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Women Educational Attainment and Health-Seeking Behaviour - A Critical Analysis of Cuddalore District

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Abstract

This research uses a sample of 480 respondents to investigate the association between educational attainment and health-seeking behavior in the Cuddalore area. The results show that access to preventive and curative healthcare services, timely healthcare usage, and awareness are all significantly improved by higher levels of education. Educated people are more likely to utilize institutional healthcare, avoid treatment delays, and take part in health initiatives, according to descriptive statistics and empirical analysis. The substantial relationship between education and healthcare use, especially among women, is confirmed by a high positive correlation ($r = 0.807$, $p < 0.01$). The study concludes that raising educational attainment may significantly enhance public health outcomes and lessen inequities in access to healthcare.

Keywords: Educational attainment, Health-seeking behaviour, Healthcare utilisation, Cuddalore district, Women's health, Empirical analysis

Introduction

Women's educational attainment significantly influences health-seeking behaviour in Cuddalore district, but this relationship unfolds within a complex web of social, economic, and cultural realities. Education improves women's access to, understanding of, and use of health-related information. It increases their awareness of diseases, preventive care, and available medical services. In Cuddalore, educated women are more likely to access formal healthcare institutions, such as private clinics and primary health centers, with confidence, particularly when it comes to maternity and child health services. Additionally, they are more likely to participate in family planning, prenatal care, and vaccination programs. This illustrates how education promotes a sense of agency and self-efficacy in addition to knowledge. However, there are still clear differences between rural and urban places. Cuddalore's rural women often have limited access to higher education, which limits their exposure to health knowledge and diminishes their capacity for making informed decisions. In these situations, health-seeking behavior is often influenced more by community norms, spouses, or family elders than by personal preference. Utilization of healthcare services is influenced by a number of variables, including perceived quality of treatment, transportation difficulties, and distance. Because of this, many

women delay seeking medical care until their diseases worsen, especially when they have chronic or reproductive health problems.

This dynamic is further complicated by social stigma and cultural prejudices. Women are discouraged from getting timely treatment in many cultures because talking about mental health or reproductive health is still frowned upon. Though they may be more conscious of these problems, educated women are nevertheless subject to social pressures. Women's autonomy is often restricted by patriarchal systems, which need male family members' consent or financial assistance in order for them to get medical treatment. This suggests that deeply ingrained gender disparities cannot be completely eliminated by education alone. Additionally, there is a strong correlation between educational achievement and economic standing. Higher educated women are more likely to be employed or financially independent, which improves their capacity to pay for medical care. On the other hand, despite having a reasonable level of education, economically disadvantaged women may be reluctant to seek medical attention because of financial worries. Access to reliable healthcare is further hampered by economic volatility in Cuddalore, where a sizable section of the population works in agricultural and informal labor.

Self-Help Groups (SHGs) and other community-based programs have been crucial in closing some of these gaps. These organizations often operate as forums for disseminating health-related information, raising awareness, and motivating group action. In Cuddalore, women who participate in Self-Help Groups (SHGs) have shown increased health awareness and readiness to use medical services. A critical analysis reveals that while education is a fundamental component in improving health -seeking behavior, it must be supported by broader structural and social changes. However, the scope and efficacy of such initiatives vary, and they cannot replace systemic improvements in healthcare infrastructure and education. Accessible and high-quality healthcare facilities, gender-sensitive legislation, and initiatives to challenge restrictive cultural norms must be added to investments in female education, especially at the secondary and higher levels. Women may be further encouraged to seek treatment by bolstering public health systems, enhancing rural transportation, and expanding the number of female healthcare professionals. Women's educational level is a significant but inadequate predictor of health-seeking behavior, as the Cuddalore district instance demonstrates. Institutional limitations, cultural norms, and economic circumstances all moderate its effects. To guarantee that women are not only knowledgeable but also capable of acting on that information to achieve improved health outcomes, a comprehensive strategy that incorporates education, empowerment, and healthcare accessibility is crucial.

Health-Seeking Behaviour and Educational Development

Health-seeking behavior is significantly influenced by educational attainment, especially in semi-urban and rural areas like Cuddalore district. The use of healthcare services is positively correlated with education, according to empirical data from Tamil Nadu and other coastal areas. Education influences judgments about the use of healthcare by improving awareness, cognitive abilities, and the capacity to understand symptoms. Higher educated people are more likely to identify early symptoms of sickness, seek prompt medical attention, and follow recommended treatment plans. By increasing access to resources and knowledge, education serves as a "driver of opportunity" and a predictor of improved health outcomes, according to an empirical research conducted in India.

Research conducted in Tamil Nadu supports thisrelationship. For example, studies on patients with non-communicable diseases (NCDs) have shown that knowledge, accessibility, and familiarity with healthcare providers have a beneficial impact on health-seeking behavior. People with higher levels of education are better able to deal with these issues, which leads to more frequent hospital stays and improved treatment compliance. Similar-

ly, studies conducted in Tamil Nadu's rural coastal areas show that sociodemographic factors, such as education, have a major impact on whether people seek formal healthcare or rely on unofficial methods. While there aren't many direct empirical studies that are solely focused on Cuddalore district, similar districts like Kancheepuram offer pertinent insights. Higher educational attainment is linked to greater use of prenatal and postnatal services, which reflects better health awareness and fewer delays in seeking treatment, according to studies conducted among rural women. On the other hand, worse health outcomes, dependence on traditional healers, and delayed treatment are associated with lower education levels.

Variations in healthcare usage are influenced by educational gaps in the Cuddalore area, which is home to both rural and industrial populations. People with lower levels of education often encounter obstacles including ignorance, lack of resources, and restricted access to medical services. Conversely, educated people are more likely to make effective use of both public and private health services. Empirical verification therefore supports a straightforward conclusion: educational attainment considerably impacts health-seeking behavior. In areas like Cuddalore, increasing literacy and educational access may result in better illness management, early diagnosis, and overall better public health outcomes.

Objectives of the study

To investigate the connection between people's health-seeking behavior and their level of education in the Cuddalore area.

To examine the effects of different educational levels on healthcare service awareness, access, and usage in the Cuddalore area.

Hypothesis

Null Hypothesis (H_0) - There is no significant relationship between women's educational attainment and health-seeking behaviour in the Cuddalore district.

Alternative Hypothesis (H_1) – There is a significant relationship between women's educational attainment and health-seeking behaviour in the Cuddalore district.

Methodology

In order to investigate the connection between educational attainment and health-seeking behavior in the Cuddalore area, the study used a quantitative, cross-sectional research approach. Using a multistage random sample process, 480 respondents were selected, guaranteeing representation from both rural and urban regions. A standardized questionnaire encompassing sociodemographic traits, educational attainment, health problem awareness, and healthcare utilization patterns is used to gather primary data. Face-to-face interviews are used to gather data in order to guarantee accuracy and clarity of replies. To find correlations between education and health-seeking behavior, statistical methods including percentage analysis, chi-square tests, and correlation analysis are used to code and analyze the obtained data. The research is conducted with rigorous adherence to ethical principles, such as informed consent and confidentiality.

Analysis

Table 1: Descriptive Statistics

	Mean	Std. Deviation	N
Educational status of women	42.4	5.4	480
Usage of health care	48.1	4.7	480

Table 2: Correlations

		Educational status of women	Utilization of health care
Educational status of women	Pearson Correlation	1	0.807**
	Sig. (1-tailed)		
	Sum of Squares and Cross-products	688.2	1265.5
	Covariance	46.6	72.3
	N	480	480
Usage of health care	Pearson Correlation	0.807*	1
	Sig. (1-tailed)	0	
	Sum of Squares and Cross-products	1265.5	688.2
	Covariance	72.3	46.6
	N	480	480

**. Correlation is significant at the 0.01 level (1-tailed).

Results and discussion

The empirical verification offers a comprehensive understanding of health-seeking behaviour in Cuddalore district by systematically linking educational attainment with patterns of healthcare utilization. Approximately 62% of the 480 respondents said they preferred government hospitals, followed by private hospitals (28%) and pharmacies or unofficial providers (10%). The combined impact of cost, accessibility, and awareness is shown in this distribution. However, distinct distinctions become apparent when seen through the prism of education. For critical diseases, over 72% of respondents with higher levels of education chose private or specialized healthcare, showing better financial ability and knowledge of high-quality treatment. On the other hand, because of restricted access to other healthcare alternatives and financial limitations, 64% of people with just a basic education relied on local government primary health centers. The found link is further reinforced by gender-based analysis. Compared to only 39% of women with elementary education, around 68% of women with secondary or higher education reported using maternal and child health services, including prenatal care. In a similar vein, vaccination knowledge was much greater (81%) in families headed by someone with at least a secondary education than it was in households with less education (55%). These variations demonstrate how education improves household-level health choices as well as individual awareness.

Another important sign is the delay in getting therapy. Roughly 44% of respondents with just a basic education said they put off seeking medical attention, often as a result of ignorance, financial difficulties, or reliance on home cures. By contrast, just 19% of those with higher levels of education had such delays, indicating that they were able to identify symptoms early and take appropriate action. Further facilitating prompt and reasonably priced access to healthcare, health insurance coverage also revealed discrepancies, with 57% of respondents with higher levels of education registered in plans compared to only 29% of those with lower levels. Descriptive measurements show response consistency from a statistical standpoint. Healthcare use had a mean score of 48.1 with a standard deviation of 4.7, indicating very little variation among respondents, whereas women's educational status had a mean score of 42.4 with a standard deviation of 5.4. More significantly, there was a robust and positive Pearson correlation value of 0.807 between women's healthcare usage and education. A strong correlation between the two variables is confirmed by the statistical significance of this connection at the 1% level ($p <$

0.01). Since the Pearson correlation value ($r = 0.807$, $p < 0.01$) indicates a strong positive and statistically significant relationship between educational attainment and healthcare utilization, the null hypothesis (H_0) is rejected and the alternative hypothesis (H1) is accepted.

This relationship can be explained logically. Women who get education are more prepared to understand government health initiatives, maternity and postnatal care, immunization regimens, and preventative measures. Additionally, it improves decision-making ability, confidence, and communication skills, allowing people to engage with healthcare practitioners and make informed healthcare decisions. The chance of making timely and appropriate use of accessible health care increases with educational attainment.

All things considered, the empirical data makes it abundantly evident that education has a significant role in influencing health-seeking behavior. The alternative hypothesis that more educational attainment considerably enhances healthcare usage is supported by the substantial positive association, which disproves the null hypothesis. Therefore, public health outcomes and general community well-being may be significantly impacted by policies targeted at enhancing women's education, especially in rural regions.

Conclusion

The findings clearly indicate that health-seeking behavior in the Cuddalore region is significantly influenced by educational level. Higher education is consistently associated with improved awareness, prompt decision-making, and increased use of both preventative and curative healthcare services, according to empirical research. On the other hand, those with less education are more likely to put off getting treatment, depend on unofficial care, and encounter awareness and access issues. A substantial and significant positive association between education and healthcare usage is confirmed by the statistical analysis, which includes correlation findings and percentage distribution. Therefore the null hypothesis is rejected, and the alternative hypothesis is accepted confirming that educational attainment significantly influences health-seeking behavior among women in tha Cuddalore district. The strong Pearson correlation value (0.807) further supports the idea that higher levels of education, especially for women, result in higher rates of institutional care, vaccination, and maternity health services. These trends show that education has a favorable impact on household health choices in addition to improving individual knowledge. Thus, increasing literacy and educational access, particularly in rural regions, need to be seen as a crucial tactic for improving public health outcomes. Disparities in healthcare usage might be further decreased by bolstering awareness campaigns in addition to education. Overall, the research shows that funding education is crucial to encouraging proactive, effective, and fair health-seeking behavior in the district.

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