

EVALUATION OF HEALTH SEEKING BEHAVIOUR IN LABOUR POPULATION OF URBAN AREA IN BHOPAL CITYShweta Anand¹, Shweta Goyal², Umesh Sinha³, Priyanka Mahawar⁴, Roshan Chanchlani⁵**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: BACKGROUND: In a country like India, the mortality of under-five children is mainly due to acute respiratory infections (23%) and diarrheal diseases (18%) as per WHO report 2002. **Aim:** To assess the health seeking behavior in labour population for their children. **MATERIAL AND METHODS:** The study population was of children aged between 0-5 years whose parents were construction workers. A total of 450 children were selected for the study. **RESULTS:** Out of total 450 children the most common symptom reported were cough and cold in 225(50%) children followed by fever among 189(42%) children. The average duration of illness is 18.4 days in pneumonia followed by skin infections 11.8 days. Out of total 450 children, 360(80%) of the children had at least one episode of morbidity and out of total 360 children, 265(73.6%) were taken to the hospital, 70(19.4%) purchased drugs, 21(5.8%) used traditional medicine, 35(9.7%) consulted traditional healers and no care was sought for 55(15.2%) children. **CONCLUSION:** Considering the high prevalence of child morbidities and poor status of 'some desired practices' of caregivers at household level for sick children, Health care delivery system needs to be implemented to promote child health. **KEYWORDS:** Childhood morbidity, Health seeking behavior, Labour population,

INTRODUCTION: Deaths in children under five years of age continue to account for a large proportion of the global burden of disease. Five primary causes of illness - pneumonia, diarrhoea, malaria, measles and malnutrition account for over 70% of child deaths.¹ The majority of these deaths are due to infections, parasitic diseases, and many if not most of the children die malnourished.

In recent years, epidemiologists and social scientists have focused attention to studying the relationship between illness and health seeking behaviour. In a country like India, the mortality of under-five children is mainly due to acute respiratory infections (23%) and diarrheal diseases (18%) as per WHO report 2002.² However these may be very low estimates as many children may not be brought to an accountable health care facility and they go unnoticed. Effective early management at the home level and health care seeking behavior in case of appearance of danger signs are key strategies to prevent occurrence of severe and life-threatening childhood illnesses.³

Understanding the determinants of these morbidities, as well as the health seeking behavior, may help in planning interventions for controlling childhood morbidity and mortality. Though the magnitude of childhood morbidities in India is well known, very few studies have focused on their determinants and the health-seeking behavior of the mothers of the ill children.⁴⁻⁶ Therefore health seeking behaviour for such sick children and the factors which determine the treatment need to be assessed.

MATERIAL AND METHODS: It was a cross sectional study. There were total 450 children under 5 years of age whose parents were labors selected for the study for the duration of 9 months (May

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2013-Jan 2014). All the children were selected from the households located within the 6 km radius of Chirayu Medical College and Hospital, Bhopal. All the children fulfilling the inclusion criteria and whose parents were willing to participate in the study were included in the study. Only one child per family was selected to avoid clustering.

House-to-house visit after obtaining written consent, interviewed the mothers for the youngest child in the family by using the pre-designed and pre-tested questionnaire. The structured questionnaire covered information on socio-demographic information, presence of newborn danger signs, childhood morbidities, and treatment seeking behaviours.

Mothers of children 0-11 months were asked to recall the presence of newborn danger signs during newborn period and health care seeking for it. Mothers of children more than one year of age were enquired about symptom specific self-reported morbidities such as fever, cough, difficult breathing during the preceding two weeks and health care seeking for it. Health care seeking was defined as any attempt by the mother to obtain an expert opinion from a biomedical health care provider outside the home during the baby's illness.

ETHICAL CONSIDERATIONS: The survey was approved by the Institutional Ethics Committee. The written informed consent was obtained from the participants (child's parents or guardians) prior to participation in the survey, and data collection was conducted confidentially.

DATA ANALYSIS: Data were entered and analyzed using Microsoft Excel 2007.

RESULTS: Out of total 450 study subjects, 245 were males and 205 were females. 42% of the parents interviewed had only one child. 50.2% of the mothers and 46.4% of the fathers received primary education or even less. Of all the surveyed mothers, 68.4% were 20 to 30 years old and all were unskilled labourers. Regarding the occupation of the head of the household, all were males and the majority was unskilled workers. Around 82% of the children were delivered in hospital.

Out of total 450 children the most common symptom reported were cough and cold in 225 (50%) children. Out of 225 children who had cough and cold 150(66.6%) taken treatment in government setup, 21(9.3%) in private setup and 54(24%) received home remedies. Second common symptom reported was fever among 189(42%) and out of 189 children 170(89.9%) taken treatment in government setup, 09(4.7%) in private setup and 10(5.2%) received home remedies. Distribution of the study subjects according to the morbidity pattern and health seeking behaviour is shown in table no. 1.

Out of total 450 children the most common symptom reported were cough and cold in 225(50%) children followed by fever among 189(42%) children. The average duration of illness is 18.4 days in pneumonia followed by skin infections 11.8 days. Distribution of the study subjects according to the symptoms of disease and average duration of disease is shown in table no. 2.

Out of total 450 children, 360(80%) of the children had at least one episode of morbidity and out of total 360 children, 265(73.6%) were taken to the hospital, 70(19.4%) purchased drugs, 21(5.8%) used traditional medicine, 35(9.7%) consulted traditional healers and no care was sought for 55(15.2%) children. Distribution of the study subjects according to the factors determining health seeking behaviour of the mothers is shown in table no. 3.

DISCUSSION: In our study, out of total 450 children the most common symptom reported were cough and cold in 225(50%) children followed by fever among 189(42%) children, whereas in an another

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study conducted by Chandrasekhar T Sreeramareddy and Ravi P Shankar in Nepal fever was reported in 36.7% and cough and cold in 28.3% of children.⁷

In our study, out of total 450 children 225 children who had cough and cold 150(66.6%) taken treatment in government setup, 21(9.3%) in private setup and 54(24%) received home remedies and out of 189 children who had fever 170(89.9%) taken treatment in government setup, 09(4.7%) in private setup and 10(5.2%) received home remedies. Whereas in an another study conducted by Deshmukh PR, Dongre AR in 2009, out of 594 (60%) children with at least one of the acute morbidities, 520 (87.5%) sought health care, where the majority (66.1%) received treatment from private clinics, followed by rural hospital/ district hospital/ medical college (21%) and sub-center/primary health center (9.2%).⁸

In our study, the average duration of illness is 18.4 days in pneumonia followed by skin infections 11.8 days. Whereas in a study conducted by Grace M Mbagaya in Kenya in 2005 observed that there was substantial variability in estimating the length of the different symptoms ranging from about three days of fever to seven days of constant cough.⁹

In our study, out of total 450 children, 360(80%) of the children had at least one episode of morbidity and out of total 360 children, 265(73.6%) were taken to the hospital, 70(19.4%) purchased drugs, 21(5.8%) used traditional medicine, 35(9.7%) consulted traditional healers and no care was sought for 55(15.2%) children. Whereas in a study conducted by Grace M Mbagaya in Kenya in 2005, the mother's health seeking behaviour varied from purchasing over the counter drugs, taking the child to hospital to doing nothing, the longer the illness the more likely a mother would seek help or take action.⁹

CONCLUSION: To summarize, the study points to a number of constraints in the existing health care delivery systems in India and high prevalence of acute childhood morbidities. Mother's poor educational status was the most important risk factors of acute childhood morbidity. The study was carried out in a small geographic area with low female literacy, and the findings should be validated by carrying out studies in larger geographic areas. Considering the high prevalence of child morbidities and poor status of 'some desired practices' of caregivers at household level for sick children, Health care delivery system needs to be implemented to promote child health.

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Morbidity (n =450)	Number with treatment	Govt. setup	Private setup	Home
Fever	189(42%)	170(89.9%)	09(4.7%)	10(5.2%)
Cough and cold	225(50%)	150(66.6%)	21(9.3%)	54(24%)
Pneumonia	15(3.3%)	12(80%)	03(20%)	00(%)
Diarrhoea	18(4.0%)	09(50%)	09(50%)	00(%)
Dysentery	3(0.06%)	01(33.3%)	02(66.6%)	00(%)
At least one morbidity	360(80%)	250(69.4%)	15(4.1%)	95(26.3%)

Table 1: Distribution of the study subjects according to the morbidity pattern and health seeking behaviour

Symptoms of disease	No. of children (360)	Percentage (%)	Average duration of disease (days)
Fever	189	52.5	3.8
Cough & Cold	225	62.5	6.4
Diarrhea	18	05.0	3.4
Vomiting	07	01.9	1.4
Dysentery	03	0.08	4.5
Skin Infection	11	03.0	11.8
Pneumonia	15	03.3	18.4

Table 2: Symptoms of disease among children as per average duration of disease

Action taken	N=360	100%
Taken to hospital/health facility	265	30.4
Purchased drugs	70	32.4
Used traditional medicine	21	13.7
Consulted traditional healer	35	10.8
Did nothing	55	12.7

Table 3: Factors determining health seeking behaviour of the mothers

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