

A STUDY ON HEALTH-SEEKING BEHAVIOUR AMONG AGRICULTURE WORKERS IN THENI DISTRICT

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Abstract

Agriculture, the largest private enterprises in India, has been and will continue to be the lifeline of the Indian economy at least in the foreseeable future. Approximately 2 billion people are engaged in agriculture and related work in the developing countries of Asia, whereas the developed countries contribution is merely 100 millions. Agriculture workers (AWs) are the main pillars for growth and development of this sector. Agricultural work is subject to the health risks inherent to a rural environment and at the same time to those deriving from the specific work process involved. The health status of agricultural workers in rural is lower than in urban in Theni district. The drift of the population to cities has contributed to a concentration of health services in large urban areas, resulting in an imbalance in the distribution of health resources to the detriment of the rural sector. Health seeking behaviour in terms of illness behaviour refers to those activities undertaken by individuals in response to symptom experience. Health seeking behaviour is influenced by a large number of factors apart from knowledge and awareness. Public health care centers are located in far off places and it takes more time to reach, people do not prefer public health care centers. Lack of personal attention and poor quality of treatment are reasons for the agriculture workers to avoid public health care centers. The researcher enquired about the reasons for rejecting government hospital. The important reasons considered for not preferring a government hospital are poor services, hospitals not easily accessible and not convenient, no specialist departments, poor hygiene, poor attention and many other disadvantages. The researcher also enquired about the reasons for selecting private hospital. Agricultural workers had a multitude of health problems. Efforts to increase health-related knowledge and skills to facilitate decisions to seek appropriate health care service should be emphasized as a key component of primary health care.

Keywords: *agricultural, primary health care, knowledge, treatment, experience*

Introduction

Agriculture, the largest private enterprises in India, has been and will continue to be the lifeline of the Indian economy at least in the foreseeable future. It is a matter of concern therefore that the share of agriculture in the country's economy has been decreasing over the years. Agriculture is considered to be one of the oldest occupations, perhaps as old as human civilization. Approximately 2 billion people are engaged in agriculture and related work in the developing countries of Asia, whereas the developed countries contribution is merely 100 millions. One of the distinguishing characteristics of the agriculture work is that, it is carried out in an essentially rural environment where working and living conditions are interwoven. Health is well thought-out as the most important thing for a human being. Health is an essential not only for the personal development of an individual but also for the development of a nation as a whole.

Agriculture Workers and Problems Faced by the Work

Agriculture workers (AWs) are the main pillars for growth and development of this sector. In the fourth report of the joint ILO/WHO committee on occupational health, an agriculture worker means any person engaged either permanently or temporarily, in activities related to agriculture, irrespective of his/her legal status. In India Ministry of Labour includes ploughing, sowing, weeding, transplanting, harvesting, cultivation, forestry, plantation, fisheries, and others as principal agricultural operations. Agricultural work is subject to the health risks inherent to a rural environment and at the same time to those deriving from the specific work process involved. This sector of activity being most unorganized, very little attention has been given to the occupational health problems of these workers; though the need of investigation and intervention towards these problems. These health problems of workers in agriculture may be accidents (machine injuries, snake and insect bites), toxic hazards (chemical exposures and insecticide poisoning), physical hazards (extreme conditions, solar radiation), and respiratory problems (farmer's lung, occupational asthma). The lack of coordination of policy making between agriculture and health undermines efforts to overcome ill health among the agriculture workers and gives short shrift to agriculture's role in alleviating many of the world's most serious health problems. (Vijay Kumar Manwani, 2012).

Health Status of the Agricultural Workers

The health status of agricultural workers in rural is lower than in urban in Theni district. The drift of the population to cities has contributed to a concentration of health services in large urban areas, resulting in an imbalance in the distribution of health resources to the detriment of the rural sector. Limited funds are available, in particular in preventive and primary health care, those areas where a greater impact could be made among the rural populations. Small rural health centres often find it difficult to attract and retain the staff. The deterioration of the health status in rural areas increases progressively the greater the distance from urban centres. The agricultural workers may live in extremely primitive conditions, in areas where roads are non-existent or inadequate and transportation is difficult. The majorities of the rural population in developing countries have an inadequate diet and are exposed to both general and occupational diseases.

Generally, the context in which an individual lives is of great importance on health status and quality of life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society. According to the World Health Organization, the main determinants of health include the social and economic environment, the physical environment and the person's individual characteristics and behaviors.

Table 1 Overall Health Status of the Sample Respondents

Overall health status	Frequency	Percent
Good	12	24.0
Average	27	54.0
Bad(Sick)	11	22.0
Total	50	100.0

(Source: Primary data)

Among the 50 total sample Agriculture workers, a majority of 27 workers (54 per cent) reported that they had an average health, 12 workers (24 per cent) had a good health, and 11 workers (22 per cent) had bad or sick health condition. It is noted when respondents were asked to state their overall health status, a majority of them reported that their health status was average.

Health Seeking Behaviour

Health seeking behaviour in terms of illness behaviour refers to those activities undertaken by individuals in response to symptom experience. Health seeking behaviour is influenced by a large number of factors apart from knowledge and awareness. This behaviour among different populations, particularly in rural communities, is a complex outcome of many factor operating at individual family and community level including their bio-social profile, their past experiences with the health services, influences at the community level, availability of alternative healthcare providers including indigenous practitioners and last but not the least their perceptions regarding efficiency and quality of the services, belief systems prevalent in the communities i.e. how people conceptualize the etiology of health problem and how symptoms are perceived an important factor in deciding the first step of treatment seeking and hence following objective farmed.

Objective of the Study

To find out the health seeking behaviour of Agricultural Workers

Data and Methods

An attempt has been made in this research to analyse the health seeking behaviour of agriculture workers in Theni district. The study was conducted in 5 taluks, namely Andipatti, Bodinayakanur, Periyakulam, Theni and Uthamaplayam coming under Theni district among 50 agriculture workers from different taluks.

Result and Discussions

Health Seeking Behaviour of Sample Respondents

Health-seeking behavior refers to the sequence of remedial actions that individuals undertake to rectify perceived ill health. It is initiated with symptom dentition, whereupon a strategy for treatment action is devised. Treatment choice involves a myriad of factors

related to illness type and severity, pre-existing lay beliefs about illness causation, the range and accessibility of therapeutic options available, and their perceived efficacy, convenience, opportunity costs, quality of service, staff attitudes, as well as the age, gender, and social circumstances of the sick individual. As for health care system, in almost all the developing countries, the public and the private health sectors coexist, complementing or convicting with each other. Yet, in health planning, least consideration is given to harmonize this coexistence in the larger benefits of the users.

Table 2 Health Seeking Behaviour of the Sample Respondents

Health Seeking Behaviour	Frequency	Percent
Public	15	30.0
Private	35	70.0
Total	50	100.0

(Source: Primary data)

The above table explains that the most of (i.e.70 per cent) the agriculture workers reported they are taking treatment in private hospitals and rest 30 per cent of the sample workers reported that they are taking treatment in Government hospital. The main reason for the workers to prefer as private hospitals is that they are working in day time also. They are not ready to lose their wage, so they went to work in morning and in the evening they consult the doctor in private hospitals. But the government hospitals are not properly working in the evening time. The government staffs are not responding properly and the treatment is not satisfactory.

Table 3 Health Seeking Behaviour * Education Cross Tabulation

		Education						Total	
		Illiterate	Primary	Middle School	Secondary	Higher Secondary	Degree/ Diploma		
Health Seeking Behaviour	Public	Count	13	1	0	1	1	0	15
		Expected Count	7.5	4.5	.9	.6	.6	.9	15.0
	Private	Count	12	14	3	1	2	3	35
		Expected Count	17.5	10.3	2.1	1.4	1.4	2.1	35.0
Total		Count	25	15	3	2	2	3	50
		Expected Count	25.0	15.0	3.0	2.0	2.0	3.0	50.0

Table 4 Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.460	5	0.019
Likelihood Ratio	16.349	5	0.006
Linear-by-Linear Association	5.536	1	0.019
N of Valid Cases	50		
a. 10 cells (83.3%) have expected count less than 5. The minimum expected count is .36.			

It is clear from the above table (chi-square test), In the above mentioned chi-square test, $\chi^2 (5, N = 50) = 13.460, p = 0.01$ which means that Education and Health Seeking Behaviour is associated with each other, then the statistic is considered to be significant (meaning that the researcher can be 99% confident that the relationship between the Education and Health Seeking Behaviour is not due to chance).

Conclusion and Discussion

The study shows that since public health care centers are located in far off places and it takes more time to reach, people do not prefer public health care centers. Lack of personal attention and poor quality of treatment are reasons for the agriculture workers to avoid public health care centers. The researcher enquired about the reasons for rejecting government hospital. The important reasons considered for not preferring a government hospital are poor services, hospitals not easily accessible and not convenient, no specialist departments, poor hygiene, poor attention and many other disadvantages. The researcher also enquired about the reasons for selecting private hospital. Agricultural workers had a multitude of health problems. Efforts to increase health-related knowledge and skills to facilitate decisions to seek appropriate health care service should be emphasized as a key component of primary health care. Further, in an increasingly pluralistic health care system, it is essential that health sector reform takes into account the full range of health providers, both private and public, and qualified and unqualified. Finally, strengthening the information, education, and communication (IEC) activities and special health check-up camps with emphasis on improvement of health and awareness could help to combat the situation.

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