

Women Education, Health Insurance, And Routine Medical Checkup: A Study Of Edayur Grampanchayat In Malappuram District

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Abstract

Studies have pointed out that women education has had impeccable influence on many socio-economic outcomes, including the health status of the households. It is unquestionable that as the level of women education increases the health status of the households also gets improved. For better health status, prevention of the likelihood of the occurrence of the illness is very important that the treatment of the illness itself. For the prevention of the diseases, routine medical checkup of the suspectable cases has been recommended. In cases where treatment is required, health expenses on treatment particularly hospitalization often become a cause of worry especially for the economically disadvantaged households. Often, it happens that the cost of treatment eats into the pockets of the patients and their relatives so badly that it may push them to abject poverty and economically deprived conditions. To overcome this possibility, availing health insurance has been recommended as a solution. In this background, this paper attempts to examine the influence of women education in a household on the possession of health insurance by the households and the frequency of medical checkup that the households undergo in order to foresee and prevent the possibility of being fallen into the trap of illness the treatment of which require enormous costs.

Date of Submission: 23-03-2026

Date of Acceptance: 03-04-2026

I. Introduction

Women play an important role in the progress of a family, society, and country. Educated women are the real source of happiness in families. According to the World Bank report, "women's education has greater priority because raising the education of females improves the health status of the next generation". Women are the center of the household and play a pivotal role in the household's health status. No other member of the family can perform such multiple roles for the benefit and overall happiness of the family by providing good health, proper childcare, appropriate food consumption patterns, maintenance of better sanitation and hygiene, etc. When women are educated, they are strengthened to make decisions about their household's health status. It will improve the health and nutritional status of their children and their family. Women's education has a positive effect on child health. This ultimately leads to economic growth and social development goals.

Empowerment through education is one of the best methods to overcome all inequalities. Women's education is a vital determinant of their health status. Lack of education and awareness can also lead to poor health care accessibility, a lack of decision-making power in households, financial instability, increased early marriages, increased child and maternal mortality, and increased violence against women. Poor educational attainment is linked with high levels of infectious diseases and a shorter life expectancy. Education helps women with birth planning, knowledge about child nutritional levels, autonomy in decision-making, reducing crime against women, and improving their socio-economic status. Health insurance has been recognized as a mechanism to prevent households falling into huge indebtedness owing to escalating health care expenditures. It has been shown that health expenditure on account of prolonged illness is an importance cause of poverty in many societies. Hence, holding health insurance has been considered as a mitigating mechanism against health vulnerabilities of households. There is well renowned saying that prevention is better than treatment of the illness. To prevent the

possibility of illness, routine medical examination is important. In this context, the present paper attempts to examine the relationship between education attainment of women and their possession of health insurance and the routine visit of hospital or other health care institutions for checkup with the intention of preventing the possible occurrence of diseases in future.

Education and health are mutually reinforcing. Education has a strong impact on health. It is a common indicator of socioeconomic status. Besides many other factors, the overall happiness of the family depends a lot on good health, proper child care, appropriate food consumption, the maintenance of proper sanitation and hygiene, and so on. So, no doubt, the education of women deserves the highest priority for improving the quality of life of all family members. Women's education is a vital determinant of their health status. Lack of education and awareness can also lead to poor health care accessibility, financial instability, a lack of awareness of their rights, poor maternal and child health, and so on.

Education and health are two interrelated factors that are integral to the development of a nation. In this century, the economic wealth of the country depends not only on men but also on women. So, the government should take initiatives to improve the role of women in society through education and increasing employment opportunities. Educating a girl means empowering the nation. So, in this study, we mainly examine the importance of women's education and household health status.

II. Review Of Literature

Since we are dealing with the impact of women's education and the health status of households, it is imperative to look into the studies that have already been done in this field. So this chapter is devoted to the purpose of examining the studies that have already been done on issues related to women education, health status, and the influence of women empowerment on education. We have studies from international backgrounds, and we have some studies from India and Kerala. We will briefly analyze and look into those studies that have already been done in this area.

Amwonya, Kigosa, & Kizza (2022) this study attempted to explore female education and maternal healthcare utilization in Uganda. The study identified the causal effect of introduction of free education by exploiting the age as an instrument. The study used ordinary least square and regression discontinuity design for analysis. The result shows that female education indeed had a positive impact on maternal health care utilization. It was further found out that age also influences maternal health care utilization. This study suggests that there is need to focus on education beyond primary level and the government should also ensure that there is an improvement in community infrastructure and security across all regions and locations.

Srivastva & P (2020) analyze the nutritional status and dietary pattern of pregnant women and the nutritional knowledge and awareness of pregnant women. The data collected through interview method. Maternal malnutrition is influenced not only lack of adequate nutrition but also influenced by factors like socio-demographic factors, nutritional knowledge of mothers during pregnancies. The study shows that there is a significant impact of nutrition education on the nutritional awareness of the respondents and nutritional knowledge of the respondents after intervention was significantly increased.

Hahn, Nuzhat & Yang (2018) examine the effects of female education on marriage outcomes by exploiting the exogenous variation generated by the Female Secondary School Stipend Program in Bangladesh. They used 1991 Bangladesh preliminary census for the data collection. Their findings shows that an additional year of female education leads to an increase in 0.71 years of husband's education and better educated women match with spouses who have better occupations and are closer in age to their own. Those women seem to experience greater autonomy in making decisions on receiving their own health care and have fewer children. This paper shows that rural women's marital returns to education have impacted their social and economic position through assertive mating.

John & Singh (2018) Conducted a study aims to discuss about girl's education and health's direct impact on economic growth. Education leads to higher social standing, independence, and greater autonomy in the decision-making process. This study suggests that educated women were more likely to contribute to strengthen the economic growth of the nation than uneducated women. Female education level improves the health status of the family, which ultimately leads the economic growth and achievement of social development goals. That educated mothers were more likely to contribute to strengthen the economic growth of the nation than uneducated mothers.

Miller, et al.(2017) examine the impact of educational level of household adults on responses to a livestock-based community intervention.3 district of Nepal were randomly Selected for collection of data and 125- item questionnaire addressing family demographics and child health/nutrition was completed in each household, plus child growth monitoring. Results were analyzed in relation to the highest education attained by any woman in the household, the child's mother, men, or any other adult in the household. Household characteristics vary among participants in most community the ability of households to put interventions into practice, thus improving wealth, hygiene, and child diet and growth indices.

Yumusak, Yildiz & Yildirim (2015) examine the relationship between women education and health. In this study, which have been considered as a development indicator is investigated Infant mortality rate is preferred as an indicator of health because of availability of reliable data. The analysis covers the period 1999-2011. As a result of the analysis at all educational levels, an increase in enrollment rate of girls with respect to boys has no effect on infant mortality rate. The study concludes that instead of increasing the number of the girls in the same age group increasing the quality of education can be effective on the baby death rates.

Kataria (2013) in her article explores the impact of women's education on child health in India and show that women's education does play an important role in improving the health and nutritional status of children. This paper uses time series data to estimate the relationship between women's education and child mortality in India. The result shows that female education has a negative effect on child mortality and, hence, a positive effect on the health of the child. This study suggested that providing greater emphasis on women's education will reduce infant and child mortality and improve the nutritional status of children.

Cholakkal (2013) examine the influence of education and income on health status of people. This study is based on both secondary and primary data. The primary data collected from the selected wards of Tanur Gram Panchayath. This study reveals that education and income will make positive significant impact on health of people. And this study suggests that education makes positive impacts on health, it is necessary to provide the access of education to each and every individual irrespective of caste, creed or area. Therefore a special attention is quite necessary from the side of authorities to provide balance in social development and ensure inclusive growth in the field of education and health.

Menon (2007) conducted a study about women education and health status of households and influence of female education on the health status of women. This study uses both primary and secondary data. Primary data collected through random sample survey. The results show that female education influences the health status of women and their children. This study suggested that increasing health awareness among women through their education.

S (2005) This study designated to access the health status of women in rural household and attempts to analyze the awareness of rural women in immunizing their children, record of abortions, family planning method etc. The researcher conducted a pilot study in rural areas. The data are collected from the respondents by employing a well structured interview schedule. The study suggests that expanding the access of primary and secondary education to rural girls, personal hygiene and environmental education could be extended to rural areas and door to door health campaigns should launched in remote areas.

Pattnayak & Pattnaik (2004) Conducted a study with the objective of knowing the media exposure of mothers with respect to the health and nutrition of their children. 400 working mothers having at least one child (under here years of age) have been selected randomly from rural and urban areas of Gnjam district of Orissa. Statistical analysis of the results revealed that health and nutrition practices of mothers in rural and urban areas were much influenced by their demographic aspects as well as media exposure. Child health and nutrition practices and sanitary condition were better among urban mothers as compared to rural mothers.

Bour (2004) examine the factors that influence the utilization of health services by women in the rural and urban areas in Ghana. The systematic sampling procedure was used to draw the sample from women aged 18 and above with diverse backgrounds from Ahafo-Ano South district. The research reveals that the key factors that impact significantly on the utilization of health services by women in the Ahafo-Ano South district are, distance, income and family size and marital status. Recommendations to improve utilization include the location of maternal and child health services within easy reach in the rural areas, intensification of family planning education in the rural areas, the empowerment of women through access to formal education and vocational training for income generation activities and the full implementation of the National Health Insurance Scheme.

R (1999) studied the social gains from female education in India using NFHS results. According to NFHS data illiteracy among women of reproductive age (13-49) is very high in India and among illiterate women, the proportion reaching secondary level education is very low. The analysis of NFHS results suggested that educated women marry and enter motherhood later and have fewer children than their uneducated counterparts in India. Infant and child mortality probabilities are much lower for the children of educated women than uneducated women. Educated mothers are more likely to use antenatal services, delivery care services. They are also better informed of ORS packets, vaccination etc.

Desai & Alva (1998) examine the effect of maternal education on three markers of child health: infant mortality, children's height for age and immunization status using data from first round of demographic and health surveys for 22 developing countries. They argue that although there is a strong correlation between maternal education and markers of child health, a casual relationship is far from established. Education acts as a proxy for the socio economic status of family and geographical area of residence introducing controls for husband's education and access. Maternal education remains statistically significant for children's immunization status in about one half of the countries even after individual level and community level controls are introduced.

Govindasamy & B. M (1997) Conducted a study on the relationship between maternal schooling and factors known to reduce the risk of maternal and child mortality for some northern and southern states in India using data from NFHS- 1992'93. Results prove that higher level of maternal education results in improved child survival because health services that prevent fatal childhood diseases are used to a great extent by mothers with higher education than by those with little or no education.

K& Raney (1995) analyse the role of female secondary education relative to and in combination with health and family planning programme to reduce fertility and infant mortality. It is based on cross country data from 72 developing countries. The study concludes that family planning and health programmers reduce fertility and infant mortality and the impact of secondary school enrollments appears to be even greater in countries with low female secondary school enrollment

Ahn & Shariff (1995) analyze the significant effects of mother's education on the long term health measure of children less than five years of age. Parental education has positive but not significant association with the short-term measure of health. Result shows that, mother's education improves child's height for age more in urban areas than in rural areas. It has also been found that the benefits of mother's education are greater for sons than for daughters.

Barrera (1990) examine the role of maternal schooling and its interaction with public health programmes in child health production. This study proves that maternal education positively effects child health as measured by height for age. There is difference in its impact across child age groups, with preschoolers showing the greatest sensitivity. The pattern of interactions between maternal education and public health programmes suggests that maternal education affects child health through an efficiency effect (by affecting the productivity of health inputs) and an allocative effect (by lowering the cost of information).

Behrman & Wolfe (1989) conducted a study on the impact of women's schooling on women's health and nutrition with and without controls for unobserved childhood background factors related to ability and motivation. Random and fixed effects models are estimated using data on adult sisters. The result shows that women's schooling positively affects their health and nutrient intakes and also the child health and nutrition are strongly associated with educational achievements. But associations do not necessarily indicate causality.

Statement of the Problem

It is true that disparity still lies between the developed and underdeveloped counties in respect of the health condition of the households. Less developed nations have been trying to increase the health status of their households by implementing different kinds of direct and indirect programmes with the aim of enhancing the health condition of the individuals. World Health Organization has also been trying to address the widening disparity between health status of people living in rich and poor countries. It has been identified that increasing household health status can increase the number of healthy and productive people living in a country. Education particularly the education of women has been identified as a prominent factor influencing the household health status especially by focusing on preventive health care measures. In this background this study intends to analyze the influence of education level of women on the household health status by examining the association of women education with the tendency to hold health insurance policies and routine medical checkup by households.

III. Methodology

The study is primarily based on primary data. The primary data were collected from Edayar grampanchayat in Malappuram district. The primary data was collected through the survey method using a well-defined questionnaire. A questionnaire was circulated via Google Form. A sample of 70 households is chosen through convenience sampling method. For this study, we have only considered married females living with family members as our respondents. For analyzing the data, suitable statistical methods like chi-square test have been used.

IV. Analysis And Interpretation

The very first aspect which we intend to look at is the extent of the possession of health insurance policy by the households under the present study. It is obvious that in the cases of holding of some products like insurance policy, we usually put across a binary response question where respondents can reveal their possession just by saying 'Yes, I possess it' or 'No, I don't have it'. In our study, strikingly 67 percent of the households report that they do possess health insurance policies. In fact, 67 percent is not a bad number. But the real question is which type of health insurance policy that they hold. Health insurance policies are of two types: those policies which are mandatory for the households like the government sponsored health insurance policies; and those policies which are sold by both private and public sector insurance companies which are voluntarily bought by the customers. For instance, Medicep is a compulsory health insurance policy which every government employee is required to join mandatorily in Kerala. These kinds of supply led health insurance policies do not necessarily show that they have been availed on account of the genuine demand of the customers. In contrast to this, the

demand for policies offered by both public sector and private insurance entities which are not mandatory for people to avail of can be considered as proxy for the demand and possession of health insurance policies by the households. In order to avoid all these intricacies, we straightforwardly ask respondents to show whether they do possess health insurance policy or not regardless whose policies they hold.

Table 1 Do you possess any Health Insurance Policy?

Health policy	Percent	Valid Percent
No	32.9	32.9
Yes	67.1	67.1
Total	100.0	100.0

Source: primary survey

To analyze the influence of women education on the tendency of household holding health policies, a Chi-square test has been done. Here, we take two nominal variables: the education level of the women and whether households hold health policies. In the case of first variable that is education level we have seven categories as shown in the figure given below, and in the case of second variable we have two kinds of households one saying 'Yes' and other 'No'. The hypotheses that we make in the study are stated as follows:

H0: There is no association between the level of education attainment of women and the possession of Health Insurance Policy by the Households

H1: There is association between the level of education attainment of women and the possession of Health Insurance Policy by the Households.

Since the P value is .004, we reject the null hypothesis, and hence, it can be concluded that there is association between the level of education and the tendency of household holding health insurance policies. It is true that the possibility of having health insurance coverage is high among the educated women

Table 2: Education Level of Women and Households Holding Health Policies

Education Level	Do you and your family members hold any health policy?		Total
	No	Yes	
Above Degree	21.1%	78.9%	100.0%
Degree	26.3%	73.7%	100.0%
HS	62.5%	37.5%	100.0%
HSS	14.3%	85.7%	100.0%
LP	100.0%		100.0%
Other	25.0%	75.0%	100.0%
UP	100.0%		100.0%
Total	32.9%	67.1%	100.0%

P value is .004

Routine Health Check-up and the Education Attainment

Many studies have shown that educational attainment of women is a stronger predictor of the routine check-up of households. As we know education increases the health literacy of individuals, enabling them to understand the importance of routine medical check-up to preempt the possibility of the occurrence of illness. As women get educated, they become aware of the preventive health check up mechanism, and they start using them effectively in the interest of her household members. Education enables people to be informed of the adverse consequences of not having been subjecting themselves for regular medical check-up. Moreover, health insurance companies offer special benefits to those who undergo regular medical check-up. Reasons really vary in respect of why people opt for preventive health check-up. Reasons range from free facility, free medical camps, combo insurance scheme to even high valued club membership of individuals. Be that as it may, it is obvious that education is a motivator to opt for routine medical check-up which is vital in determining the health status of households. Nonetheless, studies have shown that medical camp which is free in all respects motivates people to subject themselves for pre medical examination. In the present study, we are not so concerned with the reasons behind routine medical check-up. We simply look into whether education has any influence on determining the routine medical check up of individuals and households. The present study shows that only 43 percent of households do the routine medical check-up, the rest 57 percent do not go for any health medical checkup. This clearly shows the lack of awareness among households regarding the importance of preventive health care check-up.

Table 3: Health check-up details

Health check-up	Frequency	Percent	Valid Percent	Cumulative Percent
No	40	57.1	57.1	57.1
Yes	30	42.9	42.9	100.0
Total	70	100.0	100.0	

Source: primary survey

Having said this, we now move on to analyzing the association between the level of educational attainment and the tendency of the households to go for preventive health care check-up. To analyze the influence of women education on the health status of households, a Chi-square has been done here. Here, we take two nominal variables: the education level of the women and whether family members routinely undergo medical check-up or not. In the case of first variable that is education level we have seven categories as shown in the figure given below, and in the case of second variable we have two kinds of households one saying ‘Yes’ and other ‘No’.

It is evident from the table that among those who have above degree qualification an astonishingly high percentage undergo routine medical check-up while among those who just completed Upper Primary and Lower Primary education, an abysmally low percentage of people take interest in routine medical check-up, which makes it undisputably obvious that as the level of education increases, it is likely that the tendency to undergo routine medical check-up also increases. Hence, it can be inferred that education is an important factor in deciding the health status of households mainly because of the reason that preventive medical care has a key role to play in enhancing positive health status of households. Interestingly and unfortunately too, among those completed just LP, whole households emphatically denied the possibility of doing routine medical check-up which is, of course, a cause of worry. Unequivocally, it emphasizes the fact that education particularly of women has an undisputable role in ensuring that households take genuine interest in doing a routine medical checkup.

Although the aforesaid arguments are evident from a glance at the table No.4, we need to statistically prove that there exists a fundamental and unquestionable association between the level of education of women and the tendency to have a routine medical checkup. For this, we rely on Chi-square test, taking two nominal variables viz. education level and the routine medical checkup by households.

In this context, we make the hypotheses as follows:

H0: There is no association between the level of education of women and the routine medical checkup by households.

H1: There is association between the level of education of women and the routine medical checkup by households.

Since the P value is .047, we reject the null hypothesis and conclude that there is strong association between the level of education and whether family members routine medical check-up or not.

Table 4: Education Level of Women and the Routine Medical Check-up by Households

Education level	Do you and your family members go for routine medical check-up?		Total
	No	Yes	
Above Degree	31.6%	68.4%	100.0%
Degree	68.4%	31.6%	100.0%
HS	87.5%	12.5%	100.0%
HSS	42.9%	57.1%	100.0%
LP	100.0%	00.00	100.0%
Other	75.0%	25.0%	100.0%
UP	75.0%	25.0%	100.0%
Total	57.1%	42.9%	100.0%

P value is .047

V. Concluding Remarks

As said at the outset the present study has been undertaken with the objective of analyzing the influence of educational attainment of women on the tendency of household to hold health insurance policies and to undergo routine medical checkup. The study shows that there is strong association between the educational attainment of women and the two variables viz. holding of insurance policy and routine medical checkup. The present study clearly underlines the fact as the level of education increases the health status of the households can also be enhanced by way of accessing and using more health insurance policies and undergoing routine medical checkup. Hence, proper and timely education of women matters a lot in the development process of nations. This calls for not only ensuring cent percent literacy among women but also ensuring a standard attainment of a particular level of education which helps them to function properly in the system. In other words, we need to ensure functional literacy and education for all women.

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