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A Study on Utilization of Government Health Services by Women in Kancheepuram District, Tamilnadu

KEYWORDS: health and Social Work, Utilization of Services

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ABSTRACT *"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political, economic or social"- (Constitution of WHO, 1948). Healthy women can build a healthy and wealthy nation. It is essential to upgrade the health status of women to build a strong economy. Like men on average women live in better homes than they did in previous years with more access to education and health care. But compared to the developed nations the health status needs to be upgraded. Recognizing the importance of health in the process of economic and social development and improving the quality of life of our citizens especially women and children, the Government of India resolved to launch the Health Mission. The Goal of the Mission was to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. Tamilnadu has implemented the activities of Health Mission efficiently and effectively to improve the health status of women. This research study focuses on studying rural women's utilization of health services offered by the Government sub-centers in Kancheepuram District. The findings reveal that the reliable and quality service rendered by the professionals, motivation of the village level volunteer are the major reasons for high level utilization of services of the Government sub-center.*

INTRODUCTION

In India children under the age of five years constitute about 17 per cent of total population. Children are most vulnerable group to diseases, disability and death. The Government of India has taken intensive measures in establishing health centers and strengthening the services through the National Rural Health Mission launched in the year 2005. Child health care is one of the major components of the health mission. Ante natal and post natal check-ups, trained community level worker, complete immunization, good hospital facilities, improved facilities for institutional delivery, provision of house hold toilets, mobile medical units, health and nutrition services at the Anganwadi are the major programs.

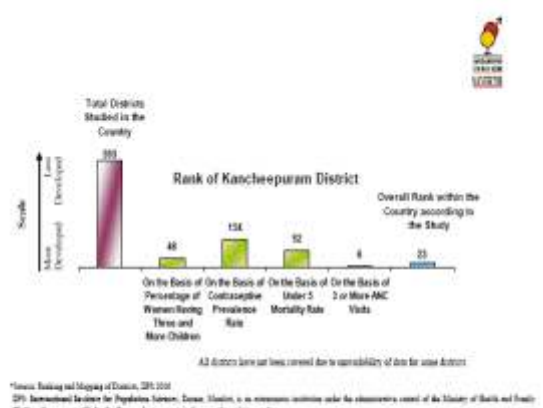
The National Family Health Survey 2006 report shows a very low level of utilization of the health services provided by the health centers. A number of studies were conducted to find the reasons for low level of utilization of the services, to increase the efficiency of the delivery of services of the health centers, to remove inequality in access to health services throughout the country.

The utilisation of health services is conditioned by number of interacting factors. Among these, type of family, social class, caste, religion and educational status are of vital importance. Other equally significant determinants are distance between the village and the health centre, attitude of professionals rendering the service and quality of health service.

Health and Social Work

A study of the history and development of social work reflects that social workers have always been concerned about the health inequalities affecting the poor, the marginalized and disadvantaged. Social workers have been involved in reform movements for health care. They have been active in the prevention of spread of infectious diseases, case findings, working to reduce defaulters in Tuberculosis and other infections, venereal diseases and maternal and child health problems (Dhooper 1997). Social workers identify the rights that are not available and make interventions to ensure that people can attain human rights (Reichert 2003).

This study aims to find the level of utilisation of health services of government sub- center by women with children below five years. A sub-center is the most peripheral health institution available to the rural population. It covers six to eight village hamlets. It has a female health worker, a male health worker and a visiting doctor. This study was conducted at Kancheepuram district because it is known for its best practices in the Integrated Child Development Centers. The literacy rate is high and the enrollment of children is 100% and the immunization coverage is above 90%.



Objectives

- To study the demographic profile of the respondents.
- To study the types of services of Government sub-center utilised by the respondents.
- To study the level of utilisation of the health services of Government sub-center by the respondents.

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Methodology
Descriptive research design was adopted and stratified random sampling was used to select 150 women respondents for the study. An Interview Schedule was designed to find the level of utilization of health services by the respondents. Age, religion, educational status and nature of family were the independent variables and the level of utilization of services was the dependent variable.

DEMOGRAPHIC PROFILE OF RESPONDENTS

S. No.	Age (Years)	Frequency	Percentage (%)
1	15-20	10	6.7
2	20-25	73	48.7
3	25-30	53	35.3
4	30-35	14	9.3
S. No.	**Religion**	**Frequency**	**Percentage (%)**
1	Hindu	90	60.0
2	Muslim	29	19.3
3	Christian	31	20.7
	Total	150	100.0
S. No.	**Education**	**Frequency**	**Percentage (%)**
1	Illiterates	11	7.3
2	Below 5th Standard	89	59.3
3.	Below 8th Standard	50	33.3
.	Total	150	100.0
S. No.	**Type of Family**	**Frequency**	**Percentage (%)**
1	Nuclear	86	57.3
2	Extended	47	31.3
3	Joint	17	11.3
	Total	150	100.0

Summary of Findings
Demographic Profile

- It is observed that 73 respondents (48.7%) belong to the age group of 20-25 years. There are 53 respondents (35.3 %) between the age group of 25- 30 years.10 respondents (6.7%) belong to the age group of 15- 20 years and 14 respondents (9.3%) belong to the age group of 30 - 35 years.
- Majority of respondents i.e. 90 (60%) of them are Hindus. 31 (20.7%) respondents are Christians and 29 (19.3%) respondents are Muslims.
- A Majority of 89 respondents (59.3 %) are primary school drop outs. 50 respondents (33.3%) are high school drop outs and 11 respondents (7.3%) are illiterates.
- With regard to nature of family 86 respondents (57.3%) belong to nuclear family, 47 respondents (31.3%) belong to extended family and 17 respondents (11.3%) belong to joint family system.
- All 150 respondents (100%) belong to below poverty line family.

Utilisation of Health Services

- All 150 respondents (100%) utilize the immunization services of the sub- centers.
- It is observed that 69 respondents (40 %) had a low level of utilization of the services of the sub-center. These respondents utilized just the immunization services of the health centers. 90 respondents (60%) had a high level of utilization of the health services. These respondents utilized the health services for all minor ailments, antenatal check-ups, immunization, nutrition services, health education and referral services. Variables like the economic status, type of the family, caste, religion may have an influence on the utilisation patterns or Programme-related factors like the health worker's visits to the village may also influence utilisation of services.

- It is observed that within the age group of 15-20 years 4 respondents (2.7%) had a low level of utilization and 6 respondents (4%) had a high level of utilization of services. Among the age group of 20-25 years 27 respondents (18%) had a low level of utilization and 46 respondents (30.7%) had high level of utilization of services. In the age group of 25-30 years 26 respondents (17.3%) had a low level of utilization and 27 respondents (18%) had high level of utilization of services and among the 30-35 years age group 3 respondents (2%) had a low level of utilization of services and 11 respondents (7.3%) had high level of utilization of health services of the sub-center. The association between age of the respondents and the level of utilization of services of the sub-center is statistically not significant ($X2 = 4.099$, $df = 3$, $P > 0.05$). The null hypothesis is accepted.
- It is observed that among Hindus 38 respondents (25.3%) had a low level of utilization and 52 respondents (34.7%) had a high level of utilization of services. Among Muslims 7 respondents (4.7%) had a low level of utilization and 22 respondents (14.7%) had high level of utilization of services. Among Christians 15 respondents (10%) had a low level of utilization and 16 respondents (10.6%) had high level of utilization of health services of the sub-center. The association between religion of the respondents and the level of utilization of services of the sub-center is statistically not significant ($X2 = 4.134$, $df = 2$, $P > 0.05$). The null hypothesis is accepted.

- It is observed that among the respondents living in nuclear families 37 respondents (24.7%) had a low level of utilization and 49 respondents (32.6%) had a high level of utilisation. Among the respondents living in extended

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families 18 respondents (12%) had a low level of utilization and 29 respondents (19.3%) had high level of utilisation. Among respondents living in joint families 5 respondents (3.3%) had a low level of utilization and 12 respondents (7.9%) had high level of utilization of the health services of the sub-center. The association between types of families of respondents and their level of utilization of the services of the sub-center is statistically not significant ($X2 = 1.178$, $d f = 2$, $P > 0.05$). The null hypothesis is accepted.

- It is observed that there is no significant difference ($F= 2.256$ $P>0.05$) along the three different groups of the respondents based on the educational status with regard to level of utilization of the services of the sub centers. The null hypothesis is accepted.
- A majority of 136 respondents (90.7%) agreed that the service of the sub-center is used due to efficient delivery. 143 respondents (95.3 %) reported that they always trust the services of the Government sub-center. 136 respondents (90.7%) reported that they will seek other private services only if the sub- centre is not open. 122 (81.4%) respondents agreed that the village level volunteer of the sub-center ASHA motivates them to utilize the services.

Suggestions

- Health services should be based on priority and must meet the health needs of people. Doctors of the center should be trained to act as social physicians as well as to promote healthy and happier life. Nursing and other allied health personnel should be given community oriented education in their curriculum.
- The need of those residing in remote villages is residential stay of the Auxiliary Health Nurse and Midwife in their villages to provide emergency care hence measures should be undertaken for the Sub center to be open on all the days, the staff members especially the nurse to report for duty on time and stay in the sub center.
- Involvement of ASHA in the health mission has been felt useful by the respondents. So intensive training for ASHA with the drug kit will be definitely helpful for the villagers so that the basic health services would be available round the clock thereby the problem of man power in the sub center will be solved.
- Better coordination with Non Government organisations, professional health organizations, private practitioners and the like is needed if better results are to be achieved. There should be provision for periodical evaluation of the program to ensure availability and access in delivering health services to meet the community needs efficiently and effectively. There should be provisions for proper facilities and desirable working condition to the health personnel.
- The respondents should not be considered as beneficiaries alone but partners in the efficient implementation of the health programs. Health consciousness among them should be fostered through health education and by providing opportunities for participation of people in the health programs.
- There is a lack of complete involvement by the people hence community education on health as a human right, the services of the sub center etc., needs to be promoted. Community resources need to be utilized and peoples participation should be encouraged at the village level through self help group, panchayats health committees and so on.
- The rural women should be empowered to have control over the health resource in the sub center. They can be trained in indigenous medicines they could be linked with AYUSH program.
- Social workers may use different approaches like empowerment, anti oppressive and strengths perspective and apply social action and advocacy strategies to facilitate poor people's access to health as identifying gaps in health services and advocating for individual and communities' rights to access health care are today packaged with the nomenclature of 'health rights'.

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