

Factors Related to Health Service Utilization Among Adolescent Girls in Urban Slums of Jaipur, India

Authors

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Introduction

- In India, evidence shows that there is inequity in the utilization of health services by adolescent girls.
- However, adolescent girls are not a homogeneous group, and depending on socioeconomic and demographic factors, some girls are more disadvantaged in the utilization of health services than others.
- Hence, this study was undertaken to understand inequality in utilization of health services among adolescent girls.

Findings

Variables		Home-based remedies (%)	Facility based treatment (%)	Unadjusted OR (95% CI)	P
Predisposing factors					
Girl's age	10-14 years	149 (73.4%)	54 (26.6%)	1	0.003
	15-19 years	67 (31.3%)	147 (68.7%)	(1.136-4.799)	
Girl's education	8 th class or less	157 (62.8%)	93 (37.2%)	1	<0.001
	More than 8 th class	59 (35.3%)	108 (64.7%)	(1.470-9.214)	
Mother's education	8 th class or less	208 (56.4%)	161 (43.6%)	1	<0.001
	More than 8 th class	8 (16.7%)	40 (83.3%)	(1.345-10.573)	
Father's education	8 th class or less	157 (59.7%)	106 (40.3%)	1	0.002
	More than 8 th class	59 (38.3%)	95 (61.7%)	(0.612-4.857)	
Castes	SC & ST	114 (57.9%)	83 (42.1%)	1	0.086
	General or OBC	102 (46.4%)	118 (53.6%)	(.861-3.989)	
Enabling Factors					
Mother's employment	Labor or Housewife	173 (60.3%)	114 (39.7%)	1	<0.001
	Salaried or Self employed	43 (33.1%)	87 (66.9%)	(1.869-7.002)	
Father's employment	Labor or unemployed	107 (71.3%)	43 (28.7%)	1	0.013
	Salaried or Self employed	109 (40.8%)	158 (59.2%)	(1.942-5.605)	
Girl's income	Rs 7500 or less	167 (52.0%)	154 (48.0%)	1	0.864
	Rs 7501 or more	49 (51.0%)	47 (49.0%)	(0.471-2.197)	
Mother's income	Rs 7500 or less	201 (58.9%)	140 (41.1%)	1	<0.001
	Rs 7501 or more	15 (19.7%)	61 (80.3%)	(1.447-12.703)	
Father's income	Rs 7500 or less	162 (57.0%)	122 (43.0%)	1	0.007
	Rs 7501 or more	54 (40.6%)	79 (59.4%)	(1.075-5.928)	
Outreach by field workers	No	143 (80.8%)	34 (19.2%)	1	<0.001
	Yes	73 (30.4%)	167 (69.6%)	(1.679-8.685)	
Need Factors					
Health Problem	General health problem	130 (57.3%)	97 (42.7%)	1	0.048
	Reproductive health problem	86 (45.3%)	104 (54.7%)	(0.761-3.884)	
Severity of Symptoms	Mild	94 (70.1%)	40 (29.9%)	1	0.073
	Severe	122 (43.1%)	161 (56.9%)	(0.516-3.063)	

Association between health service utilization and independent variables (chi-square and binary logistic regression)

Methodology

- The study was done using mixed methods in the urban slums of Jaipur (capital city of Rajasthan, India).
- The study was designed using the Andersen Healthcare Utilization Model to examine the factors that affect the utilization of health care services among adolescent girls in Jaipur's urban slum
- The sample size for the study with a 95% confidence level, 5% error margin, and 10% non-response rate was 420 adolescent girls.
- A total of 417 girls responded to the interview, and 7 FGDs (12 girls in each FGD) were conducted with the adolescent girls to collect in-depth qualitative information.

Results

- Only 48.2% of girls with health problems visited healthcare facilities for treatment.
- 68.6% delayed treatment by three or more days after the onset of symptoms, and 85.6% first tried remedies available at home.
- Girl's education (AOR= 2.7; 95% CI=0.65-8.57), mother's education (AOR= 3.43; 95% CI= 1.2-9.96), father's income (AOR=2.2; 95% CI=0.76-5.32), mother's income (AOR= 3.67; 95% CI=1.03-11.18), and counselling by field health workers (AOR= 3.23; 95% CI=1.18-7.89) were factors significantly associated with utilization of health services.
- Girls cited parental neglect of their health, insufficient funds, lack of privacy, and inconvenient assessment times at health facilities as major barriers

Conclusion

- The findings from the study shows that the utilization of facility-based health services among adolescent girls is low, and there is a significant postponement in visiting health facilities after the onset of symptoms.
- There is a need to create community-level awareness, improve outreach by field health workers, and ensure privacy in healthcare facilities, to improve facility-based health service utilization among adolescent girls.