Original Article

PREVALENCE OF DIFFERENT TYPES OF HEADACHE IN MEDICAL STUDENTS OF RAWALPINDI & ISLAMABAD

Muhammad Umar 1, Mazhar Badshah2, Maryam M3, Amir Naeem4, Laiq Rehman5, Ahmed M6

Abstract

Objectives: The objective of the study was to determine the prevalence of different types of headache in medical students of Rawalpindi / Islamabad.

Methodology: A questionnaire based epidemiological survey was done among 521 (male 238, female 283) undergraduate medical students of Rawalpindi and Islamabad. The mean age was 24.01 ± 2.6 years. Two questionnaires were designed for the study: one general, consisting of 10 questions and the other one particular for headache sufferers, containing specific items of International Classification of Headache Disorders diagnostic criteria for different types of headache. The data was recorded according to the responses provided by the students. The collected data was analyzed to assess the prevalence, pattern & the triggering factors of headache.

Results: The study population comprised of 54 % (f=283) females and 46 % (f=238) males. The mean age of the participants was 24.01 ± 2.6 years. The study demonstrated that 63.9% (f=333) of students suffered from some form of headache. A higher percentage of females 66.3% (f=221) experienced it as compared to males 33.7% (f=112).

Among the affected population, 8.1 % (f=27) were suffering from migraine, 38.7 % (f=129) were having tension type headache, 4.5 % (f=15) cluster headache and 41.4 % (f=138) cervicogenic headache and the remaining subtypes were prevalent in the rest 7.2 % (f=24) of population.

Conclusion: In medical students, its effects are seen causing problems and creating stress for them by restricting their participation in studies and social activities. Cervicogenic headache was found to be the major contributor in most of the individuals among all the recurring headaches, mostly found among the individuals using laptops for prolong time periods. The students also reported an increase in the symptoms since after their admission to the college.

Keywords: Prevalence, headache, medical students

Introduction

Headache is one of the most common presentations to our doctors and general practitioners. Because of the easy availability of analgesics; self-management of headache is very common. This has led not only to the underreporting of the headache prevalence and its severity, but also to the inappropriate management of headache. It is classified as primary or secondary; primary headache is from vascular or muscular origin and it also includes the tension type headaches. Secondary is a referred headache by some other structure, as described by definitions and classifications of the International Headache Society (IHS).

Chronic pain is notorious in terms of cost and time lost from work for sufferer. Headache is considered to be one of the major problems among Pakistanis as in other countries around the globe. This dilemma is also on rise among the young adults and medical students. It depressingly affects their performance, quality of life and exam results at college.

In Pakistan, unfortunately relatively little is known about the epidemiology of headache though internationally, numerous studies have shown great variations according to specific populations and regions involved. Globally, it has been estimated that prevalence among adults with headache disorder, symptomatic at least once within the last year, is 47%. Half to three quarters of the adults aged 18–65 years in the world have had headache and among those individuals, more than 10% have reported
issues increases 3.354 times more as compared to the base category.

With regards to monthly income and decision making ability regarding family issues there is considerable increase if income is more than 10,000 (base category). Women spending according to their own desire is 1.4050 time more as compared to the base category. Household domestic violence decreases 0.975 times for women with more income in contrast to those with income of less than ten thousand.

Family size is another important variable to influence women empowerment. Odd ratio of legit regression model shows increase in spending of women according to their own will, if she is unmarried i.e. 2.573 times more as compared to married women. The reason is that microfinance has made them economically independent therefore they can spend money as desired. For other variables such as decrease in household burden of work, decrease in household violence and decision making regarding family and health issues, there is 0.440, 0.267 and 0.7505 times decrease as compared to married women.

The analysis for regional variables show that there is 0.885 times less burden of work and 0.743 times less house-hold violence in district Swabi as compared to base category. But there is 1.438 times more spending according to their own will, and 1.543 times increase in decision making ability within the house-hold as compared to district Peshawar.

As far as district Mardan is concerned the result shows that respondents living in district Mardan had to face 1.472 times more in burden of work as compared to district Peshawar. While household violence is 1.321 times more in district Mardan as compared to the base category. The decision making ability regarding health and family issues is also 1.324 times greater in district Mardan than Peshawar but there is 0.546 times less freedom in spending according to women’s own will as compared to the base category.

**Conclusion and Recommendation**

The analysis of data shows that impact of micro-finance programs on women familial empowerment seems to be encouraging in all three districts. The result shows that if in a family the number of children is small the women are more empowered. Similarly women living in a nuclear family are more empowered than women living in the joint family. As microfinance makes them financially better off, there is an increase in their spending and their decision making regarding health and family issues.

**References**

respondents were able to resolve their health problem.

Econometric Model: \( FE = \beta_0 + \beta_1 Noc_t + \beta_2 hh_t + \beta_3 F_t + \beta_4 A_t + \beta_5 MC_t + \beta_6 MI_t + \beta_7 NF_t + \beta_8 MS_t + \mu_2 \)

Econometric Model is constructed to measure familial empowerment and it is also measured through four variables which are, decrease in household burden of work, decrease in household violence, spending according to own will and decision making ability regarding family matters. Each dependent variable has two outcomes “Yes” or “No”. So, it is estimated through logistic regression model. The dependent variable used in each model are number of children, household head, family type, age, microcredit, monthly income, number of family members and marital status.

### Table 2: Familial Empowerment (Logistic Regression for the Determination of Familial Empowerment)

<table>
<thead>
<tr>
<th>Regression</th>
<th>Burden of Work (1=Yes)</th>
<th>Spending according to their own will (1=Yes)</th>
<th>Household</th>
<th>Violence</th>
<th>Decision-making (1=Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Odd Ratios</td>
<td>Std.err</td>
<td>Odd Ratios</td>
<td>Std.err</td>
<td>Odd Ratios</td>
</tr>
<tr>
<td>No of Children (&lt;3=1)</td>
<td>0.9483917**</td>
<td>0.3602</td>
<td>3.556117*</td>
<td>0.3670</td>
<td>0.121507**</td>
</tr>
<tr>
<td>House head (husband=1)</td>
<td>0.8298113**</td>
<td>0.0452</td>
<td>1.05384**</td>
<td>0.9615</td>
<td>0.8555258</td>
</tr>
<tr>
<td>Family type (Nuclear=1)</td>
<td>2.3528245*</td>
<td>0.6342</td>
<td>2.9476967*</td>
<td>0.3152</td>
<td>0.6063928**</td>
</tr>
<tr>
<td>Age (&gt;20=1)</td>
<td>0.6432667**</td>
<td>0.1208</td>
<td>3.7012618*</td>
<td>0.1869</td>
<td>1.001296*</td>
</tr>
<tr>
<td>Micro credit (1 year=1)</td>
<td>0.5621652**</td>
<td>0.1295</td>
<td>4.405031*</td>
<td>0.1869</td>
<td>0.3370626**</td>
</tr>
<tr>
<td>Monthly Income (&gt;10k=1)</td>
<td>1.718728*</td>
<td>0.67181</td>
<td>1.405031*</td>
<td>0.4160</td>
<td>0.9756945*</td>
</tr>
<tr>
<td>Members of family members (&gt;=4=1)</td>
<td>1.152448*</td>
<td>0.4795</td>
<td>0.1772528*</td>
<td>0.1105</td>
<td>1.249607*</td>
</tr>
<tr>
<td>Marital Status (Unmarried=1)</td>
<td>0.4405319*</td>
<td>0.4588</td>
<td>2.573845**</td>
<td>0.0133</td>
<td>0.267066**</td>
</tr>
</tbody>
</table>

Regional Characteristics (Peshawar is base Category)

| Swabi | 0.885542* | 0.0453 | 1.438211* | 0.0852 | 0.743251* | 0.0231 | 1.543112* | 0.0732 |
| Mardan | 1.472802* | 0.0342 | 0.546371* | 0.0743 | 1.321166* | 0.0321 | 1.324519* | 0.0432 |

Number of observations | 235 | LR chi²(9) | 154.32 | Pseudo R² | 0.284 |
Log likelihood | -156.034 |

*Significant at 1%, **Significant at 5%, ***Significant at 10%

### Discussion

The variables to be measured for familial empowerment are, decrease in household burden of work, spending according to their own will, decrease in household violence and decision making regarding family matters. Here the matter of concern is to know the effect of different explanatory variables like number of children, age, family income, number of family members and marital status on women empowerment. A woman is empowered when she considers herself important and strong within the family. The familial empowerment is a very strong element to empower women. The results show that if in a family the numbers of children are less than three the burden of work is 0.948 times less as compared to the women with greater number of children. Children have to spend more on their children. Their role in household decision making is 6.275 times greater than the women having more than three children.

As far as age is concerned the burden of work is 0.643 times less with the increase in age. Household violence and spending according to their own way are 1.0612 and 3.701 times more and decision making ability is 0.821 times less for a younger women.

Microcredit is the variable of main concern for the study; microcredit improves the well-being of women, the burden of work is 0.546 times less for women taking microcredit for the first time as compared to women with greater years in the field of microfinance. There is significant increase in spending according to their will, 4.405 times and a decrease in household violence, 0.337 times as compared to women taking credit for the first time. Their decision making ability regarding household
important role in household affairs and decision making.

Micro-Credit and Women Empowerment; Micro credit is the stipulation of small amount of money to the people, who cannot meet the requirements for ordinary bank loans. In most of the underdeveloped countries, micro-credit facilitates the poor people to increase their income, and as a result get improved living standard for themselves and their families. There is need to give credit to women as a way of intensification women's institutions at the gross-root level (UNIFEM). It is for this reason that women have become the main objective of microfinance services. The majority of Microfinance institutions have focused their activities on women empowerment. Women often prove to be more financially accountable with improved reimbursement performance than men. Also women spend their earnings in the wellbeing of household more than men. There is improvement in family relations due to the microfinance plans in Pakistan as well as there is increase in their self-confidence and decision making ability.

This study was conducted to examine the impact of microfinance on women's familial empowerment and to find out the impact of microfinance on women’s health issues.

Materials & Methods

This paper attempts to find out the effect of micro-credit on women’s familial empowerment and their health issues. This is measured on four variables i.e. decrease in household burden of Work, Spending according to own will, decrease in household violence and improvement in decision-making ability. The data was collected from 235 respondents, who were randomly selected from two major microfinance institutions i.e. SRSP (Serhad Rural Support Program) and NRSP (National Rural Support Program). Structured questionnaire was used pertaining to the objectives of the study. The study was conducted in three districts of Khyber Pakhtunkhwa i.e. Mardan, Swabi and Peshawar. Different statistical instruments i.e. descriptive analyses, bivariate and multivariate analyses were used to analyze the data statistically, and to show the association among different dependent and independent variables.

Theoretical framework

Theoretical framework is developed in accordance with literature review; it categorizes the relationship between different variables viewed as significant to the study;

\[
WFE = f (Noc, Age, Ms, Nof, Mc, Ft, Mi, Hh)
\]

\[
WFE = \text{women familial empowerment}
\]

\[
Noc = \text{number of children}
\]

\[
Age = \text{age}
\]

\[
Ms = \text{marital status}
\]

\[
Nof = \text{number of family members}
\]

\[
Mc = \text{micro credit}
\]

\[
Ft = \text{family type}
\]

\[
Mi = \text{monthly income}
\]

\[
Hh = \text{household head}
\]

\[
FE = f (HV, BW, SW, DM) \text{ where}
\]

\[
FE = \text{familial empowerment}
\]

\[
BV = \text{decrease in household burden of work,}
\]

\[
HV = \text{Decrease in household violence,}
\]

\[
SW = \text{Spending according to own will}
\]

\[
DM = \text{Decision making ability regarding family and health issues}
\]

Table 1: Analysis of decisions regarding health issues

<table>
<thead>
<tr>
<th>S.No</th>
<th>YES</th>
<th>Percent</th>
<th>NO</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>193</td>
<td>90.6%</td>
<td>42</td>
<td>9.4%</td>
</tr>
<tr>
<td>3</td>
<td>187</td>
<td>97.6%</td>
<td>48</td>
<td>20.4%</td>
</tr>
<tr>
<td>4</td>
<td>208</td>
<td>85.5%</td>
<td>27</td>
<td>11.5%</td>
</tr>
<tr>
<td>5</td>
<td>195</td>
<td>83.0%</td>
<td>40</td>
<td>17.0%</td>
</tr>
<tr>
<td>6</td>
<td>223</td>
<td>94.9%</td>
<td>12</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Results

The study found that 90.6% of the respondents could decide about issues related to the number of children they have. Only 9.4% couldn’t take this decision. Similarly 97.6% of the sample had the ability to decide on the matter of spacing between children, but the type of contraceptives to be used was decided by 83.0% of the respondents. The remaining 17.0% had no influence of the use of contraceptives. As regards other health issues 94.9% of women participants could take care of nutritional requirements of their family and children, and 83.0% were able to decide for the treatment of their family members. After availing micro credit majority of
ROLE OF MICO-CREDIT TO EMPOWER WOMEN REGARDING HEALTH AND FAMILY ISSUES IN PAKISTAN
Syeda Nabahat Asher, Syeda Kaniz Fatima Haider

Abstract
Background: A woman is empowered when she believes that she is important and holds a strong position within the family. The familial empowerment is very important aspect to empower women. Micro-credit leads to women taking an important role in household affairs.

Objectives: This paper attempts to find out the effect of micro-credit on women’s familial empowerment in Pakistan. This is measured on four variables i.e. spending according to her will, decrease in household violence, improvement in decision-making ability regarding health and family issues and decrease in household burden of work.

Methods: The data was collected from 235 respondents, who were selected through non probability convenient sampling from two major microfinance institutions. The study was conducted in three districts of Khyber Pukhtoonkhwa i.e. Mardan, Swabi and Peshawar.

Results: The study finds that micro-credit has a positive impact on women familial empowerment. The respondents have a greater role in household decision-making regarding health and family issues, reduced burden of work and have improved gender relations within the family.

Conclusion: The impact of micro-credit programs on women empowerment also seems to be encouraging in all three districts. Therefore it is suggested that microfinance programs should be encouraged to alleviate poverty and to enhance women’s familial empowerment.

Keywords: women empowerment, micro credit, health issues

Introduction
The status of women in Pakistan varies considerably due to uneven socioeconomic structure and development. The tribal and feudal systems have a greater impact on women’s lives. Due to patriarchal structure of the society of an underdeveloped country woman are known to be culturally and socially most susceptible facing discriminations at household level and in the country as well. They do not have the freedom of mobility. They are supposed to live at home and perform household tasks. It is beyond any doubt that women play an important role in the development of society. History accepts the evidence to the prominence of women as vigorous members of society. There is need to improve status of women and to empower them. Women themselves have to take charge of their lives and struggle for their rights in all fields of life. The empowerment of women starts from her family. Women are empowered when they realize their importance within the family.

Women Empowerment; The process of women empowerment is a method of changing insight, in order to permit the individual to modify the surroundings. It is a process to change the prevailing conditions faced by women, for the better. Women empowerment refers to enhancing their social economic and political strength. They should be allowed to participate fully in decisions regarding their health issues, visit to doctor, use of contraceptives, nutritional requirements and health problems of their children. Empowerment of women may be defined as an improvement in responsibility, control and involvement of women in various fields that influence their lives.5

Familial Empowerment; Familial empowerment refers to empowerment within household. The empowerment of women starts from her family. A woman is empowered when she considers herself imperative and confident within the family. Micro-credit leads to women taking an

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References: