

Research Paper



MORBIDITY LEVEL AND HEALTH SEEKING BEHAVIOUR OF THE RESPONDENTS IN RURAL AREAS – A STUDY IN KANYAKUMARI DISTRICT

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ABSTRACT

HHealth is very valuable and people always look for a long and healthy life as an end in itself. Good health stands for higher labour productivity, increases the level of well-being and hence, enhances economic growth. In this present study the morbidity level of the sample rural respondents of Kanyakumari district during the past six months of the interview period is analysed. For better understanding, the morbidity level is divided into minor illness and major illness. The analysis reveals that 51 per cent of the respondents are affected by minor illness such as fever, cough and cold. Among the major illness, diabetes is common in the study area. For treating minor and major illness, majority of the respondents prefer allopathic system of medicine. To improve the accessibility of medical care facilities by the people, the government should provide proper health care facilities in the rural areas and establish health centers near to their village.

KEYWORDS: Health Seeking, people, rural areas

INTRODUCTION

Health is a basic fundamental right of all citizens and health promotion forms an intrinsic part of health care. Health is fundamental to national progress in any sphere. In terms of resources for economic development, nothing can be considered of higher importance than the health of the people. For the efficiency of industry and of agriculture, the health of the worker is an essential consideration (Amrishi Kumar 2012). Health care embraces a multitude of services provided to individuals or communities by the agent of health services for the purpose of promoting, maintaining, monitoring or restoring health (A.G. Lawthers 2003)

Health seeking behaviour in terms of illness behaviour refers to those activities undertaken by the individuals in response to symptom experience. This behaviour among different populations, is a complex outcome of many factors operating at individual, family and community level (Keith Tones 2004). Health seeking behaviour is influenced by a large number of factors apart from knowledge and awareness (P. Lurie et al. 1995).

OBJECTIVES

The specific objectives of this study are :

1. To assess the morbidity pattern of the rural population in the selected study area.

2. To determine the health seeking behavior for the illness of the respondents.

METHODOLOGY

The present study is based on primary data. The primary data was collected from the respondents using an interview schedule. Multi stage random sampling technique was used to select the sample. The list regarding the numbers of village panchayats in each taluk was taken. Out of the total number of village panchayats in each taluk, 50 per cent was selected as samples using simple random sampling method. From each of these village panchayats 10 households were chosen as sample households using random sampling method. Thus from Vilancode taluk 150 households, from Kalkulam taluk 130 households, from Thovalai taluk 80 households, from Agasteewaram taluk 130 households and over all 490 households were selected as sample households. The head of household was interviewed to gather information. Chi-square test was done to find the association between certain variables.

DISCUSSION

In this present study the morbidity level of the respondents explains the illness faced by the rural population of Kanyakumari district during the past six months of the interview period. Analysing the illness by which the respondents are affected with and the system of medicine



used by them give a better picture about the present health status in the study area and the system of medicine adopted to cure the illness.

For better understanding, the morbidity level is divided into minor illness and major illness. Fever, cough, cold, tooth-ache and allergy were categorised under minor

illness and hyper tension, heart disease, diabetes, respiratory disease, cataract and dislocation of joints were categorised under major illness. The health seeking behavior is analysed taking in to account the system of medicine used by the respondents such as allopathic, ayurveda, siddha, homeopathy, home remedy and tablets from medical store.

Analysis of Minor Illness and Usage of Health Care

Minor Illness	Taluk				Total
	Thovalai	Agastheeswaram	Kalkulam	Vilavan Code	
Not Affected by any illness	26	20	29	45	120
	5.3%	4.1%	5.9%	9.2%	24.5%
Fever, Cough, Cold	36	74	69	71	250
	7.3%	15.1%	14.1%	14.5%	51.0%
Tooth ache	8	11	11	13	43
	1.6%	2.2%	2.2%	2.7%	8.8%
Allergy	10	25	21	21	77
	2.0%	5.1%	4.3%	4.3%	15.7%
Total	80	130	130	150	490
	16.3%	26.5%	26.5%	30.6%	100.0%

Source: Survey Data

Table No.1 shows the minor illness by which the respondents were affected. Fever, cough and cold are the common minor illness by which majority of the respondents were affected irrespective of talukhs. On the whole, 51 per

cent (250) of the sample respondents were affected with fever, cough or cold; followed by 15.7 per cent affected by allergy and 8.8 per cent by tooth-ache. Nearly 25 per cent of the respondents were not affected by any diseases.

Minor illness	System of Medicine							Total
	Not taken any medicine	Allopathic	Ayurveda	Siddha	Homoeopathy	Home Remedy	Tablets from medical shop	
Not Affected	120	0	0	0	0	0	0	120
	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Fever, Cough, Cold	1	219	0	0	0	5	25	250
	0.4%	87.6%	0.0%	0.0%	0.0%	2.0%	10.0%	100.0%
Tooth ache	0	39	1	0	0	2	1	43
	0.0%	90.7%	2.3%	0.0%	0.0%	4.7%	2.3%	100.0%
Allergy	1	6	20	9	25	16	0	77
	1.3%	7.8%	26.0%	11.7%	32.5%	20.8%	0.0%	100.0%
Total	122	264	21	9	25	23	26	490
	24.9%	53.9%	4.3%	1.8%	5.1%	4.7%	5.3%	100.0%

Source: Survey Data

Table No. 2 shows the system of medicine preferred to cure the minor illness. From the above analysis it is evident that 87.6 per cent of respondents have used allopathic medicines with the prescription of doctor to treat fever, cough and cold, 10 per cent have taken tablets from medical shop and 2 per cent of the respondents have taken home remedy. For treating tooth ache, 90.7 per cent have opted allopathic system, 4.7 per cent have preferred home remedy and 2.3 per cent have taken tablets from medical shop and the remaining 2.3 percent have followed ayurvedic system of medicine. For

treating allergy 32.5 per cent have preferred homoeopathy, 26 per cent Ayurveda, 20.8 have used home remedy, 7.8 per cent have taken allopathic medicine and 1.3 per cent have not taken any medicine at all.

Hypothesis

Chi-square test is done to find if there is any association between minor illness and system of medicine used in the study area.

Null hypothesis : There is no significant association between minor illness and system of medicine used.

	Value	df	Asymp. Sig. (2-sided)
1 Pearson Chi-Square	875.244 ^a	18	.000
Likelihood Ratio	815.607	18	.000
Linear-by-Linear Association	164.137	1	.000
No. of Valid Cases	490		

Source: Computed data

Table No. 3 shows the chi square test results; since the significance value is below 0.05 there is a significant association between system of medicine and minor illness. So the null hypothesis formulated is rejected and the alternative hypothesis that, there exists a significant association between minor illness and system of medicine has been accepted.

Analysis of Major Illness and Usage of Health Care

Table No. 4 Major Illness by which the Respondents were Affected

Major_Illness	Taluk				Total
	Thovalai	Agastheswaram	Kalkulam	VilavanCode	
No major disease	66	110	108	123	407
	13.5%	22.4%	22.0%	25.1%	83.1%
Hyper tension	4	3	4	3	14
	0.8%	0.6%	0.8%	0.6%	2.9%
Heart Disease	0	3	1	5	9
	0.0%	0.6%	0.2%	1.0%	1.8%
Diabetes	8	10	7	6	31
	1.6%	2.0%	1.4%	1.2%	6.3%
Respiratory Disease	0	2	4	3	9
	0.0%	0.4%	0.8%	0.6%	1.8%
Cataract	1	1	5	6	13
	0.2%	0.2%	1.0%	1.2%	2.7%
Dislocation	1	1	1	4	7
	0.2%	0.2%	0.2%	0.8%	1.4%
Total	80	130	130	150	490
	16.3%	26.5%	26.5%	30.6%	100.0%

Source: Survey Data

Table No. 4 reveals that, 83.1 per cent of the respondents have not suffered by any major diseases in the past six months of the study period; 6.3 per cent of the respondents are having diabetes, 2.9 per cent are affected by hyper tension, 2.7 per cent with cataract and 1.8 per cent each with heart disease and respiratory disease.

Table No. 5 Major Illness and System of Medicine Used by the Respondents

Type of Major Illness	System of Medicine				Total
	Not affected by any disease	Allopathic	Siddha	Homoeopathy	
No major disease	406	0	0	0	406
	100.0%	0.0%	0.0%	0.0%	100.0%
Hyper tension	0	14	0	0	14
	0.0%	100.0%	0.0%	0.0%	100.0%
Heart Disease	0	9	0	0	9
	0.0%	100.0%	0.0%	0.0%	100.0%
Diabetes	0	24	1	6	31
	0.0%	77.4%	3.2%	19.4%	100.0%
Respiratory Disease	0	9	0	0	9
	0.0%	100.0%	0.0%	0.0%	100.0%
Cataract	0	13	0	0	13
	0.0%	100.0%	0.0%	0.0%	100.0%
Dislocation	0	7	0	0	7
	0.0%	100.0%	0.0%	0.0%	100.0%
Total	406	76	1	6	489
	83.0%	15.5%	0.2%	1.2%	100.0%

Source: Survey Data

It is evident from table No. 5 that for treating all types of major illness other than diabetes, allopathic system of medicine was used by the respondents; whereas for treating diabetes 20 percent of the respondents have used homeopathy and siddha medicine.

Hypothesis

The chi-square test is done to find if there is any association between major illness and system of medicine used in the study area.

Null hypothesis : There is no significant association between major illness and system of medicine preferred

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	564.550 ^a	18	.000
Likelihood Ratio	460.340	18	.000
N of Valid Cases	489		

Source: Computed data

Table No. 6 shows the chi square test results; since the significance value is below 0.05 there is a significant association between system of medicine and major illness. So

the null hypothesis formulated is rejected and the alternative hypothesis that, there exists a significant association between system of medicine and major illness has been accepted.

Table No.7 Number of Days Hospitalised for the treatment of Major Illness

No. of days hospitalised	Taluk				Total
	Tovalai	Agastheswaram	Kalkulam	Vilavancode	
Not affected by illness	78	127	119	136	460
	15.9%	25.9%	24.3%	27.8%	93.9%
1-2 Days	1	2	7	6	16
	0.2%	0.4%	1.4%	1.2%	3.3%
3-4 Days	1	1	1	5	8
	0.2%	0.2%	0.2%	1.0%	1.6%
5 & above	0	0	3	3	6
	0.0%	0.0%	0.6%	0.6%	1.2%
Total	80	130	130	150	490
	16.3%	26.5%	26.5%	30.6%	100.0%

Source: Survey data

From table No. 7 it is clear that 93.9 per cent of the sample respondents are not affected by any illness and therefore not hospitalized; 3.3 per cent of respondents were hospitalized for 1 to 2 days, 1.6 per cent for 3 to 4 days and 1.2

per cent were hospitalized for 5 and above days. So out of 490 respondents just 6 were admitted above 5 days in the last six months which reveals that the population in the study area is healthier.

Type of Major Illness	No. of Days				Total
	Not Admitted	1-2 Days	3-4 Days	5 & above	
No major disease	407	0	0	0	407
	100.0%	0.0%	0.0%	0.0%	100.0%
Hyper tension	11	2	0	1	14
	78.6%	14.3%	0.0%	7.1%	100.0%
Heart Disease	1	3	3	2	9
	11.1%	33.3%	33.3%	22.2%	100.0%
Diabetes	27	2	1	1	31
	87.1%	6.5%	3.2%	3.2%	100.0%
Respiratory Disease	3	3	2	1	9
	33.3%	33.3%	22.2%	11.1%	100.0%
Cataract	7	4	1	1	13
	53.8%	30.8%	7.7%	7.7%	100.0%
Dislocation	4	2	1	0	7
	57.1%	28.6%	14.3%	0.0%	100.0%
Total	460	16	8	6	490
	93.9%	3.3%	1.6%	1.2%	100.0%

Source: Survey data

Table No. 8 explains the cross tabulation between major illness and number of days admitted in hospital. From the table it is clear that treatment for heart disease accounts the highest hospital admits followed by respiratory disease, cataract, hyper tension and dislocation.

Hypothesis

Chi-square test is performed to find if there is significance association between major illness and number of days admitted in hospital.

Null hypothesis : There is no significant association between major illness and number of days admitted in hospital.

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	278.607 ^a	18	.000
Likelihood Ratio	146.844	18	.000
N of Valid Cases	490		

Source: Computed data

Table No. 9 of the chi square test shows that the value of chi square is 0.000 which is lower than the threshold of 0.05. So the null hypothesis formulated is rejected and alternative hypothesis that there is a significant association between major illness and number of days admitted in hospital has been accepted.

SUGGESTIONS

- Proper health care facilities should be provided in the rural areas.
- Health centre should be established near to their village to increase the accessibility of medical care
- Proper health education should be given to the villagers and health awareness should be created.
- Government should provide health training to local nurses.

- Panchayat should take care of the local environment to avoid the spread of diseases.

CONCLUSION

In the study area 51 per cent of the respondents are affected by minor illness such as fever, cough and cold. Among the major illness, diabetes is common in the study area. For treating minor and major illness, majority of the respondents prefer allopathic system of medicine. Health seeking behaviour is an important aspect in health management; therefore strategic policy formation in all health care systems should be based on information relating to health promoting, seeking and utilization behaviour and the factors determining these behaviours. Understanding of the health seeking behaviour of the community is primarily important for effective utilization of the health care services and ultimately to render national programs and policies successful (Gomathy Parasuraman et. al. 2014).

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