

Treatment seeking behavior of urban slum dweller women to cure reproductive morbidities: An outcome of failure of government health delivery system.

The congestion of living space, unhealthy environment and lack of health services make the urban poor vulnerable to health risk. Maternal and child health morbidities in slum communities which could have been easily prevented by providing basic health services and improving access to water supply and sanitation services.

India has been urbanizing rapidly in recent decades. About 300 million people live in urban areas in India. The growth rate of urban population is almost double than that of the rural population.

Improving access to health services to the urban poor is a challenging for a variety of reason. . Urban health infrastructure in most cities is inadequate to meet the demands of large sections of the urban poor. Currently there is one Urban Health Centre for every 230,000 persons as against the norm of one centre for every 50,000 population. As a result of this acute shortage of health facilities most slum dwellers are either entirely left out of health services or receive very poor quality health care. Because of the weak paying capacity among the urban poor, even the private health care is also absent in the slums. The urban poor are forced to take alternative to unqualified health providers.

The present research study was conducted in eight different slums of Mumbai. Total 400 currently married women and eight medical practitioners were interviewed. The objectives of the study were to understand government health delivery system in slums, treatment seeking behaviour for various reproductive morbidities (Gynecological, Obstetric and Contraceptive Morbidity) and discuss various homemade remedies women uses.

Treatment seeking behaviour is often influenced by a large number of factors apart from knowledge and awareness .This behaviour among different populations, is a complex outcome of many factors operating at individual, family and community level including their bio-social profile, their past experiences with the health services, influences at the community level, availability of alternative health care providers , their perceptions towards reproductive morbidities, and their perceive efficiency and quality of health care.

The paper discusses available government and private health clinics services in respective slums. The information is collected on each reproductive morbidities as per following table format.

Table 1: Percentage distribution of women by various gynecological problems according to their treatment seeking behaviour

Treatment seeking behaviour		Gynecological morbidity			
		Menstruation Related morbidity	Abdominal pain	White discharge	Urinary tract infection
Treatment seek	Yes	85.3	90.0	75.6	79.3
Duration of morbidity	< 1year	5.0	5.2	3.6	11.5
	1-5 years	58.5	81.4	64.3	69.3
	5+ years	36.5	13.4	32.1	19.2
Discuss	Family*	73.7	81.1	64.0	52.9
	Outside*	26.3	18.9	36.0	47.1
Treatment	Home*	48.9	46.7	36.1	23.3
	Allopathic	36.4	43.3	39.5	56.0
	No treatment	14.7	10.0	24.4	20.7
When	0-1 year	63.8	77.8	38.7	64.3
	1+ year	36.4	22.2	61.3	35.7
Problem persist	Yes	99.1	94.7	93.8	80.8

* Family Members: mother, mother-in-law, husband, sister, relatives

*Outside Family: neighbours, friends, doctor, nurse, health worker

*Home Treatment: homemade treatment, prayer, meditation

During the survey women discuss various homemade remedies to cure various reproductive morbidities for ex. To cure excessive bleeding they take small portion of jaggery and insert into vagina during menstruation, drink lot of cold milk and avoid non-vegetarian food to get rid of menstruation related morbidities and white discharge problems. To cure red discharge problems women suggested they soak the red hibiscus flower into the water for the overnight and drink that water in the morning. The study reveals that perception towards reproductive morbidity does affect the use of modern and homemade remedies as some women reported that white discharge is due to use of condom.

The study explains the quality of care at health clinics plays important role in use of modern medicines. Women's perception towards quality of care depends on number of factors like cost of treatment, doctors and Para-medical workers behaviour, physical environment and so on.

Women mentioned that private practitioners listen to their problems carefully, unlike in the government hospital nobody is interested in their problems, non-cooperative behaviour of the government medical staff, tedious administrative procedures like filling up forms and run around from one doctor to another.

The study recommends strong need that government need to develop programmes that enable women to overcome barriers in accessing care , integrate services related to RTIs and other reproductive disorders into primary health agendas, dispel misconceptions and raise awareness about the prevention of RTIs and other reproductive morbidities in the community.

The present study suggest that women lacks decision making power in the household level, costs involved in seeking treatment , peer pressure , misconceptions , fear of child death and poor quality of government health centers in providing treatment services , all these factors plays important role in treatment seeking behaviour among poor slum dweller women. In order to make health services accessible to the urban poor, it is necessary to augment urban primary health infrastructure. Partnership with the private sector, private medical professionals and utilizing of organized groups in slum communities are effective strategies for improving access and utilization of health services.