FACTORS ASSOCIATED WITH HEALTH SEEKING BEHAVIOR AMONG WOMEN OF REPRODUCTIVE AGE IN SLUM AREAS OF POKHARA METROPOLITAN

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ABSTRACT

INTRODUCTION

Women's health seeking behavior can be determined through various factors such as socio-demographic, economic, health condition etc. The objective of this study is to assess the factors associated with health seeking behavior among women of reproductive age in slum areas of Pokhara Metropolitan.

MATERIAL AND METHODS

Cross-sectional analytical study design was used to assess the health seeking behavior among 350 reproductive age women population in Pokhara Metropolitan from June to December 2019. Purposive sampling was used to collect the samples. Face to face interview was used as data collection technique and semi structured questionnaires were used as data collection tools. Data were entered in EPI- DATA and analyzed using SPSS as per data analysis plan.

RESULTS

The mean age of the participant was 31 years and majority of the participants belonged to age group 25-35. Majority of the participant 80.6% were Hindu, 41.1% had basic education, 73.4% were married and 97.1% were living along with their family. No variables were found having association with health seeking behavior. Majority 57% women who were ill for >30 days sought for their health care. More than half of the women i.e. 54% preferred nearby medicals/clinics as their treatment place.

CONCLUSION

The overall health seeking behavior was good in this study area. Most of the participants had knowledge on visit to health facility when ill. Most of the participants were serious about their health issues.

KEYWORDS

Health seeking behavior, Reproductive age women, Slum areas, Pokhara

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INTRODUCTION

Health seeking behavior explains the concept of health behavior, which encompasses activities undertaken to maintain good health, to prevent ill health and leads to a good state of health.[1] A woman's access to health care depends on socio-demographic factors; ignorance and fear, perceived quality of service, attitudes, beliefs, values, life adaptation skills, psychological aspects, social support, media, socio-cultural, political, economic and biological aspects, health care systems and environmental factors.[2] The slum dwellers are deprived of various health facilities and mostly the married women are the vulnerable group. Women are at risk of complications from pregnancy and child birth; unwanted pregnancy, unsafe abortion, contraception, reproductive tract infections, particularly sexually transmitted diseases (STDs), menstrual and many other health problems.

In rural Nepal despite satisfactory coverage of health programs, 22% of population suffers from some health problems in one month.[3] Women are deprived of taking decisions by themselves despite it being related to their health.[4] There had been many researches in health seeking behavior of women of reproductive age. But there is limited research conducted in the area of factors associated with health seeking behavior among women of reproductive age in slum areas. So, this study is carried out to outline the factors associated with health seeking behavior among women of reproductive age in slum areas of Pokhara Metropolitan. There is need to identify and understand the determinants like social support from spouses and other family members, that could have the potential to improve women's health.[5]

MATERIAL AND METHODS

The study conducted is a cross sectional based quantitative study where 350 women of reproductive age were selected from the 5 wards containing slum areas in Pokhara metropolitan city. This study was conducted from June to December 2019 after the approval of ethical clearance from the Institutional Review Committee of Pokhara University (Ref No.105/076/077 dated 22 September 2019). During the study, sampling was done using the simple random technique through the lottery method for the selection of wards, while the sample for the study was selected through purposive sampling technique. Only the participants who were of reproductive age group from the slum area were included for the study whereas mentally retarded and handicapped participants were excluded from the study.

Before the study, the questionnaire formulated was tested among 10% of the sample size to enhance the reliability and validity of the tools. After the informed consent was taken data were collected through face to face interview where the semi structured questionnaire was used as a data collection tools.

The final data collected was entered to the EPI- DATA then, the data entered was exported to IBM SPSS version 20 statistics for further analysis. The data was summarized in terms of frequency, percentage and mean or median as necessary. Chi square test was performed to find association between dependent and independent variables. Tables and graphs were made and their graphical presentation and interpretation was done accordingly.

RESULTS

Among 350 women, majority of women 34% (119) belong to the age 25-35. The mean age was 31.5 and the age range was in between 15 to 49. Likewise, majority 80.6% (282) of the participants were Hindu, majority 42.9% (150) of the participants were relatively advantaged janajatis and 41.1% (144) had basic education. Lastly, majority of the participants i.e. 73.4% (257) were married (Table 1).

Table 1. Socio-demographic characteristics

Variables	Frequency	Percent (%)
Age group (n=350)	104	29.7
15-25	119	34
25-35	102	29.1
35-45	25	7.1
45-49		
Mean:31.5, SD:9.298, Min. 15, Max.:49		
Religion (n=350)		
Hinduism	282	80.6
Buddhist	26	7.4
Christianity	42	12
Ethnicity (n=350)		
Upper caste groups	52	14.9
Relatively advantaged Janajatis	150	42.9
Disadvantaged Janajatis	59	16.9
Dalit	89	25.4
Education level (n=350)		
Illiterate	33	9.4
Just Literate	70	20
Basic	144	41.1
Secondary	100	28.6
Bachelors	3	0.9
Marital status		
Married	257	73.4
Unmarried	50	14.3
Widow	32	9.1
Divorced	11	3.1

Majority 79.4% (278) of the participants had participation in decision making regarding health while 20.6% (72) did not participate in decision making and majority 68.6% (240) of the participants need to take permission to assess any health services (Table 2).

Table 2. Women's status related characteristics

Variables	Frequency	Percent (%)
Participation in decision making regarding health (n=350)		
Yes	278	79.4
No	72	20.6
Need to take permission to assess health services (n=350)		
Yes	240	68.6
No	110	31.4

Total of the participants i.e. 100% (350) had knowledge on visiting health facility when they are ill. While 80.3% (281) of the participants visited health facility when they were ill (Table 3).

Table 3. Health related characteristics

Knowledge of visiting health facility when ill (n=350)	Frequency	Percent (%)
Yes	350	100
Visit to any health facility during illness (n=350)		
Yes	281	80.3
No	69	19.7

No variables age, religion, ethnicity, education, living condition, marital status, family's monthly income, women's occupation, participation in decision making, need of the permission to visit any health facility, experienced illness in past 3 months, severity of illness, behavior of health workers, cost of health services and time to reach health facility were not found to be associated with the visit to health facility during illness (Table 4).

Table 4. Association of variables with health seeking behavior

Variables	Visit to Health facility during illness				x^2	p-value	df
	Yes		No				
Age							
<30	137	48.8	26	37.7			
>30	144	51.2	43	62.3	2.73	0.98	1
Religion							
Hindu	225	80.1	57	82.6			
Non-Hindu	56	19.9	12	17.4	0.228	0.633	1
Ethnicity							
Upper caste	47	16.7	5	7.2			
Relatively advantaged janajati	121	43.1	29	42			
Disadvantaged janajati	47	16.7	12	17.4			
Dalit	66	23.5	23	33.3	5.491	0.139	3
Education							
Illiterate	24	8.5	9	13			
Literate	257	91.5	60	87	1.315	0.251	1
					Fisher's		
Living condition					Exact		
Alone	9	3.2	1	1.4	Test		
With Family	272	96.8	68	98.6	0.381	0.694	1
Marital status							
Married	203	72.2	54	78.3			
Single	78	27.8	15	21.7	1.029	0.31	1
Family's monthly income							
High	254	90.4	57	82.6			
Low	27	9.6	12	17.4	3.389	0.066	1
Women's occupation							
Job	176	62.6	41	59.4			
Jobless	105	37.4	28	40.6	0.243	0.622	1
Participation in decision making							
Yes	226	80.4	52	75.4			
No	55	19.6	17	24.6	0.87	0.351	1
Need permission to visit HF							
Yes	192	68.3	48	69.6			
No	89	31.7	21	30.4	0.039	0.843	1
Experienced illness in past 3 months							
Yes	142	50.5	30	43.5		0.294	1
No	139	49.5	39	56.5	1.103		
Severity of illness							
<30 days	61	43	14	46.7		0.710	1
>30 days	81	57	16	53.3	0.139		
Behaviour of health workers							
Satisfied	254	90.4	59	85.5		0.237	1
Not satisfied	27	9.6	10	14.5	1.398		
Cost of health services							
Cheap	198	70.5	50	72.5		0.743	1
Expensive	83	29.5	19	27.5	0.107		
Time to reach HF							
<30 minutes	209	74.4	55	79.7		0.357	1
>30 minutes	72	25.6	14	20.3	0.85		

HF= Health facility

DISCUSSION

The present study reveals that, the women of age greater than 30 years approached health facility more often. It may be due to increase in awareness level among these women, which is supported by the study, health seeking behavior among married women of reproductive age group in rural areas, in Tamil Nadu.[6] In the present study, women belonging to Hindu religion had more treatment seeking behavior than other religion. Women of other religion constituted only 19%.[6] In this study, majority 42.9% of participants were found to be relatively advantaged Janajati while among them 43.1% of them visited health facility during their illness. Many studies have documented the relation between the knowledge and timing of diagnosis, in terms of identifying the symptoms, causes and transmission routes in different ethnicity such might be the reason for this as well.[5]

Health care seeking behavior is positively associated with educational status. This study also finds the association of health seeking behavior and education status of participants; this means more information on health, development and prevention. This study shows that joint family seeks more health treatment than nuclear families. The reason may be the support in family work, advice on treatment from other members and supervision on medication.[6] This study correlates with the study done in Tamil Nadu by Mani G in 2013. Majorly, 72.2% married participants in this study were found seeking more health care, the reason may be due to the more antenatal visits and follow ups among the married women which may have helped to increase the knowledge on basic health care likely reported by other studies done by Nigeria.

In this study, employed women sought more health care which is statistically significant than the unemployed women. It is obvious that economic status affects the utilization of health services as people will have sufficient resources and income similar to other findings of study conducted in Ethiopia on antenatal care service utilization.[7] In this study, 79.4% women did participate in decision making regarding their health.[1] 80.4% of participants who had participation in decision making visited Health Facility during illness compared to non-participators. This confirms the knowledge reveled by similar studies that increased power in decision making is associated with economic independence, supported by a study done in Turkana country.[8]

Most women who received health facility in this study, were satisfied with the behavior of the health workers during their illness which is supported by a study in Turkana Country where 87.7% woman said that the behavior of service provider was good.[8] In this study 9.6% women were not satisfied with it.[9] The study found that 74.4% of the participants had health care facility available within 30 minutes distance from home which is supported by the study done in Nepal[9] and study done by Puthuchira R[10] in India on reproductive tract infections among women also concludes distance to health facility, poor transportation, and poor health facilities besides other factors as the main reasons for not seeking appropriate care.

In this study, more than half of the participants who were ill for more than 30 days sought for their health care.[1] Evans and Lambert (1997)[11] in India found in their study, women sought help more promptly for symptoms they perceived as

acute and debilitating, but delayed it for ambiguous symptoms, like vaginal discharge and menstrual disorders. In this study, government hospitals were preferred by the participants compared to the private hospitals where it is just opposite in the study conducted in India where private hospitals were preferred than the government hospitals,[12] it may be due to accessibility and financial reasons.

CONCLUSION

The health seeking behavior of the participants in the study was good enough as most of the participants had knowledge on visiting health facility when they were ill. Health care was sought more by the women of age >30, literate women, relatively advantaged janajati, Hindu, with high income and the married ones. More than half of the participants went to nearby health facility that is within 30 minutes of reach. The good education, financial independence and power of decision making can increase the health status of the women in the slum areas. This study has provided public health implications which serves as a basis to formulate interventions for promoting the health of the women residing in the slum areas and has found the factors affecting the health seeking behavior that affects the women of slum areas of Pokhara Metropolitan.

RECOMMENDATION

The results from the study can be utilized by the target group, stakeholders, policy makers and researchers in planning and implementation of the interventions for upgrading the health of the women residing in the slum areas. Based on the findings of the study, following recommendations are made;

- Education regarding health of women should be provided to all the women as the literate women sought for their health care more.
- Gender equality should be maintained so that women feel comfort to express their health problems.
- Women should let to participate in decision making regarding their health.
- Large Scale study on this issue should be conducted.

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