



SHORT COMMUNICATION

Gender Differences in Care Seeking at Urban Health Centre: A Study among Slum Dwellers

Dr Aparna Pandey*

Abstract:

Gender differences in care seeking have been reported by researchers from India and abroad. However there is scarcity of such information for slum dwellers of India. Urban Health Center (UHC) of All India Institute of Hygiene & Public Health (AIIH & PH) is providing health care to slum dwellers of the Chetla area of south Kolkata since 1955.

The present study has been undertaken to assess the gender differences in care seeking at Urban Health Centre and common reasons for care seeking, by both sexes among the slum dwellers.

It was a cross sectional, community based study, undertaken by house to house survey covering entire 36901 slum population of Urban Field Practice area of AIIH & PH, using census method. Information was collected about care seeking at UHC in last six months and common reasons for care seeking by all the slum dwellers. Information was collected and recorded on pretested semi structured schedule by trained PG students of public health. Data were analyzed according to sex, and proportions were compared.

Study showed higher care seeking by females (65.3 %) than males (58.6 %). Reasons for care seeking were found similar for both the sexes. Care seeking for minor illnesses was most common (63 %) followed by preventive care (17.7 %) and laboratory tests (8.8 %) for both the groups.

***Specialist Grade I (Public Health), Urban Health Centre (UHC)
under All India Institute of Hygiene & Public Health,
110 C.R. Avenue, Kolkata-700073
E Mail: draparnapandey@hotmail.com**

Key words: Gender, Care seeking, Urban Health Centre, Slum population.

Background:

Gender differences in care seeking have been reported widely.¹⁻⁸ Researchers have shown higher proportion of care seeking for males in India and other low income settings.¹⁻⁴ Whereas others have reported higher care seeking by females, more so in Primary Health Care setting.⁵⁻⁸ Still others failed to find any difference in care seeking on account of gender.⁹⁻¹⁰ However most of the studies are based on limited samples focussing on one particular aspect of care seeking. Moreover there is scarcity of community based data about the care seeking for the slum dwellers of India.

Public Health Care System is most important source of health care for poor community, more so, for urban poor where health needs are higher and who are faced with resource limitations.⁹⁻¹⁰ Urban Health Centre (UHC) Chetla, as Urban Field Practice Unit of All India Institute of Hygiene & Public Health (AIIPH&PH), Kolkata, has been providing Primary Health Care, to the population, mostly poor slum dwellers since 1955. Service delivery is done through the centre's different units viz General OPD, MCH Unit, Occupational health Unit, TB Unit, and Nutrition Unit etc. General OPD runs twice daily where as other units operate clinics on specific days. Yearly attendance in the Out Patient Departments (OPDs) ranges from 20,000-25,000. Gender differences have been observed among the cases coming to OPDs. Out of 22785 cases attending OPDs during 2013¹¹, a total of 13660 (59.9%) were females and rest were males. As the above findings were clinic based, further community based study was undertaken with the following

Objectives:

1. To assess the gender difference in Care seeking at Urban Health Centre.
2. To find out the main reasons for care seeking in both the sexes.

Methodology and setting:

The present study reports part findings from larger cross sectional survey undertaken during 2013-14¹².

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It was a cross sectional, community based study, undertaken by household survey covering all the households in Urban Field Practice area of AIHH & PH, using census method. Interviewers were trained PG trainees and information was recorded on pretested semi structured schedule.

Information was collected about care seeking at Urban Health Centre in last six months, about all the members of the Household. The most common reason for care seeking for each of individual who sought care was also recorded. Number of visits were not taken into consideration. Data were segregated and cross tabulated for both the sexes and differences were studied.

Results:

Information was recorded for 36190 individuals including 18665 males and 17525 females (table 1) who resided in 9601 households, with median household size of 4. Children under six years constituted 5.8 %, those aged 25-44 years were 36.2 % and those above 60 years constituted 10.3 % of the population (Table1).

Table 1: Demographic & Household Characteristics of Study Population

Variable	Value
Total population	36190
Male Population	18665 (51.8 % of population)
Female Population	17525 (48.2 % of population)
Population under six years of age	2115 (5.8 % of population)
Population aged 25-44 years of age	13092 (36.2 % of population)
Population over 60 years of age	3727 (10.3 % of population)
Total number of Households (HH)	9601
Household Size	
• Mean \pm SD	3.8 \pm 2.0
• Median	4.0

A total of 22382 (61.8 % of the population) sought care from UHC in last 6 months. There was female preponderance (65.1 %) over males (58.6 %) (Table 2).

Table 2: Care Seeking at UHC, in last 6 months, by males and females of the study population 2012-13

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Care Seeking at UHC in last 6 months	Male	Female	Total
Yes	10941(58.6)	11441(65.3)	22382(61.8)
No	7724(41.4)	6084(34.7)	13808(38.2)
Total	18665	17525	36190

Most common reason for care seeking, as told by respondents was for minor illness by both the groups (63.2 % for males and 62.8 % for females) followed by preventive care, (including immunization and family planning - 17.9 % for males and 17.6 % for females) and for lab test (9.1 % for males and 8.5 % for females) No reasons were provided by 4.8 % of males and 5.6 % of females who sought care at UHC in last six months.(Table 3).

Table 3: Most common reason for Care seeking at UHC by males and females of study population 2012-13

Most common reason for UHC visit	Male (N = 10941)	Female (N= 11441)	Total (N=22382)
Care Seeking for minor illness ^a	6918(63.2)	7187 (62.8)	14105 (63.0)
Preventive Care (Immunisation ^{b.1} & Family Planning ^{b.2})	1953 (17.9)	2010 (17.6)	3963 (17.7)
Treatment of Hypertension and diabetes in NCD Clinic	553(5.1)	628 (5.5)	1181 (5.3)
For Laboratory Test	996(9.1)	976 (8.5)	1972 (8.8)
Reason not provided	521 (4.8)	640 (5.6)	1161 (5.2)

*Figures in parentheses denote percentages

Note:

a. Minor illness: Included fever, body ache, gastrointestinal problems including diarrhoea, cough, minor injury, common skin diseases, and physical weakness.

b.1 Immunization: Included childhood immunization as well as adult immunization with tetanus toxoid

b.2 Family planning : Included oral pills and condoms

Discussion:

The present study reports findings of 36190 individuals residing in 9601 households in a slum area of Kolkata. Result showed that about 62 % of slum dwellers have visited UHC for care seeking during last six months. The proportion is much higher than reported from Dhaka Bangladesh (13.9%)¹⁰ but similar to finding from Tamil Nadu, India (56.4 %) ⁹. Long existence of UHC and awareness about the free services seem as major reason for higher usage. The study has also shown that utilization of UHC was greater for females as compared to males. This is in contrast to findings of other authors from Indian states of Tamil Nadu where 80 % of males sought care for tuberculosis in comparison to only 60 % of women.¹ Similarly in Uttar Pradesh, researchers who studied care seeking for infants found that households with female newborns used cheaper public health care facilities whereas those with males preferred to use private health care providers ². However researchers from neighbouring Dhaka region of Bangladesh¹⁰ and also from coastal region of South India reported no gender difference in use of Public Health facility⁹.

Steven et. al in a retrospective population based study to assess gender differences among beneficiaries (aged ≥ 65 years) found that women were significantly more likely to report falls and seek medical care than men⁸. Likewise in a study conducted on population based registry from Swedish country show that more women (58 %) than men (48 %) seeking care from Primary Health Care setting for treatment of trauma ⁵.

Pattern of care seeking reported in the present study was similar to other reports and most common reason was care seeking for minor illness (66.4 %). This is similar to reports from coastal area of South India who reported that more than 70 % of care seeking from Primary health care facility is for minor ailments. ⁹

Conclusion:

Present cross sectional population based study of the 36190 slum dwellers undertaken to assess the gender difference in care seeking at UHC and pattern of care seeking. Care seeking at UHC was higher for females (65.3 %) compared to males (58.6 %). Common reasons were care seeking for minor illness (66.4 %) preventive care (17.7 %), and laboratory tests (8.8%). No gender difference reported in pattern of UHC use

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