

## **Assessment of health seeking behavior of mothers of children affected by pyoderma at Urban Health Centre**

*Dr. Renuka C. Hiremath<sup>a</sup> Dr. Samadhan Prakashrao Debaje<sup>b</sup>*

<sup>a</sup>London School of Hygiene & Tropical Medicine-London

<sup>b</sup>SMO – World Health Organization - NPSP-Unit Jodhpur, India

### **Abstract:-**

Background: Skin diseases are one of the leading causes of morbidity in children. Lack of personal hygiene, unhygienic conditions, overcrowding, inadequate treatment, sharing of towels/combs result in a various forms of infective dermatoses like scabies, pediculosis, pyoderma, fungal, viral infection and leprosy etc. Purpose: Among that most common skin diseases are pyoderma & scabies. Studies have shown prevalence of Pyoderma in Indian Children ranging from 2.1% to 17.1%.If treatment is delayed; pyoderma is likely to worsen, develop complications or transmit to others. Delay in seeking treatment depends on mother's perception towards pyoderma. However, knowledge about how and when mothers seek treatment for pyoderma remains acutely incomplete in our country. Material and Method: Mothers & their children up to 14 years of age attending UHC fulfilling inclusion/ exclusion criterion taken. Result: Based on study result it is observed that, among the infective dermatoses the commonest were secondarily infected scabies and pyoderma. Daily bath, insect bite, sharing cloths, frequent hair washing, total number of lesion when compared with duration of contact to hospital was found to be statistically significant. Duration of contact to hospital, playing in unhygienic condition, sharing towels, comb, daily bath when compared with course of disease found to be statistically significant. Conclusion: Unhygienic practices can lead to complication. Delay in health seeking behavior should be changed to health care seeking behavior. Proper understanding of health seeking behavior could reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies in a variety of contexts. Visits to more traditional healers and unofficial medical channels, folk medicine or providers, should be prevented, with the emphasis on encouraging people to opt first for the official channels. Create ways to build bridges to enable individual preferences to be incorporated into a more responsive health care system through formal training programs

**Key Words:** Pyoderma, Heath seeking behavior, Hygiene

### **Introduction:**

Skin diseases are one of the leading causes of morbidity in children. Lack of

personal hygiene, unhygienic conditions, overcrowding, inadequate treatment, sharing of towels/combs result in a

various forms of infective dermatoses like scabies, pediculosis, pyoderma, fungal, viral infection and leprosy etc. Among that most common skin diseases

are pyoderma & scabies<sup>1</sup>. Studies have shown prevalence of Pyoderma in Indian Children ranging from 2.1% to 17.1%. If treatment is delayed; pyoderma is likely to worsen, develop complications or transmit to others. Delay in seeking treatment depends on mother's perception towards pyoderma<sup>2</sup>.

### **Objectives:**

To assess the health seeking behavior of mothers of children affected by pyoderma attending urban health center, Mumbai. To study the aggravating factors related to pyoderma .And to create awareness among mothers about early health care approach for pyoderma.

### **Material & Methods:**

Mothers & their children up to 14 years of age attending Shivaji Nagar UHC fulfilling inclusion/ exclusion criterion. Cross-

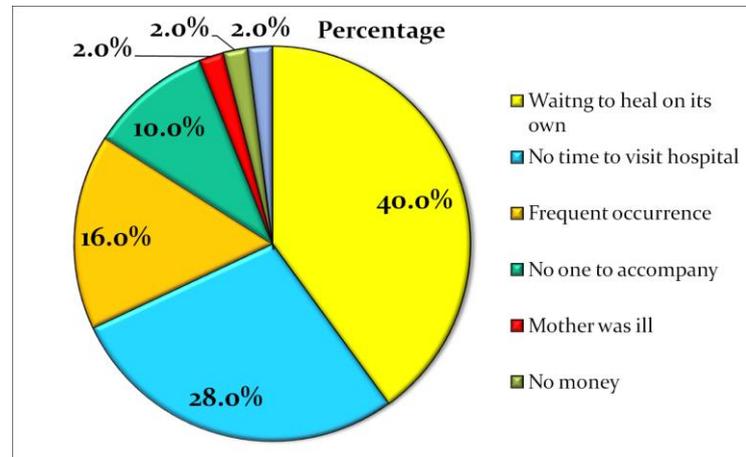
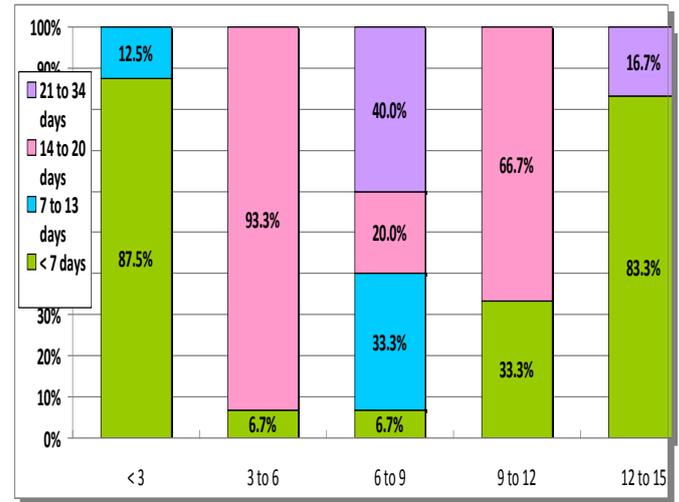
sectional study with Sample size was taken as 50 over period of two weeks as patients coming with pyoderma and an interview schedule during Study period: Oct.-Nov 2008 in Study Area: Shivaji Nagar UHC Govandi, Mumbai. Informed consent was taken from parents and children's. Study approved by Institutional Ethics committee. Data were entered in a Statistical Package for Social Sciences trial version and analyzed using descriptive statistics.

### **Results:**

Among the age group below 14 years, 30% were between 3-6yrs, 30 % 6-9yrs while 56% male <sup>table1</sup>, majority 90% were Muslim. Illiterate mothers were 68%, and fathers, 42% having secondary education while 32% were illiterate. 82% had kuccha house, same having flies in and around the house, 52% had garbage around house, 68% had open drainage near house. 78% children had daily bath, with 100% use of soap, 64% used cold tap water for bath. 52% children had daily hair wash , while only 32% had 3 times a week, Only

36% children & their mothers washed their hands with soap before meal & after defecation.36% shared their clothes with other family members, while 92% were sharing their towels & comb.32% had h/o insect bite,12% had rodent bite while none of them had skin allergy.38% had h/o contact with infected person, majority 38% had papulovesicular lesions along with itching all over the body mostly 26% on hands, legs and 12 % on scalp remaining were on perianal, penis, umbilicus, trunk.38% had multiple lesions starting from hands, spreading to legs.44% had h/o fever while 24% had h/o similar complaints in past.34% mothers took 8 days to contact hospital,26% took more than 15 days, meanwhile 56% tried home remedies in the form of ring guard, hair oil,tiger balm, cream given by neighbor, medicines given by folk provider. Because of that 58% had complication like cellulites 14% had abscess

Table1 Age v/s duration of contact (days) Table2 Reasons for delay



**Discussion:**

Unhygienic practices can lead to complication otherwise that can be treated as minor ailment. Delay in health seeking behavior should be changed to health care seeking behavior. However, knowledge about how and when mothers seek treatment for pyoderma remains acutely incomplete in our country. The direct relevance of understanding health seeking

behavior to the current debate around the introduction of public sector charges as a means of cost containment<sup>3</sup>. Create ways to build bridges to enable individual preferences to be incorporated into a more responsive health care system through formal training program. Thus there is growing acknowledgement that health care seeking behaviors and local knowledge need to be taken seriously in programs and interventions to promote health in a variety of contexts, the need to improve integration of private sector providers with public care

### **Conclusions:**

Daily bath, insect bite, sharing cloths, frequent hair washing, total number of lesion when compared with duration of contact to hospital was found to be statistically significant. Age group, duration of contact to hospital, playing in unhygienic condition, sharing towels, comb, daily bath when compared with course of disease found to be statistically significant. Sharing of towels, multiple lesions, those who used to wash their hand

with only water before meal & after defecation had more complications like cellulites and abscess. Gender, socioeconomic status, education of mother, education of father, type of house, flies in & around the house, garbage around the house, open drainage near the house compared with course of disease was found to be statistically insignificant. Among the infective dermatoses the commonest were secondarily infected scabies and pyoderma. Significant difference was found between frequency of bathing, cloth sharing, and frequency, complication of pyoderma.

### **Recommendations:**

Proper understanding of health seeking behavior could reduce delay to diagnosis, improve treatment compliance and improve health promotion strategies in a variety of contexts. Visits to more traditional healers and unofficial medical channels, folk medicine or providers, should be prevented, with the emphasis on encouraging people to opt first for the official channels. The way in which

women reach the decisions they do can have a profound effect on child morbidity and mortality and is therefore worthy of continued study. Studies which categorize the types of barriers or determinants which lie between patients and services in terms of geographical, social, economic, cultural and organizational factors should be carried out to bridge the gap between patient and health system.

### **References:**

- 1) *K. Mukherjee, S.Z. Quazi, A. Gaidhane. Study of Infective Dermatoses in Mumbai Indian Journal of Community Medicine, April - June, 2006; Vol. 31, No. 2*
- 2) *Sara MacKian A review of health seeking behavior problems and prospects HSD/WP/05/03*
- 3) *Discussion papers on child health epidemiology and management of skin Diseases in developing countries WHO/FCH/CAH/05.12*