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Research Article

Health seeking behaviour of the mothers for illness of their under five children in slums of Dibrugarh town, Assam, India

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ABSTRACT

Background: The under- five mortality continues to rise globally at an annual rate of 24% despite efforts to counteract it through vertical programmes. In Indian slums nearly 100,000 babies die every year before their fifth birthday. Apart from poor nutrition and environmental conditions, poor health-seeking behaviour contributes to the high child morbidity and mortality among the urban poor. Aim of the study is to assess the health seeking behaviour of the mothers for illness of their under-five children.
Methods: A community based cross-sectional study was carried out in slums of Dibrugarh town, Assam, India. The sample size was allocated proportionally among the slums. The data was collected in a pre-designed pre-tested proforma after taking informed consent. Percentages were calculated and also Chi square test and Fisher's exact test were performed to test the associations.
Results: Total 416 under five children were included in the study, out of which 50.7% were male and 49.3% were female. 70.2% had suffered from atleast one morbidity of which 41.8% consulted with government doctor, private doctors 9.6%, health workers 17.5%, and elderly family member 16.8%, whereas 32.5% were not doing anything during the illness. The health advice seeking was low among illiterate mothers. There was a significant association between literacy status and health seeking behaviour ($p < 0.05$). Ignorance was the commonest reason for not seeking health advice.
Conclusions: There is a need to raise awareness regarding health of under-five children by increasing the literacy status of mothers among slum dwellers to improve the health seeking behaviour.

Keywords: Health seeking behaviour, Mothers, Under five children, Slums, Literacy

INTRODUCTION

Due to rapid urbanization in India an estimated 30 per cent of the country's population or about 300 million people are living in towns and cities.[1] Unprepared for such rapid growth, the cities lack infrastructure and basic services. Nearly one-third of urban inhabitants (100 million) are living in slums or slum-like conditions characterized by overcrowding, poor hygiene and sanitation and absent civic services.

The problems of medical care in developing countries are increasingly concerned with burgeoning urbanization from continued migration of people from rural to urban areas. It is also important to realize that large numbers of children inadequately supervised by adults constitute a huge "wear and tear" on the environment. Health seeking behaviour is lower in the slums compared to non-slum urban areas.

Various studies from developing countries have reported that delay in seeking appropriate care and not seeking any care contributes to the large number of child deaths. Existing interventions could prevent many deaths among children if they are presented for appropriate and timely care.[2] Improving families' care seeking behaviour could contribute significantly to reducing child mortality in developing countries. The World Health Organization estimates that seeking prompt and appropriate care could reduce child deaths due to acute respiratory infections (ARI) by 20%.[3]

In India who sought advice/ treatment for diarrhoea and ARI is 70.6% and 77.4%, where as in Assam 57.6% and 66.3% respectively.[4]

Till now, very few studies have been conducted regarding health seeking behaviour among mothers of under five children in the slums of Dibrugarh town. Considering the above, this study was conducted in the slums of Dibrugarh town with the following objective to assess the health seeking behaviour of the mothers for illness of their under-five children.

METHODS

A community based cross-sectional study was carried out from June, 2012 to May, 2013 in slums of Dibrugarh town, which is the head quarter of the district and located in the southern bank of the river Brahmaputra. Dibrugarh town has a population of 1,30,753 with approximately 28% of the population living in slums. The study area selected includes 10 registered slums of Dibrugarh town. The estimated slum population of 36804 has 5,338 households with approximately 4785(13%) under 5 children.5 Most of the slum dwellers are daily wage labourers and majority of them are migrant population.

As per NFHS-III data, the prevalence of ARI, diarrhoea and fever among under-five children in Assam was 7.3%, 8% and 14%, respectively.[6] So, considering 7.3% prevalence of ARI with 2.5% absolute error, the sample size was calculated to be 416.

Considering all 10 registered slum as strata the sample size of 416 was allocated proportionally among the slums. The data was collected in a pre-designed pre-tested proforma by interviewing the mothers after taking informed consent and after clearance from Institutional Ethics Committee. The selection of the houses in the slum was done by picking up a random starting number and then every house was visited until the required sample in each slum area was obtained. If there were two or more eligible children then younger one was selected.

Data were presented in the form of tables and diagrams. Percentages were calculated and also Chi square test and Fisher's exact test were performed to test the associations.

RESULTS

Total 416 under five children were included in the study, out of which 50.7% were male and 49.3% were female and maximum numbers (30.5%) belongs to age group 24-36 months. In the present study 267 (64.2 %) children belonged to nuclear families and 149 (35.8 %) belonged to joint families. Majority of the study subjects (57.5%) were Hindu by religion followed by Muslim 34.1% and Christian 8.4%.

In the present study 66.6% children belongs to socio-economic class-IV (modified Kuppuswamy classification) followed by class-V 17.1%, class-III 10.8% and class-II 5.5%. No children found from class-I family. Majority mothers of the study subjects, i.e. 84.1% were unemployed and only 15.9% were employed as part time worker. Regarding literacy, 60.6% mothers of under-five children were found illiterate. Among the literate mothers 15.6% were of primary school standards and 4.6% were of high school standard and above. No mothers of any study subjects belonged to graduate and above category.

Out of 416 children, 292 (70.2%) had suffered from at least one morbidity during the preceding two weeks of data collection of which 41.8% consulted with govt. doctor, private doctors 9.6%, health workers 17.5%, elderly family members 16.8% whereas 32.5% were not doing anything during the illness(Table 1).

Table 1: Health seeking behaviour of the mothers for common morbidities of the study subjects.

Sources of health advice	No of children (n=292)	Percentage (%)
Govt doctor	122	41.8
Private doctor	28	9.6
Health worker	51	17.5
Elderly family member	49	16.8
Nothing done	95	32.5

During fever consultation with doctors were 42.6% followed by 13.1% with health workers and 36.1% did not consult anybody during fever. 42.2% of the children who suffered from ARI sought doctor's advice followed by health workers advice (19.8%) and advice from elderly family members (14.6%). 23.4% did not consult anybody during the illness. For diarrhoea, consultation with doctors was low (38.4%) whereas no consultation during diarrhoea was 50.5%. Consultation with doctor during measles, worm infestation and skin diseases were 71.4%, 20.8% and 22.9% respectively (Table 2).

The health advice seeking was found to be 87.6% among literate mothers and 35.8% among illiterate mothers during ARI of their children (Table 3). Similarly for diarrhoea, consultation with health professional was 70.6% among literate mothers and 36% among illiterate

mothers (Table 4). Ignorance was the commonest reason i.e. 47.9% and 60.3% respectively for not seeking health advice for ARI and diarrhea followed by unable to afford treatment i.e. 32.9% and 25.9% respectively for ARI and diarrhea. Other reasons for low health seeking behaviour among slum dwellers which includes hospital far away and inconvenient timing was 8.2% and 5.2% respectively (Table 5).

Table 2: Health seeking behaviour for different morbidities.

Morbidity	Sources of health advice				Total
	Doctor	Health workers	Elderly member	Nothing done	
Fever	26 (42.6%)	8 (13.1%)	5 (8.2%)	22 (36.1%)	61 (14.7%)
ARI	81 (42.2%)	38 (19.8%)	28 (14.6%)	45 (23.4%)	192 (46.2%)
Diarrhoea	42 (38.4%)	9 (8.3%)	3 (2.8%)	55 (50.5%)	109 (26.2%)
Measles	5 (71.4%)	0	0	2 (28.6%)	7 (1.7%)
Worm infestation	15 (20.8%)	18 (25%)	15 (20.8%)	24 (33.3%)	72 (17.3%)
Skin disease	11 (22.9%)	11 (22.9%)	18 (37.5%)	8 (16.7%)	48 (11.5%)

Table 3: Association between literacy status and health seeking behaviour for ARI.

Mothers literacy status	ARI		Total	p-value
	Health advice sought	Health advice not sought		
Literate	85 (87.6%)	12 (12.4%)	97 (50.5%)	
Illiterate	34 (35.8%)	61 (64.2%)	95 (49.5%)	<0.05
Total	119 (62%)	73 (38%)	192 (100%)	

Table 4: Association between literacy status and health seeking behaviour for diarrhoea.

Mothers literacy status	Diarrhoea		Total	p-value
	Health advice sought	Health advice not sought		
Literate	24 (70.6%)	10 (29.4%)	34 (31.2%)	
Illiterate	27 (36%)	48 (64%)	75 (68.8%)	<0.05
Total	51 (46.8%)	58 (53.2%)	109 (100%)	

Table 5: Reasons for not seeking health advice during ARI and diarrhoea.

Reasons	ARI	Diarrhoea
Ignorance	35 (47.9%)	35 (60.3%)
Hospital far away	8 (11%)	5 (8.6%)
Treatment not affordable	24 (32.9%)	15 (25.9%)
Others	6 (8.2%)	3 (5.2%)
Total	73 (100)	58 (100)

DISCUSSION

In the present study 70.2% children who had suffered from at least one morbidity of which only 51.4% mothers consulted with either government or private doctors. Other 17.5% consulted with health worker, 16.8% consulted with elderly family member and 32.5% were not doing anything during the illness. During fever, 42.6% mothers bring their children for consultation with doctors followed by 13.1% consulted with health workers and 36.1% did not consult anybody during fever. Similarly 42.2% of the mothers sought doctor's advice during ARI of their children followed by health workers advice 19.8% and advice from elderly family member was 14.6% whereas 23.4% did not consult anyone during the illness.

The health seeking for ARI was more among socio-economic class III (69.6%) and decreasing trend was seen among the lower socio-economic class except in class-II (33.3%). It also found that the health advice seeking was low among illiterate mothers (35.8%) when compared to literate mothers (87.6%). There was a significant association between literacy status of the mothers and health seeking behaviour (Figure 1). Moreover health advice seeking was more (73%) among those having any one of the parent literate than with both illiterate (40.9%) and the association was found significant.

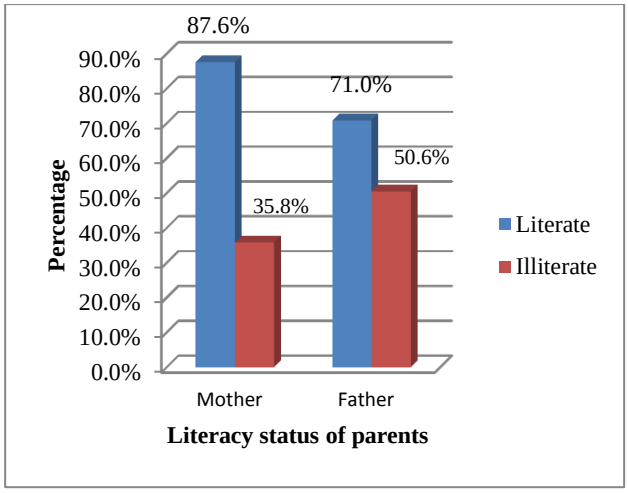

Figure 1: Association of health seeking behaviour with literacy status of parents.

For diarrhoea, consultation with health professional was more among literate mothers (70.6%) than the illiterate mothers (36%). On the other hand 60.3% parents who were both illiterate did not seek any health advice. There was a significant association between health seeking behaviour and literacy status of parents ($p<0.05$). Consultation with doctor during measles, worm infestation and skin diseases were 71.4%, 20.8% and 22.9% respectively.

According to NFHS-III data, in Assam 34% children with symptoms of ARI were taken to a health facility or health provider and 9% received antibiotic drugs. The proportion of children with symptoms of ARI who were taken to a health facility is lower in Assam than in most other states in India. 35% of children with fever were taken to a health facility or provider for treatment, and 1% received antimalarial drugs.[6]

Gupta N et al (2007) conducted a cross-sectional survey in the urban slum of Trans-Yamuna; Delhi including 1307 children aged below 5 years and reported that 80% of mothers had sought treatment for ARI. Half of mothers (49%) took the child to private doctors for treatment, while only one-third (31%) consulted a government doctor, and one-fifth (20%) did not consult any doctor at all. Study also reported that for Acute Diarrheal Diseases 47.5% of mothers of those children went to government doctors and 30.7% sought treatment from private practitioners and 27.7% did not seek any medical advice.[7]

In the present study it was observed that the reason behind not seeking advice from health providers during illness of under-five children were ignorance, unable to afford treatment cost, health facility located far away and some other unspecific causes. During ARI 47.9% due to ignorance and 32.9% due to unaffordable treatment cost did not consult or took advice from health providers. Similarly during diarrhoea 60.3% and 25.9% did not take advice due to ignorance and unaffordable treatment cost respectively.

CONCLUSION

The health seeking behaviour of the mothers is still poor. There is a need for raise awareness regarding health of under-five children by extensive information education and communication (IEC) and also need to improve the literacy status of mothers among slum dwellers to improve the health seeking behaviour.

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