

Study to assess health needs and quality of health services available for the residents of working women hostel in urban catchment area of Bhopal

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ABSTRACT

Background: Empowerment of the girls and working women staying in the hostel is indispensable to help them cope with the changed environs and promote understanding of health particularly nourishment and reproductive health, so as to smash the intergenerational life cycle of dietary deficiency and gender annoyance ensuring the provision of an enabling and opinionated atmosphere for self-progression. Accordingly, we conducted this study to know the needs and situation of medical facilities in the working women hostels in Bhopal urban area, thus taking steps to improve the prevailing conditions. **Objective:** The main objectives were to assess health needs and prevalence of ill health of residents of working women hostels. To know the quality of action at the time of illness and to get suggestions to improve the health of these hostel residents. **Materials and Methods:** A cross-sectional designed study conducted in seven hostels in vicinity of Urban Health and Training Centre of Peoples College of Medical Science and RC, Indrapuri, Bhopal. The residents of hostel were both college going girls and working women. Sample size determined for the study was 150 and duration of the study was 2 months. A structured proforma was used, which was given to the warden of 7th working women hostel. The wardens were well informed about the outline of pro forma and requested to collect a maximum number of duly completed proforma. The participants were then individually assessed, and suggestions were given. On the basis of this study finding assorted interventions were planned to create awareness and suggest protection methods about a few preventable illnesses and to set up health facilities for residents of girl's hostel. **Results:** Out of 150 respondents, 38 (19.6%) girls/women suffered from abdominal pain, followed by headache (16.5%). Some 99 girls/women (66%) took one or other kind of treatment for their illness, of which 95% girls/women preferred treatment from private practitioners. Of the respondents, 125 (83%) respondents disclosed that they do not have any medical facilities in their hostel. **Conclusion:** The current study determines the health needs and availability of quality of medical facilities at the working women hostel. Abdominal pain was more prevalent, and hostels were devoid of any kind of medical facilities. Health awareness education is need of time as the majority of girls/women take self-medication which is deteriorating their already poor health status.

KEY WORDS: Health Needs; Health Services; Self-medication; Working Women; Hostel

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INTRODUCTION

Adolescent girls form a crucial susceptible segment of the population particularly in developing countries like India because sociocultural surroundings constitute about one-tenth of population.^[1] Nutrition deprivation among teenagers is a grave public health setback globally, particularly in

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developing countries.^[2] Early teenage years after the 1st year of life are the decisive period of rapid physical development and changes in body equilibrium, physiology alteration, and neuroendocrine readjustment.^[3] Middle adulthood or middle age is the time of transition reflecting an adjustment to new interests, values, and patterns of behavior^[4] and time of re-evaluating goals and aspirations.^[5,6] Empowerment of the hostel girl and working women is necessary to facilitate her cope with the changes and promote consciousness of health mainly nourishment and reproductive health, so as to break the life cycle of nutritional related disorders and gender disparity ensuring the provision of an enabling and supporting surroundings for self-development.^[7] These hostels serve as house away from a self resident at places where better higher education opportunity are available as well as to avail to better job opportunities. The girls/women stay for more than 5 years in these hostels. Health care of these girls/women in the hostel is of supreme significance because they are in their period of growth and development when best possible nutritional and health care is essential. Adolescent girls and reproductive age group women's health encompasses nutritional status, morbidity, mental, and reproductive health. During the period of adolescence and adulthood, the nutrient desires are the utmost.^[8] The girls/women are usually physically stunted; a manifestation of chronic protein-energy malnutrition. A large proportion of youngster girls/women suffer from various reproductive troubles, particularly menstrual irregularities such as menorrhagia, polymenorrhea, oligomenorrhea, and dysmenorrhea.

These hostels play a significant role in their education and further advancement.^[9] Diverse baseline surveys have also publicized that the health, nutritional and educational status of adolescent girls/women are at sub-optimal level.^[7] Availability of data concerning nutritional and morbidity status of the early adolescent girls/working women in social welfare hostels is sparse, despite the fact that such information will be constructive in the management of hostels and strengthen the availability of amenities in them.^[10] Therefore, we conducted this study to understand the needs and situation of medical facilities in the working women hostels in Bhopal urban area, thus taking some measures to improve the prevailing conditions. This study mainly focused on nutritional and reproductive health of early adolescent girls/women.

Aim and Objective

The objectives are as follows:

1. To assess health needs and prevalence of ill health among residents of working women hostel.
2. To know the quality of action at the time of illness and to get suggestions to improve health status of these hostel residents.

MATERIALS AND METHODS

Cross-sectional study was conducted, comprised seven working women hostels located in vicinity area of Urban Health and Training Centre (UHTC) of PCMS and RC, Indrapuri, Bhopal. These residents of the hostels were both college going girls and working women. Sample size comprised 150 girls/women who were interviewed for the duration of 2 months. A mixed methods approach involving face to face interviews, focus group discussions, and questionnaire technique inclusive of both close-ended and open-ended questions was chosen for effective elicitation of data from the respondents. Methods triangulation was adapted for establishing validity and reliability of the study. The study was based primarily on data collected from the different hostels to find out achievable potential solutions for working women which could help them overcome workplace problems they encounter on day to day basis. Instrument used for the study was a closed-end structured pro forma which was pre-designed and pre-tested. Wardens of all these hostels were contacted and consent taken for conducting the study in their respective hostels. The pro forma was shared with the respondents with the help of respective hostel wardens requesting them to get the pro forma filled by girls/women in their hostel. After studying the appropriately filled pro forma, the girls/women from the individual hostels were consulted separately and the following discussion; suggestions were noted to make an impact in improving their health needs and availability of facilities.

RESULTS

As mentioned in Table 1, a total 150 girls/women responded to questionnaire. Age wise distribution of respondents [Table 2] depicts that of 150 respondents, 37.3% (56) were in the age group of 18 years; followed by 28% (42) in age group 19 years, 22% (33) in age group 20 years, 8.7% (13) in age group 21 years, and remaining 4% (6) in the age

Table 1: Number of respondents as per there response

Variable	n (%)
Respondent	150 (81)
Nonrespondent	35 (19)
Total	185 (100)

Table 2: Number of respondents according to age group

Age (years)	n (%)
18	56 (37.30)
19	42 (28)
20	33 (22)
21	13 (8.70)
>21	6 (4)
Total	150 (100)

group more than 21 years. As depicted in Table 3; 86% (129) girls/women stated that no medical facility was present in their hostel. The only type of medical facility available in the hostel was first aid box (14%). Among the respondents, in past 2 months, 23 of 150 (15.8%) had incident of fever, 25/150 (16.5%) had headache, 30/150 (19.6%) had episode of abdominal pain, 24/150 (16.2%) had occurrence of food poisoning, 15/150 (10.2%) had other diseases, and only 33/150 (21.7%) did not have any complains in past 2 months [Figure 1]. Of the 117 girls/women who had any type of illness; 77 (66%) received treatment [Figure 2]. Of those who received treatment for their illness, 96% (112) girls/women visited doctors, while 4% (5) of them took self-medication [Figure 3].

70% (105) girls informed that the response of wardens during their illness was uncaring and callous whereas response, care, and support was forthcoming from friends 76% (114) [Figure 4]. Most of the girls/women 90% (135) felt the need, attendance and support of their parents during illness [Table 4]. In the study during the one to one correspondence and group discussion, most (28%) girls/women gave suggestion that basic information about general ailments should be provided to the caretakers of hostel, whereas other's (27%) suggested that facility-based health center should be in nearby vicinity. Periodic examination, primary health care, and treatment should be arranged at nearby health center for hostility (24%), first aid box and dressing material should be available in hostel premises (21%) [Table 5].

DISCUSSION

In the present study, the most important causes of morbidity were abdominal pain (19.6%), headache (16.5%), food poisoning (16.2%), fever (15.8%), and others (10.2%) such as dysmenorrhea, skin diseases, defective vision, dental caries, URTI, ENT, and anemia. Srinivasan and Prabhu,^[10] conducted a study in Tirupati with 598 children belong from aged 6 to 17 years, shows the common morbid problem were

Table 3: Availability of any form of the medical facility at the hostel

Medical facility available (%)	Forms of medical facility available	
	First aid box	Doctors
Yes - 21 (14)	21	0
No - 129 (86)	-	-
Total - 150	21	0

Table 4: Felt need, attendance, and support of parents during illness

Felt need of parents	n (%)
Yes	135 (90)
No	15 (10)

skin disorders 25.7%, dental caries 21.5% and rest ARI 1.7%, and diarrhea 1.2%. Abdominal pain and food poisoning are prevalent due to poor eating habits, and bad quality of canteen food.

In the current study dysmenorrhea was present in very few study subjects, a similar finding was observed in a study conducted by Srinivasan and Prabhu^[10] dysmenorrhea was noted in only 3.5% of study subjects. In a study conducted by Deo and Ghattargi,^[11] dysmenorrhea was present in 31.64%. The high prevalence of dysmenorrhea in the other studies may be because the study subjects comprised diverse age groups. In a study by Geetha *et al.*^[12] in rural south India, dysmenorrhea was noted in 21%. Other different research by N Rema found that common deficiency diseases prevalent

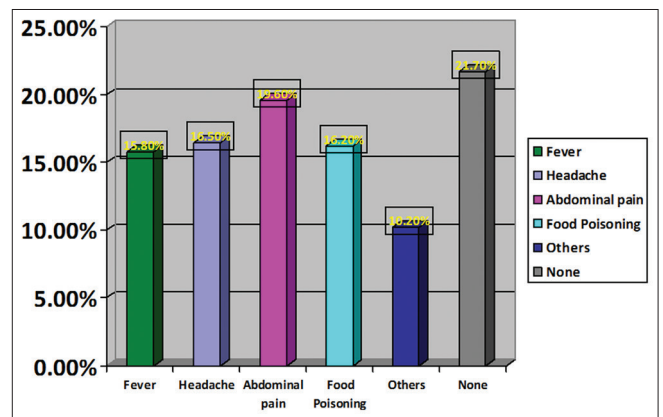


Figure 1: Illness in past 2 months among respondent of the hostel

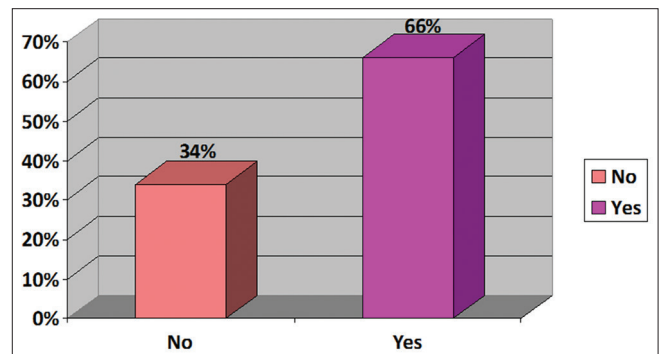


Figure 2: Treatment received for the illness by hostel residents

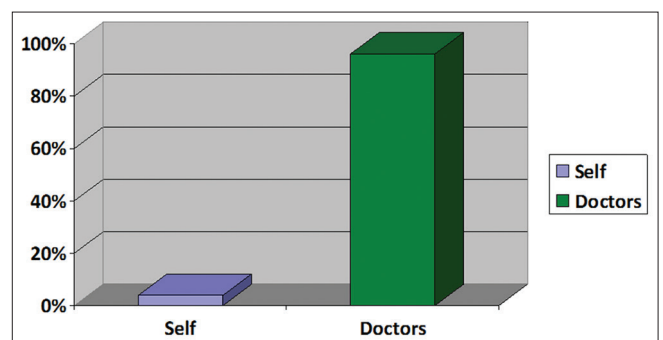


Figure 3: Mode of treatment received during their illness by the hostel resident

Table 5: Suggestion for improvement

Suggestion for improvement	n (%)
A	40 (27)
B	42 (28)
C	36 (24)
D	32 (21)
Total	150

A: Facility-based health center should be nearby, B: Basic information about general ailments should be provided to caretakers of hostel, C: Periodic examination and health care should be arranged at nearby health center for hostilities, D: First aid box and dressing material should be available at hostel premises

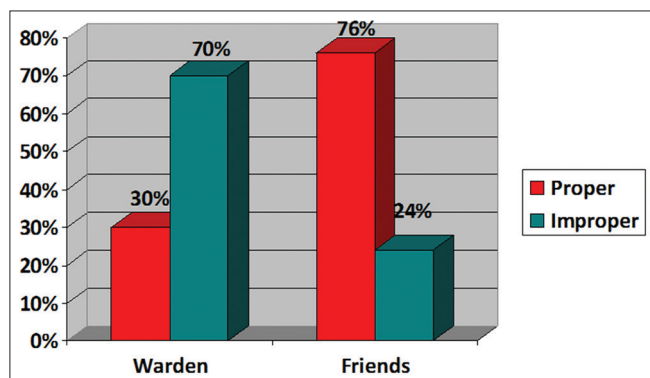


Figure 4: Type of response and support by warden and friends at the time of illness

among the school going children is anemia (10.6%). The chief cause of anemia could be contributed to the lack of insufficient presence of iron, Vitamin B12 and folic acid in the diets of these children.^[13]

In this study, 70% girls informed that response of wardens at the time of illness was indifferent, but 76% said that friends were more caring and supported and 90% girls felt the need of the presence of their parents during illness. This can be correlated to factors according to Majid^[14] study conducted on different dimensions of mental health with the objective of the study was to identify the dominant factors which constituted the complex phenomenon known as mental health. Factor-I was called “self-acceptance” because it was contributed by the variable, which reflected an acceptance attitude of the individual toward him.^[14] In our study, this factor provided much support and better care from friends rather than hostel wardens. There is scarce information on the nutritional status of girls/women residing in social welfare hostels. This necessitates the need to study health problems among hostel residents with the aim to develop a database of the same from different parts of the country.

The health problems of adolescent girls and maturing adolescents are varied in terms of its location and several studies conducted in India and abroad revealed that the main morbidity conditions include malnutrition, dental caries,

skin diseases, eye and ear ailment, and other reproductive problems.^[15-19]

RECOMMENDATIONS

The study brought forth the need of having a regulatory body to supervise and monitor working women hostels resided by adolescent and maturing working women which are in abundant in metro cities so that the quality of services and overall behavior of hostel staff including warden could be kept in check with regular visits. For minor health ailments there should be tied up or referral system in place for the hostel residents with the nearby private/public health facility which may also include periodic health check-ups. Self-awareness about common health ailments (sign and symptoms) and disease should be given to caretakers and residents of the hostel so that there is no delay in seeking care and treatment.

LIMITATIONS

We have taken very small age group in our study so the finding cannot be generalized to others working girls/women in another area because health need and demand will vary according to the age.

CONCLUSIONS

A cross-sectional study was conducted to know the health needs and quality of medical facilities of the girls/women in working women hostel. Abdominal pain was more prevalent, and hostels were devoid of any kind of medical facilities. Health education of the caretakers regarding general ailments is required. On the basis of this study, various interventions were planned such as awareness and protection from some preventable illness and to set up a referral system for availing better health-care services in the near vicinity of the hostels.

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