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Research Article

Assess Economic status of Female patients in Multi–Specialty Medical College Hospital

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Abstract

Introduction: Healthy women can contribute effectively to improve the economic status of the country. Enhancing women's economic participation by improve women's health and wellbeing also.

Objectives: The study objective was to assess economic status of female patients in multi–specialty medical college hospital among women with selected variables.

Methods: A survey research design was adopted to assess the economic status among the female patients in multispecialty hospital, Puducherry. Totally, 500 patients who were satisfied with the inclusion criteria involved in the six month of data collection period. The tool consists of four parts and the data collection was done by face to face interview technique in regional language after obtained consent from the patients and used separate interview schedule for each woman.

Results: The study finding reveals that majority of the husbands were manual labor. They were got minimum salary only. Totally, 342(68.4%) patients' family expenditure was within Rs. 2000/- per month, 271(54%) participants were reported her husband only took decision related to money mater, 340(68%) women doesn't have money for her personal use. Totally, 320 (64%) women always opt for free treatment. Because of the free treatment available by the Government hospitals most of the women prefer for free treatment only instead of spending money for private treatment.

Conclusion: The female patients' economic status was not much satisfactory. Women need economic independent to improve their health status. Women health issue was neglected due to the family economic condition.

Keywords: Economic Status; Women; Women Health; Family Income

Introduction

Economic status of women is very important to maintain and improve their health. Healthy women can contribute effectively to improve the economic status of the country. Enhancing women's economic participation by improve women's health and wellbeing also [1]. Public spending has the most critical effect on the health of women and girls, who are less likely to access healthcare if it is paid for out of the household budget. So it is reasonable to expect a positive association between economic growth and female health [2]. In particular, infant and maternal mortality rates should improve more quickly in countries where per capita incomes are growing faster [3]. India is also very regionally diverse, with some states such as Kerala showing excellent health outcomes for women, similar to those in Vietnam. And three states have also shown much improved health indicators in the past two decades: Tamil Nadu, West Bengal and Maharashtra. But the bulk of the country still shows generally appalling levels of IMR and MMR, which have declined very slowly, even in comparison with other less dynamic economies in the region. There is highly relation between economic status of women and their health status in India [4]. Healthier women are key and essential contributors to healthier economies, Just to cite one block of evidence: We know that health systems of-

ten favor male patients to the detriment of women. For example, treatment guidelines for non-communicable diseases are often created for men and based on men's symptoms and this can lead to misdiagnoses and delayed treatment for women. The fact that women are much more likely than men to die within a year of a heart attack is astonishing. It is also, as is the case with many gender inequities, preventable [5]. At least in the family level, if they are ready to contribute money to women health it does reduce the mortality and morbidity rate. So, the investigator has interested, to assess economic status of female patients who were attended in outpatient department in Multi–Specialty Medical College Hospital, Puducherry.

Material and Methods

A survey research design was adopted to assess economic status among the female patients in multispecialty hospital, Puducherry. General surrounded village people getting benefits from this hospital. The study was conducted in out-patient department. The study inclusion criteria was female patients who were between the age group of 15 to 49, attended in out-patient department, living in Puducherry, those were willing to participate the study and who were able to speak in Tamil or English. Totally, 500 patients who were satisfied with the inclusion criteria involved in the six month of data collection period. The data collection was by face to face interview technique in regional language after obtained consent from the patients and used separate interview schedule for each woman. Approximately, 20 minutes was required for each interview. The instrument consists four parts: i. demographic variables, ii. Occupation status of female patients, iii. Economic status of family, iv. Expenditure of the family [6-9]. There is no scoring has given for the variables. The tool was prepared by the investigator and content validity was obtained from the experts. The study data has collected through face to face interview method in their regional language. Ethical clearance was obtained from the institute ethical committee. The SPSS version 21 were used analyze.

Results and Discussion

The table 1 shows that frequency and percentage distribution of occupational status of female patients who were attended multi-specialty hospital. Most of the women were unemployed till now they depend one her husband for the personal expenditure. Only few women were working like labor, small business because they were studied up to primary school only. The study findings revealed that majority of the husbands were manual labor. They were got minimum salary only. So, the economic status of female patients was not satisfactory level. The study reveals that most of the husband well paid on daily basis. It is based on the availability of the jobs. Most of the husbands were sedentary workers so they were paid on daily basis only. Maximum number of women was unemployed so they were not contributing money to their family.

N=500

Questionnaires	Responses	N (%)
Presence of Job	Yes	115 (23)
	No	385 (77)
Nature of Occupation	Nil	385 (77)
	Manual Labour	79 (15.8)
	Govt. Employee	11 (2.2
	Own Business	18 (3.6)
	Professional	2 (0.4)
	Others	5 (1)
Mode of Payment basis	Nil	385 (77)
	Daily	68 (13.6)
	Weekly	17 (3.4)
	Monthly	30 (6)
Husband's Occupation	Unemployed	0 (0)
	Manual labour	319(63.8)
	Govt. employee	89(17.8)
	Business	59(11.8)
	Professional	23(4.6)
	Others	10(2)
Mode of Payment basis for husband	Daily	255 (51)
	Weekly	53(10.6)
	Monthly	192(38.4)
Wife's Income per month	Nil	385(77)
	Less than Rs.1000	26(5.2)
	Rs.1001 to Rs.2000	59(11.8)
	Rs.2001 to Rs.3000	20(4)
	More than Rs.3000	10(2)
Husband's Income per month	Less than Rs.1000	57(11.4)
	Rs.1001 to Rs.2000	185(37)
	Rs.2001 to Rs.3000	104(20.8)
	Rs.3001 to Rs.4000	69(13.8)
	Rs.4001 & above	85(17)

Table 1: Occupational status of Female Patients.

The table 2 shows that frequency and percentage distribution of family members income. Maximum number of women's family income only monthly salary. They don't have any other source of income. The female patients' family economic status was not in satisfactory level. A sum of 105(21%) female patients' total family income was above Rs.4001 per month. They depended on their salary only. Totally, 342(68.4%) patients' family expenditure was within Rs. 2000/- per month, and 6(1.2%) patients family expenditure was above Rs.4001/- per month. Indian women were very efficiently managing their family with their income. A sum of 286(57.2%) women doesn't have saving habit, because their expenditure is more when compared to their income. Majority 380(76%) of the women were living in their own house and 253(50.6%) women were have insurance policy.

N=500

Questionnaires	Responses	N (%)
Members in family	2-4	422 (84.4)
	5-7	73(14.6)
	More than 7	5(1)
Earning Members in Family	One	371(74.2)
	Three	94(18.8)
	Two	26(5.2)
	>Three	9(1.8)
Other income sources	None	448(89.6)
	House rent	29(5.8)
	Land	19(3.8)
	Business	3(0.6)
	Others	1(0.2)
Total family income per month	Less than Rs.1000	10(2)
	Rs.1000 to Rs.2000	116(23.2)
	Rs.2001 to Rs.3000	187(37.4)
	Rs.3001 to Rs.4000	829 (16.4)
	Rs.4001 & above	105(21)
Expenditure of the family per month	Rs.1001 to Rs.2000	342(68.4)
	Rs.2001 to Rs.3000	121(24.2)
	Rs.3001 to Rs.4000	31(6.2)
	Rs.4001 & above	6(1.2)
Habit of saving	Yes	214(42.8)
	No	286(57.2)
Monthly saving money	Nil	286(57.2)
	Less than Rs.500	67(13.4)
	Rs.501 to Rs.750	76(15.20
	Rs.751 to Rs.1000	59(11.8)
	Rs.1001 & above	12(2.4)
Living house	Own house	380(76)
	Rented house	111(22.2)
	Lease house	3(0.6)
	Others	6(1.2)
Insurance Policy	Yes	253(50.6)
	No	247(49.4)
Property on her name	Yes	214(42.8)
	No	286(57.2)

Table 2: Family Economic Status of Female Patients.

Table 3 shows that of expenditure status of family, 271(54%) participants were reported her husband only took decision related to money mater, 340(68%) women doesn't have money for her personal use. Husbands are considered to give the money to the wife for household expenditure. Totally, 320 (64%) women always opt for free treatment. Because of the free treatment available by the Government hospitals most of the women prefer for free treatment only instead of spending money for private treatment. Most of the women do not spend money for their delivery purpose. Since whatever the basic necessary treatment needed for delivery in at present available at free of cost. Most of them replied that they were not affordable to private hospitals. So they always go for free treatment. Usually people belong to middle class family does not spend much for the entertainment purpose. They feel that money spend for entertainment purpose can be used for other important and needed expenditure for the family.

Onarheim., *et al*. did a systematic review on economic benefits of investing in women's health. The study reveals the existing literature indicates that healthier women and their children contribute to more productive and better-educated societies. This study documents an extensive literature confirming that women's health is tied to long-term productivity: the development and economic performance of nations depends, in part, upon how each country protects and promotes the health of women. Providing opportunities for deliberate family planning; healthy mothers before, during,

and after childbirth, and the health and productivity of subsequent generations can catalyze a cycle of positive societal development [10].

Questionnaires	Responses	N (%)
Decisions makers related to money matters	Self	178 (35.6)
	Husband	271(54.2)
	Join decision	48(9.6)
	In-laws	3(0.6)
Keeping Money for personal use	Yes	160(32)
	No	340(68)
Medical treatment expenditure per year	Free treatment	320(64)
	<Rs.1000	136(27.2)
	>Rs.1000	44(8.8)
Delivery expenditure	Free treatment	409(81.8)
	<Rs.1000	37(7.4)
	>Rs.1000	30(6)
	Not sure	24(4.8)
Entertainment expenditure	<Rs.100	270(54)
	>Rs.100	230(46)

Table 3: Expenditure Status of Family among Female Patients.

Conclusion

The study findings show the female patients' economic status was not much satisfactory. Women need economic independent to improve their health status. Women health issue was neglected due to the family economic condition. Yet, too many women in too many places around the world are still not treated as full-fledged members of family. Gender affects educational attainment, health status, personal safety, professional success, ability to exercise political power, and social standing. As a health care professional, should create awareness about importance of economic independence among women. It will help to enhance their health status. They can spend money for medical treatment whenever necessary without depend others.

The study limitation was conducted only from Puducherry residents who were attended in the selected hospital. Suggestion and recommendation for future study; it may be conducted in community with larger population.

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Conflict of Interest

None.

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Ethical Issue

None.

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