



GENDER DIFFERENCE IN PERCEPTION AND CARE-SEEKING FOR ILLNESS AMONG UNDER FIVE CHILDREN IN RURAL AREAS OF BIJAPUR DISTRICT, KARNATAKA

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Financial Support: None declared
Conflict of interest: None declared
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How to cite this article:

Shashank KJ, Angadi MM. Gender Difference in Perception and Care-Seeking for Illness among Under Five Children in Rural Areas of Bijapur District, Karnataka. Ntl J Community Med 2015; 7(1):44-48.

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Date of Submission: 11-01-16

Date of Acceptance: 25-01-16

Date of Publication: 31-01-16

ABSTRACT

Background: Gender is a common term where as gender discrimination is meant for women, because females are more often the victims..Gender discrimination is due to the attitude and behaviour of the society towards the girl child.

Objective: To assess the Perception and Care- Seeking for Illness among under five children by the parents in the rural areas of Bijapur district.

Materials and Methods: A Cross Sectional Study was conducted across the ten Villages of Bijapur District from January 2013 to November 3013.A total of 1046 children were included in the study. Data was collected in a Pre tested, Pre designed, Semi structured Questionnaire by interview technique.

Results: Around 41% (42% Male and 39.2% Female) of children had suffered from illness in the past one month. Parents spent higher amount for the treatment of male children.

Conclusion: The time lag to avail treatment was less for male children and the amount spent for the treatment was also higher for Male children shows the affinity of the Parents towards the Male children.

Key words: Gender, Bias, Health Care, Illness, Girl Child

INTRODUCTION

Gender is a common term. Unfortunately since ancient times it is the gender that determines the position in the society. It manifests as men above women and women are regarded as inferior and less valuables solely by virtue of their sex. The girl child faces the neglect of the family in the form of providing her the basic necessities of life in terms of food, clothing, love, shelter, supervision, education and medical care.

In India each year 1.5 million of the 12 million girls born do not survive their first birthday and only 9 million will survive to see their 15th birthday ¹. There has been a steady decline of sex ratio from 972 in 1901 to 940 females per 1000 males in 2011.² The child sex ratio (0-6yrs) is 914 females per 1000 males in 2011 census against 927 in 2001 census.^{2,3} The child sex ratio of Karnataka is at 943 per thousand boys in 2011 compared to 973 per thousand boys in 2001 census.^{2,3}

Gender differences in health care between girls and boys are the direct consequence of discrimination against females in seeking health care. In India, discrimination of girls in both preventive (immunization) and curative (treatment of illness) care are seen from all sectors of the society.³

Around 82.2%, 66.5%, 71.7% of boys and 78%, 60.8%, 65.8% of girls were taken to health facilities for treatment of ARI and Diarrhea. 82.2%, 73.2%, 74.4% of the boys and 79%, 72%, 73.2% of the girls received treatment according to NFHS 1⁴, NFHS II⁵ and NFHS III⁶ survey's respectively. The child disparity index (CDI) for ARI was 0.115, 0.107, 0.12 and for diarrhea 0.089, 0.026, 0.027 in NFHS 1, NFHS II and NFHS III survey's respectively.^{4,5,6}

A major area of concern and focus in India is the remarkable degree of variation in demographic profile, socio-economic factors and cultural practices which play a role in gender bias. Hence in this scenario, this study will help to know the prevalence of gender bias among under five children in the rural areas of Bijapur district and factors responsible.

OBJECTIVE:

The objective of this study was to assess the Perception and Care- Seeking practices during Illness among under five children by the parents in the rural areas of Bijapur district and to identify the demographic and social cultural factors responsible.

MATERIALS AND METHODS

A Cross sectional study was conducted in the rural areas of Bijapur district from January 2013 to December 2013. Multiphase sampling technique was used as follows. Bijapur district has FIVE taluks. TWO primary health centers were selected from each taluk by using Simple Random Sampling (lottery method). A total of TEN primary health centers were selected. From each of these primary health centers using Simple random sampling (lottery method) ONE village was selected for the study. So, totally TEN villages across the Bijapur district were selected for the purpose of study. Approval from the BLDE Institutional Ethical Committee was obtained for the study.

Considering the prevalence of gender bias as 2.8%⁶ at 95% of confidence interval and at + 1 margin of error, the sample size was 1045.

Each village was visited in the first week of every month from January 2013 to November 2013. Data was collected by interview technique. The mothers were explained the purpose of the study and those consented to be a part of study were included. Information was collected in a pretested predesigned and semi structured questionnaire.

Proportionate sample size for the corresponding village was calculated based on the 0-5 year population of that village. Equal number of boys and girls were selected from every village based on the sample size obtained.

A landmark (temple, school, panchayat office etc) in the center of the village was identified. After selecting the street randomly near the landmark, starting from the right side of the street house to house visit was done and data was collected from the household who had children less than five years of age till the predetermined sample size subjects was obtained. Data was entered in SPSSV.21 and analyzed using appropriate statistical tests.

RESULTS

Among the Under five children who participated in our study 197 (18.9%) were less than 1 years of age, 207 (19.8%) were between the age group of 12-23 months, 262 (25.1%) in the age group of 24-35 months, 232 (22.2%) were in the age group of 36-47 months, 147 (14%) in the age group of 48-59 months. The mean age of children in our study was 2.87 years (+1.26).

Majority 798 (76.4%) of the participants belong to Hindu and 243 (23.2%) Muslim, 4 (0.4%) belonged to Christian religion. As data was collected after doing gender match 522 (50%) boys and 523 (50%) girls were included in the study.

Around 411 (39.3%) of the study participants belonged to class IV, 87 (8.3%) to class V, 317 (30.4%) to class III, 141 (13.5%) to class II, and 89 (8.5%) to class I according to Revised B G Prasad Classification. In our study 512 (49%) belonged to nuclear family and 533 (51%) to joint family in our study.

Out of total 1045 under five children only 424 (40.6%) of the children had suffered from illness in the past three month from the date of inter-

view to reduce the recall bias in the study. Hence all the analysis is done for the under five children who had suffered from illness and received treatment.

In our study, 219 (42%) out of 522 males and 205 (39.2%) out of 523 females had suffered from any kind of illness in the past one month. The Odd's of Getting illness in males was 1.12 when compare with females with CI 95% of 0.87 to 1.43 and the difference was not statistically significant.

Table 1: Distribution of Health status of children based on Gender

	Male (%)	Female (%)	Total	P value
Suffered from any illness in past one month				
Yes	219 (42)	205 (39.2)	424 (40.6)	0.36
No	303 (58)	318 (60.8)	621 (59.4)	
Children who were treated for the illness				
Yes	212 (96.8)	196 (95.6)	408 (96.2)	0.51
No	7 (3.2)	9 (4.4)	16 (3.8)	

Table 2: Distribution of Children According to Treatment Seeking Behavior of Parents.

Treatment seeking behavior	Male (n=212)	Female (n=196)	Total
Early (Within 24 hrs)	69 (32.6)	40 (40.4)	109(26.8)
Late (After 24 hrs)	143 (67.4)	156 (59.6)	299(73.2)

$\chi^2 = 7.67$ df= 3 p= 0.006; Figure in parenthesis indicate percentage.

Table 3: Distribution of Children According to Amount Spent for Treatment of Illness.

Amount spent	Sex		Total (n=408)
	Male (n=212)	Female (n=196)	
Nil	5 (2.4)	9 (4.6)	14(3.4)
1-100	68 (32.1)	84 (42.9)	152(37.3)
101-250	109 (51.4)	74 (37.8)	183(44.9)
>251	30 (14.2)	29 (14.8)	59(14.5)

$\chi^2 = 8.92$ df= 3 p= 0.03; Figure in parenthesis indicate percentage

Table 4: Adjusted Odd's Ratio for health status of children

Health status of children	Adjusted ODD'S Ratio^
Gender *	1.24
Among Literated mothers#	0.90
Among illiterate mothers #	1.95

^male as reference variable * odds ratio adjusted to mothers age, education and occupation # odds ratio adjusted to mothers age and occupation

In our study among the male children fever (32.8%), diarrhea (31.1%) and pneumonia (27.9%)

was most commonly seen followed by Fever with rashes (4.6%) and others (3.6%).

Among the female children diarrhea (29.3%), fever (27.8%) and pneumonia (22.4%) was most commonly seen followed by others (14.6%) and fever with rashes (5.9%).Among the children who had suffered from any kind of illness, majority of the children 96.2% (96.8% of males and 95.6% of females) were treated. The odd's of male children availing treatment was 1.39 when compared to females with CI 95% of 0.5 to 3.8 and the Difference was found to be statistically not significant.

Majority of the children, 182 (85.8%) males and 167 (85.2%) females were treated in government hospital. 30 (14.2%) males and 29 (14.8 %) females were taken for private hospital. There was no statistical significant difference for the source of treatment availed during illness.

The Early treatment seeking behaviour (within 24 hrs) was more towards female children than the male children and difference was found to be statistically significant. Early Treatment seeking Behaviour was found to be 1.8 times in female children when compared with male children with CI 1.19 to 2.95.

Majority of the respondents in our study, 191 (90.1%) males and 170 (86.7%) females were taken to allopathy system of medicine to avail treatment for the illness. There was no significant statistically association.

In our study, 51 (24.1%) males and 66 (33.7%) females were taken to traditional healers. In our study majority of the parents, for 99(46.7%) male and 96(49%) female children had travelled a distance of 1-3 Kms followed by 66(31.1%) male and 47(24%) female children to a distance within 1 Kms from their residence. There was no significant statistical difference in the distance travelled to seek treatment between male and female.

In our study, 44.9% of the parent spent rs 100-250 followed by 37.3% spending till 100 rupees. However the difference in the amount spent for the treatment between male and female cases was statistically significant .

On applying binary logistic regression test using SPSS V 16 , for health status of children and the gender of the child , the chance of getting ill was 24 % more for the female children when compared to male children with CI at 95% was 0.94 to 1.56

Among literate mothers, the chance of getting ill was 10 % less for the female children when compared to male children with CI at 95% was 0.908 to 1.694

Among illiterate mothers, the chance of getting ill was 95 % more for the female children when compared to male children with CI at 95% was 0.506 to 1.995.

DISCUSSION

Children below five year constitute 14 % of total population in our country. They are vulnerable group deserving special health care. children are considered to be susceptible to host of disease and infection and the most important causes of under five mortality are Acute Respiratory Infection(ARI), Preterm birth Complications, Diarrheal diseases, Intrapartum related complication, Malaria , Neonatal Sepsis, Meningitis and Tetanus.⁷

The Millennium Development Goal (MDG 4) aims to reduce under five child mortality by two-thirds between 1990 and 2015 .⁷

In our study more number of males (42%) had fallen ill in the past one month when compared to females (39.2%) , it was found to be statistically insignificant. Similar results were also seen in the study done by Anima Sen and Salma Seth ⁸. In the studies done by Aparna Pandey et al ⁹ and Jeffrey R Wills et al ¹⁰ more number of females had fallen ill than male children .B Ganatra and S Hirve ¹¹, Subhash Pokhreal et al ¹² and Syed Mubashrir Ali ¹³ in there study also didn't find much difference between male and female getting ill.

Among the children who had fallen ill in the past one month, 96.8% males and 95.6 % female had availed treatment from the qualified medical professional in our study. There was no significant difference for seeking treatment from qualified medical professional. Similar results were also seen in the studies done by Suresh Sharma¹⁵ and B Ganatra and S Hirve ¹¹. In the studies done by Aparna Panday etal⁹ and Nilanjana Gosh¹⁴.

In our study 85.8% Males and 85.2% female were taken for government hospital to avail the treatment. The findings in our study is very high when compared to the study done by B Ganatra and S Hirve ¹¹, Suresh Sharma ¹⁵ , Jeffrey r Wills ¹⁰ and Nilanjana Gosh ¹⁴.

Fever, Diarrhea and Pneumonia were the most common illness seen in both male and female

children which is similar to the studies of Jeffrey R Wills ¹⁰ and NFHS Survey may be due to the unhygienic conditions.

Nearly 77.8% male and 73 % female parents had travelled a distance up to 3 Kms to avail treatment in our study. In the study done by Aparna Pandey et al⁹ average distance travelled for treatment was 3.3km for boys and 1.6km for girls. In the Dhanjaya Phatak¹⁶ study also parents travelled a mean distance of 3.8 for male and 3.1 for female children treatment.

Regarding the amount spent for the treatment of the illness ,for 51.4% males parents spent around 100-250 rupees whereas for 37.8% girls same range of amount was spent . Overall amount spent for treatment on male children was more than female children. Similar observation were made in the study done by Aparna Pandey et al ⁹, B Ganatra and SHirve ¹¹, Jeffrey R Wills ¹⁰ and Subhash Pokhreal¹².

Large number of parents availed government service due to fact that large number of families belonged to lower socioeconomic class. Being the fact that fathers used to leave the house for occupation very early and mothers being busy in household activities coupled with little or no education may be the reason for time lag in the initiation of treatment.

CONCLUSION AND RECOMMENDATIONS

The overall prevalence of disease was low in our study area. Majority of the children suffered from fever, diarrhea and ARI. Time lag was less for the female children to avail the treatment where as parents used to spend more amount for the treatment of the male children Heartening to note that both male and female of children availed treatment from a qualified professional equally. All the IEC activities should be focusing on **GENDER EQUALITY** in all aspects.

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