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HEALTH CARE PRACTICES OF FEMALE HOSTEL STUDENTS WITH SPECIAL REFERENCE TO PERIYAR UNIVERSITY

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ABSTRACT:

Background of the study:

Generally, evaluating health care practices has subjected women, especially young women, to exploitation. According to the report, more female students are facing challenges in maintaining proper health care practices compared to others; hostel students faced many obstacles in accessing health care practices. The under exploration of female students' health care practices prompted the present study to specifically focus on these practices.

Objectives:

The study aims to investigate the health care practices of female hostel students and also find out the role of cultural practices in health by the respondents in accessing health care practices.

Methodology:

The study is cross-sectional in nature and uses a descriptive research approach. To get the required information, we used a semi-structured interview schedule and methodical observation. We used a straightforward random selection technique to choose the respondents for our study, which was conducted among the dormitory students at Periyar University.

Conclusion:

The research study comes to the conclusion that getting healthcare services is difficult for female hostel students, who are mostly young adults from rural areas with moderate earnings. These difficulties include a lack of knowledge about women's health issues, a preference for private facilities, and financial limitations.

KEYWORDS:

HEALTH CARE, HOSTEL STUDENTS, PRACTICES, CHALLENGES.

INTRODUCTION:

The World Health Organization (WHO) states that "health is defined as a condition of comprehensive physical, mental, and social well-being and not only the nonappearance of illness." The development of a country is greatly influenced by the health of its women. Women can actively engage in the workforce and support economic growth when they are in good health. Women who are ill are less productive, which has an impact on a nation's total output levels. Maternal and child well-being are directly impacted by women's health. Pregnant women in good health are more likely to give birth to babies in good health. Adequate prenatal care and nutrition lead to better child development. Healthy women are more likely to pursue education and skill development. Educated women contribute to a nation's intellectual capital and innovation. Sociocultural factors often disadvantage women, affecting their access to quality healthcare. Addressing gender disparities in health services is essential for overall development. When women are unhealthy, their families suffer, leading to economic strain. Investing in women's health yields positive intergenerational effects, improving human capital transmission.

Healthcare-seeking behavior refers to any actions or procrastination taken by individuals who perceive themselves as having a health issue or illness, with the aim of finding a suitable medication. Understanding and identifying health-seeking behavior is essential for delivering basic healthcare services and creating plans to increase community health service utilization, especially among women. Because of the long-standing social prejudice against women, the health status of women is a special issue in many nations. Some of the social and cultural factors that prevent women from accessing the best health care and using top-notch facilities and amenities include unequal power relationships between men and women, social norms that hinder women's education and employment, a focus solely on women's reproductive roles, and awareness of physical, sexual, and emotional violence.

The non-medical difficulties that trigger health repercussions are the variables that determine health factors that are influencing health. While a wider range of forces and systems impact the circumstances of daily life, these factors include the conditions under which people are born, grow, work, live, and age. Financial policies and organizations, development plans, social standards, social policies, and political systems are all examples of societal forces and systems. Health inequalities, or the partial and avoidable disparities in health status seen both within and between countries, are greatly influenced by the SDH. Health and sickness follow a social gradient in nations of all income levels: the lower the socioeconomic status, the poorer the health. Income and social safety, education, unemployment and job insecurity, working life circumstances, food insecurity, housing, basic amenities and living conditions, early childhood, and social inclusion are some of the social determinants of health that can both positively and negatively advance health equity. Health care and lifestyle choices may not have as much of an impact on health outcomes as socioeconomic influences, according to research. For instance, a number of studies indicate that between 30 and 55 percent of health outcomes are caused by social determinants of health (SDH). Furthermore, estimates indicate that the impact of non-health industries on population health outcomes outweighs that of the health sector. Improving health outcomes and decreasing long-standing health-related prejudice depend on effectively addressing social determinants of health (SDH), a job that calls for participation from all facets of society.

Methodology

The study aims to investigate the health care practices of female hostel students and explore the role of cultural practices in health, as perceived by the respondents, in accessing these practices. The study follows a descriptive research design and is cross-sectional in nature. We used a semi-structured interview schedule and systematic observation to extract the necessary data. Periyar University students participated in the research. We have taken a sample size of 91 from the study population of 182. This study employed the simple random sampling method. We used two criteria to select the respondents: The hostel currently houses female students from Periyar University. We only considered P. G. students (M. PHIL & PhD) for the study. Scholars were not considered. One of the goals, namely the role of culture and religion in health care practice, was measured using a 5-point Likert scale. Strongly disagree (-1), disagree (2), neutral (3), agree (4), and strongly agree (5), is the scale's measurement. This scale gave participants an organized way to score their experiences or perceptions, enabling quantitative analysis of the information pertaining to this specific element.

RESULTS

TABLE: 01

Health care practices		N=91	%
Long term disease	Yes	4	4.4
	No	87	95.6
Hospital preference	Government Hospital	15	16.5
	Private Hospital	31	34.1
	Both	25	27.5
	Nearby Clinics	20	22.0
Quality hospital	Private Hospital	68	74.7
	Government Hospital	21	23.1
	Both	2	2.2
Health checkup	Very Frequently	4	4.4
	Occasionally	23	25.3
	Rarely or never	64	70.3
Type of medicine	Allopathy Others	31	34.1
	Ayurveda	5	5.5
	Homeopathy	10	11.0
	Others	21	23.1
	Switching From One Type Of Medicine To Other For Different Illness	24	26.4
Role of life style decision	Yes They Play Significant Role	68	74.7
	Somewhat But Not Significantly	16	17.6
	No They Don't Play a Significant Role	7	7.7

The vast majority of respondents, 95.6%, do not have long-term diseases, while only a small percentage, 4.4%, report having them. This suggests a relatively low prevalence of long-term diseases among the respondents, with most reporting no such conditions. Reasons for the presence of long-term diseases among some respondents include factors such as being born to older parents who may have had health issues and insufficient nutrition during the child's development. Additionally, lack of access to adequate healthcare and conditions like PCOD (Polycystic Ovary Syndrome) may contribute to the

prevalence of long-term diseases among individuals. A mere 4.4% of respondents admitted to administering medicine, suggesting a minority engagement in this practice. This trend may stem from multifaceted reasons, including caregiving for elderly parents lacking adequate nutrition and health support, health care necessity, and addressing conditions like PCOD (Polycystic Ovary Syndrome). These circumstances illuminate a scenario 35 where administering medicine is a selective choice, influenced by familial responsibilities, healthcare needs, and personal health challenges like PCOD. A significant portion of respondents reporting medical expenses fall within the 500-1000 rupees expenditure range, constituting 3.3% of the total. Additionally, a smaller percentage, 1.1%, incurred costs ranging from 1001 to 1500 rupees. This distribution underscores that the majority of respondents face medical expenses within the lower range of 500-1000 rupees. Potential reasons for this could include the prevalence of minor health issues necessitating affordable treatments or access to subsidized healthcare facilities. Economic factors and the availability of healthcare resources may also contribute to this pattern of expenditure among respondents.

Private hospitals are the preferred choice among respondents, constituting 34.1% of the total. A substantial portion of 27.5% opt for both government and private facilities. Nearby clinics follow with 22.0%, and government hospitals with 16.5%. Private hospitals are favored for better healthcare, while clinics and government hospitals are chosen for common issues like fever or cold. Severe or prolonged health concerns 36 prompt individuals to select private hospitals. This suggests a nuanced healthcare landscape shaped by factors such as quality, cost, and specific health conditions.

A significant majority (74.7%) of respondents view private hospitals as superior, highlighting perceptions of better facilities and services. In contrast, 23.1% consider government hospitals to be of good quality, suggesting confidence in their healthcare provision. Only a small fraction (2.2%) believe both private and government hospitals offer equal quality. These findings underscore a predominant preference for private healthcare facilities, though a minority still trusts government hospitals for their healthcare needs. These preferences ultimately reflect the perceived quality of services provided by each type of hospital. Perceptions of hospital quality are primarily influenced by factors such as doctor availability, treatment efficacy, hospitality, and cleanliness.

The data reveals that the majority of respondents (70.3%) rarely or never undergo health checkups, with only 25.3% reporting occasional screenings and 4.4% receiving them very frequently. This suggests a significant proportion may not prioritize regular health checkups, potentially impacting their overall health management and preventive care. Reasons for infrequent checkups vary: some individuals undergo them only when they feel something is wrong, while others cite financial constraints, lack of awareness about their importance, fear or anxiety about medical procedures, or cultural/religious beliefs discouraging seeking medical care unless absolutely necessary. These factors contribute to disparities in health checkup frequency among respondents.

The most common medicine type used by respondents is allopathy, accounting for 34.1% of the total. Following this, 26.4% of respondents switch between different types for various illnesses. Additionally, 23.1% utilize other types of medicine, while 11.0% use homeopathy and 5.5% use ayurveda. This diversity in medicinal preferences reflects individual comfort levels, cultural backgrounds, and belief systems. Respondents choose different medical systems based on their efficacy, personal experiences, and adherence to traditional practices, showcasing a multifaceted approach to healthcare decision-making.

The data indicates that 74.7% of respondents believe lifestyle decisions play a significant role in health. Additionally, 17.6% feel that lifestyle decisions play a role, but not significantly, while 7.7% believe they don't play a significant role. This suggests a widespread recognition of the importance of lifestyle choices in maintaining health, although there are differing degrees of emphasis placed on their significance. Some individuals may perceive other factors as equally or more influential in shaping health outcomes, leading to varying perspectives on the significance of lifestyle decisions.

TABLE-2

Role of cultural and religious practices of the respondents		N=91	%
Cultural beliefs in health	Strongly Agree	07	07.07
	Agree	25	27.05
	Neutral	25	27.05
	Disagree	16	17.06
	Strongly Disagree	18	19.08
Religions affect daily health habit	Strongly Agree	03	03.03
	Agree	05	05.05
	Neutral	17	18.07
	Disagree	33	36.03
	Strongly Disagree	33	36.03
Modify practice based on religion	Strongly Agree	23	02.02
	Agree	32	09.09
	Neutral	25	27.05
	Disagree	32	35.02

	Strongly Disagree	23	25.03
Cultural background affect diet choice	Strongly Agree	05	05.05
	Agree	18	19.08
	Neutral	18	19.08
	Disagree	28	30.08
	Strongly Disagree	22	24.02
Rely on both traditional and modern health care	Strongly Agree	11	12.01
	Agree	29	30.08
	Neutral	38	41.08
	Disagree	10	11.00
	Strongly Disagree	04	04.04
Mindful in health effects, adjustment in fasting	Strongly Agree	06	06.06
	Agree	25	24.02
	Neutral	27	29.07
	Disagree	25	27.05
	Strongly Disagree	11	12.01
Follow cultural beliefs in health care	Strongly Agree	06	06.06
	Agree	21	23.01
	Neutral	28	30.08
	Disagree	21	23.01
	Strongly Disagree	15	16.05
Religion shapes daily health habits	Strongly Agree	05	05.05
	Agree	15	16.05
	Neutral	21	23.01
	Disagree	30	33.00
	Strongly Disagree	20	22.00
Adapt practices based on religion	Strongly Agree	06	06.06
	Agree	11	12.01
	Neutral	20	22.00
	Disagree	29	31.09
	Strongly Disagree	25	27.05
Consider culture in medical decision	Strongly Agree	02	02.02
	Agree	14	15.04
	Neutral	22	24.02
	Disagree	31	34.01
	Strongly Disagree	22	24.02
Cultural background guides health driven diet choices	Strongly Agree	09	09.09
	Agree	27	29.07
	Neutral	25	27.05
	Disagree	27	29.07
	Strongly Disagree	16	17.06

Among respondents, 27.5% agree that cultural beliefs play a role in healthcare choices, while 17.6% disagree. Additionally, 27.5% are neutral on the matter. On the other hand, 19.8% strongly disagree and 7.7% strongly agree that cultural beliefs influence healthcare decisions. This diversity of opinions highlights differing perceptions regarding the influence of cultural beliefs on healthcare decisions. Understanding how cultural practices evolve in health perspectives can provide insights into the transformation of beliefs and practices within various cultural contexts, often shaped by experiences and teachings from primary groups.

Regarding the impact of religion on healthcare decisions, the data showcases a spectrum of viewpoints among respondents. A substantial portion, comprising 36.3% who strongly disagree and another 36.3% who simply disagree, reject the notion that religion affects their choices in healthcare. Furthermore, 18.7% remain neutral on the 43 matter. Conversely, 5.5% agree, and 3.3% strongly agree that religion does influence their healthcare decisions. These diverse perspectives highlight varying attitudes toward the role of religion in healthcare choices, underscoring the complex interplay between individual beliefs, experiences, and cultural influences. Understanding how beliefs and practices evolve within primary groups provides valuable insights into the transformation of cultural perspectives on health.

A significant majority of respondents, comprising 35.2% who simply disagree and 25.3% who strongly disagree, do not support the idea of altering healthcare practices based on religious beliefs. Additionally, 27.5% remain neutral on the matter. Conversely, 9.9% agree, and 2.2% strongly agree that healthcare practices should be modified based on religious beliefs. These findings suggest that while a

majority of respondents do not endorse modifying healthcare practices according to religious beliefs, a minority holds the opposite view. This underscores the complexity of integrating cultural and religious perspectives into healthcare practices, reflecting diverse attitudes and considerations.

A substantial portion of respondents, comprising 30.8% who simply disagree and 24.2% who strongly disagree, do not believe that cultural background influences diet choices. Additionally, 19.8% remain neutral on the matter. However, 19.8% agree, and 5.5% strongly agree that cultural background does indeed influence diet choices. These findings suggest that while a significant portion of respondents do not perceive a direct link between cultural background and diet choices, a notable minority recognizes the influence of cultural practices and beliefs on dietary preferences and habits. This highlights the complex interplay between cultural factors and dietary behaviors, reflecting diverse attitudes and experiences within the population.

A significant portion of respondents, comprising 41.8% who remain neutral, express a range of opinions regarding relying on both traditional and modern healthcare. However, 30.8% agree, and 12.1% strongly agree that traditional and modern healthcare approaches hold value. On the other hand, a minority, consisting of 11.0% who simply disagree and 4.4% who strongly disagree, express reservations about the idea. These findings suggest a diverse range of perspectives, with some respondents acknowledging the benefits of integrating traditional and modern healthcare practices, while others maintain reservations or neutrality. This underscores the complexity of healthcare decision-making, influenced by individual beliefs, experiences, and cultural backgrounds.

A notable portion of respondents, comprising 29.7%, remain neutral on the matter of adjusting fasting based on mindful health effects. Additionally, 27.5% disagree, and 12.1% strongly disagree with the idea. Conversely, 24.2% agree, and 6.6% strongly agree with adjusting fasting for mindful health effects. These findings suggest varying attitudes towards the practice, with some respondents expressing disagreement or neutrality, while others endorse the idea of adjusting fasting for its potential health benefits. This underscores the complexity of incorporating cultural practices into health perspectives, influenced by individual beliefs, experiences, and societal norms.

A notable portion of respondents, comprising 30.8%, remain neutral on the matter of following cultural beliefs in healthcare. However, 23.1% agree, and 6.6% strongly agree with incorporating cultural beliefs into healthcare. On the other hand, 23.1% simply disagree, and 16.5% strongly disagree with the idea. These findings reflect diverse perspectives, with some expressing disagreement or neutrality towards integrating cultural beliefs into healthcare practices, while others endorse the idea of 46 acknowledging and respecting cultural practices within the healthcare context. This underscores the complexity of navigating cultural influences in healthcare, shaped by individual beliefs, experiences, and societal norms.

A substantial portion of respondents, comprising 33.0% who simply disagree. Additionally, 23.1% remain neutral on the matter. However, and 22.0% who strongly disagree, do not believe that religion influences daily health habits. 16.5% agree, and 5.5% strongly agree that religion does shape daily health habits. These findings suggest a range of opinions, with a significant portion expressing disagreement or neutrality towards the idea of religion influencing daily health habits, while others endorse the notion to varying degrees. This underscores the complex interplay between religion, cultural practices, and health behaviors, shaped by individual beliefs, experiences, and societal norms.

A substantial portion of respondents, comprising 31.9% who simply disagree and 27.5% who strongly disagree, do not support the idea of adapting healthcare practices 47 based on religion. Additionally, 22.0% remain neutral on the matter. However, 12.1% agree, and 6.6% strongly agree with the notion of adapting healthcare practices according to religious beliefs. These findings suggest diverse perspectives, with a significant portion expressing disagreement or neutrality towards the idea, while others endorse or strongly endorse the integration of religious beliefs into healthcare practices. This highlights the complexity of navigating cultural and religious influences in healthcare, influenced by individual beliefs, experiences, and societal norms.

A notable portion of respondents, comprising 34.1% who simply disagree and 24.2% who strongly disagree, do not believe that culture significantly affects medical decisions. Additionally, 24.2% remain neutral on the matter. However, 15.4% agree, and 2.2% strongly agree that culture does indeed impact medical decisions. These findings suggest a range of opinions, with a significant portion expressing disagreement or neutrality towards the idea, while others agree or strongly agree with the notion of cultural influences on medical decision-making. This underscores the complex interplay between cultural practices, beliefs, and healthcare decision-making, shaped by individual experiences and societal norms.

A substantial portion of respondents, comprising 29.7% who simply disagree. Additionally, 27.5% remain neutral on the matter. 17.6% who strongly disagree, do not believe that culture significantly influences health-driven diet choices. However, 15.4% agree, and 9.9% strongly agree that culture does indeed play a role in shaping health-driven diet choices. These findings suggest varying opinions, with a significant portion expressing disagreement or neutrality towards the idea, while others agree or strongly agree with the notion of cultural influences on health-driven diet choices. This highlights the complex interplay between cultural practices, beliefs, and dietary behaviors, shaped by individual experiences and societal norms.

CONCLUSION:

In conclusion, the female hostel students, largely

comprising young adults from rural areas with moderate incomes, face several challenges in accessing healthcare services. These challenges include financial constraints, a preference for private hospitals, and limited awareness of women's health issues. Cultural and religious beliefs significantly influence healthcare decisions, while barriers such as laziness and lack of interest hinder the adoption of healthy lifestyles. Mental health awareness exists, but stigmas and barriers to seeking support persist. Additionally, low adoption of digital health tracking tools is observed due to a lack of interest and awareness. To address these issues, it's crucial to engage the community, provide targeted education, improve healthcare access, and promote cultural sensitivity to enhance overall health outcomes and well-being among female Hostel students.

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