

Gender based inequality in care seeking of under five children

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Abstract

Objective: The objective of present study is to assess difference in treatment seeking behavior of families in urban slums for their male and female child.

Methods: Study was carried out in urban slums of Udaipur city. Total 34 slums were clustered in the city. Six families were selected from every cluster.

Results: Ratio between male and female children was 1:1. Most of the families chose unqualified care providers for girls as compared to boys. Expenditure on health care was more for boys.

Conclusion: Utilization of government medical facilities was very less by rural population and even lesser in case of girls. There appear to be significant difference in seeking care for male and female child.

Keywords: Health care providers, urban slums, care seeking pattern.

1. Introduction

Gender based discrimination against female children is seen all over the world but far more predominant in India. This discrimination can even be observed in health care of female child. Evidence shows that girls are given less medical facilities and often taken very late to health care providers. This study is therefore conducted to investigate gender based difference in care seeking patterns of families for sick young children in urban slums of Udaipur.[1,2]

The main objectives of this study is

- 1) To identify the range of providers from whom family seek care for their young male and female children in urban slums.
- 2) To identify the factors affecting care seeking patterns of male and female children.

2. Methods

Study was carried out in urban slums of Udaipur city. Total 34 slums were clustered in the city. Each slum was visited and 204 families (6 families per clusters) were selected. Four forms were rejected due to incomplete information. Thus the total sample size was 200 families.

All these families were interviewed using a pretested questionnaire. Data was entered in a computer package (MS Excel). The proportions, means and test of significance were carried out using the same software. The ratio between girls and boys participated in the study was 1:1.

3. Results

Total 132 out of 200 patients didn't seek health care from Government health providers. Delay in seeking medical care in case of girl children was observed more frequently. (Table 1) Irrespective of income level unqualified private practitioners were more often consulted for girls than for boys. ($P < 0.01$) Mean expenditure on an illness episode for a male child was higher than that for female child. Families spent higher amount in health care for boys (135/-Rs) as compared to girls (118/-Rs). (Table 2) However, the difference was statistically not significant. In general, a provider was consulted more promptly for males as compare to the females. ($P < 0.001$)

In case of female child, attendants sought care from unqualified providers more frequently (61%) as compared to boys (41%). Only 17% patients in case of

female child were taken to qualified health care providers whereas 32% male children received consultation from qualified health care providers. (Table 3)

In general, most of the families, who consulted health care provider, chose unqualified care providers. Long queue, high cost, distance, inappropriate timing and bad behavior of providers were the major reasons for families to prefer private providers. However, in case of serious illness qualified care providers were more frequently visited. Families of higher income groups were more likely to consult a qualified practitioner as compared to families of lower income groups.

Table 1: Background Profile (N=200)

Parameters		No. of patients	%
Age in months	0-11	62	31%
	12-23	27	13.5 %
	24-35	19	9.5 %
	36-47	66	33 %
	48-60	26	13 %
Sex	Male	100	50 %
	Female	100	50 %
Caste	SC	72	36 %
	ST	35	17.5 %
	Others	93	46.5 %
Maternal Education	Nil	32	16 %
	Primary	70	35 %
	>Primary	98	49 %
Income level (in Rs) Per capita per month (Prasad Classification)	<100	82	41 %
	100-299	77	38.5 %
	300-999	41	20.5 %

p<0.01

Table 2: Mean Cost per illness Episode, By the Child's Gender

Sex	Mean Cost (In Rs)	SD
Male	135.59	65.09
Female	118.47	75.36

Table 3: Type of Provider Consulted, by gender of child

Provider	Boys (n=100)	Girls (n=100)
Quack	41 (41 %)	61 (61 %)
Physician	32 (32%)	17 (17 %)
Others	27 (27 %)	32 (32 %)

p<0.01

4. Discussion

The results of present study show that there is significant inequality in seeking care for a boy than for a girl. In case of female child, attendants sought care from unqualified providers more frequently and very few female children were taken to qualified health care providers. Furthermore, it was observed that there was delay in seeking medical care in case of girl children more

frequently. The gap between recognition of illness and seeking care outside home was larger for girls than for boys. Expenditure done on medical care was more for boys than girls. A study done by Dandekar *et al* reported similar results. It was concluded in the study that percentage of male getting medical treatment was much higher than percentage of females.[3,4]

Following steps can be helpful in improving health care seeking pattern

1. Drug and investigations should be provided free or at low cost to the female patients.
2. Educating the people in rural and urban slums and try to reduce social gender based discrimination.

5. Conclusion

Utilization of government medical facilities was very less by rural population. Most of the families sought care from unqualified providers. The effect of social gender based discrimination was also seen in case of health care of children. There appear to be significant difference in seeking care for male and female child. In case of male child qualified care providers were consulted more frequently and without delay after recognition of disease. The expenditure done on health care was more than that of female child.

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