

Assessment of factors affecting health care utilization in rural area of Patna**Kumar Pravin^{1*}, Prakash Chandra², Prabhat Kumar Lal³**¹ Assistant Professor, Department of Community Medicine, Nalanda Medical College, Patna, Bihar, India² Ex-Professor & Head, Department of Community Medicine, Nalanda Medical College, Patna, Bihar, India³ Associate Professor, Department of Community Medicine, Darbhanga Medical College, Darbhanga, Bihar, India**Received: 14-06-2021 / Revised: 20-07-2021 / Accepted: 09-08-2021****Abstract**

Background: Population is increasing rapidly so with the limited resources government alone cannot cater the health of whole population. Private health sector is equally important for the improvement of health of the people. In view of these facts, the present study was planned to assess the utilization of health care services and to assess the reasons for visiting that particular health facility. **Methods:** The present study was cross sectional in nature conducted upon 516 persons residing in rural area by multistage stratified random sampling. Data was analyzed by SPSS software version 20.0. **Results:** 64% respondents visited public, 22% private and 10% visited others. 79% respondents belonging to lower socio economic status preferred public health care facility. The main reason for visiting public health facility was free services and for private was got cure earlier from that health facility. **Conclusions:** Both public and private health care facilities should be made well equipped and affordable so that people can make choices and not forced to choose particular health facility.

Keywords: Utilization, Public, Private, Partnership, Chronic

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Introduction

India is a developing country with a Gross Domestic Product (GDP) of 7.35%. [1] Growth of any country directly reflect the wellbeing of its citizens e.g. health. Government has been providing health care services and introducing various health programmes and schemes time to time to take good care of their citizens. In spite of economic growth and demographic transition, the Indian healthcare system is burdened by a rise in infectious and chronic degenerative diseases. [2] Infectious, contagious and waterborne diseases such as dengue fever, diarrhoea, typhoid, viral hepatitis, measles, malaria, tuberculosis, whooping cough and pneumonia are major contributors to disease, especially among poor and rural Indians. [3] Communicable diseases once thought to be under control are still in existence in India, having reappeared with high levels of drug resistance, to the disadvantage of the poor. Since the population is increasing rapidly and 25% of rural and 14% urban population is living below the poverty line. [4,5]

With the limited resources government alone cannot cater the whole population. The supply and demand cannot be met by the efforts of the government alone. Private health sector is equally important for the improvement of health of the people. A mix of health care delivery systems is needed like public, private and other and it exist since long back. 70% of the people live in the rural area but 80% of the health facilities, both in public and private are concentrated in urban area and are widely utilized by urban community. [6,7] Private health sector has been expanding rapidly in the urban area but to a limited extent in rural area.

Aims and objectives

The present study was conducted-

- to assess the utilization of health care services,
- to assess relationship of various socio demographic factors affecting utilization of health services and
- to assess the reasons for visiting that particular health facility.

Methods**Study design**

The present study was cross sectional in nature conducted between September 2018 to August 2019.

Study area

The study was conducted in rural area of Patna district.

Study population

All persons irrespective of age who have visited health facility for any reason within last 3 months were included in the present study.

Sample size- Sample was calculated considering the utilization of Govt health facility <20% (National Population Policy 2002). Sample size = $4PQ/n^2$ ($p=20\%$, $Q=1-P$ and 5% absolute error) = 256. Taking into consideration the design effect of 2, final sample size was 512. **Sampling technique-** 3 PHCs were selected randomly. From each PHC, one sub centre was selected randomly. Two villages from each sub centre were Thus, considering a total of six villages. 86 respondents were selected from each village, making the final sample size to be 516.

Data analysis

Data was analysed using the SPSS software version 20.0 for windows. p value <0.05 was considered to be statistically significant.

Results

In the present study, 52% were females, 46% belonged to 20-40 yrs of age group. Most of the respondents were Hindus (84%). About 48% were illiterate, 61% were unemployed and majority 65% belonged to lower socio economic status. About 64% visited public health facility, 22% private and about 10% visited drug shops and charitable hospitals. No association was found between the type of health facility visited with age, sex, marital status, religion, literacy and type

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of family. Majority (89%) of SC/ST preferred public health facility. Majority (76%) of unemployed visited public health facility. Majority (79%) of people belonging to lower socioeconomic status visited the public health facility. Free services came out as the main (by 84%) reason for visiting the public health facilities. The other reasons for

visiting public health facility were nearer to house (56%), facilities for investigation and procedure under one roof were there in public health facility. About 59% visited the health facility for illnesses/diseases and rest of them for maternal services (like ANC, PNC), immunization and family planning services.

Table 1: Reasons for utilization of health facility

Reason for using health facility*	Public	Private	p value
	%	%	
Better treatment	23	69	<0.05
Close to House	56	43	<0.05
Known doctor	16	27	0.06
Free service	84	3	<0.05
Good staff behaviour	8	29	<0.05
Facilities available under one roof	28	11	<0.05
Doctor is competent	18	32	<0.05

*-Multiple response question

Discussion

In the present study, about 64% visited public health facility, 22% private and about 10% visited drug shops and charitable hospitals. This was similar to a study by Chauhan where 56.4% have visited public, 34.4% private and 11.6% other and was in contrast with the findings of Arya where 11% visited public health facility, 67% private and 22% visited charitable health facility. [8] No association was found between the type of health facility visited and age, sex, marital status, religion, literacy and type of family. Similar findings were also found in a study by Chauhan. [8] Literacy had a positive impact on public health facility utilization in the study by Purohit et al, Rai et al and the study by Malhotra et al. Majority (89%) of SC/ST preferred public health facility. In contrast to this study, SC/ST had limited access to public health facility utilization in study by Purohit. This may be because of poor paying capacity of the respective social groups. In contrast to this in a study by Rai et al, upper caste preferred private health facility. Majority (76%) of unemployed visited public health facility. Majority (79%) of people belonging to lower socioeconomic status visited the public health facility similar to a study by Purohit. Unemployment and lower socioeconomic status indicate the poor paying capacity of people. Because of this, free services came out as the main (by 84%) reason for visiting the public health facilities. The other reasons for visiting public health facility were nearer to house (56%), facilities for investigation and procedure under one roof were there in public health facility. This is a positive sign for government's effort especially of NHM programme. Similar to this, a study by Patrick also found these as main reasons for visiting the public health facility like closeness, affordability, availability of facilities. Study by Chauhan et al also found free services and availability of facilities as main reasons for preferring public health services. [8]

Conclusion

It is seen that the public health facilities are better equipped than private in rural area. Strengthening and capacity building of public health facility can improve healthcare. Public private partnership should be encouraged in the form of PMJAY so that people can choose the particular health facility rather than forced to do because of lack of money.

Ethical approval

The study was approved by the Institutional Ethics Committee.

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