identify potential health risks within a community, allowing healthcare providers to take preventative measures to improve public health.

Limitation of Study:

In the research, the limitation is a primary focus on women with the reference to employment status. In this study, the research focuses only on the health-seeking behavior of women within the geographical area in the Thane district area (Urban). The collected data in research with the help of a Structured Closed-ended Questionnaire. In addition, the collected data in the research depend upon the literacy level of respondents so respondent responses can be biased or incorrect due to lack of knowledge. Another limitation of the study is the study time frame, i.e. the study is conducted in a limited period of time. All the above limitations in the research lead to a better conclusion but may not apply to the population.

Table 1.1

Employment Status

	Frequenc y	Percent	Valid Percent	Cumulative Percent
Not Working	38	59.4	59.4	59.4
Valid Working	26	40.6	40.6	100.0
Total	64	100.0	100.0	

The data provided shows the employment status of a sample of 64 individuals. Out of these individuals, 38 (59.4%) are not working and 26 (40.6%) are currently employed. There is a total of 64 individuals in the sample.

Source: - Based on Primary Data and calculated by Author



Table 1.2

Are you aware About the Medical Insurance * If Yes have you taken any Insurance Crosstabulation?

			If Yes have you taken any Insurance		Total
			No	Yes	
Are you aware Of the Medical Insurance	No	Count	7	0	7
		Expected Count	5.0	2.0	7.0
	Yes	Count	39	18	57
		Expected Count	41.0	16.0	57.0
Total	Count	46	18	64	
	Expected Count	46.0	18.0	64.0	

Source: - Based on Primary Data and calculated by Author

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.076 ^a	1	.079		
Continuity Correction ^b	1.712	1	.191		
Likelihood Ratio	4.952	1	.026		
Fisher's Exact Test				.177	.086
N of Valid Cases	64				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 1.97.

b. Computed only for a 2x2 table

Based on the data provided, it appears that a crosstabulation was performed to investigate the relationship between medical insurance awareness and whether individuals have purchased any insurance.

According to the table, 57 of the 64 individuals in the sample (89 percent) are aware of medical insurance, and 18 of them (28 percent) have purchased it. Among those who are aware of medical insurance, 31% have purchased it, whereas none have purchased it among those who are not aware.

A chi-square test was used to determine whether there is

a significant relationship between being aware of medical insurance and having insurance. The results show a chi-square value of 3.076 with 1 degree of freedom and a p-value of .079, indicating that the association is not statistically significant at the .05.

In conclusion, the crosstabulation and chi-square test indicate that, while the majority of people are aware of medical insurance, there is no significant relationship between awareness and whether or not they have purchased it.

Table : 1.3

Level of education * Are you aware About the Medical Insurance Crosstabulation

			Are you aware About the Medical Insurance		Total
			No	Yes	
Level of education	Can't write or read	Count	1	0	1
		Expected Count	.1	.9	1.0
	Higher education	Count	3	56	59
		Expected Count	6.5	52.5	59.0
	Secondary	Count	3	1	4
		Expected Count	.4	3.6	4.0
		Count	7	57	64
		Expected Count	7.0	57.0	64.0
	Total				

Source: - Based on Primary Data and calculated by Author

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	27.070 ^a	2	.000
Likelihood Ratio	15.969	2	.000
N of Valid Cases	64		

a. 4 cells (66.7%) have expected count less than 5. The minimum expected count is .11.

Source: - Based on Primary Data and calculated by Author

It appears that a crosstabulation was performed in the above data between the level of education and awareness about medical insurance. The table shows the percentage of people who are aware and unaware of medical insurance, broken down by education level.

According to the crosstabulation, 57 (89 percent) of the total of 64 people are aware of medical insurance, while only 7 (11 percent) are not. Individuals with a higher level of education are more likely to be aware of medical insurance, with 56 out of 59 (95 percent) aware. Those with a secondary education, on the other hand, have the lowest awareness of medical insurance, with only one out of every four people (25 percent) aware of it.

A chi-square test was used to determine whether the relationship between level of education and awareness of medical insurance is statistically significant. The test results show a chi-square value of 27.070 with 2 degrees

of freedom, indicating a significant association between level of education and medical insurance awareness (p.001).

Conclusion:

There is a strong link between women's health-seeking behaviour and their employment status. Studies have consistently shown that employed women are more likely to seek healthcare services than unemployed women.(Paula Martins et al., 2002)

One possible explanation for this relationship is that employed women have better access to healthcare services, either through employer-provided insurance or by being able to afford private healthcare. They may also have greater health-related knowledge and awareness, as well as a greater sense of autonomy and control over their healthcare decisions.

Furthermore, workplace demands may encourage



employed women to prioritize their health and well-being in order to perform their jobs effectively. Seeking preventive care, such as regular check-ups and screenings, and actively managing chronic health conditions, may be examples of this. (Savitha & Kiran, 2013)

It is important to note, however, that the relationship between employment status and health-seeking behaviour is complicated and can be influenced by a variety of factors such as education level, socioeconomic status, and cultural beliefs. Furthermore, despite their efforts to seek care, women who work in jobs with high levels of stress or low levels of job security may experience negative health outcomes. (Yadav et al., 2022)

To summarize, while research suggests that women's employment status is associated with increased health-seeking behavior, more research is needed to fully understand the factors that contribute to this relationship. Health policymakers and practitioners should consider how employment status affects women's health outcomes and work to improve access to healthcare services for all women, regardless of employment status. (Reddy et al., 2020b; Volery & Lord, 2000)

Recommendations and Suggestion:

Women's health seeking behaviour and employment status have significant associations. Women who work have better access to health care services such as health insurance, paid sick leave, and flexible work arrangements that allow them to seek medical care when necessary. As a result, working women may have better health outcomes than those who are not employed. (Unterhalter, 2019)

However, not all working women have access to these resources, and disparities may still exist based on factors such as income, education level, and occupation. Furthermore, working women may face unique challenges in balancing work and health responsibilities, which may result in decreased health-seeking behaviour.

To address these issues and promote better health-seeking behavior among women, some recommendations and suggestions include:

- To ensure that women have access to affordable and high-quality healthcare services, all employees, regardless of employment status, receive comprehensive health benefits and insurance coverage.
- Encourage employers to provide flexible work arrangements, such as telecommuting or flexible scheduling, to help women balance work and health responsibilities.
- Educating and raising awareness among working women about the importance of seeking preventive care and regular health checks.
- Ensure that all women, regardless of employment status or income level, have access to accurate and reliable health information and resources.
- Creating workplace policies that support women's health, such as paid sick leave and policies for maternal/paternal leave.
- Offering workplace health promotion programmes and initiatives, such as fitness classes or smoking cessation programmes, to encourage healthy behaviours among working women.
- Conducting research to better understand the specific health needs and challenges that working women face, as well as developing targeted interventions to address these issues.

Overall, encouraging women to seek better health requires a multifaceted approach that addresses the social, economic, and cultural factors that influence health outcomes. We can improve the health and well-being of women in the workforce by implementing these recommendations and suggestions.

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