ISSN: 0976-3325

Original Article

HEALTH SEEKING BEHAVIOUR OF PERI-URBAN COMMUNITY OF CHANDKHEDA

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ABSTRACT

The study conducted in peri-urban area, reveals that utilization of government health care facilities was poor in the study area compare to national level surveys. Utilization of public health care facilities was significantly higher in lower socio-economical class. Large number of poor families presently utilizes the services provided by private health providers for a multitude of reasons like Long waiting period (53.8%), distance location (50.2%) and inadequate facilities (25.4%) etc, the majority of which can be rectified with minimal resources input.

Keywords: health care facilities, peri-urban area, socio-economical class

INTRODUCTION

Medical care for treatment of illnesses has been recognized as an essential public good required for the development of any country. Recognizing this fact, most of the developed nations across the globe guarantee their citizens access to medical care provisions either as free of charges state provided care such as in U.K. or through an insurance system as in The Netherlands. In the event of an illness, individuals do need to seek curative care. Some of them may not actually take treatment as they do not perceive the illness severe enough to warrant medical attention, may not have adequate resources to afford treatment. The choice of curative health care provider depends upon the severity of illness, availability of various health-care facilities, access to services, and economic condition of household and a host of socio-economic factors.[1]

Health care in most developing countries has been visualized as a basic right for the individual. This perception has over the years manifested itself through the emergence of extensive publicly supported health care systems with unlimited access at zero or little cost to the user. However utilization of public health care facilities remains low over the years, even by the poorest of the community. This study was carried out to know the health seeking behaviour of the community and to know reasons for not utilizing a government health care facility if it is so.

MATERIAL AND METHODS

The study is carried out in Chandkheda area, which is a peri-urban area near Ahmedabad city and is the serving area for the Rural Health Training Centre attached to NHL Medical College during the year 2005.

448 households were selected from 12364 households of Chandkheda area (Census 2001)[2] using the formula $n=2zP(1-P)/(d2(1-\alpha/2)$ as per the WHO manual,[3] considering population proportion 0.05, precision 0.02 and confidence interval 95%. The Households were selected by Population Proportion to Size (PPS) sampling for each nine political ward and taking sampling interval of 25. The first household was selected randomly using random number table. The head of the family were interviewed using pretested questioner to collect information on health seeking behaviour of family.

RESULT AND DISCUSSION

Out of surveyed 448 household, 173 (38.62%) families were using different government and semi-government facilities like community health centre, civil hospital, primary health centre, hospitals and referral centers of Ahmedabad municipal corporation for treatment and other health care services. Remaining 275 (61.38%) families were availing health care services from private clinics, private hospitals, trust hospitals etc. Bi-variate analysis reveal that use of public health care system declines as socio-economic status improves (χ^2 76.38, df 4, $p<0.001$).

Table 1: Usage of Health Care Facilities by various Socio-Economic Classes

SE Class (CPI 2005 - 496)[4,5]	Families using Public Health care Facilities	Families using Private Health care Facilities	Total
Class I	8(13.56)	51(86.44)	59
Class II	23(19.83)	93(80.17)	116
Class III	34(33.66)	67(66.34)	101
Class IV	85(62.50)	51(37.50)	136
Class V	23(63.89)	13(36.11)	36
Total	173(38.62)	275(61.38)	448

Share of public health services was found to be 52%, 69% and 63% in national level surveys like NCAER 1991[6], NCAER 1992[7] and NSS 1994[8] respectively. All these studies were covering proportionally large rural area[6,7,8] which might be one of the reasons for

higher share of public provider. Study conducted in urban area reports 47% share of public health services for treatment[9]. These finding reveals that utilization of public health care facilities is poor in urban area and poorer in pri-urban area.

Free availability services (73.33%) and close location of facilities (68.33%) were important reasons for using public facilities, however none of the respondent mentioned good quality services or quickness of services as a reason.

Faith in doctor (76.83%), quickness of services (69.81%) and good behaviour of clinic staff (47.56%) were important reason for availing private health facilities. These may be the reasons which attracted 36% and 38% of class-IV and V families (table 1) to avail private facilities which are far more expensive.

Table 2: Reason for not using government health care facilities

Reasons (N=275)	Number (%)
Long waiting period	148 (53.8)
Away from home	138 (50.2)
Inadequate facilities	70 (25.4)
Unclean premises	50 (18.2)
Harsh behaviour of clinic staff	38 (13.8)
No faith in government doctor	28 (10.2)
Harsh behaviour of doctor	14 (5.1)
Other	15 (5.4)

Table 2 reveal that long waiting period was stated as the most common reason for not preferring government health care facilities. Person visiting government facilities for treatment has to stand in a long queue for every service provided like case registration, consultation of doctor, injection, dressing, laboratory services, medicines etc.

Even though government facilities were available within 3 km area of all surveyed area, half of the respondent using private facilities feel that it is away. Availability of private health care facility at the door step might be one of the reasons for giving preference to it. Other common reasons include inadequacy of facilities/services available at government setup and unclean premises. Harsh behaviour of staff and doctors toward patient and their relatives and lack of faith in government doctors were some of the other reasons cited for not adopting public health care facilities.

CONCLUSION

It can be seen that a large number of poor families presently utilize the services provided by private health providers, despite the high costs of care associated with the same, over the free/ subsidized care provided by the governmental health care services for a multitude of reasons, the majority of which can be rectified with adoption of good behavioural practices by the government health care staff or with minimal resources input. Since health has been widely recognized as a public good essential to the development of a country and India has an extensive public health care system already in place, it would be prudent to ensure that it is optimally utilized by the populace.

REFERENCES

1 P Duraiyasamy. Health Status and Curative Health Care in Rural India, Working paper series No.78. New Delhi: National Council for Applied Economic Research, 2001: 4.

2 Online census population available on http://www.censusindia.net [Accessed on January 6, 2010].

3 Lwanga SK, Lemeshow S. Sample size determination in health studies: a practical manual. Geneva: WHO, 1991: 25.

4 Prasad BG. Social classification of Indian families. Journal of Indian Medical Association 1961; 37(4):250-1.

5 Kumar P. Social classification-need for constant updating. Indian J Community Med 1993; 18 (2):60-61.

6 National Council for Applied Economic Research. Household Survey of Medical Care, New Delhi: NCAER, 1991: 21-44.

7 National Council for Applied Economic Research. Rural Household Health Care Needs and Availability. New Delhi: NCAER, 1992: 34-45.

8 National Sample Survey Organization. Morbidity and utilization of medical services, NSS 42nd Round (July 1986 – June 1987) sarvekshna, New Delhi: NSSO, 1992; 15(4): 50-75.

9 Yesudian CAK. A study on health services utilization and expenditure. Bombay: Tata Institute of Social Sciences, 1990: 5-13.