Original Research Paper
Volume-8 | Issue-11 | November-2018 | PRINT ISSN No 2249-555X
Community Health Nursing

"HEALTH SEEKING BEHAVIOR AND UTILIZATION OF PUBLIC HEALTH SERVICES BY THE RURAL POPULATION OF YAVATMAL DISTRICT IN THE STATE OF MAHARASHTRA."

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ABSTRACT In this study, an attempt has been made to investigate the Health Seeking Behavior of the rural community in Yavatmal districts of Maharashtra state, India. This paper further explores the patterns of utilization of public health services by the selected rural community. An extensive primary healthcare infrastructure provided by the Government exists in the area. Yet, it is inadequate in terms of coverage of the population and grossly underutilized because of the quality of healthcare being provided and the geographical diversity. The findings revealed that, people generally do not pay much attention towards the health problems at the initial stage; they usually prescribe medicine to self followed by a visit to the local faith healer. The people are not aware about the various schemes available and that is the reason they are deprived from availing those schemes and services. The next stage involves visiting an ill-qualified or unqualified medical practitioner, depending upon availability. It is only in very advanced stages of the problem that the help of a qualified medical person is sought. Even if they have been attended by the health care providers it take a long time to diagnose the problems and start the treatment, as a result, most people, even the below poverty line, choose expensive healthcare services provided by the largely unregulated private sector, this not only face the poor toward double burden of poverty and ill-health but the financial burden of ill health can push even the non-poor into poverty and even towards the suicide attempts. The rural people express the various reasons for not availing the public health services and their preference for the private practitioners.
The paper concluded with the provision of pharmaceutical training to the, Graduate Chemist, so they can communicate with the Medical Officers and Auxiliary Nurse Midwives through telemedicine or mobile phone before prescribing medicine to the people in emergency. It is recommended that the AYUSH training is to be given to the traditional faith healers and involving them under the public private and community partnership for providing Public Health Services. It is strongly suggested that there should be Sub- centre in each village with residential male and female MPHW.

KEYWORDS : Health seeking behavior, Utilization of public health service, preference and barriers of health services, people friendly health services and community participation.

INTRODUCTION:

The Indian Constitution defines the role of state and central government in terms of providing certain services to the subjects. Primary health care is an important service included in the list.

Considering its essentiality and role in determining the basic quality of life, for almost all societies, it becomes a merit good especially for those sections of the society who cannot afford it. It becomes a community want to protect life and provide a decent quality of survival to all members whether or not they are able to afford the treatment. Thus, the Constitution recognizes it as a duty of the government to provide primary healthcare particularly to the poor and economically vulnerable sections of the society.[2]

Health seeking behaviour should be distinguished from the broader concept of health behavior, defined by Kasl and Cobb as "any activity undertaken by individuals who see themselves as healthy for the purpose of preventing disease or detecting it in an asymptomatic stage". [6]Health Seeking Behaviourmore generally; drawing out the factors which enable or prevent people from making 'healthy choices', in either their lifestyle behaviours or their use of medical care and treatment. Thus whilst in the former literature health care seeking behaviour is conceptualized as a 'sequence of remedial actions' taken to rectify 'perceived ill-health' (Ahmed et al, 2000). [7]

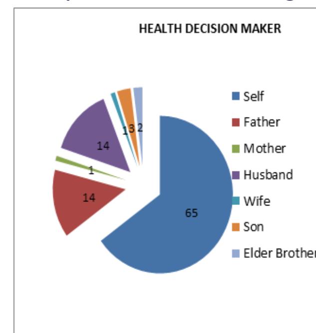
RESEARCH MAATERIALS AND METHOD

A crossed-sectional survey conducted to assess the health seeking behavior and utilization of the public health services of the rural population in selected villages of Yavatmal district in the state of Maharashtra, India. A semi-structured questionnaire was administered to a simple random sample of 100 participants in the month of May 2015. Also the information was collected through informal group discussions (IGDs) with a groups of Mahila Mandals and Community Leaders, members of the Gram Panchayat (present as well as former), local teachers and members of the Mahila Mandals (village level organization of women) and other socially influential persons including TBAs and traditional faith healers, local health providers like so called family physician and jarhi booti walas (herbalists) in each village under study. The number of the participants varied from four to over a seven, and it was possible to get a fair picture of the community's views on the issues short-listed for discussion. In-depth interviews were also held with local General Practitioner and faith healers and herbalists to know about the kind of problems the community faces and the type of treatment dispensed at home by the patients themselves or their family members before they approach the local healers. An effort was also made to know the type of treatment dispensed by them. For the purpose of data collection, the study has used a combination of both quantitative and qualitative techniques. Pilot study was tested for its practicality and consistency of the research tools.the cronbach's Alpha value was 0.881.

RESULT:

The socio-demographic profile suggested that, 15% of the participants belonged to the age group between 15-24 years, 25% were in the age group 25-34, 21% were aged between 35-44 years and 18% were in the age group between 45-55 with mean age of 25 years. Majority of the subjects (54%) was male and 46% of them were females. Education differed significantly, majority of subjects (35%) were illiterate, 18 & studied up to SSC, 31% of them studied up to HSC and 16% were the graduates. Largest proportion of the respondents (35%) was students followed by which 26% were in service sectors (organized and unorganized) equal numbers were (12%) were self employed and farmers respectively and 11% were housewives.

Family Health Decision Making:



As far as health decision making in the family is concerned, maximum respondent (65%) were self decision makers. Equal numbers i.e. (14%) was father was the decision makers for the unmarried children and husband for the married women respectively. shockingly only 1% health decision makers were mothers and wives respectively, male dominance were reported even with this regards.

FIGURE-1 : family health decision-making of the respondents

Source of Health Information:

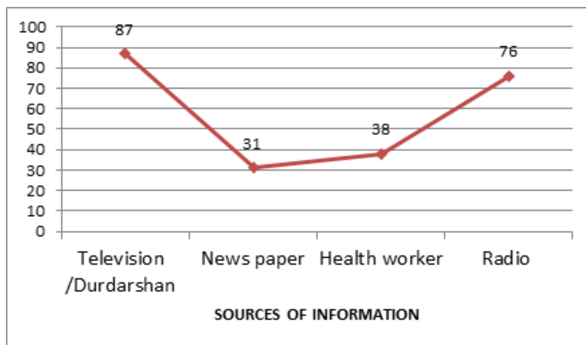


FIGURE-4: Sources of health information

It was revealed that most of the respondents (87%) watching television and listening to the radio (76%) thus, it can be suggested that, the Health Department can better use this media for the health awareness programme. Nearly equal i.e. 38% and 31% were reported that, they received information from the health workers and from the news paper respectively.

A-Health promotion:

1. Unhealthy Health Habits:

Almost equal numbers of the respondents i.e. and reported, they consume alcohol (25%) and chew tobacco (23%) regularly. Nineteen percent male were smokers and 7% were using masherib/ misry (masher/misry is the roasted tobacco powder) .

2. Health Status of the respondents

The graph depict that, the equal numbers of the respondents i.e. (38%) reported their health as good and fair respectively. Only 15% reported very good health status. Six percent and 3% reported poor and very poor health status respectively.

3. Annual episodes of the major sickness & early diagnosis and treatment:

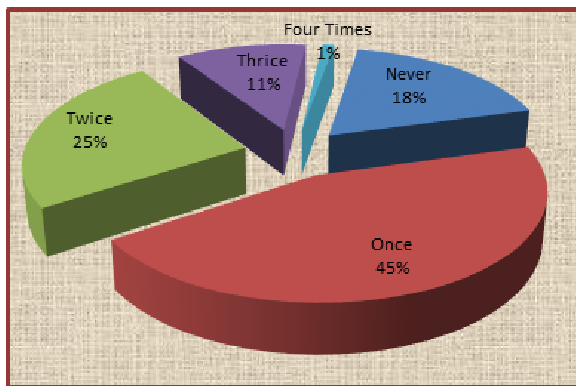


FIGURE-6 : Annual episodes of the major sickness

Seventy nine percent respondents reported that they do fall sick, out of which 45% reported they felled sick once in a year , 25% reported twice and 11% the thrice episode of sickness annually. 18 % never felled sick in the last one year.

The reason for the sickness, 58% said people do not take self care, 31% are aware about the bad habits are the cause for sickness. Eight percent said entry of the pathogen is responsible for causing diseases. Only 3% verbalized black magic is the cause.

Seventy percent agreed, 24% were disagreed and 4% remains neutral when it was asked whether health problems can be prevented, surprisingly 82% said immunization is to be given to prevent child mortality and 17% were firm on Janam Ghutti. Shockingly only 24% reported, they go to the doctor immediately; where as 54% seeks medical treatment usually after one week.

B. Knowledge regarding Health Promotion

TABLE 2: Knowledge of the Rural Population in relation to Health Promotion.

N=100

Variable		n	%
Need of Staying Healthy	To Prevent disease	62	3
	To enjoy life	28	62
	To prevent death	5	28
	To save money on Hosp.	5	5
Task to be done to remain Healthy	Exercise , sleep and medicine	37	5
	Doctors advice, limited work and happiness	5	37
	Spirituality , helping others and morality	12	5
	Take nutritious food, potable water and exercise	46	12
The reasons for sickness	They do not take self care	58	46
	Entry of pathogen in the body	8	58
	Black magic	3	8
	Bad habits	31	3
Health problems are preventable	Agree	70	31
	disagree	4	70
	Not sure	26	4
Measures to reduce Child illness	Immunization	82	26
	Putting kajal in the eyes	1	82
	Giving Janam ghutti	17	1
Need of Balanced Diet	Maintain good health	57	17
	Prevent diseases	22	57
	Sustain life	10	22
	All of the above	11	10
Prevention of Water born diseases in rainy season	Drinking water from cooler	72	11
	Aqua guard water filtration	2	72
	Filtration using piece of cloth	26	2
Need of regular Medical Checkups	Yes	32	26
	No	24	32
	Don't know	44	24

First contact care:

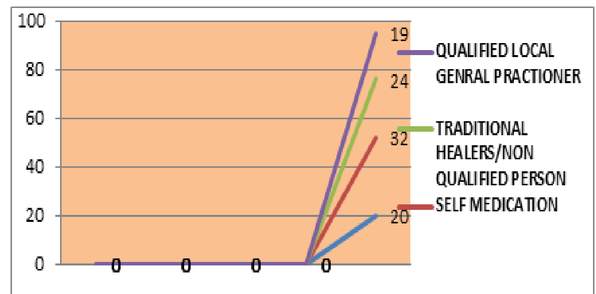


FIGURE 7 : First contact care

Above graph highlighted the first contact care, it was surprisingly came to the notice that 24% take self prescribed medication, 19% goes to the private practitioners. Twenty four percent had first contact with traditional faith healers and minimum number i.e. 20% had first contact to the public hospitals.

Course of the treatment:

Forty percent of respondents highlighted that they take complete course of the treatment where as 48% reported they sometimes take complete course of treatment, that may be one of the reason that the pathogen are getting drug resistant. As far as changing doctors are concern 14 % reported they always change their doctors and 62% reported they sometimes change their doctors for better treatment .Maximum said they take the second opinion from the experts when the health problem worsen.

B-Utilization of the public health services

1. Ranking of the preferred health facilities

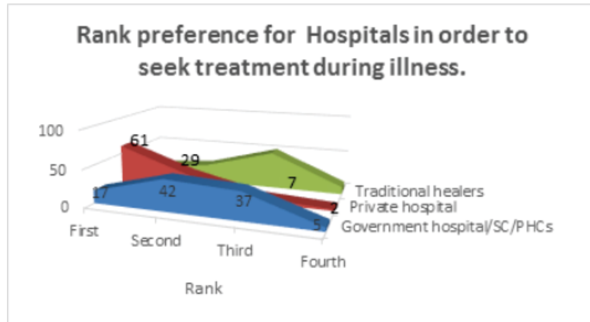


FIGURE-8 : Preferred Health Facilities

To analyze their preferences, ranking questions were asked. Rank 1 was given to the most preferred health facilities, as the rank increases the preferences decreases.

TABLE-3: Ranking of the Preferred Health Facilities

Rank	Govt Hosp/ PHC /SC	Private	Traditional healers	Charitable Trust	Ranking frequency	Rank for the preference
1	17	61	16	-	61	1= private
2	42	29	24	2	42	2=Government
3	36	7	49	5	49	3= Traditional healers
4	5	2	9	61	61	4=Charitable trust
Total	42	61	49	61		

Sr.No	Health services	Mean	Variance
1	Government hospital/SC/PHCs	2.29	0.652
2	Private hospital	1.53	0.635
3	Traditional healers	2.47	0.878
4	Charitable hospital	2.98	3.192

Above table shows the smallest mean is 1.53, this shows that private hospitals are significantly preferred by the people. By using Kruskal Wallies Test we get Chi-Square calculated = 222.05 with 4 d.f. at 5% level of significance. This value is very large than Table value= 9.49. Hence , Ho: All hospitals are equally preferred is rejected. In order to find out the most preferred facility, researcher used further Ranking method by using 2 way table and it was found that the Private hospitals was the most preferred and charitable was the least preferred, it was found that there are significantly very few charitable trust working in the rural area that may be the reason to rate least.

The Non Governmental Organizations and Charitable Trust are accommodated only in urban areas where is hub of health facilities, therefore ,it is suggested that, these health agencies should also provide the health services to the rural community who are in need of health care. Only 17% respondents preferred public health facilities, the reasons to avail this facilities are reported by them. Forty two percent felt that they are free and affordable, 13% used it because there were no other options available and only 9% reported the services are effective.

TABLE -4 : Utilization of public health facilities and its association with the demographic variables

N=100

Demographic Variable		Regularly	Sometime	Never	*P* Value
Gender	Male	4	17	25	0.048741
	Female	4	33	17	
Education	illiterate	4	14	17	0.668611
	up to HSC	2	9	7	
	SSC	2	18	11	
	Graduate & Above	0	9	7	
Occupation	Unemployed	0	3	1	0.675144
	Student	4	14	17	
	Farmer	1	7	4	
	Service	2	11	13	
	Housewife	1	8	2	
	Self employed	10	2	2	
Income	0-500	4	26	14	0.077268
	501-1000	0	6	9	
	1001-1500	1	5	0	
	1501 & above	3	13	19	

2: Reasons for not availing public health services:
37% reported that they are not satisfied due to lack of resources i.e medicine ,tablets dressing materials etc. nineteen percent revealed that for all kind of health problems same types of yellow and red tablets are provided by the health workers , which are ineffective .Thirteen percent revealed that the health workers in the rural area are not approachable .

3: Reasons for preferring private health facilities:
All though the source of income is less, still people preferred to utilize private health services because of less waiting time/Early diagnosis, prompt and effective treatment, on the country they were missing in the public health facilities.

4. Public Opinion about the public health services:
When it was asked them to rate their satisfaction regarding the services provided by health workers, 35% were not satisfied, 50% were somewhat satisfied and only 9% were satisfied .

5. Availing Government Health Schemes
Most of the respondents (61%) were not aware about health schemes and that was the reason they did not availed benefit out of it. Seventy two percent of the respondents revealed that one has to complete some any formalities to get the benefit of health schemes.

CONCLUSION:
Prior to discussing these results, however, several limitations warrant mentioning. Firstly, these findings of Health Seeking Behaviour and utilization of public health facilities are based on the reported responses given by the respondents and not based on the observations. It was felt during discussion that the, level of awareness and utilization of public facilities was found to be poor.

Poverty, Ignorance and delayed first contact for medical treatment were some of the reasons for poor health status. Self prescribed medicines is on high among the rural people and chemist provides them medicine based on the health problems. They seek proper medical treatment when the problems get worsened. Study on health seeking behaviour and healthcare services in Rajasthan: a tribal community's perspective (Lakhwinder Singh, Shiv Gupta, 1996) also reported that the general health problems like fever and malaria, at the first stage some treatment is administered at home, followed by a visit to the local faith healer. It is only in very advanced stages of the problem that the help of a qualified medical person is sought.

Due to their ignorance, they visit traditional healers and ill-qualified medical practitioners. Another reason for not utilizing the public health set-up was prolonged waiting time, delayed diagnosis and inadequate health resources were some of the significant reasons why even the people from below poverty lines are utilizing private health services, these findings are supported by the NFHS (1992-93) which shows that in rural areas, 20 cent of all the illnesses were treated in public health care facilities and 80 per cent in private sector facilities.

Study on health seeking behaviour and healthcare services in Rajasthan: a tribal community's perspective (Lakhwinder Singh, Shiv Gupta, 1996) also reported that the general health problems like fever and malaria, at the first stage some treatment is administered at home, followed by a visit to the local faith healer. It is only in very advanced stages of the problem that the help of a qualified medical person is sought.

In informal group discussion people strongly looking forward to have well equipped sub centre in each village with approachable health workers to make public health services people friendly.

Key Recommendations

1. Proper training to be given to the ANM/ ASHA on Pharmacology, local chemist (who holds a degree of pharmacology) can be trained and involved in the curative treatment with clear guidelines.
2. Traditional local faith healers and herbalist can be train in AYUSH by registering them with PHCs and integrated into the mainstream in future. Performance based monetary benefit can be given to them.
3. Government is taking much effort in provision of public health services but because of barriers the services are not reaching to the people, to overcome it there should be well equipped sub centre in each village.
4. Around 80% People are utilizing private health services, the public private and community partnership is the practical solution by making people realize that the public health department is concern about their health and collaborated with private practionnair for better health care.
5. Awareness about health promotion practices to enhance by health awareness campaign and health Mela.
6. NGOs and Charitable Trust to be encourage for the partnership in the rural area.

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