

Health Seeking Behavior Patterns (HSBP) of Women of Reproductive Age Group.

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Abstract

A comparative study to assess the Health Seeking Behavior Patterns (HSBP) of women of reproductive age group was conducted in central India. The main Objective of the study was to assess the knowledge, practice and attitude of women regarding health, and the socio-economic factors influencing their HSBP. A comparison was made in Health Seeking Behavior Patterns of women residing in rural areas and urban slums. Adopting a non- experimental, descriptive design, the study was conducted in five districts of Madhya Pradesh. A total of 500 subjects were selected 50 each from rural area and urban slums of the selected districts. Self- structured interview schedule was administered to obtain data. The data were presented in tables and graphs and analyzed using descriptive and inferential statistical methods.

The study revealed that literacy of the women was highest at primary education level 118 (47.2%) in urban slums and 126 (50.4%) in rural areas. Most of the families both in urban slums as well as in the rural areas were 39.6% and 38% respectively had 3-4 children. Most of the women, both in urban slums 110 (44%) as well as in rural areas 95/250 (38%) were married between the age of 16-18 years. Knowledge scores were higher in rural areas (71%) as compared to urban slums (61%). Practice scores were almost similar for both rural area and urban slums 46.8% and 47.6% for rural area and urban slums respectively. Attitude towards health was high 201(80.4%) in rural and 211(84.4%) in urban slums. Lack of autonomy was one of the major factors restricting women's availing of health care for themselves.

The women have positive attitude towards health, their knowledge scores were also fairly good, but the health practices scores were found to be the lowest. There is a need to explore the reasons and find strategies to improve the health practices of women in order to improve their health.

Key Words: Rural, urban slums, knowledge, attitude, HSBP, Autonomy.

Background

Over 1,50,000 maternal deaths take place every year in India. This accounts for 25% of total maternal deaths in the world. While women in the developed countries like USA and Sweden are almost assured of safe pregnancy and childbirth, Indian women are exposed to high risks of death due to pregnancy related causes. The life-time risk of maternal death is 1:37 in India, while it is 2 in 8700 in Switzerland where MMR is lowest (6:100,000) in the world.

In developing countries such as India, the underlying causes for maternal mortality are poverty, inadequate, inaccessible or unaffordable health care, and poor health before pregnancy, unequal access to resources, low status, restricted choices and inadequate information and knowledge for recognizing danger signs (Hulton et al 2000).

Need of the Study

Health seeking behavior of people varies depending on gender norms, their perception and definition of health and illness, knowledge, attitude and practices; gender differentials in access to and control over resources such as money, transport, time and their decision making power in the family.

The main aim of the study was to explore the health seeking practices and the factors affecting these practices among the women of reproductive age group residing in the rural areas and urban slums in the state of Madhya Pradesh in order to plan initiatives to improve the health status of the women of this group.

Madhya Pradesh has the second largest area and seventh largest population in India. State's health status is amongst the poorest in the country. One third of women are undernourished while more than 54 percent suffer