



## HEALTH SEEKING BEHAVIOUR OF WOMEN DURING PREGNANCY RESIDING IN SLUMS OF GUWAHATI CITY, ASSAM

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**ABSTRACT** **BACKGROUND:** Pregnancy – the nine months or so for which a woman carries a developing embryo or foetus in her womb – is a time of great happiness and fulfilment. But many a times it may be dangerous to her life due to associated morbidity and mortality. Along with other various contributors, the health seeking behavior of the pregnant women can be attributed to their mortality and morbidity.

**OBJECTIVES:** to assess the health seeking behaviour of the antenatal women residing in slums of Guwahati city. Materials and Methods: 408 women were interviewed using predesigned and pretested proforma.

**RESULTS:** Among the 408 women interviewed 302 complained of presence of any morbidity and among them only 200 seek treatment. Statistically significant relation was found between age, education, SE status and treatment seeking behaviour.

**KEYWORDS :** OTC, ANC, early registration

### INTRODUCTION

Health is a basic human right and is essential for social and economic development. Good health of all groups of people of a society is most vital for development. Pregnancy – the nine months or so for which a woman carries a developing embryo or foetus in her womb – is a time of great happiness and fulfilment. Antenatal women or pregnant women represent an important as well as a vulnerable group of the society, good health of which is therefore of cardinal importance. Pregnancy is the event met with joy and expectations. But many a times it may be dangerous to her life due to associated morbidity and mortality. Morbidity experience during antenatal period and delivery also provide background information useful in improving the health services for pregnant women.

Antenatal and postnatal care services are amongst the major interventions aimed at reducing maternal morbidity and subsequently death and also newborn deaths worldwide.

Along with other various contributors, the health seeking behavior of the pregnant women can be attributed to their mortality and morbidity. Many factors contribute to the health seeking behavior of the pregnant women. Health care seeking behavior is not an isolated event; rather, it is an integral part of a woman's status in her family and community. It is a result of an evolving mix of her personal, familial, social, religious, and economic factors. The process of seeking health care can be too complicated to be described in a straightforward term. A woman's decision to seek a particular health care service is the composite result of her personal needs, social forces, the availability and qualifications of the care providers, and the location of the services. Some other factors that might affect women's health care seeking behaviors for safe motherhood are age at marriage, age at childbirth, education level, work status, economic status, location of the residence, and husband's awareness and so on. Studies to examine pregnancy related health information seeking among women in India are very less; however, some research on general health information seeking suggest that Indian women, suggest that married women are dependent on their husbands and mothers-in-law for health care information<sup>2</sup>, and treatment is sought only when family members deem the symptoms as important and strong enough to impede domestic work.<sup>3</sup>

It is therefore important to study the health care seeking behaviour among antenatal women in the community in order to develop and suggest appropriate remedial measures.

The importance of safe motherhood to the overall development of a country has already been acknowledged at the highest levels. Without improving women's health care seeking behavior regarding safe motherhood, the overall development will be hindered. This study,

therefore, aims to explore health care seeking behavior of women in slums of Guwahati city.

### AIMS & OBJECTIVES:

To assess the health seeking behaviour of the antenatal women residing in slums of Guwahati city

### MATERIALS AND METHODS:

This study was a Community based Cross-sectional Study undertaken among pregnant women residing in slums of Guwahati city for one Year from August 2016 to July 2017. All pregnant women residing in the selected slums (residing for last 6 months) were enrolled. Pregnant women not willing to participate in the study & Pregnant women with known psychiatric morbidity were excluded from the study. As per District level household and facility survey Assam 2007-08 4, the prevalence of any complication among pregnant women of Assam was 49.9%. Considering the prevalence to be 49.9% and relative error as 10% of prevalence, with 95% confidence interval, the sample size was calculated to be around 400 using the formula  $n = \frac{4pq}{E^2}$ . Taking all 90 slums in Kamrup as the primary sampling unit, 25 slums were selected randomly and 16 pregnant from each slum were to be taken to get the desired sample of 400. Within the selected slums, house to house visit was done with the help of pretested and predesigned proforma. If in a family more than one pregnant woman was found than all the pregnant women meeting the inclusion criteria were considered for the study. However, amongst those selected 25 slums, in 21 slums I got less than 16 pregnant women and so the adjacent slums were visited to get the desired number. In rest 4 slums I got more than 16 pregnant women and had included the extra number of pregnant women of eight (8) in my study and so my sample size became 408. Chi-square test was used for analysis of categorical variables. Criteria for significance used in the study was  $p < 0.05$  at 95% Confidence Interval (C.I)

### RESULTS AND OBSERVATIONS:

Among the 408 women interviewed 302 complained of presence of any morbidity and among them only 200 seek treatment for their morbidity. Among  $\leq 20$  years 72.6% sought treatment, 69.7% among 21-25 years, 68.3% among 26-30 years and 39.5% among  $\geq 31$  years. The relation was found to be statistically significant ( $p < 0.05$ ) It was seen that 55.1% of the illiterate women who complained of morbidity took treatment and 86.8% of the literate women complaining of morbidity took treatment. The relation was found to be statistically significant ( $p < 0.05$ ).

The table shows that among the 200 women who sought treatment 7% were of upper class, 14.5% upper middle, 43.5% middle and 35% lower middle class. Among the upper class women 87.5% sought treatment. The relation was found to be statistically significant ( $p < 0.05$ ).

**Table1: Sociodemographic characteristics of the participants in relation to health seeking behavior.**

Sociodemographic characteristics		Total	Treatment taken		P value
			Yes	No	
Age	≤20	73	53(72.6)	20(27.4)	<0.05
	21-25	109	76(69.7)	33(30.3)	
	26-30	82	56(68.3)	26(31.7)	
	≥31	38	15(39.5)	23(60.5)	
	Total	302	200(66.2)	102(33.8)	
Education	Literate	106	92(86.8)	14(13.2)	<0.05
	Illiterate	196	108(55.1)	88(44.9)	
	Total	302	200(66.2)	102(33.8)	
S E Status	Upper class	16	14(87.5)	2(12.5)	<0.05
	Upper middle	39	29(74.4)	10(25.6)	
	Middle	124	87(70.2)	37(29.8)	
	Lower middle	123	70(56.9)	53(43.1)	
	Total	302	200(66.2)	102(33.8)	

Regarding source as shown in table 2 ,82.5% seek treatment from government facility,19.5% from private and 25% OTC(over the counter). Among them who didn't seek treatment for their ailments 51% mentioned financial constraints as reason for not seeking treatment,48% considered it to be minor illness and 20.6% said place of required treatment is far away.

**Table2: Distribution of pregnant women according to source of treatment and reason for not seeking treatment**

Treatment taken(n=200)		Treatment not taken(n=102)	
Source	No(%)	Reason	No(%)
Government	165(82.5)	Financial constraint	52(51)
Private	39(19.5)	Consider it to be minor illness/lack of felt need	49(48)
OTC	50(25)	Place of required treatment is far away	21(20.6)

As shown in table 3, 335 women did registration and 73 didn't. Regarding timing of registration 49.9% did in 1st trimester,43.2% did in second trimester and 6.9% in 3rd trimester. Among the 73,47.9% did not do registration because of still time left,3.6% were reluctant to do so and 16.5% had financial constraints. All of them registered in government health facility.

**Table3: Distribution of pregnant women according their status of registration**

Trimester	Registration			
	Done		Not done	
	No(%)	Reason	No(%)	
1st	167(49.9)	Still time left	35(47.9)	
2nd	145(43.2)	Ignorant/reluctant	26(3.6)	
3rd	23(6.9)	Financial constraints	12(16.5)	
Total	335(100)	Total	73(100)	

As shown in table 4, 73women did not received ANC. Out of the total 84 women in second trimester 9.5% had complete ANC till date and among 172 women in 3rd trimester, 22.1% had complete ANC till date.

**Table4: Distribution of pregnant women according her status of antenatal check-up (ANC)**

ANC	1st trimester	2nd trimester		3rd trimester	
		Complete	Incomplete	Complete	Incomplete
Received (n=335)	No(%)	No(%)	No(%)	No(%)	No(%)
	106(69.7)	8(9.5)	56(66.7)	38(22.1)	127(73.8)
Not received (n=73)	46(30.3)	20(23.8)		7(4.1)	
Total (n=408)	152(100)	84(100)		172(100)	

**DISCUSSION:**

The present study was carried out in slums under Guwahati city. All the pregnant women meeting the inclusion criteria were interviewed and analyzed for the health seeking behavior. During pregnancy, timely medical advice for illness can minimize the ill effects to the mother and the fetus. A total of 408 mothers were interviewed in the study and their health seeking behavior was assessed. Out of them 302 complained of

any morbidity and for them health seeking behavior during morbidity was assessed.

It was observed that the health seeking behavior was significantly associated with various socio-demographic factors such as age of mother, education of mother and father and socioeconomic status of the family. (P<0.05).

These findings are similar to the findings of a study done by Sachin S Mumbare, Rekha Rege. In this study, various socio-demographic factors such as education of mother and father and socioeconomic status of the family showed a significant association with the utilization of antenatal care services. It emphasizes the impact of education on awareness and utilization of health services by the community.<sup>5</sup>

A study by Dr P. R. Rejoice(2013) on utilization of health care services of young married women for health problems during pregnancy period in Thiruvapur district, Tamil Nadu, India showed that younger women were more likely to receive treatment for health problems during pregnancy than those aged 24 years. However, the treatment seeking behavior of women was insignificantly associated with the age of women. This is in contrast to my study where I have found significant relation between treatment seeking behavior and age.<sup>6</sup>

The study also showed that the treatment seeking behaviour for pregnancy related health problems and the level of women's education had significant association which is similar to my study.<sup>6</sup> The study finding showed that treatment seeking behavior was more pronounced among employed women which indicates its association with socioeconomic status. This finding is similar to my study. A study by J.C. Bhatia et al (1995) in South India found that lack of education and low socioeconomic status emerged as significant factors affecting women's health.<sup>7</sup> Which is similar to my study.

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