Research Paper E-ISSN NO : 2455-295X | VOLUME : 9 | ISSUE : 8 | AUGUST 2023

GENDER GAP IN HEALTH SEEKING BEHAVIOUR: A SOCIOLOGICAL INTROSPECTION

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ABSTRACT:

The health of women is of particular concern because, in many societies, they are marginalized due to socio cultural factors. Women need to breach many social barriers to empower and to get access for quality health care services. Health seeking behavior is one of the important determinants of women health. The patriarchal society produces unequal living conditions which drive inequalities in health. This clearly shows that still there will be gender gap in health seeking still exists in our present-day society. So, there is need to give an attention to find gender gap in health seeking behaviour in rural areas. The present study was carried out among the fourty five respondents who were drawn from Four hundred fifty seven universes by using systematic random sampling. The information was sought by administering interview schedule on them. The study found most of the respondents accepted that there were discrimination existed in the society with respect to health seeking behaviour. The study concludes that bridging the gender gap in health-seeking behavior requires a multi-faceted approach that addresses cultural, economic, and social barriers. It suggests that promoting education, accessibility, empowerment, and gender-sensitive healthcare, we can reach gender parity in health seeking behaviour.

KEYWORDS:

HEALTH, GENDER, GENDER-GAP, HEALTH CARE.

INTRODUCTION

The gender gap in health seeking behaviour among rural Indian women continues to be a serious concern. Despite progress in technology, rural women still face a variety of barriers that keep them from using and receiving healthcare facilities, which has a significant differential impact on their health outcomes. The gender gap is "the unequal opportunities and outcomes that women and men experience as a result of social roles, norms, and power dynamics." They underline that societal structures and institutions that support gender inequality and limit women's access to opportunities and resources are responsible for the gender gap. (Sen, G., et al.,2002). The WHO defines the gender gap in health seeking behavior as "the disparities in health-related attitudes, behaviours, and practices between men and women, resulting in differential access to and utilization of healthcare services." It highlights the gender-based differences in seeking and utilizing healthcare, which can lead to unequal health outcomes. Health seeking behavior encompasses the actions individuals take to maintain, promote, or restore their health and well-being. It includes seeking medical advice, utilizing healthcare facilities, adhering to prescribed treatments, and adopting preventive measures. In the context of rural women in India, their health seeking behavior is influenced by a complex interplay of factors, including socio cultural norms, socioeconomic status, infrastructure, and systemic barriers. When compared to men, women showed a greater difference in health behavior according to education. (Hernandez, E. M., et al., 2018). Men utilize more medical services than women do, and they are better aware of diseases and healthy lifestyle choices. **(Vijayalakshmi etal., 2013).** Incorporating gender perspectives into routine health practice and maintaining access to high standard reproductive care services are vital in reducing the gender based barriers to care. **(Pinar Ay et al., 2009).** To address the gender gap in health seeking behavior, concerted efforts are needed. A comprehensive approach encompassing multiple dimensions is necessary to promote gender equity in healthcare. Empowering women through education and awareness programs can help challenge traditional norms and enhance their decision-making power regarding their health. Strengthening healthcare infrastructure in rural areas, including the establishment of well-equipped healthcare facilities and the availability of trained healthcare professionals, is crucial to improving accessibility to services. Socioeconomic barriers can be addressed through poverty alleviation initiatives, social welfare schemes, and health insurance coverage tailored to rural women's needs. Furthermore, community engagement and awareness campaigns can contribute to creating supportive environments that encourage women to seek healthcare services.

MATERIALS AND METHODS

Health is very important segment. It is very unfortunate to find a gender gap in health seeking behavior of respondents who resides at Nallagoundanpatti village, omalur taluk, salem district of Tamilnadu.. The present

study aims to know about the socio-economic condition of the respondents and to find out the major causes of differences among men and women in health seeking behavior. From nearly 457 universes, 45 respondents (Ten per cent) were selected by using systematic random sampling by h women who are below 25 ages and above 75 were excluded. Descriptive research design was adopted to describe the research findings. Information were elicited by administering interview schedule.

RESULTS AND DISCUSSION

No one is spared from health issues. Acute and chronic illness disturbs not only individuals but his/her caretakers also. When female counterparts encounter such kind of health issues, sometimes attention on it will be less. the respondents are asked at the time of interview and opinions are placed in the table 1

TABLE: 1

S.NO	QUESTIONS	YES	NO	TOTAL
1	Do you have any acute health issues	6 (13.3%)	39 (86.7%)	45 (100%)
2	Did you for a regular body checkup to the hospital	7 (15.6%)	38 (84.4%)	45 (100%)

With respect to health issues a sizeable (86.7%) portion of the respondents does not have any serious health problems and rest (13.3%) of the respondents having an acute health issue, acute problems include Sugar, blood pressure, and thyroid. Over all it expresses health status of the respondent is good. With regards to respondent habits on body checkup a sizeable (84.4%) portion of the respondents does not have the habit of doing regular health checkup because most of the respondents does not know the importance of doing body checkup, and some of them respondents stated that because of their domestic responsibility they don't have time to do health checkup, and rest (15.6%) of the respondents have the habit doing regular health checkup out of 7 respondents 6 of them having an acute health problem so they are regularly doing health checkup. Over all respondents' habits on doing body check is very poor because except the acute health patients only one respondent having the habit of doing a regular health checkup.

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TABLE: 2

S.NO	STATEMENTS	STRONGLY AGREE (5)	AGREE (4)	NEUTRAL (3)	DISAGREE (2)	STRONGLY DISAGREE (1)
1	Inequality in accessing the health care services in my family	26 (57.7%)	14 (31.1%)	2 (4.4%)	2 (4.4%)	1 (2.2%)
2	There is a gender difference in health care expenditure	33 (73.3%)	3 (6.6%)	5 (11.1%)	2 (4.4%)	2 (4.4%)
3	Society imposes some constraints in accessing the services with respect to gender.	22 (48.8%)	14 (31.1%)	4 (8.8%)	3 (6.6%)	2 (4.4%)
4	Females are the major causes for the gender gap in health seeking behaviour.	17 (37.7%)	20 (44.4%)	1 (2.2%)	4 (8.8%)	3 (6.6%)
5	I prefer using self-medication than going directly to hospitals.	35 (77.7%)	6 (13.3%)	1 (2.2%)	2 (4.4%)	1 (2.2%)

The tables express the respondents' perception on health seeking behavior and the influence of gender in health seeking behaviour. Nearly three fifth (57.7%) of the respondents strongly agreed that they felt inequality in accessing the health care services in their family, similarly nearly one third (31.1%) of the women's agreed with the statement because they felt that mostly family giving higher preference to a male child than a female child so that inequality exist in accessing health care services, and 4.4 per cent had no opinion . And rest of them (6.6%) feels that equality is there in accessing the health care services. The result portrays that nearly three fourth (73.3%) of the respondents strongly agreed that gender difference is there in a health care expenditure because they stated that

in most of the condition their family spend more money to a male counterpart than a female counterpart. Followed this 11.1 per cent of the respondents had a neutral opinion, 6.6 per cent of the respondents agreed with the statement. And, rests (8.8%) of them are having positive opinion about the statement; they feels that their family gives equal importance in health care expenditure to both the genders (male and female). It concludes that most of the respondents feels that gender difference is present in health care expenditure.

The result brings out that nearly half proportion (48.8%) of the respondents believe that society imposes constraints in accessing the services with respect to gender. Similarly, nearly one third (31.1%) of the respondents agreed with the statement. 8.8 per cent of the respondents had a neutral opinion, and rest of them believe that gender does not make any impact in accessing health care services. Over all most of the respondents believes that gender plays a crucial role in accessing health care services. The result reveals that more than two fifth (44.4%) of the respondents agreed that females are responsible for the gender gap, followed by 37.7 per cent of the respondents strongly agreed with the statement because they feels women's are the prime responsible for the gender gap especially in health related issues 15.4 per cent of the respondents had negative opinion about the statement because they feels that gender gap in health seeking behaviour is created because of patriarchal setup and male dominance. 2.2 per cent of the respondents are undecided because they feel that gender gap in health seeking behaviour is not existed. The table express that more than three fourth (77.7%) of the respondents agreed that I prefer self-medication rather than going directly to a hospital, similarly 13.3 per cent of the respondents agreed with the statement because most of the females feels because of their domestic responsibilities they don't have much time to visit hospital so they prefer self-medicine over hospital, and some of the respondents stated that they have more belief in self-medicine than a hospital. Low proportion (6.6%) of the respondents had a negative opinion about the statement among them most of them below 30 age group, 2.2 per cent of the respondents prefer both self and hospital so they are not able to decide.

Conclusion:

India is one of the best countries where medical infrastructure is planned in such a way to reach nook and corner. But discrimination rooted in socio-cultural factors keep women at bay especially in accessing and utilizing health care services. The women in rural areas restrict themselves by citing various excuses to seek health care services. Only the chronic and acute diseases push the family members to take a concern upon womenfolk. The present study found that there was a gender gap in health seeking behaviour and suggests promoting education, accessibility, empowerment, and gender-sensitive healthcare, for engulfing gender gap.

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