

A CROSS SECTIONAL STUDY ON CHOICE OF HEALTH CARE FACILITY IN RURAL AREAS OF KRISHNA DISTRICT

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ABSTRACT: BACKGROUND: Government is trying to deliver health services to as many numbers of people as possible. The extent to which these health services are utilized by the public is to be estimated. **OBJECTIVES:** 1. to study the extent of utilization of health services in rural areas of Krishna district. 2. To study the factors influencing the utilization of health services in Krishna district. **SAMPLE SIZE:** 600, calculated by the formula, $4pq/L^2$ **STUDY DESIGN:** Cross sectional, descriptive. **METHODOLOGY:** thirty rural clusters are randomly selected and 20 adults from each cluster are interviewed. **STATISTICAL ANALYSIS:** percentages. **RESULTS:** 1. Utilization of services from private health care facility is more. 2. People are utilizing services from private health care facility due to belief in doctor.

KEYWORDS: health services, government facility, private facility, rural.

INTRODUCTION: India's primary health care services are delivered by government and private sectors. It is well known that health expenditure in India is dominated by private spending¹. Estimates derived from national Health Accounts (NHA) indicate that the country spent 4.8% of GDP on health care during 2001-02¹. Government spends Rs. 7000 crores on health care every year. Due to many logistical and infrastructural problems, 81% of rural Indians use some form of private care – largely unqualified practitioners. Primary health centers account for only 5% of total public utilization.

National surveys (NSS 48th and 52nd round) clearly showed a considerable experience, in the utilization of public health services particularly in rural areas. During independence, the private sector in India had only 8% of health care facilities but 93% of all hospitals, 64% of beds; 80-85% of doctors are in the private sector². This study is a small endeavor to assess the utilization of general health services in Krishna district, from the beneficiary angle, particularly with a view to improve government health sector utility by the public.

METHODOLOGY: Sample size is calculated by the formula: $4pq/L^2$ Where, p = choice of health care facility in rural areas = 50, q = 100-p = 50 and L = 10% of p = 5 Thus, sample size is 400. To account for unforeseen errors and to enhance the precision of the study 600 respondents are interviewed. Here, p is taken as 50% as the studied entity is utilization of health services, which is assumed to be 50%.

1. Study design: cross sectional, descriptive
2. Study setting: rural areas of Krishna district
3. Sampling unit: individual
4. Statistical analysis: percentages

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Thirty villages are randomly selected from the list of villages obtained from sub collector office of Vijayawada. From each cluster, 20 respondents are interviewed with a pre-structured questionnaire.

INCLUSION CRITERIA: respondents should be residents of the village Persons more than 18 years of age are included in the study.

EXCLUSION CRITERIA: visitors, employees and other bread winners visiting village and going back to their home in other villages or towns. In assessing the utilization of child services, mother or care take are interviewed.

OPERATIONAL DEFINITIONS: Government facility: ASHA (accredited social health activist) ANM (auxiliary nurse midwife), primary health centre, Anganwadi centre, district and area hospitals, and teaching hospital.

PRIVATE FACILITY: private clinic, private nursing home, RMP, medical shop.

DATA ANALYSIS: Data is analyzed by MS excel sheets. The observations obtained are discussed with previous studies. Conclusions are drawn basing on study observations and relevant recommendations are made.

RESULTS:

SL. NO.	HEALTH SERVICE	GOVERNMENT FACILITY No. (%)	PRIVATE FACILITY No. (%)	TOTAL
1.	LAST AILMENTS	178(29.67)	422(70.33)	600
2.	ANTENATAL	17(47.22)	19(52.78)	36
3	POSTNATAL	6(21.43)	22(78.57)	28
4	IMMUNIZATION	148(89.70)	17(10.30)	165
5	CHILD SICKNESS	47(28.48)	118(71.52)	165
6	CONTRACEPTION	264(67.35)	128(32.65)	392
7	SURGICAL	15(24.59)	46(75.41)	61
8	GERIATRIC	85(36.32)	149(63.68)	234

TABLE 1: AN OVERALL VIEW OF THE STUDY

SL. NO.	HEALTH CARE FACILITY	Respondents No. (%)
1	GOVT. HOSPITAL	54(41.22)
2	PRIVATE	77(58.78)
TOTAL		131

TABLE 2: BELOW POVERTY LINE³ VS CHOICE OF HEALTH CARE FACILITY FOR LAST AILMENT

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SL. NO.	REASON	Respondents No. (%)
1.	NEARNESS OF FACILITY	115(27.27)
2.	BELIEF IN DOCTOR	307(72.73)
TOTAL		422(100)

TABLE 3: REASON FOR CHOOSING PRIVATE FACILITY FOR THE LAST AILMENT

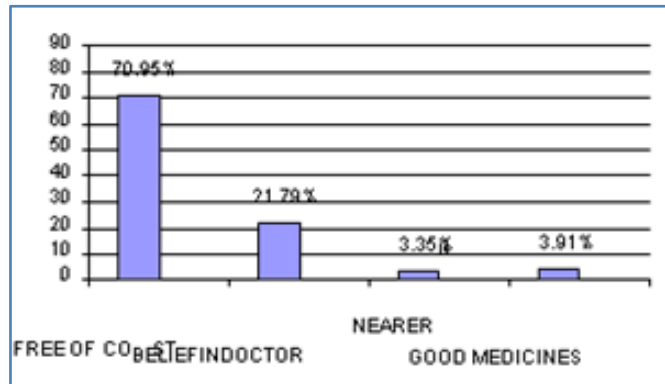


FIG 1: REASON FOR CHOOSING GOVERNMENT FACILITY FOR LAST AILMENT: (N=179)

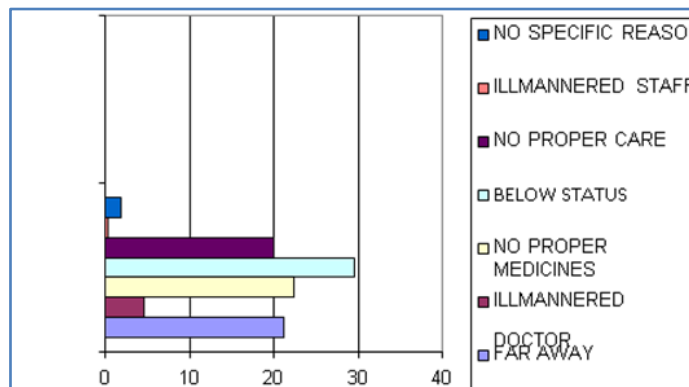


FIG 2: REASON FOR NOT CHOOSING GOVERNMENT FACILITY FOR LAST AILMENT

SL. No.	Reason	No. of antenatal women (No.)	Percentage (%)
1.	Nearer	3	15.79
2.	Belief in doctor	16	84.21
Total		19	100

TABLE 4: ANTENATAL WOMEN – REASON FOR CHOOSING PRIVATE FACILITY

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SL. No.	Reason	No. of Antenatal women	Percentage (%)
1.	free	15	88.24
2.	Belief in doctor	2	11.76
	Total	17	100

TABLE 5: ANTENATAL WOMEN - REASON FOR CHOOSING GOVERNMENT FACILITY

CHILD IMMUNIZATION: Out of 165 under 5 year children in the study, 89.70% got immunized at government facility.

SL. No.	Reason	No. (%)
1.	Near	7(41.17)
2.	Belief in doctor	10(58.83)
	Total	17(100)

TABLE 6: REASON FOR CHOOSING PRIVATE FACILITY FOR CHILD IMMUNIZATION

SL. No.	Reason	No. (%)
1.	free	116(78.38)
2.	Belief in doctor	18(12.17)
3.	Near	12(8.10)
4.	Good supply of medicines	2(1.35)
	Total	148(100)

TABLE 7: REASON FOR CHOOSING GOVERNMENT FACILITY FOR CHILD IMMUNIZATION

SICKNESS OF UNDER FIVE CHILDREN: In the event of sickness, 28.48% of children are taken to Government facility and 71.52% are taken to Private facility. 58.79% of under five children who are taken to Private facility are taken mainly due to belief in doctor. Second prominent reason being private facility being nearer than Government facility (26.8%). About 10.14% of children are taken to RMP for treatment of sickness.

A sizable number of respondents i.e., 31.96% did not take their children to Government facility as they felt that it is below status. Other reasons for not opting Government facility being: no proper supply of medicines (28.87%), Government hospital being far away from private facility. Majority (78.72%) of the children who are taken to Government facility are taken as the services are rendered free of cost.

POSTNATAL SERVICES: 4.66% of respondents are postnatal, in this study. 78.57% of postnatal women sought postnatal checkups from Private facility. 72.73% of respondents who sought medical care from Private facility did so due to belief in doctor and the rest sought care from Private facility due to more proximity of Private facility than Government facility. 40.91% of postnatal reported that

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there is no proper care in Government Hospital, 27.27% of postnatal did not attend Government facility as it is farther than Private facility. 9.09% of them reported that the doctor is ill-mannered, 13.64% of postnatal said there is no proper supply of medicines in Government facility and 9.09% of postnatal said that it is below status to go to a Government Hospital. Postnatal women who sought health care from government facility did so as the services are rendered free of cost.

CONTRACEPTION: 76.21% of respondents are eligible couples (ECs). Out of them, 85.59% of ECs practiced contraception. Out of ECs practicing contraception, 67.35% obtained family planning services from Government facility and 32.65% obtained contraceptive services from Private facility. Out of those who went to private facility 75% went to Private facility as they have belief in doctor and 21.88% of ECs attended Private facility as it is nearer than Government facility. Among those who have not chosen Government facility, 33.59% of respondents reported no proper care in Government Hospital. 26.56% told it is below status to go to a Government facility. 18.75% of ECs sought contraceptive services from Private facility as Government facility is farther than Private facility. 87.12% of respondents who chose Government facility did so as the services are free. 9.09% of respondents utilized government health services for contraception due to belief in doctor.

SURGICAL SERVICES: In this study, 10.15% underwent surgery. Out of them, 75.41% attended Private facility while 24.59% of them attended Government facility. Among those who attended Private facility, 97.83% of respondents attended Private facility due to belief in doctor. 67.39% of patients opined that there is no proper care in Government Hospital facility and hence did not choose it. Among those who chose Government facility 100% of patients chose it because the services are free.

MEDICAL CARE OF ELDERLY PEOPLE: In this study, 234 respondents were elderly people (i.e., more than 65 years of age) .36.32% of elderly people attended Government facility to seek medical care and 63.68% of elderly people attended Private facility. Among those who attended Private facility, 67.62% visited Private facility due to belief in doctor. 32.38% of elderly people chose Private facility as it is nearer than Government facility.

Among those who did not attend Government facility the reasons given are: no proper supply of medicines (35.24%), no proper care (27.62%) farther than Private facility (17.14%), below status to go to Government Hospital (14.29%) and doctor is ill-mannered (5.71%). All (100%) the respondents who sought medical care from Government facility did so as the services are cheap. It is observed that for most of the services, respondents chose government facility because the services are rendered free of cost and not because of belief in the facility and respondents chose private facility not because of cost factor but due to belief in private facility.

DISCUSSION: In this study, respondents are preferring private health care facility more than government health care facility. The men, material and money invested by the government is not fully utilized. In a study done by C.V. Anitha in Mysore, 38% of 240 respondents reported to utilize services of primary health centre in Mysore taluk². In a study done by Varma et al in a South Indian district, 54% of rural antenatal women sought paid services from private practitioners and this study findings are similar to that of Varma et al⁴. In the memorial oration of Dr. B.C. Das Gupta by Dr. Sandip

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Ray⁵, 25.89% of respondents utilized government facility. These study observations are similar to that of our study in the context of utility of health care facility for the respondents' last ailments. But certain services like child immunization and contraception are preferred from government health care facility. This may be due to the work of ASHA, ANM and anganwadi worker.

As per the oration of B.C. Das Gupta done by Dr. Sandip Ray et al⁶, 99% of respondents in West Bengal chose government facility for immunization and our study observation concurs with that of Sandip Ray et al.

CONCLUSIONS: In this study, it is found that in spite of low paying capacity; more than half of the respondents are choosing health services on payment for their last ailment, though the services are rendered free of cost in Government Hospital. Antenatal, immunization and contraceptive services are preferred from government facility. Medical care of under-five year old children for sickness, postnatal care and medical care of elderly are preferred from private facility. Those who prefer government facility mostly prefer it as services are rendered free of cost. Those who prefer private facility are mostly doing so, because of belief in doctor and nearness of institute. Government facility is not preferred usually because of long distance, improper care, improper supply of medicines and a feeling of below status to go to a Government facility.

RECOMMENDATIONS: More number of health care facilities is to be set up under government sector. Belief in government facility should be created among the public by enhancing the work efficiency of government facility by various measures eg: In the government health care set up, health care staff should be seen that they are more responsible and accountable. Quality training of health staff by strengthening the training schools of all cadres under government health set up. The health personnel should promptly attend to the health needs of the patients and they should be sensitized in this regard. It should be seen that the existing government health structure should be strengthened at both managerial and implementation levels. Continuous and rational supply of drugs is to be ensured by appropriate coordination between central drug stores and the administration of government medical and health institutions. According to the medical and health needs of local population.

Steps should be taken in improving faith on government facility among public regarding government facility by focusing the satisfaction expressed by the treated patients at government facility in the media. Pay and quick responding clinics with adequate facilities have to be introduced in district hospitals and teaching hospitals for attending patients of above poverty line. Finally, the men and material of government health care facility can be used effectively and efficiently by observing at least some of the above steps. Slowly in due course of time, belief in government health care facilities can be built up and many people may utilize government health services.

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