

Utilization of Health Services Among Population Residing in Selected Rural Community

Gaganpreet Kaur¹, Hardeep Kaur², Mandeep Kaur³

Author's Affiliation: ¹Ex. PG Student, ²Professor, ³Lecturer, University College of Nursing, Baba Farid University of Health Sciences, Faridkot, Punjab 151203, India.

Corresponding Author: Gaganpreet Kaur, Ex. PG Student, University College of Nursing, Baba Farid University of Health Sciences, Faridkot, Punjab 151203, India.

E-mail: gagan23493@gmail.com

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Abstract

Introduction: Health-care system in a society must be built around the term of equity so that each individual should have equal opportunities for maintaining good health, but human societies are characterized by unevenness at every aspect, and it has even not spared the health-care system. Planning for health services provision depends on the health needs and Health Seeking Behavior of the population.

Aim of study: The study is intended to assess the utilization of health services among population residing in selected rural community of district Faridkot.

Methodology: Quantitative research approach with descriptive research design was used. 200 adults residing in selected village were selected through two stage cluster random sampling technique. Tools used were Socio-demographic data sheet and interview schedule to assess utilization of health services from study subjects after seeking willingness. Analysis was done by using the descriptive and inferential statistics.

Results: Study reported that out of 200 study subjects residing in village Bajakhana, majority of study subjects i.e. 63.5% (127) were sick and 36.5% (73) study subjects were not sick in the last one year. From 127 study subjects who were sick, maximum 86.6% (110) of study subjects had taken treatment and rest of 13.3% (17) study subjects had not taken treatment. Age, religion, qualification, occupation and marital

status of adults showed statistically significant impact on utilization of health care services

Conclusion: Study concluded that health care seeking behavior varies with age, educational status, occupation, marital status and religion. Government services were preferred than the private services by study population.

Keywords: Assess, Health Services, Utilization, Rural Community.

Introduction

Health is the precious possession of all human beings as it is asset for an individual and community as well. Health can be defined negatively, as the absence of illness, functionally as the ability to cope with everyday activities, or positively, as fitness and well-being.¹ India's health care system is mix of public and private health care providers. Public health care system is funded through general taxation or public sector health insurance whereas private sector is paid for through out of pocket expenditure or through private health insurance. Equity, along with inter-sectoral co-ordination, community participation and appropriate technology has been described as the principles and pillars of primary health care.²

Health care is the basic necessity of society. Health care embraces the multitude of services

provided to individuals or communities for promoting, maintaining, monitoring or restoring health. It involves prevention, treatment and management of illness and preservation of mental and physical well-being through the services offered by the medical, nursing and allied health professionals. In Punjab, it is the responsibility of the Department of Health and Family Welfare to provide preventive, promotive and curative health services to the people of the state. This department, under the Ministry of Health and Family Welfare, guides and supervises the health and family welfare programmes in the state. Health care facilities are provided to the people through a network of medical institutions such as sub centres, subsidiary health centres (SHCs) (dispensaries/clinics), primary health centres (PHCs), community health centres (CHCs), sub-divisional and district hospitals and hospitals attached to government medical and dental colleges.³ Indian population mainly lies in rural areas. According to 2011 census 69% of Indian population comprises of rural population.⁴

In Punjab state, 37.48% people live in urban regions and 62.52% live in the villages of rural areas. In Faridkot District, 35.15% lives in urban regions and 64.85% population lives in rural areas.⁵ In most developing countries such as India, utilization of basic health services has remained poor even though there has been increasing public and private expenditure on the provision of advanced health care.⁶ Various studies have been done to evaluate the rates of utilization of the public and private sector health services. The utilization rates in public health services systems ranges from 10–30%.⁶⁻⁷

This study attempts at community level to collect the information regarding services utilization and preferences of the individuals between government and private health services among population residing in village Bajakhana.

Objectives of the Study

1. To assess the utilization of health services among population residing in selected rural community of district Faridkot.
2. To find the association of utilization of health services among population residing in selected rural community of district Faridkot with selected demographic variables.

Materials and Methods

Research Design and Approach: Non-experimental, descriptive; survey design and quantitative

research approach was used to assess utilization of health service.

Research Setting: Study was conducted at village Bajakhana of district Faridkot of Punjab. Faridkot is located in the Punjab plains. Village Bajakhana is 32 kms away from Faridkot city. The village lies on the main road from Faridkot to Bathinda and has link roads from many other places like Barnala, Jaito and nearby villages. The means of communication like buses, taxis and rickshaws were available. Village Bajakhana comprised of 1146 families having total population of approximately 6227 (2018), including 3224 (52%) males and 3015 (48%) females.

Sample and Sampling Technique: The sample was 200 adults residing in village Bajakhana of district Faridkot, Punjab. Subjects were selected by two stage cluster random sampling technique. Village Bajakhana was divided into eight clusters (Cluster A to H). Out of these eight clusters, four clusters (Cluster-D, Cluster-G, Cluster-F and Cluster-B) were selected by lottery method. From selected four clusters, houses were again selected by lottery method. Equal number of study subjects i.e. 50 was taken from each selected cluster keeping in mind the inclusion and exclusion criteria of sample selection. Adults above the age of 18 years, residing from last five years in selected village and willing to participate in the study were include in the study. The migrated population and pregnant mothers were excluded from the study.

Description of Tool: Research tools of the study includes following two parts:

Part A: Socio demographic profile. This part of tool consisted of 8 items which included demographic information of study subjects such as age, gender, religion, educational status, occupation, marital status, type of family and family monthly income.

Part B: Semi-structured Interview schedule to assess utilization of health services. This part of tool consisted of 10 questions related to utilization of health services.

Ethical Considerations: Study approval was taken from Research and Ethical committee of the University College of Nursing and Baba Farid University of Health Sciences, Faridkot to protect the rights of the participants who were willing to participate were included in the study. Written permission was also taken from Sarpanch of the village. Study procedure was explained and Informed written consents was taken from the subjects.

Results

Table 1: Distribution of study subjects according to selected Socio-demographic variables
N₁= 200

	Characteristics	Frequency Percentage	
		(n)	(%)
Age (years)	18-33	79	39.5
	34-49	66	33
	50-65	41	20.5
	66 and above	14	7
Gender	Male	88	44
	Female	112	56
Religion	Hindu	18	9
	Muslim	08	4
	Sikh	173	86.5
	Christian	01	0.5
Qualification	Illiterate	46	23
	Primary	19	9.5
	Middle	29	14.5
	Secondary	35	17.5
	Sen. Secondary	46	23
	Graduate and above	25	12.5
Occupation	Unemployed	96	48
	Labor	03	1.5
	Agriculture	52	26
	Private job	24	12
	Government job	01	0.5
	Student	24	12
Marital status	Married	142	71
	Unmarried	42	21
	Widow/Widower/ Separated/Divorced	16	8
Type of family	Joint	170	85
	Nuclear	30	15
Family monthly income (Rs.)	Less than 5,000	00	0
	5,001-10,000	37	18.5
	10,001-15,000	111	55.5
	15,001-20,000	49	24.5
	More than 20,000	03	1.5

N₁= Total number of study subjects

Table 1 shows the distribution of population according to different socio-demographic profile. Out of 200 study subjects, 39.5% (79) study subjects were in age group of 18-33 years. 56% (112) study subjects were females whereas 44% (88) subjects were males. Majority of the study subjects 86.5% (173) belonged to Sikh religion. Almost half of the study subjects i.e. 48% (96) were unemployed. 71% (142) study subjects were married. More than half i.e. 55.5% (111) study subjects were having family monthly income of Rs. 10,001-15,000, followed by 24.5% (49) study subjects were having Rs. 15,001-20,000 family monthly income.

Table 2: Frequency and percentage distribution study subjects as per their sickness.
N₁= 200

Responses of study subjects	Frequency (n)	Percentage (%)
Not sick	73	36.5
Sick during last 6 months	95	47.5
Sick during last 7-12 months	32	16

N₁= Total number of study subjects

Table 2 shows frequency and percentage distribution of study subjects as per their sickness. Out of 200 study subjects, 36.5% (73) study subjects were not got sick in last one year followed by 47.5% (95) study subjects were got sick in last 6 months, whereas 16% (32) study subjects were got sick from first six months (7 to 12 months).

Table 3: Frequency and percentage distribution study subjects as per their type of illness
N₂= 127

S. No.	Responses of study subjects (type of illnesses)	Frequency (n)	Percentage (%)
1	Acute illness	68	53.5
2	Chronic illness	42	33
3	Other illness	17	13.5

N₂= Number of study subjects who were sick

Table 3 depicts frequency and percentage distribution of study subjects as per their type of illness. More than half i.e. 53.5% (68) of study subjects were suffered from acute illnesses followed by 33% (42) study subjects were having chronic illnesses and remaining 13.5% (17) study subjects reported other illnesses.

Table 4: Frequency and percentage distribution of utilization of health services according to the place where they get diagnosed.
N₂= 127

Responses of study subjects	Frequency (n)	Percentage (%)
Not diagnosed	17	13
Government Hospital	66	52
Private hospital	44	35

N₂= Number of study subjects who were sick

Table 4 depicts frequency and percentage distribution of utilization of health services according to the place where they get diagnosed. Out of 127 sick study subjects, almost half 52% (66) of study subjects were diagnosed in Government hospitals followed by 35% (44) study subjects were diagnosed in private hospitals and only 13% (17) study subjects had not went for diagnosis to any health care facility.

Table 5: Frequency and percentage distribution of utilization of health services according to their frequency of visiting health center in last one year.
N₂= 127

Responses of study subjects	Frequency (n)	Percentage (%)
Not visited	17	13.3
1-5 times	92	72.4
6-10 times	11	9
Above 10 times	07	5.3

N₂= Number of study subjects who were sick

Table 5 shows frequency and percentage distribution of utilization of health services according to their frequency of visiting health center in last one year. Maximum 72.4% (92) study subjects visited health care facility 1–5 times in the last one year followed by 13.3% (17) study subjects were not visiting health care centers, 9% (11) study subjects visited 6–10 times, and very few 5.3% (7) study subjects visited more than 10 times in the last one year.

Table 6: Frequency and percentage distribution of utilization of health services on the basis of treatment whether taken or not.

$N_2 = 127$

Responses of study subjects	Frequency (n)	Percentage (%)
Taken treatment	110	87
Not taken treatment	17	13

N_2 = Number of study subjects who were sick

Table 6 depicts frequency and percentage distribution of utilization of health services on the basis of treatment whether they have taken or not. Out of 127 study subjects, majority 87% (110) of study subjects took treatment and rest 13% (17) study subjects were sick but they did not take any treatment.

Table 7: Frequency and percentage distribution of utilization of health services according to the place preferred for the treatment.

$N_3 = 110$

Responses of study subjects	Frequency (n)	Percentage (%)
Government hospital	58	52.7
Private hospital	50	45.5
Government hospital and private hospital	02	1.8

N_3 = Number of study subjects who were sick and had taken treatment

Table 7 shows frequency and percentage distribution of utilization of health services according to the place preferred for the treatment. Out of 110 study subjects who took treatment, more than half 52.7% (58) of study subjects were taking treatment from Government hospitals followed by 45.5% (50) study subjects were taking treatment from Private hospitals and only 1.8% (2) study subjects were taking treatment from both Civil hospital and Private hospital.

Table 8: Frequency and percentage distribution of utilization of health services as per their referral

$N_3 = 110$

Responses of study subjects	Frequency (n)	Percentage (%)
Referred	06	5.5
Not referred	104	94.5

N_3 = Number of study subjects who were sick and had taken treatment

Table 8 depicts frequency and percentage distribution of utilization of health services according to their referral to higher health facilities. Out of 110 study subjects, majority 94.5% (104) of study subjects were not referred for treatment and very few 5.5% (6) study subjects were referred to other areas for the treatment.

Table 9: Frequency and percentage distribution of utilization of health services according to the place where they get referred.

$N_4 = 06$

Responses of study subjects	Frequency (n)	Percentage (%)
Government hospital	05	83.4
Private hospital	01	16.6

N_4 = Number of study subjects who were sick and referred for the treatment

Table 9 illustrates frequency and percentage distribution of utilization of health services according to the place where they get referred. Out of 6 study subjects who were referred for further treatment, majority 86.4% (5) of study subjects were referred to Government hospital for treatment whereas rest 16.6% (1) study subject was referred to Private hospital for treatment.

Table 10: Frequency and percentage distribution of utilization of health services according to the type of treatment (medical/surgical)

$N_3 = 110$

Type of treatment	Frequency (n)	Percentage (%)
Medical	99	90
Surgery	10	9.1
Both medical and surgical	01	0.9

N_3 = Number of study subjects who were sick and had taken treatment

Table 10 depicts frequency and percentage distribution of utilization of health services according to the type of treatment (medical/surgical). Out of 110 study subjects, maximum 90% (99) study subjects had taken medical treatment followed by 9.1% (10) study subjects had taken surgical treatment and remaining 0.9% (1) study subject had taken both medical and surgical treatment.

Table 11: Association between utilization of health services and selected socio-demographic variables on the basis of treatment whether the participants had taken or not.

$N_2 = 127$

Profile	Taken Treatment (%)	Had not Taken (%)	df	Chi square & p value
Age (in years)				
18–33	27 (21.2)	11 (8.6)	3	$\chi^2 = 12.47$ $p = 0.005^s$
34–49	33 (25.9)	04 (3.1)		
50–65	36 (28.3)	02 (1.5)		
66 and Above	14 (11)	00 (0)		

Gender				
Male	42 (33)	09 (7)	1	$\chi^2=1.334$
Female	68 (53.5)	08 (6.2)		$p = 0.247^{NS}$
Religion				
Hindu	10 (7.8)	(0)	3	$\chi^2=10.33$
Muslim	01 (0.7)	(0.7)		$p = 0.015^S$
Sikh	99 (77.9)	15 (11.8)		
Christian	00 (0)	01 (0.7)		
Any other	00 (0)	00 (0)		
Qualification				
Illiterate	37 (29.1)	03 (2.3)	5	$\chi^2=13.004$
Primary	(9.4)	(0)		$p = 0.023^S$
Middle	(10.2)	(0.7)		
Secondary	(14.9)	04 (3.1)		
Sen. Secondary	(15.7)	03 (2.3)		
Graduate	09 (7)	06 (4.7)		
Occupation				
Unemployed	70 (55.1)	03 (2.3)	5	$\chi^2=30.69$
Labor	00 (0)	(1.5)		$p = 0.0000^S$
Agriculture	24 (18.8)	(2.3)		
Private job	07 (5.5)	(3.1)		
Government job	01 (0.7)	00 (0)		
Student	08 (6.2)	05 (3.9)		
Marital status				
Married	85 (66.9)	09 (7)	2	$\chi^2=24.27$
Unmarried	09 (7)	08 (6.2)		$p = 0.0000^S$
Widow/Widower/ Separated/Divorced	16 (12.5)	00 (0)		
Type of family				
Joint	92 (72)	15 (11.8)	1	$\chi^2=0.234$
Nuclear	18 (14.1)	02 (1.5)		$p = 0.628^{NS}$
Family monthly income (Rs.)				
Less than 5,000	00 (0)	00 (0)	3	$\chi^2=7.159$
5,001-10,000	28 (22)	00 (0)		$p = 0.0669^{NS}$
10,001-15,000	52 (40.9)	09 (7)		
15,001-20,000	28 (22)	08 (6.2)		
More than 20,000	02 (1.5)	00 (0)		

NS = Non- significant at $p < 0.05$ level N_2 = Number of study subjects who were sick

S = Significant at level $p < 0.05$

Table 11 shows association between utilization of health services and selected sociodemographic variables on the basis of treatment whether the participants had taken or not. Results depict that age, religion, qualification, occupation and marital status of adults had statistically significant impact on utilization of health care services, but gender and type of family showed non-significant statistical relationship.

Discussion

In the present study, majority 39.5% study subjects were in the age group of 18–33 years. Similar findings were found by Singh T *et al.* (2018)⁸ that majority 70% were in the age group of 15–60 years. In the present study, approximately more than half of the study subjects were female and 23% study subjects were illiterate. Similar findings were found by Chand CR *et al.* (2015)⁹

which revealed that majority 84.5% study subjects were females and 1/3rd of study subjects were illiterate. In the present study, approximately more than half of the study subjects were having family monthly income between Rs. 10,001–15,000. Similar findings were found by Rose AD *et al.* (2013)¹⁰ that majority 41.2% of the families were having a monthly income between Rs. 10,001–25,000.

In the present study, maximum 52.7% study subjects were taking treatment from Government Hospitals. Similar findings were revealed by Syeda JR *et al.* (2017)¹¹ which reported that majority of the study subjects preferred the government health facilities (62%) than the private practitioners (17%) for seeking treatment. In the present study, 45.4% study subjects were taking treatment from Private Hospitals. Similar findings were given by Chand CR *et al.* (2015)⁹ which revealed that among 559 study participants, one-third of the study participants visited the private health facilities.

In the present study, it was found that there was significant association between utilization of health services and selected socio-demographic variables such as age and qualification. This was similar to the findings of study done by Rose AD *et al.* (2013)¹⁰ which revealed that there was significant association between health seeking behavior and demographic variables such as age, education and family income. In the present study, it was found that there was significant association between utilization of health services and selected socio-demographic variables such as marital status and age. This was similar to the findings of study done by Sanial S *et al.* (2012)¹² which revealed that there was significant association between age and marital status with the health services utilization.

Conclusion

Out of 200 study subjects, 63.5% (127) study subjects were sick and 36.5% (73) study subjects were not sick in the last one year. From 127 study subjects who were sick, 86.6% (110) study subjects had taken treatment and only 13.3% (17) study subjects had not taken treatment. There was significant association between utilization of health services and age, religion, qualification, occupation and marital status. Gender and type of family had no impact on utilization of health services in the study.

Conflict of interest: Nil

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