International Journal of Community Medicine and Public Health
Gill KP et al. Int J Community Med Public Health. 2015 May;2(2):112-115
http://www.ijcmph.com
pISSN 2394-6032 | eISSN 2394-6040

DOI: 10.5455/2394-6040.ijcmph20150508

Research Article

Morbidity pattern and health seeking behavior of women in reproductive age in slums of Amritsar city (Punjab), India

Kanwal Preet Gill*, Priyanka Devgun, Shyam Lal Mahajan

Department of Community Medicine, Sri Guru Ram Das Institute of Medical Sciences and Research, Amritsar, Punjab, India

Received: 04 February 2015
Accepted: 23 February 2015

***Correspondence:**
Dr. Kanwal Preet Gill,
E-mail: kpreet224@gmail.com

ABSTRACT

Background: Though India has made efforts to increase access to reproductive health care, the progress has been uneven and inequitable. There are a large number of women who still lack access to maternal and reproductive health care. The study was hence conducted with the objective of observing morbidity pattern and health seeking behavior of women in reproductive age in slums of Amritsar city.
Methods: By adopting convenience sampling, 50 clusters of married women in 15-45 year of age, from different slums of Amritsar city were included in the study. They were interviewed by using pre-designed, pre-tested proforma. Data was compiled and analyzed.
Results: It was observed that 53.1% women had one or more health problems. Pregnant women were 1.68 times more likely to have health problems in comparison to non-pregnant women (OR=1.68, CI = 1.07-2.65, P = 0.03) and the difference was statistically significant. But, only 25.2% women sought treatment for their health problems and 19.3% women took treatment from qualified health practitioner. Availability of ration card for their identity, their caste, type of family, literacy status of women and their socioeconomic status were significant factors affecting treatment seeking behavior of women.
Conclusions: Though a large number of women in reproductive age had one or more health problems, only few of them took treatment from qualified practitioners. Attention needs to be paid to significant factors affecting their health seeking behavior so that health of women could be improved.

Keywords: Behaviour, Health seeking, Morbidity, Slums

INTRODUCTION

Millennium development goal 5 is focused on reducing maternal mortality and achieving access to reproductive health care. Though India has made efforts to increase access to reproductive health care, the progress has been uneven and inequitable. There are a large number of women who still lack access to maternal and reproductive health care.[1] It is suggested that disadvantaged group should be identified because of their vulnerability as a first step to decrease inequity.[2] According to Census 2011, 65.4 million people are living in slums in India whereas the figure was 45 million during 2001 census.[3] Health of these slum dwellers is considerably worse off than the urban middle and high income groups. There are thousands of easily preventable maternal deaths each year. Though the accessibility to health facility is not a major issue, the prevalence of age old practices, lack of perceived need for antenatal care, fear of hospital, impolite behaviour of the hospital staff towards slum dwellers and economic constraints are a major deterrent. Late recognition of complications and delay in seeking medical help are also responsible for maternal morbidity and mortality. Women go to hospital or to a health worker only when there is an obvious problem.[4] But, efforts have not been made in Punjab especially Amritsar

to study the health of women so far. Hence the study was conducted to observe morbidity pattern of women in reproductive age in various slums of Amritsar city and to explore their treatment seeking behavior.

METHODS

It was a cross-sectional, descriptive study conducted in slum areas of Amritsar city. According to records available from civil surgeon office Amritsar, there were 108 pockets of slum areas in the city.

By adopting WHO cluster sampling technique[5] and convenience sampling, 50 clusters of 7 units each, were taken making a total sample of 350 study units. The married women in the reproductive age (15-45 years), both pregnant and non-pregnant were taken as study subjects.

After taking informed consent, they were interviewed with the help of a pre-designed, pre-tested proforma. Modified Udai Pareek Scale[6] was used to study Socio-Economic Status (SES).

General physical examination of women was done. For the study subjects having any health problem, their health seeking behaviour was observed. The data was compiled and analyzed by using SPSS 17.0 version for windows.

The association between health seeking behavior and various socio-demographic factors was observed. Odds ratios and 95% confidence intervals were generated.

RESULTS

Total 350 women were enrolled out of which 115 women were pregnant at the time of study. It was revealed that 53.1% women had one or more health problems. Pregnant women were 1.68 times more likely to have health problems than non-pregnant women and the difference was statistically significant (Table 1).

Table 1: Distribution of women according to their health problems.

Study subject		Health problem		Significance OR (CI)
		Yes No. (%)	No No. (%)	
Women	Pregnant women (115)	71 (61.7)	44 (38.3)	1.68 (1.07-2.65), P = 0.03
	Non-pregnant (235)	115 (48.9)	120 (51.1)	
	Total (350)	186 (53.1)	164 (46.9)	

Common health problems of pregnant mothers were anaemia (59.1%), excessive fatigue (28.7%), nausea (24.3%), vomiting (19.1%), pain abdomen (20.0%), backache (17.4%), headache (17.4%), discharge P/V (13.9%), pregnancy induced hypertension (10.5%), urinary problems (10.5%), swelling body (8.6%), vaginal bleeding (1.7%) and others (10.5%) (Table 2).

Table 2: Distribution of pregnant women according to their health problems.

Health problem of pregnant women	Number (n=115)	Percentage
Anaemia*	68	59.1
Excessive fatigue	33	28.7
Nausea	28	24.3
Pain abdomen	23	20.0
Vomiting	22	19.1
Backache	20	17.4
Headache	20	17.4
Discharge P/V	16	13.9
Pregnancy induced hypertension	12	10.5
Urinary problems	12	10.5
Swelling body/oedema	10	8.6
Vaginal bleeding	02	1.7
Others (fever, common cold, lice infestation)	12	10.5

Total was not done because of multiple responses
*From clinical examination only

Among non-pregnant women, common health problems observed were anaemia (48.5%), excessive fatigue (26.4%), discharge P/V (16.6%), backache (14.9%), lice infestation (15.3%), pain abdomen (9.4%), urinary problems (7.3%), menstrual problems (5.1%) and others (5.1%) (Table 3).

Table 3: Distribution of non-pregnant women according to their health problems.

Health problems of non-pregnant women	Number (n=235)	Percentage
*Anaemia	114	48.5
Excessive fatigue	62	26.4
Discharge P/V	39	16.6
Backache	35	14.9
Lice infestation	36	15.3
Pain abdomen	22	9.4
Urinary problem	17	7.3
Menstrual problems	12	5.1
Others (fever, headache, common cold)	12	5.1

Total is not done because of multiple responses
*From clinical examination only

The treatment seeking behavior of women with health problem was studied and it was observed that only 25.2%

women sought treatment for their health problems. Only 19.3% women took treatment from qualified health practitioner (Table 4).

Various sociodemographic factors were studied in relation to treatment seeking behavior of women and it was observed that availability of ration card for their identity (OR=2.1, CI = 1.04-4.3, P = 0.03), their caste (OR=2.8, CI = 1.4-5.6, P = 0.003), type of family (OR=2.3, CI = 1.17-4.6, P = 0.01), literacy status of women (OR=3.06, CI = 1.5-6.1, P = 0.001) and their socioeconomic status (OR=3.6, CI = 1.7-7.8, P = 0.000) were significant factors affecting treatment seeking behavior (Table 5).

Table 4: Distribution of women with health problems according to their treatment seeking behaviour.

Practice	Pregnant women (n=71)		Non-pregnant women (n=115)		Total (n= 186)	
	No.	%	No.	%	No.	%
Treatment taken	20	28.1	27	23.4	47	25.2
Treatment from qualified practitioner	15	21.1	21	18.2	36	19.3
Treatment from unqualified practitioner	05	7.0	06	5.2	11	5.9

Table 5: Distribution of women for their treatment seeking behavior in relation to various sociodemographic factors.

Factor		Treatment		Significance OR (CI)*
		Taken No. (%)	Not taken No. (%)	
Nativity	Native (67)	21 (31.3)	46 (68.7)	1.6 (0.8-3.2) P = 0.15
	Migrant (119)	26 (21.8)	93 (78.2)	
Ration card	Yes (106)	33 (31.3)	73 (68.9)	2.1 (1.04-4.3) P = 0.03
	No (80)	14 (17.5)	66 (82.5)	
Caste	Upper caste (52)	21 (40.4)	31 (59.6)	2.8 (1.4-5.6) P = 0.003
	Lower caste (134)	26 (19.4)	108(80.6)	
Type of family	Joint (90)	30 (33.3)	60 (66.7)	2.3 (1.17-4.6) P = 0.01
	Nuclear (96)	17 (17.7)	79 (82.3)	
Literacy status	Literate (53)	22 (41.5)	31 (58.5)	3.06 (1.5-6.1) P = 0.001
	Illiterate (133)	25 (18.8)	108 (81.2)	
SES**	Upper (38)	18 (47.4)	20 (52.6)	3.6 (1.7-7.8) P = 0 .000
	Lower (148)	29 (19.6)	119 (80.4)	
Pregnancy status	Non-pregnant (115)	27 (23.5)	88 (76.5)	0.78 (0.39-1.53) P = 0.474
	Pregnant (71)	20 (28.2)	51 (71.8)	
Parity	<2 (115)	34 (29.6)	81 (70.4)	1.87 (0.9-2.8) P = 0.086
	>2 (71)	13 (18.3)	58 (81.7)	

*Odds Ratio (Confidence Interval)
**Socio-economic status groups were clubbed together for statistical analysis. Upper middle class was clubbed with Upper class and Lower middle class was clubbed with Lower class

DISCUSSION

The present study included 350 women in reproductive age. It was observed that more than half of them (53.1%) had one or more health problems. The odds of women with health problems were significantly higher among pregnant women in comparison to non-pregnant women.

Common health problems of pregnant women at the time of study were anaemia, excessive fatigue, nausea, vomiting, pain abdomen, backache, headache, discharge P/V, pregnancy induced hypertension, urinary problems, swelling body, vaginal bleeding and others. Other studies conducted in slums of Mumbai[7] and Meerut[8] have also reported severe fatigue, anaemia, headache, nausea, vomiting, vaginal bleeding and foul smelling discharge, backache, swelling of body and toxaemia of pregnancy as common problems of pregnant mothers. Like pregnant women, among non-pregnant women also anaemia was the most common health problem. Other problems included excessive fatigue, discharge P/V, backache, lice infestation, pain abdomen, urinary problems, menstrual problems and others. A similar study was conducted in slums of Baroda[9] and another in slums of Mumbai and it was reported that common problems of women in the reproductive age group were symptoms related to pelvic

inflammatory disease like pain abdomen and backache, weakness or tiredness during normal household chores, menstrual disorders and white foul smelling discharge. As commonly believed, most of these women (74.8%) did not seek treatment for their illnesses. Among all, 19.3% contacted qualified health practitioner while remaining 5.9% had treatment from unqualified practitioner. Similar findings were observed in the slums of Kolkata where 75% women did not seek any treatment.[10] Various socio-demographic factors were studied for their impact on treatment seeking behaviour of women. Slum dwellers are usually migrants to the city from the far off places, but it was found that nativity had no significant impact on treatment seeking behavior of women. On the other hand, availability of ration card for their identity was a significant factor affecting treatment seeking behaviour. Women with possession of ration card were two times more likely to seek treatment. Identity card might have helped them to access public health services.

Similarly, women belonging to upper caste were 2.8 times more likely to seek treatment in comparison to those from lower caste. Similar findings were observed by Sanneving et al who reviewed published literature from Pubmed and Popline and proved that caste was one of the major determinants affecting treatment seeking behavior of women.[1] Bhanderi and Kannan also observed the same findings in their study in slums of Rajkot city, Gujarat.[11]

Though these days there is an emerging trend of nuclear families, in the current study, joint families had a positive impact on treatment seeking behavior of women**.** Improved literacy also led to increase in odds of women seeking treatment. Literate women were three times more likely to seek treatment in comparison to illiterate ones**.** Similar findings were observed in a study conducted in rural areas of Tamil Nadu where women's education showed a positive association with health seeking behavior.[12] Women belonging to upper socio-economic status were also 3 times more likely to seek treatment. The findings were in consonance with the findings of other studies.[12] Meta-analysis of various published research articles also proved that literacy, higher socio-economic status and upper caste increased the probability of seeking treatment.[1] There was no difference in behavior of pregnant and non-pregnant women. Parity also had no significant effect on treatment seeking behavior of women. Appropriate attention should be paid to study how these factors interosculate with health seeking behavior of women so that required measures could be adopted to improve the health status of women.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: The study was approved by the ethics committee of Sri Guru Ram Das institute of medical sciences and research, Amritsar

REFERENCES

1. Scanneving L, Trygg N, Saxena D, Mavalankar D, Thomsen S. Inequity in India: the case of maternal and reproductive health. Glob Health Action. 2013 Apr;6:19145.
2. Culyer AJ. Equity some theory and its policy implications. J Med Ethics. 2001;27:275-83.
3. Census of India. Primary census data highlights India. Executive summary. New Delhi: Census of India; 2011. Available at: http://www.censusindia.gov.in/2011census/PCA/PCA_Highlights/pca_highlights_file/India/4Executive_Summary.pdf2. Accessed 5 December 2014.
4. UHRC. Maternal and new-born care practices among the urban poor in Indore. In: UHRC, eds. Gaps, Reasons and Potential Program Options. New Delhi, India: Urban Health Resource Centre; 2007.
5. World Health Organization. Training for mid-level managers (MLM). The EPI coverage survey. In: WHO, eds. Immunization, Vaccines and Biologicals. Geneva 27, Switzerland: WHO; 2008.
6. Pareek U, Trivedi G. Manual of socio-economic scale (rural). In: Pareek U, Trivedi G, eds. A Manual. New Delhi: Manasayan Publishers; 1979.
7. Pandit D, Prabha R, Shanbhag S, Mayekar R. Morbidity pattern of women attending screening program in an urban slum in Mumbai. Indian J Community Med. 2005;30(4):134-5.
8. UHRC. Maternal health scenario in slums of Meerut, Uttar Pradesh. In: UHRC, eds. Implication for Program and Policy. UP, India: Urban Health Resource Centre; 2008.
9. Das NP, Shah U. Understanding women's reproductive health needs in urban slums in India: a rapid assessment. In: Das NP, Shah U, eds. Population Research Centre, Faculty of Science. Baroda, India: M.S. University of Baroda; 2001.
10. Ray SK, Biswas R, Kumar S, Chatterjee T, Mishra R, Lahiri SK. Reproductive health needs and care seeking behaviour of pavement dwellers of Calcutta. J Indian Med Assoc. 2001;99(3):143-5.
11. Bhanderi MN, Kannan S. Untreated reproductive morbidities among ever married women of slums of Rajkot city, Gujarat: the role of class, distance, provider attitude and perceived quality of care. J Urban Health. 2010 Mar;87(2):254-63.
12. Ravi RP, Kulasekaran RA. Care seeking behaviour and barriers to accessing services for sexual health problems among women in rural areas of Tamil Nadu state in India. J Sex Transmit Dis. 2014;2014:292157.

DOI: 10.5455/2394-6040.ijcmph20150508
Cite this article as: Gill KP, Devgun P, Mahajan SL. Morbidity pattern and health seeking behavior of women in reproductive age in slums of Amritsar city (Punjab), India. Int J Community Med Public Health 2015;2:112-5.