

# Healthcare-seeking Behaviour among Working Women with Disability in Karnataka, India

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## ABSTRACT

**Purpose:** In India women constitute 44% of the total population with disabilities, which roughly amounts to around 10 million persons. This study explores healthcare-seeking behaviour among working women with disabilities in the country.

**Method:** A cross-sectional study using a quantitative survey was conducted among 72 working women with disability to explore their patterns of health-seeking behaviour. Women with disability, between 18 and 45 years of age, who were currently working full-time and who had experienced a serious health problem in the past year were included in the study. A pre-structured questionnaire was used for the survey.

**Results:** Body pain (78%) followed by Urinary Tract Infections (9%) were the commonly cited health problems by the study participants. Eighty percent (80%) of women with disability sought care for their health issues. The actions that they took for their health problems depended on the severity of the disability ( $p$ -value-0.001), type of the disability ( $p$ -value-0.05), marital status ( $p$ -value-0.035) and savings ( $p$ -value-0.042) they had set aside for themselves. Monthly family income and years of disability showed correlation with the type of care that they opted for.

**Conclusion:** Employed women with disability show a positive healthcare seeking behaviour pattern. The action they take in addressing their health issues and the type of care that they opt for depends on factors associated with their disability, decision making capacity and financial stability or savings.

**Key words:** healthcare-seeking behaviour, women with disability, healthcare, access to health-care, employed women, disability

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## INTRODUCTION

According to the Census 2011, there are around 10 million women with some kind of disability in India (Government of India, 2016). Yet, very little is documented about these women with disability and their life events. Their special needs, concerns and issues are seldom addressed. Be it at the individual, family or community level, women with disabilities tend to be ignored, discriminated and abused (United Nations, 2017). This lack of autonomy can affect their decision-making capability, especially in seeking healthcare.

Healthcare-seeking behaviour is a complex phenomenon especially when it comes to persons with disability. Healthcare-seeking behaviour is defined as “any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy” (Olenja, 2003). It is affected by various geographical, social, individual, economic, cultural, political and cognitive factors which are dependent on availability, accessibility, affordability, adequacy and acceptability (Mackian, 2002). In general, it is thought that healthcare-seeking behaviour is more prevalent among people with disabilities, probably because of their greater and often more complex healthcare needs in general (Patel, 2007). A study conducted in 2 districts in South India suggests that people with disabilities (18.4%) visit a hospital significantly more often as compared to people without a disability (8.8%), and they are 5.1 times at higher risk of being hospitalised at any time as compared to people without a disability (Gudlavalleti et al, 2014). Globally, a study done by the World Bank estimated around 80% of healthcare utilisation among people with disabilities (World Health Organisation, 2011). However, women with disability are less likely than men with disability to seek treatment. They are 13% less likely to receive assistive devices as compared to their male counterparts (Moscoso-Porras & Alvarado, 2018). Ignorance regarding availability of services, costs of services and inadequate and inaccessible transportation are some of the frequently reported barriers in decreased utilisation rates (Padhyegurjar & Padhyegurjar, 2012). Age, level of autonomy, social factors, and physical limitation could also play a significant role in reduced healthcare-seeking behaviour among women with disability. On the other hand, factors such as employment and autonomy are known to reduce gender disparities, thereby contributing to social inclusion and empowerment, especially for women.

Employment, autonomy and health are interlinked. Employment is a gateway to autonomy, which empowers women to take decisions relating to their personal

concerns independently. Several studies prove that healthcare-seeking behaviour is significantly improved with increased levels of autonomy, especially among women. (Senarath & Gunawardena, 2009; Nayak & Varambally, 2017). A systematic review of European Union and OECD countries on social exclusion and health published in 2018, states that there is an association between the two. The experience of exclusion like low social status, feelings of alienation and lack of belongingness has a direct impact on both physical and mental health and well-being (van Bergen et al, 2019).

However, in the context of disability, the representation of women with disability in the work force remains unclear. The Indian Government reserves 3% of government jobs for people with disabilities, and also provides incentives for private sector companies to employ them. But these rights and entitlements are rarely availed of by private companies or by persons with disabilities, especially by women with disability (Shenoy, 2011).

Though there are studies that look into healthcare-seeking behaviour of persons with disabilities there is hardly any literature exploring the healthcare-seeking patterns of working women with disability in India. Healthcare-seeking pattern may or may not be different for a working woman with a disability and the health-related issues faced by them could be different because of a pre existing condition. Exploration into the factors that affect their health-seeking pattern and the type of care that they opt for may contribute to making existing health care policies disability-friendly and gender-sensitive at the same time.

## **Objective**

This study was conducted to examine the patterns of healthcare-seeking behaviour among working women with disability, between 18 and 45 years of age, engaged in full-time employment in or around Bangalore and having experienced at least one health problem in the past one year.

## **METHOD**

### **Setting**

The study was conducted at The Association of People with Disability (APD), in Bangalore city, India. APD is a 60-year-old NGO which aims to contribute to the transformation of lives of people with disability. A job readiness course is offered

as a foundation course by APD, to equip persons with disability for employment in line with their functional capabilities, aspirations and support systems. Several women with disability get enrolled in this programme every year.

## Sample

Convenience sampling was used, as the study focused specifically on women with disability who were employed. Records of women with disability who had undergone the foundation course from 2015 to 2017 and were working in or around Bangalore, in Karnataka, were used to select the study sample.

Inclusion criteria were:

- Working women with disability, 18 to 45 years of age;
- Currently engaged in full-time employment;
- Having enrolled in the foundation programme during the years 2015 to 2017; and
- Having experienced at least one serious health problem in the past year.

Excluded were:

- Women with severe disability, pregnant women or women working part-time.

Around 198 women with disability were identified for the study. Among them, around 110 women satisfied the inclusion criteria. Of the 110 women with disability, 72 women consented to participate in the study.

Informed written consent was taken from the participants.

## Study Tool

A structured interviewer-administered questionnaire was used for data collection. The questionnaire was developed based on a literature review and was divided into four sections. The first and the second sections consisted of general information i.e. one related to demographic and the other on socioeconomic status of the participants, including age, marital status, education level, monthly income and other variables (see Table 1). The third section focused on details related to the disability and the final section focused on healthcare-seeking behaviour in terms of the number of health problems faced by the interviewee in

the past year, actions that were taken and the various factors that could affect the actions that were taken.

The questionnaire was reviewed by two experts in the field of disability and rehabilitation. It was then piloted among 15 women with disability who were employed by APD prior to the actual study and, as such, were not part of the study population. The questionnaire was translated into Kannada and back translated in order to prevent errors in the final target language and for the ease of administration. Both English and Kannada questionnaires were used in the study.

### **Data Collection**

The data collection was done with the help of 4 community workers. Data collectors underwent one day of training on the questionnaire survey technique.

### **Data Analysis**

The data was coded and analysed using SPSS (version 18.0) for descriptive statistics. Descriptive statistics including frequencies and percentages were used for data analysis. Chi square test and Pearson's correlation were computed to find the associations with the healthcare-seeking behaviour. The p-value of  $<0.05$  with a confidence level of 95% was considered significant. A correlation analysis was also done to find the factors that determined the type of care that women with disability opted for in the event of a health issue.

## **RESULTS**

Seventy-two (72) women participated in the study. The majority of the participants (60%) belonged to the age group of 18 to 25 years and about half (52%) of them had an educational qualification lower than class 10 of high school. About 76% of the participants had a locomotor disability, followed by 16.9% with a speech and hearing disability. The majority of women had office jobs and 54% stated that their family income was less than Rs.10,000 (136 USD) per month. A few were also the sole breadwinners of their families. Table 1 provides details about the demographic profile of the study participants.

**Table 1: Demographic Profile of Women with Disability who Participated in the Study**

No.	Variables	Frequency (n)	Percentages (%)	
1	Age	<b>18 to 25 years</b>	<b>43</b>	<b>60.3</b>
		26 to 35 years	23	32.2
		36 and above	6	9.8
2	Educational status*	Illiterate	2	2
		<b>Less than high-school</b>	<b>36</b>	<b>51.4</b>
		Standard 10	5	7.1
		Pre-university	13	18.6
		University Degree/ Diploma	10	14.3
		Post-Graduate and above	4	5.7
3	Type of disability*	<b>Locomotor</b>	<b>54</b>	<b>76</b>
		Visually Impaired	3	4.2
		Speech and Hearing	12	16.9
		Others	2	2.8
4	Years with disability*	<b>By birth</b>	<b>41</b>	<b>56.16</b>
		Less than 5 years	18	24.65
		6 to 10 years	4	5.47
		More than 10 years	7	9.58
5	Family Income*	<b>Below 5000</b>	<b>30</b>	<b>42.3</b>
		5001-10,000	22	31
		10,001-25,000	18	25.4
		25,001 and above	1	1.4
6	Is there a healthcare facility near your house?*	<b>Yes</b>	<b>37</b>	<b>57.4</b>
		No	33	45.8
7	Is there a healthcare facility near your workplace?*	Yes	32	46.4
		<b>No</b>	<b>37</b>	<b>53.6</b>

8	Does your work area consist of a health clinic?*	Yes	31	43.1
		<b>No</b>	<b>40</b>	<b>55.6</b>
9	Usual mode of travel*	Walk	18	24.65
		Own / Private vehicle	3	4.1
		<b>Public transport</b>	<b>42</b>	<b>57.53</b>
		Company vehicle	3	4.1
		Others	5	6.84

\* Frequency (n) corresponds to only participants who responded. Therefore, the total does not add to 72.

Body pain followed by urinary tract infections were the most commonly reported health problems. Nearly 80% of the women with disability stated that when they experienced a health problem, they took action and consulted healthcare professionals. This denotes good healthcare-seeking behaviour among women with disability. Nearly 87% stated that they sought care immediately or within 2 days after identifying their health problem. Three-fourths of the participants approached government hospitals rather than private hospitals, clinics or traditional medical centres. Among the participants who reported delayed response in seeking medical attention for their ailments, the most commonly given reason was lack of time. Government hospitals were generally the preferred choice of healthcare facility as compared to private hospitals.

Regarding access to healthcare, a majority (57%) of the participants stated that there was a healthcare facility located near their homes. Nearly 53% reported no healthcare facilities close to their workplace. More than half of the interviewed women used public transport as their preferred mode of travel to their workplaces or health centres.

Common barriers faced by working women with disability in their workplaces included lack of accessible toilets, unpaid excess working hours and schedules, and inadequate opportunities to take leave to look after their health needs.

*“I don’t drink enough water such that I don’t have to go to the washroom which is not accessible. I have got urine infection several times...”*

*“We do not have disability-friendly environment, no health clinics are conducted in our working place...”*

*"We are forced to do extra duties with no extra pay."*

The women also pointed out that public hospitals are in fact unfriendly places for people with disabilities. The commonly-listed issues related to public hospitals were long waiting hours, non-availability of medical doctors, inaccessible hospitals and, in addition, negative attitudes. As expressed by one of the interviewees,

*".....we are neglected most times".*

Bivariate analysis explored the factors that affect their decisions to seek care for their health problems and the type of care they opted for (Table 2). It showed that the actions taken in relation to their health problems depend on the severity (p value-0.001) and type of the disability (p value-0.052), marital status (p value-0.035) and the savings (p value-0.042) they had kept aside for themselves. There was better response among women with milder form of disability, were single or had a better financial stability in form of savings. Correlation analysis to identify factors that determined the type of care which the women opted for showed that monthly family income and years of disability to have highly correlated with the type of care opted for in the event of a health issue. It was noted that women with lower monthly income or with a higher duration of having lived with a disability opted more for Government facilities.

**Table 2: Factors affecting Decisions to Seek Care and the Type of Care opted for**

No.	Variable		What did you do for your health problem?		P value
			Action Taken	Action not taken	
1	Status of the disability	Mild	19 100%	0 0%	0.001
		Moderate	33 86.8%	5 13.2%	
		Severe	5 41.7%	7 58.3%	
2	Type of disability	Locomotor	48 88.9%	6 11.1%	0.052
		Visual	2 66.7%	1 33.3%	
		Speech and Hearing	7 58.3%	5 41.7%	



	Others	2 100%	0 0%	
3	Do you keep some money aside for yourself from what you earn?	Yes 46 86.8%	7 13.2%	0.042
	No	11 64.7%	6 35.3%	
4	Marital status	Single 15 100%	0 0%	0.035
	Married	42 77.8%	2 22.2%	
	Divorced	0 0%	1 100%	
	Separated	1 100%	0 0%	

## DISCUSSION

Health-seeking behaviour is a complex phenomenon. There are a limited number of studies specifically looking into healthcare-seeking patterns of working women with disability. A study done in Bangladesh states that working women are 1.7 times more likely to seek healthcare as compared to non-working women (Hasan & Uddin, 2016).

Employment and autonomy are thought to play a crucial role in women's attitudes towards their health issues. Autonomy is the power to obtain information and arrive at decisions about personal concerns (Dyson & Moore, 1983). Women's control over resources, their decision-making power and freedom of movement tend to influence their attitudes towards health and healthy habits. The women who participated in this study were from different parts of Karnataka State and had migrated to Bangalore city to work. They lived in working women's hostels or as paying guests in different parts of the city. A majority of them were independent women travelling to work and other places by bus and other public transport systems. They had some money kept aside for themselves as savings. The majority of them took appropriate action for their health concerns within the first two days of recognising symptoms of illness and approached qualified healthcare professionals at a healthcare facility. They also preferred to consult qualified doctors at government hospitals for their treatment. This study shows

that the majority of women with disability, in spite of a variety of disabling factors that they face, lead independent and autonomous lives. Empowerment gained through the widened network at their workplaces and the society they live in could have influenced their ability to seek health information and health-care.

The study shows that severity of the disability, personal savings and marital status play a role in determining the healthcare-seeking pattern among women with disability. The milder the disability and the more the savings that women have, the better is their healthcare-seeking behaviour. A study done in Cambodia stated that persons with disabilities were less likely to draw upon income and savings and more likely to draw upon support from relatives in order to finance healthcare-related expenses than persons without disabilities (World Health Organisation, 2017). The present study in Karnataka, which focused on employed women with disability, suggests that once they are employed and possess savings, they are ready to invest in their health and healthcare needs. Though the majority of women who participated in the study were married, our results indicate that women who are single showed better healthcare seeking pattern. Generally, married people are thought to have an advantage because they have someone to support, remind or help them with seeking care. However, the majority of the working women who participated in this study migrated from different parts of Karnataka to live in hostels or as paying guests in cities or in areas where there are better employment opportunities and adequate public support systems. Better support systems along with a better decision-making freedom could thus be important determinants and influence both married- but even more single women with disability to seek earlier and more appropriate support from health care services.

Patel (2007), in a study done in India, found that perceptions about health problems and the need to make use of healthcare services play an influential role in treatment-seeking behaviour. The majority of the working women in this study suffered from back pain and urinary tract infections. This could be due to their long working hours, improper posture due to poor seating arrangements or overtime work which they complained about. According to some participants, inaccessible washrooms made it difficult for them to use frequently. This could be a factor predisposing them to develop urinary tract infections. The majority of working women with disabilities stated that there were no health clinics at the workplace or nearby which they could utilise for their work-related health issues.

The sound healthcare-seeking behaviour observed in this study could be because of the women's increased social interaction with others through their employment. However, more research is warranted to further explore the relationships between health and the employment status of women with disabilities in India.

## CONCLUSION

Working women with disability show, in general, sound healthcare-seeking behaviour. Severity of the disability, personal savings, marital status, years of disability, and decision making capacity were a few of the factors that influenced the healthcare-seeking behaviour and type of healthcare accessed. Employment and decision making capacity could be one of the underlying reasons for the good health status enjoyed by these women with disability.

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