

Original Research Article

Gender difference in health seeking behaviour among mothers of under five children in Lucknow

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ABSTRACT

Background: Discrimination and gender gaps have been observed even in early years of life. Although overall sex ratio in India has improved from 933 to 940 in the last decade, it declined from 927 to 914 in children aged less than five. Girls, less than five years, show steadily high mortality/morbidity compared to boys. This study was conducted to find the gender inequality in health seeking behaviour (HSB) among mothers of under five children.

Methods: This community based cross sectional study was conducted in rural area of Lucknow, between September 2014 to August 2015. A total of 221 households having 376 under-five children were selected by multistage sampling technique from rural area of Lucknow. Mothers were interviewed about health seeking behavior for their ill child. Data were entered and analyzed using SPSS v21.

Results: About 95% of the male child and 86.4% of the female child sought treatment. Of the total females that were treated, 67.3% were taken to a health facility/provider while the rest got treated at-home against 76.4% males that got treatment outside home.

Conclusions: Gender discrimination do exist in the rural area at each step of seeking health-care for girl child. Adequate measures should be taken to improve their health status and consequently sex ratio as early as possible.

Keywords: Health seeking behavior, Under-five children, Gender inequality

INTRODUCTION

The under-five mortality rate is a key indicator of child well-being, including health and nutrition status. It is also a key indicator of the coverage of child survival interventions and, more broadly, of social and economic development. Millennium Development Goal-4 (MDG-4) calls for reducing the under-five mortality rate by two-thirds between 1990 and 2015.¹

Qualified health professionals were consulted more often for boys than for girls.²⁻⁴ The present study was conducted to find the gender inequality in HSB among mothers of under five children.

Since acute respiratory infections (ARIs), diarrhoea, and fever are the common childhood illnesses,⁵⁻⁸ these are taken for study. The findings can help identify the prevailing practices, which may be useful in planning effective health education intervention at the community level.

Aim and objective

The aim and objective of the study was to assess the gender differences in health seeking behaviour of mothers for their under 5 children.

METHODS

Study setting and design

It was a community based, descriptive cross-sectional study conducted in rural area of Lucknow from September- 2014 to August- 2015.

Sample size and sampling technique

The study employed multi-stage sampling technique. Two blocks (Bakshi Ka Talaab and Sarojini Nagar) out of total eight blocks of Lucknow were selected (1st Stage), then two villages from each block (2nd stage) were selected. Total 376 children from rural Lucknow were taken for study.

Data collections

Mother of the child was chosen as respondent so she was briefed about the survey in local language, interview was conducted with her, and if she refused to participate, next household was considered. In households with more than one children of age between 0-59 months, all children were selected.

Inclusion criteria

Inclusion criteria were under 5 child living along-with mother and the mother living in the study area for the past 6 months; child has suffered from illness during last 6 months.

Exclusion criteria

Exclusion criteria were non-cooperative mothers; not willing to participate.

Data analysis

Descriptive statistics such as mean, standard deviation (SD) for continuous variables and frequencies, proportions for categorical variables were used to present study results. P values were calculated to test the statistical significance at the 5% level using Pearson's Chi-squared test.

RESULTS

Biosocial characteristics of the study population

The mean age of children was 31.9 months with a standard deviation of 16.4 months. Infant constitutes 14.6 percent of total under 5 children. Out of total children, 51.1 percent were males and 48.9 percent were females (Table 1).

Table 1: Biosocial characteristics of the study population.

Characteristics	n=376	
	N	%
Age (months)		
<12	55	14.6
12-59	321	85.4
Mean±SD (months)	31.9±16.4	
Sex		
Male	192	51.1
Female	184	48.9
Birth order		
1 st	136	36.2
2 nd or above	240	63.8

Table 2: Relation between gender of child and treatment sought by mother.

Gender	Number of children (n=376)	Treatment sought		P value
		Yes	No	
Male	192 (51.0)	182 (94.7)	10 (5.3)	0.007
Female	184 (49.0)	159 (86.4)	25 (13.6)	

Table 3: Relation between gender of child and place of treatment.

Gender	No. of children [n=341]	Place of treatment		P value
		At home [95]	Outside home [246]	
Male	182	43 (23.6)	139 (76.4)	0.062
Female	159	52 (32.7)	107 (67.3)	

Relation between gender of child and treatment sought by the mother

Treatment was sought more often for male child (94.7%) while it was sought less often for female (86.4%). This difference in seeking treatment was statistically significant (p=0.007) (Table 2).

Relation between gender of child and place of treatment

Regarding place of treatment given to ill child, there was slightly higher number of male child (76.4%) that were treated outside home in comparison to female child (67.3%) (Table 3).

Relation between gender of child and type of facility/provider sought for treatment

Private health facilities were visited more often for both male (43.9%) and female (39.3%) children while Government health facilities were sought less frequently for both. Characteristically unqualified practitioners were visited more often for females (28%) (Figure 1).

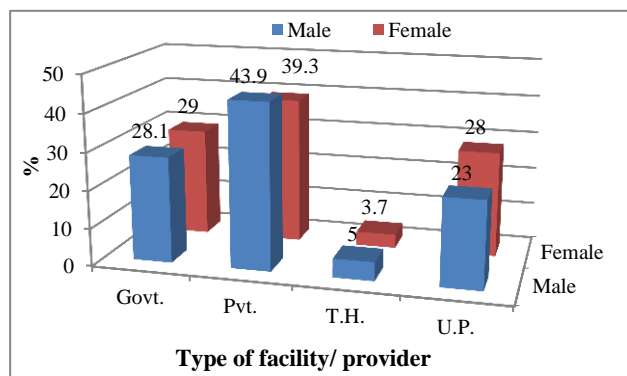


Figure 1: Relation between gender of child and type of facility/provider sought.

Govt.- Government health facility (MBBS/AYUSH);
Pvt.- Private health providers (MBBS/AYUSH);
T.H.- Traditional Healer; U.P.-Unregistered practitioners.

DISCUSSION

The study attempted to know about the pattern of health seeking by the mothers at the time of illness of their child.

Observation of health care seeking practice

In the present study a significant difference was seen among gender of the child with health seeking behaviour of the mother. A similar study by Ghosh et al in 2013 showed that more females were deprived of getting treatment.⁹ In a systemic review by Geldsetzer et al in 2014, seven studies examine whether the gender of the child influenced care seeking.¹⁰ Four studies in Kenya, Ethiopia, Pakistan and Sri Lanka, found no significant difference while two studies carried out in Indonesia and Burkina Faso however, found that carers were more likely to seek care for boys than girls.^{11,12}

CONCLUSION

The present study found that among the 376 children studied, there was almost equal gender distribution. Treatment was sought for about 91 percent of children illnesses. Among those for whom treatment was sought, 72.2 percent sought outside home while 27.8 percent sought treatment at home. For a significantly higher proportion of male children treatment was sought (94.7%) than the female children (86.4%). Also male

child was more commonly taken for treatment outside home.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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