



HEALTH ASSESSMENT SURVEY AND UTILIZATION PATTERNS OF HEALTH SERVICES IN SHOLINGHUR (INDUSTRIAL TOWN), TAMILNADU TO ESTABLISH A HEALTH CARE CENTRE -A COMMUNITY BASED CROSS SECTIONAL SURVEY IN RURAL AREAS

Epidemiology

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ABSTRACT

BACKGROUND AND OBJECTIVES: There is an epidemiological transition of non-communicable diseases in urban as well as rural areas in India. Also there is an inequity in utilization of health care facilities in urban and rural population in India. Very little information is available about the health status and utilization of health care facilities in rural areas of Tamilnadu. The present survey was conducted to assess the health status of the rural community and utilization of health care facilities in a rural area of Sholinghur town.

METHODS: This is a multistage cross-sectional survey conducted among 420 individuals which covered four villages in Sholinghur Town. One person from each household was interviewed using a pre-tested interview schedule.

RESULTS: Among the 150 adult respondents, 53% were males and 47% were females. 49% of the adults were in the normal BMI status and 44% were overweight and Obese. 53% of the adults had morbidities like hypertension, joint pain, diabetes and eye problems. 41% of the children had morbidities like eye sight problems, skin diseases etc. The adults (52%) and the children (65%) had utilized the private health care facilities rather than the govt facilities.

CONCLUSION: There was high prevalence of non-communicable diseases in the adult population of Sholinghur Town which is a rural area. Utmost the people prefers to seek private health care facilities for their health care needs rather than the Government health care centers.

KEYWORDS

Morbidity, Non-Communicable Diseases, Health Seeking, Private Practitioners, Govt health care facilities

INTRODUCTION:

Health is not everything but everything else is nothing without health. "In the beginning, there was desire which was the first seed of mind," says Rig-Veda, which probably is the earliest piece of literature known to mankind. Since antiquity India being the first state to give its citizens national health care as a uniform right. However in the present scenario Indian rural health care faces a crisis unmatched to any other social sector. Nearly 86% of all the medical visit in India are made by ruralites with majority still travelling more than 100 km to avail health care facility of which 70-80% is born out of pocket landing them in poverty.^[1]

Our country is caught up in an epidemiological transition of Communicable diseases by non-communicable diseases. In spite of transition, on one hand we are still struggling with diseases of poverty both communicable (malaria, TB, HIV/AIDS) and non-communicable diseases such as protein energy malnutrition in children, anemia, and malnutrition among pregnant women, and diabetes, hypertension, cardiovascular diseases, Obesity and so on.^[2]

According to World health organization report on the review of the National Health Surveys in India (from 1992 to 2016), the disease burden on maternal and child health, reproductive health issues & infections are more (32%, 35% and 24%) than Non-communicable diseases (5%), Injuries (3%). As per the District Health surveys the morbidity of maternal and child health diseases is more (55%) than other diseases. The annual health survey also reports that the Maternal and child health disease burden is more (63.3%) than the non-communicable diseases, Injuries etc.^[2]

According to India State level Disease Burden Initiative by ICMR, the total disease burden in 1990 as measured by DALYS was 72% which has now reduced to 33% in 2016. The contribution of non-communicable diseases of the total disease burden has increased from 30% (1990) to 55% (2016). There was an epidemiological transition of major diseases like non-communicable diseases-48% to 75%. Among the states, Tamilnadu, Kerala and Goa predominantly the highest burden of non-communicable diseases and injuries.^[3]

To meet these rapidly emerging challenges, penetration of health services and their utilization by the population are essential. We have a very poor track record of equity in health care. The rural areas and urban slums have very poor access to health services.^[4]

Health seeking behaviour as defined by Kasl and Cobb is any activity undertaken by individuals who perceive themselves to have a health

problem or to be ill for the purpose of finding an appropriate remedy.^[5] Many of these illness and deaths can be prevented and/or treated cost-effectively through the primary care services in our health system. Although an extensive primary health care system exists in India, it is inadequate in terms of coverage of the population, especially in rural areas, and grossly underutilized because of the poor quality of health care provided

The present survey was conducted by Sundaram Medical Foundation, an Urban community Hospital, Chennai to assess the health status of the rural community and health seeking behavior and utilization of health care facilities in a rural area of Sholinghur town adopted by the Brakes India Ltd to establish a Private Health care facility.

MATERIALS AND METHODS:

Study site and population: This cross sectional study was carried out in the rural community of Sholinghur village as a door to door survey. Sholinghur is a town under Walajapet taluk in Vellore district of Tamil Nadu, India. The population of this town is 126,597 as per 2011 census. There are a total of 45 villages in Sholinghur. The sampling frame consists of residents of villages in Sholinghur Taluk. By stratified sampling method, every 10th village was selected for the survey from the list of 45 villages in Sholinghur Taluk. So four villages were selected for the survey. Residents of selected areas willing to participate in the study were enrolled after getting written informed consent. The Head of the family in each household was interviewed. If he/she was not available the immediate elder person in the family was interviewed. For infants and newborn participants their mothers were interviewed. A total of 420 individuals were selected for the survey among the four villages.

Quantitative method of data collection was used to collect the information regarding the health status, practices, and habits of the community and utilization of health services. Data collection was done using a structured survey questionnaire. Frequency of all variables was analyzed and Continuous variables were presented as mean and standard deviation whereas categorical variables as proportions. Statistical analysis was done using SPSS 19.0 version (SPSS Inc., USA).

RESULTS:

Among the respondents (N=419), 64% were <15yrs (children) and 36% were above the age of 15yrs (Adults). 53% were males and 47% were females. Mean age of adult respondents was 40±13 yrs. Mean age of male adult respondents was 43±11yrs and the female respondents

was 37±13yrs. Mean age of children (5-15yrs) was 11±3yrs. Mean age of newborns and infants (0-1yr) was 8±4 months and the mean age of 2 to 5yrs children was 4±1.1yrs.

49% of all the adult respondents were in the normal BMI status and 44% were overweight and Obese.(Fig.1). Mean BMI of the adult respondents was 25±6.2. More females (55%) were in the normal BMI group than the males (43%). Males (51%) were more over weight and obese than the females (38%). Mean BMI of male respondents were 25±6 and of the female respondents was 25±7.

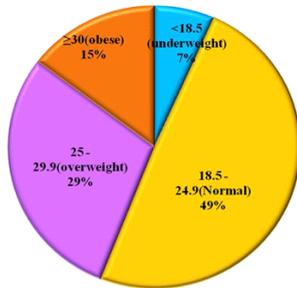


Fig 1: BMI Status Of The Adults

Of the total children surveyed (N=142), 31% were in the underweight category, 45% were in the healthy weight group and 24% were in the overweight and obese group. Girls (25%) were more obese than the boys (22%).

HEALTH STATUS OF THE ADULT RESPONDENTS:

Morbidity among the adult Population: Of the total adults surveyed (N=150), 47% of the population had no illnesses. 53% had the following illnesses. 15% (22 /150) responded that they have Hypertension, eye problems and joint pain. 13% (20/150) responded that they have Diabetes and 8% (12/150) answered that they have Mouth & Teeth problems.(Fig.2). 5% of the female respondents had gynecological problems. The proportion of non-communicable diseases (NCDs) was more (55%) among the surveyed adult population.

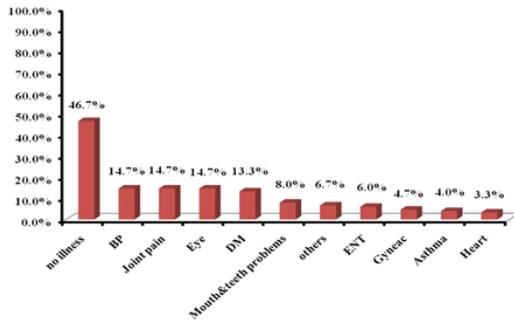


Fig 2: Morbidity Status of the adult Population

Among the children surveyed, (N=142), 41% had health problems like eyesight problems (8%), skin (8%), Ear Nose Throat (5%), Dental caries (4.2%), and worms infestations (3.5%).

More than 80% of the people in the age group of more than 40 had the Non-communicable diseases (NCDs) like BP, Diabetes and joint pain. 64% of the people in the age group of more than 40 yrs had eye problems. Among the people of age less than 40yrs, 36% had some eye problems, 18% had both Blood pressure and joint pain. (Fig.3)

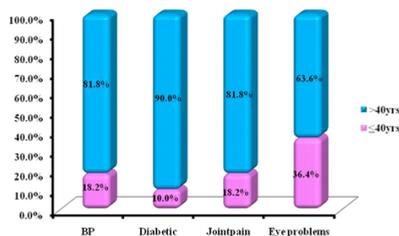


Fig 3: Age Vs Disease Status among the Respondents

Health seeking Behavior /Utilization of health services by Adult Population:

55% of the total adult population had undergone medical examination..52% were approaching the private practitioner for their illnesses. 30% approached Govt hospitals as well as PHCs. 18% approached private practitioners. 65% of the children were treated with Private Practitioner, 25% in the Primary Health Centre and Govt Hospital and 10% in Private Nursing home. (Fig.4)

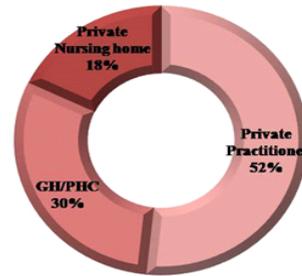


Fig 4: Respondent's Preferences for treatment

The preference of treatment for the newborns and children is also similar viz. 65% prefer private practitioner, 14% of the newborns were taken to private nursing home and 10% prefers to go to Govt health care facilities.

DISCUSSIONS:

Health is the primary requisite for good quality of life. Utilization of health services is an important factor in the effectiveness of health care and achievement for health for all. This cross sectional survey assessed the health status and the utilization of the health services of the rural community in Sholinghur a small Industrial town among 384 respondents from each area.

Of the adults surveyed, 53% had health problems. The major burden of disease among the adults was non-communicable diseases like hypertension (15%), joint pain (15%), diabetes (13%) and eye problems (15%) in the present study. In a study conducted by Amitay etal in 2012[4], the burden of non-communicable diseases was less, viz. 7% of various types of musculoskeletal disorders, 2.7% of diabetes, 1% of high blood pressure and 0.7% of heart disease but the types of non-communicable diseases were similar to the present study.

According to the present study, Children aged less than 5yrs were underweight (53%) which is similar to the Amitay etal study[4] and more were overweight and obese in the age group of more than 5yrs (20%). Our study found out that the children aged 5yrs and above had the health problems like eye sight problems, skin problems, dental caries and worms' infestations which emphasize the need for the motivation of the parents and schools for regular health checkups.

Our study showed that the preference to health care facilities was towards the private sectors (Private practitioners, clinics and nursing homes than the government sectors by adults and child's illness (65%). This finding was similar to the Amitay Banerjee etal study conducted in Pune rural areas (2010), which showed 74% sought treatment from various types of private sources and only very less proportion preferred government sources for treatment for children's illness. The same findings were found in a study conducted in Western Maharashtra by Saritha Varghese etal[6]. Almost 56.8% preferred private sector and only 23.5% preferred public sectors for treatment. The reasons for not visiting the govt health care services as mentioned in Maharashtra study was the public health centre collected money for the services instead of free services. The reason mentioned in Pune study by Amitay etal[4] was the people were dissatisfied with the govt healthcare facilities. This reason for preference to health care facility was not assessed in the present study.

Conclusion: The present study was conducted to assess the health status and utilization of health care facilities by a rural community, Sholingur. There was high prevalence of non-communicable diseases in the adult population of Sholighur Town which is a rural area. Utmost the people prefers to seek private health care facilities for their health care needs rather than the Government health care centers. Information, education and communication on non-communicable

diseases, their risk factors among the adult population in the community should be conducted by the Health Care Centre which is to be established in Sholinghur town by awareness programs.

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