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# Economic Factors and Health Seeking Behaviours of Rural People in Puducherry Union Territory – A Case Study at Manapet Village

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***Abstract***

*Health is a major determinant of human development however one could see advanced developments in medicine, science and technology enable to better quality life however the health status of the majority of the people are at bay. The practice of health differ with the social, cultural, religious and economic factors with in a region (location) and culture. The present research is to understand the close interaction between man, environment, the social system and technology. Further, it is intended to examine how far the community health services, influence the rural population in changing their myths and traditional health beliefs and practices.The present study is taken up in Manapet village, Puducherry Union Territory. The researcher has collected relevant data from all the 90 respondents. The findings of the study are evident that the respondent's age, caste, income, education and occupation status determine the health status of the rural people.*

***Keywords:*** *Health, rural, age, caste, income, education, occupation*


## Introduction

Health is a major determinant of human development as it has socio-economic relations with the quality of life. To-day one could see advanced developments in medicine, science and technology and at the same time the health status of the majority of the people are at bay. The practice of health differ between countries and even within the given country, since the practices are intimately linked with the social, cultural, religious and economic factors with in a region (location) and culture. The present research is to understand the close interaction between man, environment, the social system and technology. Further, it is intended to examine how far the community health services, influence the rural population in changing their myths and traditional health beliefs and practices. As such the research in health behaviour per se it is still quite limited and attempts will be made by the researcher to incorporate large number of available references in the study.

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This article is interest to understand how the myths, beliefs and traditional practices influence the people to respond to their disease and illness. The study is also careful to see how apart from the traditional myths and beliefs economic factors influence their health seeking behavior. It is with this basic understanding of health and illness behavior, peoples' culture and myths and beliefs, the study intended to carry out a study in the Rural Pondicherry to understand how economic factors - occupation and income factors influence health seeking behavior of the people.

**Related Review of Studies**

J.A.Kumaresan and E.T.Aganu (1994) determined some socio-cultural factors influencing knowledge and attitudes of the community toward leprosy was carried out in north-western Botswana, where cases of leprosy have been known to exist over the years. The study was largely qualitative, using ethnographic approaches. The research was tailored in a way to capture the ethnic diversity of the region, in particular two ethnic groups, namely Bayei and Bambukushu. The name or symptom complex associated with leprosy was 'ngara' or 'lepero' and this was associated with bad blood. Knowledge on disease causation was lacking, which in turn influenced health seeking behaviour of patients. Patients were well integrated and accepted into the social structure of communities.

Kathryn Dean (1989) reports on findings from an investigation of self-care practices in a population sample of persons over 45 years of age in an attempt to study self-care in a lifestyle framework. The findings show the importance of examining patterns of behaviour rather than exclusive focus on the magnitude of differences in discrete behaviours. Gender was the major independent influence on patterns of health maintenance behaviour while social network variables assumed major importance for self-care responses to illness.

K. Nyamongo (2002)reveals how the patients in a rural region of Gusii, Kenya are likely to make beyond the homestead in their search for alternatives to combat malaria. Malaria is a very common health problem in the region resulting in enormous human and economic losses. Results show that patients are more likely to start with self-treatment at home as they wait for a time during which they observe their progress. This allows them to minimise expenditure incurred as a result of the sickness. They are more likely to choose treatments available outside the home during subsequent decisions. The decisions include visiting a private health care practitioner, a government health centre or going to a hospital when the situation gets desperate. Knowledge and duration of sickness, the anticipated cost of treatment, and a patient's judgement of the intensity of sickness determine their choice of treatment. Practices intends to examine the people health related traditional beliefs and practices and the role of community health workers intervention in changing the beliefs and practices and the extent of changes made in terms of their beliefs and practices. Some of the following studies highlight the health seeking behavior of the people.

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## Methodology

The methodology of the study has been explained with respect to content and coverage of the study. This part deals with sampling framework, mode of data collection, tools of data collection and data analysis procedure. This study focuses in how economic factors influence the health seeking behavior of the rural households in Puducherry Union Territory with the following objectives:

1. To study the socio-economic conditions of rural households
2. To examine the respondents' place of health care seeking place
3. To analyze respondents' age wise personal hygienic practices and domestic sanitation practices.

There are 92 Villages in the Puducherry region of the Puducherry Union Territory. The researcher has selected the Manapet village using Random number. From the Manapet village 90 households respondents selected for the present study. All the heads of the households who are all males where the respondents for this study.

This study aims to find out the health seeking behavior of the people by eliciting information from the sampled household respondents. Their health status is also measured as high, medium and low level using 20 health factors which are indicated in the schedule. All these factors are correlated with the socio-economic status of the household respondents.

The researcher has collected the relevant data from the household respondents by well-structured interview schedule. The researcher visited each household and collected relevant by establishing a good rapport with them. The respondents extended full co-operation in successful data collection. By and large, the responses are fair and good.

The collected data areanalyzed and the results presented below in a master table. Then these data are entered in a computer programme. The cross tabulation has been done by putting independent variables, such as Village status, age status, caste status and occupational status

**Table: 1**
**Socio-Economic Status of the Respondents**

| **Occupation** | **Number of respondents** | **Percentage** |
|---|---|---|
| Wage labour | 28 | 31.11 |
| Marginal farmers | 14 | 15.55 |
| Small farmers | 12 | 13.33 |
| Medium farmers | 08 | 8.88 |
| Large farmers | 11 | 12.22 |
| Business group | 17 | 18.88 |
| ***Total*** | 90 | 100.00 |
| **Caste group** | | |

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| | | |
|---|---|---|
| Forward caste | 09 | 10 |
| Backward caste | 27 | 30 |
| Most backward caste | 48 | 53.33 |
| Schedule caste | 06 | 6.66 |
| ***Total*** | 90 | 100.00 |
| **Age group** | | |
| 20-30 | 26 | 28.88 |
| 30-40 | 24 | 26.66 |
| 40-50 | 18 | 20.00 |
| 50-60 | 12 | 13.33 |
| Above 60 | 10 | 11.11 |
| ***Total*** | 90 | 100.00 |
| **Family size** | | |
| Small | 36 | 40 |
| Medium | 39 | 43.33 |
| Large | 15 | 16.66 |
| Total | 90 | 100.00 |

| **Education** | **Number of respondents** | **Percentage** |
|---|---|---|
| Primary | 18 | 20.00 |
| Secondary | 22 | 24.44 |
| Higher secondary | 14 | 15.55 |
| Under Graduate | 19 | 21.11 |
| Post Graduate | 17 | 18.88 |
| Total | 90 | 100.00 |
| **Income** (per month) | | |
| Upto 2000 | 40 | 44.44 |
| 2000 – 4000 | 14 | 15.55 |
| 4000 – 6000 | 16 | 17.77 |
| 6000 – 8000 | 11 | 12.22 |
| 8000 – 10,000 | 09 | 10.00 |
| Total | 90 | 100.00 |

A study of data in table 1 indicates the socio-economic characteristics of households. This study analyzes the households of the region. It could be noted that out of the total 90 households of the rural area 10 per cent of them belong to the forward caste, 30per cent of them come under the backward caste group, 53.33 per

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cent of them belong to the most backward caste and the rest 6.66 per cent of them are schedule caste households. In this study, out of the total 90 rural households 20 per cent of them have primary level of education, 24.44 per cent of them possess secondary level of education and 15.55 per cent of them have education up to higher secondary level. Further, in the industrial region, 21.11 per cent of the households have under graduate level of education and the rest 18.88 per cent of them have postgraduate level of education.

It could be observed that out of the total 90 rural households 44.44 per cent of them earn an income upto Rs. 2000 per month, 15.55 per cent of them earn an income in the range of Rs. 2000 – 4000 per month and 17.77 per cent of them earn an income in the range of Rs. 4000 – 6000. Further, in the industrial region, 12.22 per cent of the households belong to the income group of Rs. 6000 – 8000 and the rest 10 per cent of them belong to the income group Rs. 8000–10,000.

It is observed from the table that out of the total 90 rural households region 28.88 per cent of them belong to the age group 20 – 30 years and 26.66 per cent of them come under the age group of 30 – 40 years. Further, in the further rural area 20.00 per cent of the households belong to the age group 40 – 50 years, 13.33 per cent of the respondents belong to the age group 50-60 years and the rest 11.11 per cent of them belong to the highest age group.

In this study, out of the total 90 rural households 40 per cent of them belong to the small family size group, 43.33 per cent of them belong to the medium family size group and the rest 16.66 per cent of them come under the large family size group.

It is observed from the data in table that out of the total 90 rural households 31.11 per cent of them belong to the wage labour, 15.55 per cent of them belong to the marginal farm group, 13.33 per cent of them belong to the small farm group, 8.88 per cent of them belong to the medium farm group, 12.22 per cent of them belong to the large farm group and the rest 18.88 per cent of them belong to the business group.

**Table: 2**
**Age Wise Respondents' Health Care Seeking Place**

| Villages | Government Hospital | Government Hospital and Primary Health Centre | Private Hospital | Ayurvedic and Siddha Hospital | Traditional Religious Healers and Government Hospital | Total |
|---|---|---|---|---|---|---|
| 20-30 | 5<br>(19.23) | 6<br>(23.07) | 3<br>(11.53) | 4<br>(15.38) | 8<br>(30.76) | 26 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| 30-40 | 2<br>(8.33) | 3<br>(12.5) | 4<br>(16.66) | 6<br>(25) | 9<br>(37.5) | 24 |
| 40-50 | 4<br>(22.22) | 3<br>(16.66) | 5<br>(27.77) | 2<br>(11.11) | 4<br>(22.22) | 18 |
| 50-60 | 1<br>(8.33) | 4<br>(33.33) | 3<br>(25) | 2<br>(16.66) | 2<br>(16.66) | 12 |
| Above 60 | 1<br>(10) | 2<br>(20) | 2<br>(20) | 2<br>(20) | 3<br>(30) | 10 |
| Total | 13<br>(14.44) | 18<br>(20) | 17<br>(18.88) | 16<br>(17.77) | 26<br>(28.88) | 90 |

A study of data in table 2 indicates the age wise respondents' health care seeking place. Majority of the respondents in the age group 30-40 years (37.05%) take health care in Traditional Religious Healers and Government Hospital. A consider number of most of the respondents in the age group 20-30 years (30.76%) take health care in Traditional Religious Healers and Government Hospital and primary health centre. Majority of the respondents in the age group 50-60 years (25%) seek health care in government hospital and primary health centre. A considerable number of respondents above 60 years age group (30%) take health care in traditional religious healers and government hospital.

**Table 3**
**Respondents' Age-Group and Monthly Household Income**

| **Household Income** | **Age-Group** | | | | | **Total** |
|---|---|---|---|---|---|---|
| | **< - 30** | **30 – 40** | **40 – 50** | **50 – 60** | **60 - >** | |
| < - 2000 | 5<br>(12.50) | 8<br>(20) | 5<br>(12.50) | 10<br>(25.00) | 12<br>(30.00) | **40<br>(44.44)** |
| 2000-4000 | 05<br>(35.71) | 04<br>(28.57) | 02<br>(14.28) | 02<br>(14.28) | 01<br>(7.14) | **14<br>(15.55)** |
| 4000-6000 | 05<br>(31.25) | 04<br>(25.00) | 4<br>(25.00) | 2<br>(12.25) | 01<br>(60.25) | **16<br>(17.77)** |
| 6000-8000 | 04<br>(36.36) | 2<br>(18.18) | 03<br>(27.27) | 1<br>(9.09) | 1<br>(6.09) | **11<br>(12.22)** |
| 8000 - > | 03<br>(33.33) | 05<br>(55.55) | 01<br>(11.11) | Nil | Nil | **09<br>(10.00)** |
| **Total** | **22<br>(24.44)** | **23<br>(25.55)** | **15<br>(16.66)** | **15<br>(16.66)** | **15<br>(16.66)** | **90<br>(100)** |

Table 3 reveals the association between the respondents' age-group and household monthly income. It shows that about 30% of the respondents in the total of Rs. < - 2000/- monthly income group were 60 and above years old followed by

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30% of the 50-60 years old respondents and altogether constituted more than half (25%) in the total whereas 35.71%, 31.25%, and 36.66% respondents of Rs. 2000-4000/-, Rs. 4000-6000/-, and Rs. 6000-8000/- monthly income groups were below 30 years old and half (55.55%) of the total of Rs. 8000-10000/- income category were 30-40 years old.

Hence, it is interpreted through the association between the respondents' age-group and household monthly income that while the age advances the monthly income of their household decrease. It is evidenced through the observed Mean for monthly household income based on their age-group. The pattern revealed as that while Rs. 4,235/- per month earned by below 30 years old respondents Rs. 4,154/-, Rs. 4,053/-, Rs. 1,957/-, and Rs. 1756/- earned by 40-50, 30-40, 50-60, and 60 and Above years age-group respondents, respectively.

**Table: 4**
Occupation Wise Respondents' Health Status

| **Occupation** | **High Level Average Score below 24** | **Moderate Level Average Score 25-48** | **Low Level Average Score above 48** | **Total** |
|---|---|---|---|---|
| Wage labour | 08 (28.57) | 05 (17.85) | 15 (53.57) | 28 |
| Marginal | 02 (14.28) | 04 (28.57) | 08 (57.14) | 14 |
| Small | 03 (25.00) | 06 (50.00) | 03 (25.00) | 12 |
| Medium | 02 (25.00) | 04 (50.00) | 02 (25.00) | 08 |
| Large | 05 (45.45) | 04 (36.36) | 02 (18.18) | 11 |
| Business | 10 (58.82) | 04 (23.52) | 03 (17.64) | 17 |
| Total | 30 (33.33) | 27 (30.00) | 33 (36.66) | 90 |

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Data presented in table 4 indicate the Occupation wise respondents' health status. It could be noted that majority of the business group respondents (58.82%) and large farm group respondents (45.45%) have high level health status. Majority of the medium farm group respondents (50.00%) and small farm group respondents (50.00%) have moderate health status. Majority of the wage labour respondents (58.33%) and marginal farm group respondents (53.57%) have low health status.

It could be seen clearly from the above discussion that business group respondents and large farm group respondents occupy the first position with respect to possession of high health status. This is due to their educational status and income status. In general, wage labour group respondents and marginal group respondents have low health status consequent upon low level education and low-level income.

## Conclusion

The findings of health status of the respondents reveal the following facts. The possession of moderate level health status occupies the first position among the selected respondents in the study area, possession of low health status the second and possession of high health status the last. The result of occupation wise analysis reveals that business group respondents and large farm group respondents occupy the first position with respect to possession of high health status this is due to their educational, occupation status and income status. In general, wage labour group respondents and marginal group respondents have low health status consequent upon low level education and low-level income.

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