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A Study on Healthcare Access and Utilization with special reference to Textile Women Workers in Coimbatore District of Tamil Nadu

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Abstract

Sound health is a primary requirement for living a socially and economically productive life. Poor health inflicts great hardships on households, including debilitation, substantial monetary expenditures, and loss of labour and sometimes deceases. Health care seeking behaviour is influenced by a variety of socio-economic variables, including sex, age, the social status of women, the type of illness, access to services and perceived quality of the service etc. The present study would be useful for estimating the demand for health care services in future. The number of people, affected by various diseases, is on the increase. It would bring out the availability and adequacy of health facilities in the study area. The present study is based on primary data. The study area is Coimbatore City. The data collected from the sample of 150 respondents by using simple random sampling method. The data was collected from five textile units. The collected data were analyzed with the help of SPSS/windows version 20.0. To conclude that the study establishes that in this age of inflation and higher costs of treatment, subsidized public health care services are extremely critical for achieving the objective of universal healthcare. Policy makers must make efforts to ensure that budgetary allocations might be sufficient as per the need. Considering the current lack of access to quality, rational and affordable healthcare for the majority of the urban poor and organised sector workers the universal health coverage in India is an urgent necessity.

Keywords: Healthcare Access, Utilization of Healthcare Services and Textile Women Workers.

Introduction

Sound health is a primary requirement for living a socially and economically productive life. Poor health inflicts great hardships on households, including debilitation, substantial monetary expenditures, and loss of labour and sometimes deceases. Access to healthcare services may be a multidimensional course of action involving the standard of care, geographical accessibility, and availability of the exact sort of care for those in requirement, financial accessibility, and satisfactoriness of service. Health care seeking behavior is influenced by a variety of socio-economic variables, including sex, age, the social status of women, the type of illness, access to services and perceived quality of the service etc. Health care seeking behavior has been found to be associated with type of illness and gender of ill-person, income group and area of residence. The number of people, affected by various diseases, is on the increase. It would bring out the availability and adequacy of health facilities in the study area. The life style, food habit, the study of the people's perception of health care services would indicate the line of improvement to be made in the health care services in future.

Access to healthcare may be defined as the timely use of personal health services to achieve the best possible health outcomes. The residents should be able to conveniently and confidently access services such as primary care,

dental care, behavioral health, emergency care, and public health services.

Statement Of The Problem

Health is an important determinant of economic and social development because ill health creates vicious circle by depleting human energy, leading to low productivity and earning capacity; deteriorating quality and quantity of consumption and standard of living. Therefore, a developing nation like India, where medical and health services have yet to cover the rural and urban poor. Health care, is a right of every individual, has been recognized in many countries. It has also been declared that the attainment of the highest possible level of health is the most important worldwide social goal. Health of the people is really the foundation upon which all their happiness and well – being depends. Health is not only the starting point of all welfare but also a significant yardstick to measure the progress of a country. Health care seeking behaviour is influenced by a variety of socio-economic variables, including sex, age, the social status of women, the type of illness, access to services and perceived quality of the service etc. The present study would be useful for estimating the demand for health care services in future.

Objectives Of The Study

1. To analyse the socio economic status of the respondents.
2. To study the choice of health care services of the respondents.

3. To find the availability and adequacy of healthcare facilities.
4. To examine the respondents perception to improve the health care services in the study area.

Scope Of The Study

The growth of population, health awareness among the people and the growing diseases has triggered the demand for health care services, which, in turn strains the overburdened health infrastructure both in rural and urban areas. For better health attainment, the health care services, and which would go a long way in removing, bottlenecks in the way of better performance. The results of the study will be useful in the field of human resources development as health is an important factor of human resources. The household choice of health care service is significant. Therefore the present study will highlight the relative influence of variables determining the choice for the future development of health care services in the study area. The present study would be useful for estimating the demand for health care services in future. The study will also be much useful to the Government, health administration and planners. The students of health economics would find this study useful, as it would add it to their knowledge.

Hypothesis

1. There is no relationship between age and utilization of healthcare services.
2. There is no association between education and utilization of health services

Review of literature

GulnawazUsmani and Nighat Ahmad (2018) in their study on "Health status in India: A Study of Urban slum and non-slum population" which seeks to examine the large disparities within the urban population in health-related indicators from India and in some of its selected states. It shows the disparities for child and maternal health. The study also shows that the poor performance in some health-related indicators in slum and non-slum population. It was found that there is an urgent demand to focus on the urban health, with the given pace of urbanization, the increasing number of urban slum with little access to healthcare facilities to cater to the essential living needs of urban population.

Oladipo et al.(2014) in their study on "utilization of health care services in rural and urban areas: a determinant factor in planning and managing health care delivery systems" reveals that the relative importance of the various predisposing, enabling, need and health services factors on utilization of health services, similarity between rural and urban areas. A four-stage model of service utilization was constructed with 31 variables under appropriate model components. Data is collected

using cross-sectional sample survey. The 4-stage model is validated for the aggregate data and data for the rural areas with 3-stage model for urban areas. The order of importance of the factors is need, enabling, predisposing and health services. It was concluded that the planning of different categories of health care facilities in different locations should be based on utilization rates while proper management of established facilities should aim to improve health seeking behavior of people.

Mitchell et al (2011) in their work on "Health care utilization in rural Andhra Pradesh" found that health insurance might lower the financial burden of the poorest citizens of Andhra Pradesh. Around 40 per cent of low income residents both from rural and urban do not care due to their financial inability. India is spending just one per cent of the GDP on health care financing. Around 40 per cent of individuals borrow money or selling assets to pay the hospital expenses. Cost of hospitalization in India has been estimated to reach almost 60 per cent of individual's total annual expenditure.

Methodology

The research methodology adopted for the present study related to the choice of the area, selection of the sample, sampling procedure, collection of data and tools of analysis are presented below.

Research Design

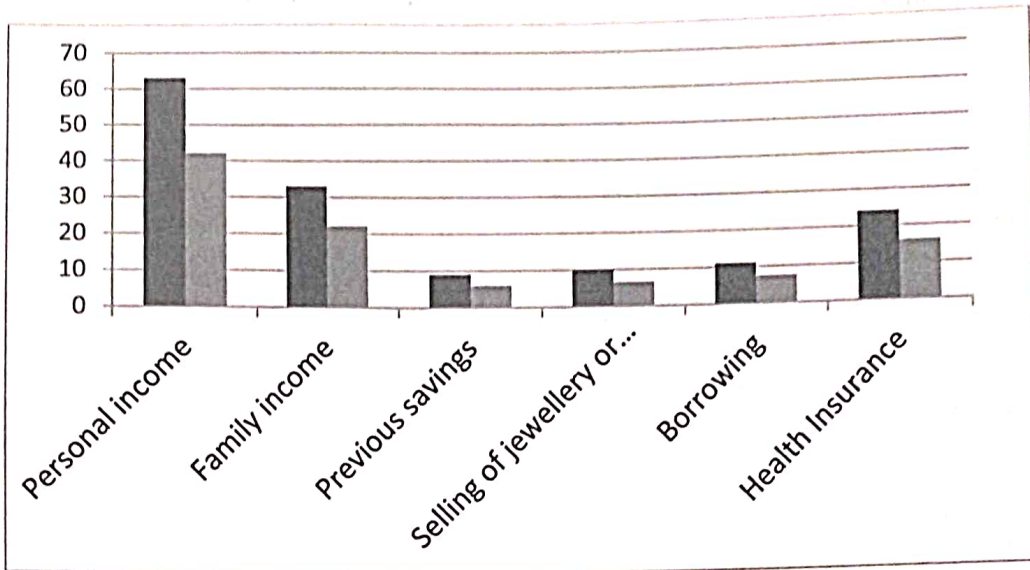
Descriptive as well as exploratory research designs are made use to carry out this study. While most of the health related issues faced by the respondents have been discussed in explanatory form, the analysis of data is mostly logical and systematic in nature. The present study is based on primary data. The population of the study is Coimbatore City. The data was collected from the sample of 150 respondents by using simple random sampling method. The data was collected from five textile units such as laxmi mills, Karappan mills, SN mills, Jayam&Co, Mangai silks to elicit information from the respondents on various health related issues faced. The data was collected through a well-designed questioner. The field investigation and data collection for this study were carried out during the period of January 2023- March 2023.

Analysis of Data

The data collected were analyzed with the help of SPSS/windows version 20.0. Exported data were checked randomly against original completed interview schedule. Errors were detected and necessary corrections were made accordingly after exporting the data. The following statistical tools were used for drawing inferences and testing the hypothesis.

1. Percentage
2. Chi-square
3. Garret Ranking

Analysis And Interpretation Source Of Spending On Health



Chi-square Tests

In order to find out whether there is any correlation between the age and utilization of healthcare services of the respondents, chi-square test has been applied. The results of the chi-square test are given below.

Null Hypothesis

H₀: There is no relationship between age and utilization of healthcare services.

Alternative Hypothesis

H₁: There is a relationship between age and utilization of healthcare services.

Chi-Square Tests	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.244 ^a	4	.083
N of Valid Cases	150		
2 cells (20.0%) have expected count less than 5. The minimum expected count is 2.89.			

As the calculated value of chi-square is greater than the table value at 5 percent level of significance the hypothesis is rejected.

There is a significant relationship between age and utilization of health care services.

So it can be inferred that as there is increase in age, the utilization of health care services are also increases.

Garret Ranking

Facility Available at Hospital	Mean Score	Average Score	Rank
Visitors Time	6767	41.11	V
Diagnostic Test	6900	46.00	IV
Doctors Approach	6957	46.38	III
Payment for Service	7095	47.30	II
Ease of Getting Care	7363	49.08	I
Clean Ward	5983	39.88	VIII
Clean Toilet	6668	44.45	VII
Availability of Bed	6567	43.78	VI

The above table shows that the facilities available at hospitals, ease of getting care facility scored the highest mean score and stood at first followed by payment for service availed at hospitals stood at second, doctors approach at hospitals stood at third, diagnostic test in the laboratories stood at fourth, visitors time at the hospitals stood at fifth, availability of bed in the hospitals stood at sixth and toilet facilities in the hospitals stood at seventh, finally clean ward secured least mean score and stood at last. Thus it is found that the ease of getting care is high.

Conclusion

The study establishes that in this age of inflation and higher costs of treatment, subsidized public health care services are extremely critical for achieving the objective of universal healthcare. Policy makers must make efforts to ensure that budgetary allocations might be sufficient as per the need. Considering the current lack of access to quality, rational and affordable healthcare for the majority of the urban poor and organised sector workers the universal health coverage in India is an urgent necessity. Additional strategies are also likely to be necessary to fully address the particular barriers to accessing care that disadvantaged and marginalized groups face. The peoples' Right to Health in India which is the fundamental right that can be eventually achieved only by strengthening health services and addressing the social determinants of health, including food security and nutrition, water supply, sanitation and living conditions.

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