

How Does Socio-Economic Status Influences On the Health Seeking Behavior of the Rurals' Today ? Few Stylized Facts : Dr.Nanjunda

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Abstract

The major aim of this paper is to find out the health seeking and health care seeking behavior of rural population with reference to their changing social and economic status. Health will be largely influenced by the social and cultural factors. Experts felt that Health can be more precisely viewed as an index of human adaptation to 'micro-ecological niche'. It is generally found that level of education, occupation, income, housing, etc mainly leads to have a big gap in the health disparity and health inequality between different social groups in rural parts. This health inequality leads to have various effects on the family causing numerous health problems. Also experts felt health disparity is due to the material deprivation, socio-psychological effects etc. This study has conducted done in south India using both qualitative and quantitative techniques. In India due to the social exclusion (class and caste) major sections of the society may not get equal health benefits.

Key words; Health seeking, Socio-economic, Rural, Treatment, Culture

Introduction

The sociology of health and illness has a long history. Over the last 100 years many concepts, theories, findings have been explored for the better understanding of health behavior of human being and the role of the society. In recent times, there has been rising attention among the public health researchers on the subject of socio-economic inequality and its relation to the health status of the people. Socioeconomic situation refers to standing in the classification arrangement and is typically calculated by education, occupation, income, and wealth etc. even poor housing conditions also leads to have various health related issues. It is proved that socioeconomic status is an important source of health inequity in any society for that matter, as there are ample evidences regarding optimistic association between socio-economic status and health. This association directs that it is not only the poor who inclined to be fell ill when others are healthy, however, repeated incline, from the top to the base of the socio-economic steps in the society, connecting rank to health. In developing countries social class, caste, gender etc play a vital role in accessing suitable healthcare facilities¹. More than these the underlying social, political and economic forces are also counting a lot. It is found that sociology of health and illness significantly helps us in better understanding of people's concepts about onset of various diseases and its cure in a cross cultural framework. It is also noteworthy to mention that the people buy required health insurance if their socio-economic status is high.

As we are aware socioeconomic issues have long been considering influencing factors on individual's health. These factors includes an individual-level (e.g. individual socioeconomic status, sex, caste, class) and neighborhood-level dimensions (culture, community, demography composition, social and physical environment) operating both separately and through various interactions. Current spatial research has found that in rural communities, economics, caste and class status are the furthestmost fundamental factors influencing on their health status. On the other hand, rural communities also face supplementary problems connected with access, and utilization of quality health care.² It is found that reducing socioeconomic disparities in health care issue will require some urgent policy initiatives referring the basic components of socioeconomic status as well as the cultural and geographical specific health policies.

Right from the history, Sociologists are attempting to find out how social and cultural factors influences understanding of illness and diseases, people's responses to illness and its relevance in the healthcare policies focusing rural people. Sociologists are also probing how social and economic, factors impacting about choosing a different health seeking behaviors. Particularly sociologists have written more on the sick role, the social construction of health and illness, influence of the local culture and tradition in defining and treating diseases and how health and illness concept may affect on the different socioeconomic segments of the given society³.

It is significant for health care professionals and policy makers to recognize the vital and dissimilar issues that influence the decision of a common man to seek required healthcare treatments. It is very vital for the professionals to recommend required treatments appropriate to the individual, endorse health seeking behaviors, instead of giving many options that patients might not feel contented with because of social norms or values. This paper is intended to study on relationship between socioeconomic status and health.

MATERIAL AND METHODS

Objectives:

- 1.To reveal the socio economic status of the studied population
- 2.To identify the various socio-economic factors affecting health seeking behavior among rural people

This study had been conducted in the following Four rural districts in South Karnataka -India 1.Chamrajanagar Districts 2. Hassan 3.Coorg Districts 4.Kolar Districts were selected based on the recent health and family welfare survey. A Total of 800 household samples had been selected for the study using Multistage Stratified Random Sampling Techniques.

The proposed research study had Three major methodologies;

1. Survey;
2. Focus group study;
3. Institutional Ethnography (opinion from NGOs /PHCs /Bureaucratic Perspective);

Survey was conducted among carefully chosen samples of 800 households with scheduled questioners. This survey had been carried out with scheduled questionnaires (194) covering the main themes. Respondents were asked to just describe the symptoms in his/her own words (lay perception) and later on classified with the help of a Physician. Here disease/illness had been just used as references for revealing specific health seeking behavior /health care seeking behavior of the respondents. Standardized survey questioners and interview schedules were used prepared by Metlab Demographic and Health Surveillance System 2. International Classification of Diseases Health Related Problems (WHO,2004). Also data were collected from few reputed NGOs etc and from the selected community members (other than studied samples) through focus group study.

Sampling technique

Multistage stratified random sampling (selection of study units at different stages) technique was adopted for the selection of the villages from the Four districts for the current study. In the first stage, Four (4) rural blocks were selected from each studied rural district i.e 1 Hassan, 2.Kolar, 3.Chamrajanagar and 4.Kodagu districts on the basis of good, average and poor performance in RCH (reproductive and child health survey-2010) as per achievement of indicators during the previous assessment year and following discussions with the district health officials. In the second stage, in each district 4 sub-centers (one each from the different PHC(primary health centre) jurisdiction areas of the identified blocks) were randomly selected from the each Four blocks. Likewise 16 sub-centers were selected out of the total 93 sub-centers in all Four studied districts of the state.

In the third stage from each of the 16 selected sub-center areas, one sub-center headquarter (HQ) village and one non-HQ village were also randomly selected. Likewise 16 villages comprising 8 HQ(-head quarters) and 8 non-HQ were identified out of total 50 villages in the identified sub-center areas from all the Four districts. From the each village a total of 50 Household samples have been selected for the

current survey. Totally 16 villages, 800(16X50) households were selected for the current study. Further Five reputed NGOs working for the rural health care and for the case study purpose 25 local healers were also included based on the purposeful sampling technique for an in-depth study. Few PHCs and sub centers were also consulted. The qualitative data has been analyzed using NUD*IST database software and the quantitative data have been analyzed using Minitab and SPSS software.

Result

Socio-economic Profile of the Respondents

Tab-1

Variables	Number of Respondents (N=800)	Percentage	χ^2	P
Age				
Just above 25	90	11.25	112.56	0.000
25-30	120	15.0		
30-35	245	30.6		
Above 35	345	43.1		
Gender				
Male	451	56.3	110.67	
Female	349	43.6		
Educational level				
Primary education	368	46.0	108.45	0.000
High school	122	15.2		
College	21	26.2		
Illiterates	289	36.0		
Family Income (in Indian rupees Per month)				
5,000-7,000	411	51.3	132.42	0.000
7,000-10,000	213	26.6		
Above 10,000	176	22.0		
Caste				
Daliths(SC)	289	36.1	115.23	0.000
Natives (ST)	45	5.6		
Other backward castes (OBC)	367	45.9		
Others	99	9.9		

Marital Status				
Married	679	84.8	147.17	0.000
Unmarried (Single)	87	10.8		
Widow/widower	34	4.2		
Level of occupation		57.8		
Primary	463	57.8	131.89	0.000
Secondary	252	31.5		
Service	85	10.6		
Influences of Socio-Economic Status on Health Seeking Behavior				
				Tab.2
Response	Frequency	%	χ^2	P
Economic status is avital issue	200	25.0	179.484	0.000
Social status does affects	201	25.1		
Caste plays an imperative role	195	24.3		
Gender counts s a lot	56	7.0		
Social network is a crucial issue	58	7.2		
Level of education is most vital	67	8.3		
All the above	23	2.8		
Total	800	100.0		

It is found that influences of socio-economic status on health seeking behavior is very vital and topic for debate. In this survey we found that 25% of the respondents felt economic status effects very much as 25% of them said social status does affects on health seeking behavior while 24% of them felt caste plays an imperative role on health seeking behavior especially in rural parts. Next, 7% of them said gender counts' a lot while 8% of them social network is a crucial issue and 2% of them opined level of education is most vital on health seeking behavior

Factors Determining Treatment Patterns of the Respondents

Tab.3

Variables →	Determining Factors								χ ²	P
	Income and Occupation		Education		Gender		Social networks			
Treatment Patterns ↓	f	%	f	%	f	%	f	%		
Western	110	49.1	222	60.4	22	50.0	101	61.2	21.081	0.000
Folk medicine	14	6.25	45	12.2	6	13.6	10	6.0		
Ayurvedic	35	15.6	32	8.7	4	9.0	11	6.6		
Homeopathy	15	6.6	25	6.8	5	11.3	12	7.2		
Home remedy	14	6.2	11	2.9	2	4.5	8	4.8		
Sidda and Unani	24	10.7	9	2.4	3	6.8	11	6.6		
Other	22	9.8	23	9.1	2	4.5	12	5.7		
Total	224	100.0	367	100.0	44	100.0	165	100.0		

*Multiple responses

Regarding the factors focusing in the selection of treatment pattern like western it is revealed that 49% of them opined it is income and occupation level while 60% opined it is education, and 50% opined it is gender and 61% said it is the social network which affects a lot in selecting or not selecting the western medical care system as the first choice. Further, 25% of them felt it depends on the income and occupation, whereas 15% with respect to education, while 13% with respect to gender and 11% with respect to social network is largely affect while selecting folk medicine as a first choice.

Economic Group wise Opinion about Causing Illness/Diseases

Tab 4

Group →	Low		Middle class		High		Elites		χ ²	P
Factors ↓	f	%	f	%	f	%	f	%		
Cosmology	124	31.2	23	8.2	10	10.3	3	11.5	163.943	0.000
Pathogenic	47	11.8	127	45.3	46	47.4	16	61.5		
Unhygienic	59	14.8	60	21.4	21	21.6	3	11.5		
Lack of good food , water	78	19.6	30	10.7	11	11.3	2	7.6		
Humeral imbalance	89	22.4	40	14.2	9	9.2	2	7.6		
Total	397	100.0	280	100.0	97	100.0	26	100.0		

*Multiple responses

Regarding economic group wise opinion about causing illness/diseases briefly we can say that 31% low economic group respondents believe cosmology is the main reason for illness/disease whereas 45% middle class respondents said pathogenic issue is the main reason while 21% higher-class respondents felt unhygienic is the main factor and 7% of the elites said lack of good food, water etc are the main reasons for causing illness/disease

Caste wise Opinion about Causing Illness/Diseases

Tab.5

Category →	SC/ST		OBC		Others		Converters		X ²	P
	f	%	f	%	f	%	f	%		
Humeral	45	21.7	84	18.5	16	12.1	2	25.0	43.408	0.000
Pathogenic	47	22.7	189	41.7	37	28.0	2	25.0		
Super natural	38	18.3	74	16.3	33	25.0	2	25.0		
Unhygienic	41	19.8	58	12.8	16	12.1	1	12.5		
Either above	36	17.3	48	10.5	30	22.7	1	12.5		
Total	207									
	100.0	453	100.0	132	100.0	8	100.0			

Co-relation between Educational level and the Treatment Option

Tab. 6

Edu. Level →	Illiterates		Primary		Higher primary		High school		College		x ²	p
	f	%	f	%	f	%	f	%	f	%		
Folk medicine	45	26.0	29	20.5	21	13.4	26	17.4	38	20.9	76.943	0.000
Ayurvedic	34	19.6	43	30.4	31	19.8	30	20.1	32	17.6		
Western	19	10.9	27	19.1	43	27.5	40	26.8	78	43.0		
Homeopathy	32	18.4	19	13.4	33	21.1	21	14.0	19	10.4		
Sidda and Unani	43	24.8	23	16.3	28	17.9	32	21.4	14	7.7		
Total	173	100	141	100	156	100	149	100	181	100		

X² = 76.943 as above and P value is less than 0.05 is found to be highly significant.

Regarding the relationship between educational level and the treatment option the majority 19% illiterates have opted Ayurvedic and the 26% of them opted folk medicine while 30% of the respondents with the primary education opted Ayurvedic and 20% of them opted the folk medicine. In case of the higher primary level 13% opted the folk medicine and 27% opted the western medicine. High school level and college studied respondents have mostly opted only the western medicine for their health needs often.

Effect of Other Determining Factors on Health Seeking Behavior

Patterns of the Respondents

Tab 7

Factors	Determining Factors										x2	P
	Social Support Networks		Social Environments		Physical Environments		Personal Health Practices		Quality of Health care Services			
Category	f	%	f	%	f	%	f	%	f	%		
Western	35	35	26	18.5	35	25.7	15	8.8	105	41.3	116.791	0.000
Folk medicine	28	28	53	37.8	36	26.4	74	43.5	47	18.5		
ISM	10	10	23	16.4	24	17.6	44	25.8	25	9.8		
Over the counter	10	10	25	17.8	15	11.0	12	7.0	45	17.7		
Home remedy	11	11	6	4.2	22	16.1	18	10.5	24	9.4		
Faith healer	4	4	4	2.8	2	1.4	4	2.3	4	1.5		
Other	2	2	3	2.1	2	1.4	3	1.7	2	0.7		
Total	100	100	140	100	136	100	170	100	254	100		

*Multiple responses

Economic group wise Opinion about of Modern Health Care

Tab 8

Economic groups	Low		Middle		High		Elites		X2	P
	f	%	f	%	f	%	f	%		
Opinion										
Reliable, safe, and easily available	25	6,2	54	19.2	32	33.0	13	52.0	164.328	0.000
More side effects ; only useful in emergency	132	33.2	89	31.8	13	13.4	8	30.8		
It is very costly; poor cant access	221	55.6	105	37.5	23	23.7	2	7.7		
Govt. should provide generic medicines at low cost	10	4.7	30	11.4	20	30,0	2	7.7		
All the above	9	2.2	2	0.7	9	9.2	1	,01		
Total	397	100.0	280	100.0	97	100.0	26	100.0		

*Multiple responses

Regarding economic group wise opinion about the modern health care system it is found that 6% of the low economic group respondents felt modern health care is reliable, safe, and easily available whereas 31% of the middle income group people opined modern health care has more side effects and only useful in emergency situations while 23% of high income group people said It is very costly and poor cant access and finally 7% of the elites opined the Govt. should provide generic medicines at low cost

Relationship between Preventive Measures and the Educational Status of the Respondents.

Tab 9

Educational Status	Illiterates		Primary		Higher primary and high school		College		Neo literates		X ²	p
	f	%	f	%	f	%	f	%	f	%		
Opinion	f	%	f	%	f	%	f	%	f	%		
Good food/ shelter	45	21.4	81	28.9	56	21.1	9	32.1	5	29.4	66.371	0.000
Good health practices and hygienic conditions	32	15.2	63	22.5	44	16.6	9	32.1	3	17.6		
Worshipping the deity blessings/ divine rites etc	56	26.5	30	10.7	27	10.1	2	7.1	2	11.7		
Immunizations/ quality health care	38	18.0	55	19.6	80	30.1	6	21.4	3	17.6		
Upgrading health education	25	12.0	48	17.1	47	17.7	1	3.5	3	17.6		
Other	14	6.7	3	1.0	11	4.1	1	3.5	1	5.8		
Total	210	100.0	280	100.0	265	100.0	28	100.0	17	100.0		

*Multiple responses

Regarding relationship between preventive measures and the educational status of the respondents 15% illiterates felt good food/ shelter whereas 22% of primary level educated said Good health practices and 16% of higher primary and high school educated respondents said hygienic conditions 7% of college educated respondents said worshipping the deity blessings/ divine rites etc whereas 17% of the neo literates opined Immunizations/ quality health care are the best preventive measures to avoid any health issue

DISCUSSION

From the above result it is quite evident that respondents having good occupation, education and social network normally opt modern health care facilities. Gender discrimination is more while opting modern healthcare facility. We found the level of education significantly affects on the healthcare choices. As the level of education increases, the respondents are trying to opt the western medical care only. Regarding the gender wise decision about the health seeking behavior women mostly will try with the folk medicine than if the other permits they will shift to the western health care system in rural parts. In many cases they would like to try with a low cost home medicine because of the gender dissemination. While the majority male respondents directly approach the PHC's for the treatment.

Occupational wise selection has revealed some vital issues. The majority of the primary level occupant respondents choose the folk medicine/ home remedy as a first choice. Secondary level occupants have mostly chosen partially the western medicine where as the majority of the tertiary level occupants have chosen the western healthcare only. Since tertiary level occupants are socially and economically sound they choose only a modern health care system. Whereas the poor formers (primary level occupants) are still depend on the folk medicine only for health needs. The Social, environment and the personal health practices will play an imperative role in selecting the required medicinal care system for their health needs.

Regarding the economic Groupwise opinion about the reasons for causing illness and diseases the respondents belonging to a low economic group opined cosmology and humeral imbalance causes diseases whereas the middle class respondents opined that pathogenic agents and an unhygienic condition causes illness and diseases among the humans. Further, high economic group and the elites opined the pathogenic agents basically cause various health problems. It shows the level of economic status leads more health education, awareness and attitude can be seen whereas the low economic group respondents still believe in the traditional theories of the health and illness. Regarding the caste wise opinion, the majority SC and ST community people strongly believes the humeral and super natural cause of illness and diseases. However, notable percentages of them opined pathogenic and unhygienic conditions causes' the various health problems. It shows gradually they are keep changing their health concepts.

Level of education and the preventive measure have a close association it seems. The Illiterates still stick on to the traditional concepts of the preventive care. Still they believe the worshipping deity/ cosmology to solve their health problems. However, the gradual change also seen in their overall attitude due to the various efforts. It is found that as the level of education increases, more inclination towards the modern etiology noticed. Also it is noted that the level of education has not done much impact on certain percentages of the respondents yet. Surprisingly the few respondents having higher level of education still believe in the deity/cosmology theory to keep healthy. External interventions have made the less educated respondents to believe in immunizations and health education in keeping healthy. Regarding economic group opinion about folk medicine has found some interesting facts. As economic situation improves the respondents are raising issues of safety, standardization with respect to the ISM(Indian System of Medicine). Respondents are more cautious about the reliably and the skill of the folk healer/s. The elites opined

guarantee of healing in folk medicine is low whereas poor are more confident with ISM like Ayurveda. Even the lower middle class respondents also showed more faith on ISM.

Further awareness about the side effects is more among the elites. It decreases as the economic situation keeps going down. Also the elites opined ISM is only for minor problems and it does not suites to the major and emergency health problems. However, the lower and poor respondents opined ISM is more acceptable because of the low cost. Hence we can derive that low-cost and easy accessibility are some of the reasons why the respondents are more attracted towards ISM. Economic group wise opinion about the modern healthcare found that the lower economic group opined modern health care system has more side effects and only useful in the emergency cases. Also the majority (55%) of the low economic group respondent's have opined the modern healthcare is very costly and poor cannot access it. Through focus group it is opined, that modern healthcare facilities are safe but it is it is very costly and rural people cannot afford it. The respondents belonging to the higher economic group opined that the government should provide generic medicine to the poor at low cost. However, few people also felt modern medicine must have more side effects. It shows that the elites and the higher and middle economic group respondents have a positive opinion about the modern health care system, whereas the lower and middle income group people are more concern about cost factors. Interview with the NGOs have revealed that socioeconomic status is part and parcel of the health behavior and People belonging to the lower social status and poor economic conditions will opt low health care options. And normally they don't take ill health as serious issue.

Conclusion

Socioeconomic status is one of the most influential risk factors for poor health behavior. People of having lower socioeconomic status undergo excessively from nearly all types health risks and have higher rates of being ill in rural parts. It is quite evident that health behavior of the peoples are intimately connected to the existing social, economic culture in which one lives and that behaviors which influences one's health may perform as a mediating alleyway between social class and unpleasant health risks . This study has proved that higher the socioeconomic status, improved health care behavior. Good level of education, descent income etc are also some of the major issues in showing improvised health care behavior. As socioeconomic status decreases, poor health care behavior could be seen among rural people. It shows, respondents having good occupation, education and social network normally opt modern health care facilities.

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