Research Paper

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Utilisation of Health Care Services among Rural Landless Agricultural Labourers in Buldana District of Maharashtra, India

Public Health

KEYWORDS : Rural Landless Agricultural labourers, Common health problems, Health care preferences.

Dr. Bharat S Thakare — MPH- Health Policy, Economics and Finance (TISS, Mumbai) Project Manager, MAHAN Trust, Mahatma Gandhi Tribal Hospital, Karmgram

Prof. Shankar Das — Professor and Chairperson Centre for Health Policy, Planning and Management School of Health Systems Studies Tata Institute of Social Sciences, Mumbai, India

ABSTRACT

Background: *The landless agricultural workers constitute the most neglected class in Indian rural structure and are the poorest of the poor who are mainly unskilled and unorganized. Being landless labourers they work in the farm of others where the working environment put an excessive burden on their health.*

Objectives: *The major aim of this study was to explore the prevalent health problems among the rural landless agricultural labourers and their health care preferences.* ***Materials and Methods:*** *A cross-sectional descriptive study was conducted in nine villages of Buldana District of Maharashtra. The quantitative data were collected from April 2013 to May 2013 by using face to face semi-structured interviews.* ***Results:*** *Almost all respondents were belonged to Hindu or Buddhist religion and 50 percent were Schedule Caste population. Majority (63 percent) of the respondents were suffering from at least one health problem. Most common health issues reported were joint pain, injury, skin diseases, malaria, typhoid, diarrhoea, haemorrhoids etc. A substantial 57 percent of the respondents indicated that during any ailments they solely preferred private health care institutions over public. All respondents reported a greater preference for the Allopathic system of health care against other alternative systems such as Ayurveda, Homeopathy and Unani. The drivers of such health care preferences were accessibility, availability, fast relief and the quality of health services.*

Conclusions: *Despite various national health policies and initiatives by the Government of India the health status of the poor under privileged population is regrettably low characterized by non-availability, and sub-standard of care in rural areas.*

Introduction

The Government of India has introduced various affirmative health care delivery initiatives in the country such as a) the National Health Policy 1983, b) 73rd and 74th amendments for decentralization in 1992, c) the National Health Policy 2002 and d) the over-arching National Health Mission (NHM) which has two sub-missions namely, the National Rural Health Mission (NRHM) established in 2005-12 and the National Urban Health Mission (NUHM) set up in 2013.

Initiatives taken during nineties has succeeded in improving the efficiency and utilisation of health care services through comprehensive primary health care services, decentralisation, transportation facilities etc.[1] But only availability of the health care services doesn't ensure its utilization, rather it depends on various other aspects such as socio-economic status, type of health care services available, distance of health care centre from patient, availability of transportation facilities, quality of health care, knowledge about illness and health care available etc.[2] It is also determined by the cost and the quality of health care, where cost involves expenditures related to the treatment, transportation, medicines and investigations. The landless agricultural labourers are the daily wage earners, thus visiting any government run health care centres results in loss of a day's wage. In such eventualities they prefer to go to a private practitioner in the evening or many a times ignore the illness. In addition, due to illness related stigma many a time they fear to disclose their illness. Thus, it further affects their health status.[3]

Agriculture provides employment to about 55 percent of the total population in India (Census 2001)[4] which includes both land owners and agricultural laborers.[5] Majority of them are rural, landless and from the schedule caste (SC) and schedule tribes (ST) communities having complete dependency on the agriculture.[6] They lack in basic needs such as food, shelter, clothing and health care; which directly affect their health status.[3] This study aimed to explore common health problems faced by the rural landless agricultural labourers and their preferences to the health care institutions and systems.

Materials and Methods

The study was a community based descriptive study with cross-sectional design. Sampling frame comprised of all rural landless agricultural labourers of Buldana District of Maharashtra, where 15.5 percent of the total population was primary agricultural workers (more than 4 lakh).[7] Three out of thirteen Tahsils of Buldana District were selected. The list of villages under each selected Tahsils was collected from the Panchayat Samiti. Thereafter, three villages from each Tahsil were included randomly. The list of rural landless agricultural labourers who were primarily working as landless agricultural labourers and the sole breadwinner of the household were prepared for each selected village with the help of either Sarpanch or Gramsevak of the village. Twenty-five such rural landless agricultural labourers (study respondents) were included from each village. To ensure greater randomness in the study the simple random sampling was employed at each stage.

A quantitative methodology was used to collect the data. Informed consent in Marathi language containing statement related to assurance about maintaining confidentiality, anonymity and freedom of refusal of participation during the interview etc. were read out and explained to each respondent. Thereafter, appropriate consent was taken from all in the form of signature or thumb impression before the start of the interview. Face to face interview with the pre-tested semi-structured interview schedule were administered to 225 rural landless agricultural labourers.

Results

The total 225 respondents were interviewed [Table-1], out of them 81 percent were male and 19 percent were female. Most of the respondents were young and below the age of 50 years (73.8 percent). Eighty-six percent respondents were married and 23 percent were widow/widower. Majority of the study subjects belonged to either Hinduism or Buddhism and largest majority were from Schedule Castes and Other Backward classes. Substantial numbers (42 percent) respondents were illiterate and only 10 percent were attained education of higher secondary and above. Almost all the respondents were poor with average annual income of Rs.19,849. Around 77 percent of the respondents were having annual income of equal to or less than Rs.25,000.

Table-1: Socio-demographic Characteristics of the Respondents

Socio-Demographic Characteristics	Frequency	Percentage
Sex		
Male	182	80.9
Female	43	19.1
Age		
20 years-35 years	97	43.1
36 years-50 years	69	30.7
51 years & above	59	26.2
Mean age	***42.5 (SD- 14.2)***	
Marital status		
Married	194	86.2
Unmarried	4	1.8
Divorced	3	1.3
Widow/ Widower	23	10.2
Separated	1	0.4
Religion		
Hinduism	121	53.8
Islam	1	0.4
Buddhism	101	44.9
Christianity	2	0.9
Social Position		
SC	112	49.8
ST	24	10.7
OBC	86	38.2
General	3	1.3
Education		
No Education	95	42.2
Primary	66	29.3
Secondary	42	18.7
Higher secondary and above	22	09.8
Annual Income		
Less than or equal to ☐ 15000	102	45.3
☐ 15001 to ☐ 25000	71	31.6
More than ☐ 25000	52	23.1
Mean annual income	☐ ***19848.8***	
Total	225	100

Table-2 indicates the data about health status of the respondents at the time of data collection. More than 31 percent of the respondents were suffering from one health problem; while the same numbers of respondents (31.5 percent) were suffering from more than one health problem. Around four percent (4.4 percent) respondents were suffering from more than two health problems. More than half (63.1 percent) of the respondents were suffering from at least one health problem at the time of data collection. Hence, it may be concluded that the health status of the respondents was poor.

Table-2: Current Health Status of the Respondents

Number of health problems	Frequency	Percentage
No health problem	83	36.9
One	71	31.6
Two	61	27.1
More than two	10	4.4
Total	225	100

Table-3 represents the data about the common health problems faced by rural landless agricultural labourers. Almost 53 percent of the respondents had suffered from joint pain in last one year which demanded medical attention. The second most frequently faced health problem was injury. Around 28 percent of them had suffered some kind of injury during past one year which had compelled them to seek medical treatment. The other common health problems amongst the rural landless agricultural labourers were found to be Malaria (20.4 percent), Typhoid (14.2 percent), Skin diseases (16.9 percent) and Diarrhoea (12 percent). No non-communicable diseases were seen among rural landless agricultural labourers except Hypertension, five respondents (2.2 percent) had suffered from Hypertension; while three (1.3 percent) respondents had suffered from paralysis.

Table-3: List of Common Health Problems in Last One Year

Health Problems	Frequency	Percentage*
Joint Pain	118	52.4
Injury	62	27.6
Malaria	46	20.4
Skin Disease	38	16.9
Typhoid	32	14.2
Fever	30	13.3
Diarrhoea	27	12
Stomach ache	23	10.2
Cough	17	7.6
Haemorrhoids	11	4.9
Asthma	9	4
Acidity	6	2.7
Jaundice	5	2.2
Hypertension	5	2.2
Paralysis	3	1.3
Leprosy	1	0.4
Other	16	15.6

Note: * percentages given are the percentage of the respondents who suffered from particular health problem

Table-4 indicated the village wise distribution of preferences towards the health care services in general for both public and private institutions and different alternative systems of medicine amongst the rural landless agricultural labourers. It was evident from the data that more than half (56.9 percent) of the respondents reported that they would prefer private health institution over the public ones, if they fell ill. Regarding the preferences on the health care systems it was revealed that Allopathy was the only preferred system of health care among the respondents. No rural landless agricultural labourer was willing to avail any other system of health care such as Ayurveda, Homeopathy or Unani.

Table-4: Village Wise Distribution of Preferences of Health Care Services in General

Health Care Services		V*1	V*2	V*3	V*4	V*5	V*6	V*7	V*8	V*9	Total
Health Institution	Government	6 (24.0)	7 (28.0)	8 (32.0)	3 (12.0)	19 (76.0)	1 (4.0)	23 (92.0)	6 (24.0)	24 (96.0)	97 (43.1)
	Private	19 (76.0)	18 (72.0)	17 (68.0)	22 (88.0)	6 (24.0)	24 (96.0)	2 (8.0)	19 (76.0)	1 (4.0)	128 (56.9)
Health Care System	Allopathy	25 (100)	25 (100)	25 (100)	25 (100)	25 (100)	25 (100)	25 (100)	25 (100)	25 (100)	225 (100)
	Ayurveda	0	0	0	0	0	0	0	0	0	0
	Homeopathy	0	0	0	0	0	0	0	0	0	0
	Unani	0	0	0	0	0	0	0	0	0	0
	Acupressure	0	0	0	0	0	0	0	0	0	0
	Yoga & Nat.	0	0	0	0	0	0	0	0	0	0

Note: - V* means 'Village' and the number with V* indicates the number of village

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While exploring the factors influencing the preference towards the health seeking behaviour among the respondents it was found that the cost of the treatment (75.1 percent), quick relief (50.2 percent), distance of health facilities (48.9 percent), quality of services (33.8%), waiting period in health facilities (22.2 percent) and attitude of the doctor (20.0 percent) were the major factors influencing the preferences [Table-5]. Other significant factors such as side effects, specialty of doctor and availability of services remained negligent while deciding on health care preference.

Discussion

Agriculture is the most important and the dominant sector in India which provides employment to the large number of people. It also has a major role in production of food grains to fulfil the needs of the rapidly increasing population of India. The food needs of increasing population are dependent on farmers and the agricultural labourers of the country. Healthy the people working in the farms (agricultural labourers) would lead to the better agricultural productivity. So, the health of the people working in this sector becomes an important concern for the state. However, the health status of the rural landless agricultural labourers of Buldana district was found to be poor in the study. Several other previous studies also showed that the working environment of the landless agricultural labourers is not much suitable and congenial for health of the population.[3,8,9] Their working environment often characterized by hot summer, cold winter and rainy season in the farmlands which are detrimental and harsh condition at work. In addition their work comprises of strenuous and long hours of back breaking hard work at times in the hazardous working condition with no facilities of first aid or safety measures available at the field. All these factors affect the health status of the rural landless agricultural laborers.[3,8,9] It was found that around 77% of the respondents had annual income of less than or equal to Rs. 25,000 and more than 40% of them were illiterate. Also most of them did not have the safe drinking water and electricity connection at their homes. All these factors led to poor health status of the rural landless agricultural labourers. Also most respondents with lowest level of education were found to be suffering from at least one health problem. These factors affected more on female respondents than the male counterparts.

The commonest health problem among rural landless agricultural labourers of Buldana district was reported as joint pain followed by injury, malaria and skin disorders. Joint pain was one of the age related health problems which increases with age. However, in the study only one fourth of the respondents were from above 50 years of age. This might had indicated that the complaint of joint pain was due to sporadic strenuous work in the field and is not due to age factor. Moreover, by virtue of lack of employment opportunity the respondents did not carry out the similar kind of work every day. The irregularity in work and strenuous type of work created irregular physical stress to the body which led to the problems like joint or muscle pain. Also, repetitive injuries were the result of lack of safety measures in the field. Other health problems like malaria, skin diseases, typhoid, diarrhoea, haemorrhoids etc. were the result of poor living as well as working conditions. Review of literature also showed that skin diseases, injuries, malaria and diseases related to digestive system were common among the agricultural laborers.[3, 10-12] Being agricultural labourers they had direct contact with chemicals and pesticides which might result in skin disorders like dermatitis; while unavailability of potable drinking water, lack of hygienic conditions and nutritious food lead to other health problems like diarrhoea, typhoid, stomach ache and haemorrhoids. So, the poor socio-economic condition and the strenuous work under tough environmental conditions were the responsible factors for poor health status among rural landless agricultural labourers.

The pattern of health care utilization showed that the preferences for the health care institutions or systems in the community. It was evident from the previous studies that rural poor preferred private health centres over the government health centres.[13-15] Similar trend of the preference were also reflected in the study. Though the economic conditions of the respondents were very poor and the cost of the treatment in private agencies were high, even though they preferred the private health care providers. The favourable factors such as easy accessibility to the private practitioner, short distance of the private health centre, quick relief and quality of the services provided by the private institutions compel them to prefer private institutions. Various studies have also concluded that despite of the lack of financial resources, rural poor prefer to access the private health care services.[15] Further the landless agricultural labourers were dependent on daily wages for their livelihood, therefore did not prefer to miss their daily wage by visiting public health centres. So, the poor demanded for quick relief and good quality services which were nearby to their villages which saves their travel time and expenditure. Further lack of transportation and communication in the rural areas deter the rural poor to avail health care in the public health facilities. The study clearly indicated that the low popularity of indigenous systems of health care as well as non-availability resulted in no preference and higher preference of the Allopathic system of health care.

Conclusion

The most common diseases found among rural landless agricultural labourers were joint pain, injury, malaria and skin diseases. These diseases were mostly related to their occupational life. In most poor societies, understanding about the health problems is very unique. In case of poor in rural Maharashtra, illnesses like headache, joint pain etc. were not considered as noteworthy health problems. Even in presence of these health problems people did seek the health care rather they preferred to go for work. Most of the rural landless agricultural labourers were preferred private health institutions and allopathic system of health care. These preferences were mainly due to no long hours of waiting, quick relief, quality of services and distance of the health facility from village. To counter the challenge the government may tackle multiple reasons that affect the rural health care in India by improving and strengthening appropriate health care delivery systems for the landless agricultural labourers especially for people from the lower economic group. Also there is greater need to undertake comparative research between various income groups among rural landless agricultural labourers for identifying the other barriers in the utilisation of health care services with larger sample size.

- Numbers in the bracket are the percentages and outside the bracket are the frequencies
- n= number of respondents per village= 25

Table-5: Village Wise Distribution of Factors Influencing the Preferences of Health Care Services

Factors	V*1	V*2	V*3	V*4	V*5	V*6	V*7	V*8	V*9	Total
Speciality of doctor	8(32.0)	4(16.0)	6(24.0)	0	1(4.0)	1(4.0)	0	0	0	20(8.9)
Cost of treatment	21(84.0)	24 (96.0)	11(44.0)	15(60.0)	23(92.0)	12(48.0)	24 (96.0)	14 (56.0)	25 (100)	169(75.1)
Distance of health facility	3(12.0)	22(88.0)	22(88.0)	22(88.0)	4(16.0)	22(88.0)	0	15 (60)	0	110(48.9)
Quality of services	21(84.0)	18(72.0)	12(48.0)	5(20.0)	6(24.0)	5(20.0)	2 (8.0)	5 (20.0)	2 (8.0)	76 (33.8)
Availability of services	5(20.0)	3(12.0)	0	5(20.0)	1(4.0)	3(12.0)	2(8.0)	5(20.0)	3(12.0)	27(12.0)
Timings of health facility	3(12.0)	4(16.0)	1(44.0)	10(40.0)	2(8.0)	3(12.0)	0	4(16.0)	0	37(16.4)

Waiting period	10 (40.0)	10 (40.0)	11 (44.0)	12 (48.0)	3 (12.0)	3 (12.0)	0	0	1 (4.0)	50 (22.2)
Side effects	2 (8.0)	1 (4.0)	2 (8.0)	1 (4.0)	1 (4.0)	1 (4.0)	0	1 (4.0)	0	9 (4.0)
Quick relief	20 (80.0)	24 (96.0)	23 (92.0)	10 (40.0)	10 (40.0)	9 (36.0)	5 (20.0)	8 (32.0)	4 (16.0)	113 (50.2)
Attitude of doctor	15 (60.0)	9 (36.0)	4 (16.0)	4 (16.0)	2 (8.0)	8 (32.0)	2 (8.0)	0	1 (4.0)	45 (20.0)

Note: - V* means 'Village' and the number with V* indicates the number of village
- Numbers in the bracket are the percentages and outside the bracket are the frequencies
- n= number of respondents per village= 25

REFERENCE

1. Purohit, B., & Siddiqui, T. (1994). Utilisation of Health Services in India. Economic & Political Weekly, 1071-1081. | 2. Yesudian, C. (1999). Pattern of Utilisation of Health Services Policy Implications. Economic & Political Weekly, 300-304. | 3. Rajuladevi, A. (2001). Food Poverty and Consumption among Landless Labour Households. Economic & Political Weekly, 2656-2664. | 4. Registrar General of India. Census data 2011. | http://www.censusindia.gov.in/2011-common/CensusDataSummary.html (Accessed on 11th February 2014 at 9:00 am) | 5. Saiyed, H., & Tiwari, R. (2004). Occupational Health Research in India. Industrial Health, 141-148. | 6. Baru, R., Acharya, A., Acharya, S., Shivkumar, A., & Nagraj, K. (2010). Inequities in Access to Health Services in India: Caste, Class and Region. Economic & Political Weekly, 49-58. | 7. Directorate of Economics & Statistics. Economic Survey of Maharashtra 2012-13. Planning Department 2013. Government of Maharashtra. | 8. Pawar, R. (1995). Landless Agricultural Laborers and the Law. New Delhi: Deep & Deep publications. | 9. Batawi, M. (2003). Health of workers in agriculture. World Health Organization Regional Publications. | 10. Reddy, K. (2013). A study on Socio-Economic Status and Health Conditions of Landless Rural Aged in Andhra Pradesh. International Journal of Scientific Research, 485-488. | 11. Kulkarni, R. R., Shrivastava, M. S., & Mallapur, M. D. (2013). Health-seeking behaviour of rural agricultural workers: A community based cross sectional study. International Journal of Medicine and Public Health, III, 33-37. | 12. Mobed, K., Gold, E. B., & Schenker, M. B. (1992). Occupational Health Problems among Migrants and Seasonal Farm Workers. Western Journal of Medicine , 367-373. | 13. Mukherjee, S., & Levesque, J. (2010). Changing Inequalities in Utilisation of Inpatient Care in Rural India: Evidence from the NSS. Economic & Political Weekly, 84-91. | 14. Prasad, P. (2000). Health Care Access and Marginalised Social Spaces: Leptospirosis in South Gujarat. Economic & Political Weekly, 3688-3694. | 15. Muhammed, K. A., Umesh, K. N., Nasir, S. M., & Suleiman, I. K. (2013). Understanding the barriers to the utilisation of primary health care in a low-income setting: implications for health policy and planning. Journal of Public Health in Africa, 64-67. |