RESEARCH ARTICLE

UTILIZATION OF PUBLIC HEALTH SERVICES IN A RURAL AREA AND AN URBAN SLUM IN WESTERN MAHARASHTRA, INDIA

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ABSTRACT

Background: An extensive primary health care system exists in India, yet it is inadequate in terms of coverage of the population, especially in rural areas, and gross underutilization. Assessment of the utilization of public health services is important for the health of a nation.

Aims & Objective: To assess the utilization of public health services in a rural area and an urban slum in Maharashtra, India

Material and Methods: A community based cross sectional study among 800 families, 400 each from a rural area and an urban slum in Karad, Maharashtra. Data was collected from the head of the families using a pretested questionnaire. Chi square test was applied to find any significant difference between the two areas in health seeking behaviour.

Results: The utilization of public health services was very low in both the study areas and the main reason for non-utilization in rural area was because the centre took money for the services when it was supposed to be free and in the case of urban slum the centre was far away.

Conclusion: The utilization of public health services is poor in both areas. It is important to revitalize the health system, encourage the utilization and provide better facilities for the health staff for effective delivery of service.

KEY-WORDS: Rural Area ; Urban Slum; Health Services; Maharashtra; Comparison

Introduction

Health is a primary requisite for good quality life.[1] 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.[2] The health-care services as an outstanding feature in the broader landscape of population health is a subject to be debated, but is widely acknowledged that individuals should be able to obtain health services when illness strikes, and should have access to certain confirmed health-care interventions which can prevent or reduce the risk of disease.[3] India's achievements in the field of health have been less than satisfactory and the disease burden among the Indian population remains high. 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 dismal quality of health care provided.[4]

The health system in India is stagnated today and it requires out of the box thinking, a jump to rejuvenate itself. The conventional approach pursued in India couldn't yield good results. For any further progress and improvement the country has to analyze its present scenario and adapt accordingly.[5] So an in depth research is imperative to visualize the real picture of habits and practices of people towards seeking health care. The present study is being conducted to compare the health seeking behaviour and utilization of public health services in a rural area and an urban slum adopted by the Department of Community Medicine, Krishna Institute of Medical Sciences, Karad, Maharashtra.

Materials and Methods

A cross sectional survey was conducted to compare the utilization of public health services by the families in Kasegaon, registered under

rural health training centre and from Akashivnagar registered under urban health training centre of a tertiary care teaching hospital. These are in Satara District in the State of Maharashtra in India. The people in Kasegaon are mostly engaged in agriculture whereas the urban slum dwellers are manual labourers

An interview schedule was prepared keeping in view the objectives of this study including questions on socio-demographic variables and utilization of public health services. The pro-forma was pilot tested on 50 slum-households and 50 households in the rural area and modified where necessary. These households were not used for the actual study.

The sample size for this cross sectional study was calculated to be 396, using the formula $n=4pq/l^2$, and considering the public health services utilization rates- rural (36%) and urban slum (25%)- for the state of Maharashtra and so a sample of 400 families were taken from each of the study areas.

In both rural and urban slum areas, anganwadi was taken as the centre and all the lanes around the anganwadi were identified with a spot map. One lane was selected using currency note number and the first house in that lane was considered as the first observation unit of the sample. Houses on the left hand side of the lane were selected and after completing them, adjacent lane was selected till the desired sample size was attained. The investigator conducted the house-to-house survey interviewing the heads of the families using the pretested pro-forma after obtaining a verbal consent. Besides data collection, the opportunity was utilized to motivate people for early diagnosis and treatment and to remove their misconceptions.

The data thus collected was coded and entered on a Microsoft Excel sheet and analysed using SPSS 16 version. Chi square test was used to test for significant difference between the two areas.

Results

The study was conducted on 400 families each from the rural area and urban slum. Majority of the study sample consisted of nuclear families, rural (68.2%), and urban slum (88%) with a mean household size of five in both areas. Majority of the residents in both the areas belonged to lower socioeconomic class (class V and class IV) rural 84.2% and urban slum area96%. While 60.2% of the families in rural area were headed by those in the age group 30-44 years, more of the heads of the families were below 30 years in urban slum area (44.0%) and the difference was statistically significant ($p<0.001$). The heads of families were males in rural (92.2%) and urban slum area (88.0%). A slightly higher percentage of female heads of the families were seen in urban slum when compared to rural area 12% and 7.8% respectively which was statically significant ($p <0.05$). Illiteracy was more common among the heads of families in urban slum (68%) than rural area (14%). Farming was the most common occupation in rural areas (65.2%) and unskilled work (96.5%) in urban slum areas. Illiteracy was very high among the women in urban slum (80%) when compared to rural area (35%) and the difference was statistically significant ($p<0.001$).

Table-1: Utilization of Health Services in Rural Area and Urban Slum

Health Service	Rural		Urban		Total	
	No.	%	No.	%	No.	%
Public	94	23.5	32	8.0	126	15.8
Private	227	56.8	224	56.0	451	56.4
Both	79	19.8	32	8.0	111	13.9
Private & UHTC*	0	0.0	112	28.0	112	14.0
Total	400	100.0	400	100.0	800	100.0

* UHTC: Urban Health Training Centre; $\chi^2= 1.624$, df =3, $p<0.001$

Table-2: Reasons for Using Public Services

Reason	Study area					
	Rural		Urban Slum		Total	
	No.	%	No.	%	No.	%
Low user fees	111	64.1	64	100	175	73.8
Near to house	32	18.4	0	0	32	13.5
Disease not serious	30	17.3	0	0	30	12.6
Total	173	100	64	100	237	100

$\chi^2= 95.72$, df =2, $p<0.001$

Table-3: Reasons for Not Using Public Services

Reason	Study area					
	Rural		Urban Slum		Total	
	No.	%	No.	%	No.	%
Doctor not available	0	0	16	4.7	16	2.8
Treatment not effective	42	18.5	37	11.01	79	14.0
Says free but takes money	168	74.0	0	0	168	29.8
Far from house	0	0	235	69.9	235	41.7
Far and not effective	17	7.4	48	14.2	65	11.5
Total	227	100	336	100	563	100

$\chi2=4.84$, $p<0.001$

Table 1 show that 23.5% were using purely public services in rural area as against mere 8% in urban slum. There was significant difference in the utilisation of public health services in the study areas p<0.001.

A lower user fee (64.1%) was the main reason reported by the people in the rural area for using the public services. The facility being near to their house (18.4%) and the condition being not serious (17.3%) were the other reasons. All the urban slum dwellers used the public health service for the fact that it was free. There was significant difference between the rural area and urban slum (p<0.001). (Table 2)

In the rural area 56.7% of the families were not using the public services, and the main reason given by the people was that the hospital authorities took money for treatment (74%) and 18.5%were of the opinion that the treatment was not effective. The main reason the urban slum dwellers reported was that the public health centre was very far from their house(69.9%) and 11.01% opined that the treatment provided was not effective. (Table 3)

Discussion

Utilization of public health services is an important factor in the effectiveness of national health care and achievement of Health for All. The study assessed the utilization in two low socioeconomic areas in the state of Maharashtra in India and the reasons for utilization and non-utilization. The cross sectional survey was conducted on 400 families from each area.

The utilization of public health services was low in both the study areas, 23.5% were using purely public services in rural area where as only 8% were using it in urban slum area (p<0.001). The reason may be the non-availability/ inaccessibility to the centre in the urban slum area but in the rural area even though the services were available, the non-acceptability due to non-confidence in the services provided by the public system seems to be the reason. The low utilization of public health services observed in our study is similar to results from studies in other Indian states.[6,7] Similar results were obtained in studies conducted in urban slum areas. A study conducted in urban slum of Delhi found 48% of households utilized health services from public sources exclusively and another study in urban slums of Kolkata revealed that only 26% of the slum dwellers utilized public facility.[8,9] But a study conducted in Kerala showed that 54% preferred PHC for treatment of leptospirosis in a rural area which was similar to the study conducted by Panne M in Indonesia.[10,11] The main reason given by the rural families for using the public health service was that its less user fees, (64.1%), proximity to the house (18.4%), and the condition being not serious (17.3%). The only reason reported by the urban slum dwellers for using the public health service was less user fees (p <0.001). In a study conducted by Sharma G, the commonest reason for use of health centre was availability of doctor/trained personnel (73%), followed by good service (67.6%).[12]

In our study three fourth of respondents from rural area reported that the health centres were asking for money for the services when it is supposed to be free In a study conducted in a rural area in Vietnam there was geographical inequity in the use of public health services. Long distance in combination with the failure of fee exemption increased the inequity in the use of health services in remote and isolated areas.[13] In a study conducted by Ruksana S it was found that most government health facilities in rural Bangladesh were inaccessible to the majority of the population, many factors contributed to this state of affairs, some of which were large number of consumers, difficulty in transportation, small number of health professionals, and inadequate attention towards the needs of women and infants.[14] The main reason given by more than two third of the urban slum dwellers for non-use of the public health centre was that it was very far from their house; 11% were of the opinion that the treatment was not effective (p<0.001). In a study conducted by Kapil et al in an urban slum in Delhi, it was found that the reasons for non-utilization of government health centers were prolonged waiting time (42.25%), heavy load of work at home (23.35%) and long distance (15.49%). About 3% of mothers did not utilize centre services as timings were not suitable.[15]

A qualitative research with focus group discussions could provide a better picture of the situation.

Conclusion

The utilization of public health services was significantly low in both rural area and urban slum when compared to the private services. The main reason for using the public health service was its lower user fees. However, three fourth of rural respondents reported being asked payment for the free public health services. For the urban slum dwellers the centres were too far from their residence. The existing primary health care system of the public health services need to be strengthened especially in the urban slum areas. The rural and urban slum dwellers need to be made more aware of the available public health services, facilities, and proper utilization.

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