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Original Research Article

Utilization of public health care facilities in Lucknow district

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ABSTRACT

Background: Health has been declared a fundamental human right. Governments all over the world are striving to expand and improve their health care services. Though there is scarcity of health care resources in India, yet utilization of the Govt. Health care facilities reveal that their outreach was not only poor but even where they are within the reach of population they remained under utilization. In view of the facts stated above this study was planned to assess the extent of utilization of available health facility, the purpose of visit to health care facility and the reasons for non-utilization of public health care facility.
Methods: Sample of 1024 was drawn from rural and urban population of Lucknow district. Cross sectional study was conducted in one-year period using the stratified multistage sampling. Data was analyzed using the stata software version -8 for windows.
Results: Most of the respondents in rural (73.66%) and in urban (87.44%) visited the health facility for treatment of illnesses. Majority 55.28% in rural and 67.15% in urban area visited private health facility. The most common reason for non-utilization of public health facility in rural respondents (63.5%) was the long distance to health facility and for urban respondents it was long waiting time (56.46%).
Conclusions: Most of the people prefer private health care facilities over public. The two most common reasons were long distance and long waiting time. These issues can be dealt by mobile clinics and strengthening the already existing health centres etc.

Keywords: Health, Public, Private, Health care facilities, Utilization

INTRODUCTION

Health has been declared a fundamental human right.[1] This implies that the state has a responsibility towards the health of its people. Governments all over the world are striving to expand and improve their health care services. Health is on one hand a highly personal responsibility and on the other hand a major public concern. It thus involves the joint effort of the whole social community and the state to protect and promote health.[2] Health is no longer accepted as charity or privilege of the few but demanded as a right for all.

However when resources are limited (as in developing countries like India), the government cannot provide all needed health services. To be effective the health services must reach the social periphery, should be equitably distributed, accessible and socially acceptable and at a cost the country and community can afford. Mere availability and accessibility is not all that is important

for improving the health status of the individual unless health services rendered to them are acceptable. It is evaluated in terms of utilization of service or actual coverage expressed as "The proportion of people in need of a service who actually receive it in given time period usually a year."[3]

Though there is scarcity of health care resources in India, yet utilization of the govt. health care facilities is very poor which is about <20% (National Health Policy 2002) leading to persistence of high level of prevalence of common ailment affecting the population.[4] There is strong need of improving utilization of existing health care facility in order to improve the health status of the community.

The challenge that exists today in most developing countries is to reach the whole population with adequate health care service and to ensure their proper utilization. India has different types of public health infrastructure in rural & urban areas. Primary Health Centre & their Sub-Centre are the main organized health facilities available for rural as well as tribal population in the country & in urban areas dispensaries, Health post, urban health centres, MCH centers, district hospital & medical colleges and other organized health sector like Central Government Health Services (CGHS), Military Health Services etc.[2] However about 80% population avails services other than those provided by State/Central Govt.[4] The other services include qualified private practitioner of different systems of medicine, traditional medical practitioner as well as quacks who outnumber the rest.

Health care facilities reveal that their outreach was not only poor but even where they are within the reach of population they remained underutilized.

In view of the facts stated above this study was planned to assess the extent of utilization of available health facility, the purpose of visit to health care facility and the reasons for non-utilization of public health care facility.

METHODS

Sample was drawn from rural and urban population of Lucknow district based on current level of utilization of public health facilities (<20% current) who availed any health care services (for illnesses/diseases, immunization, maternal care or family planning services) within last 3 months. Cross sectional study was conducted in one-year period from Aug 2011 to July 2012.

Sample size was calculated by taking the utilization of govt. health facility <20% (National Health Policy 2002). By using the formula 4 PQ/n^2 (where $p \leq 20\%$, Q=1-p=80% and absolute error 5%) it came 256 and by applying design effect 256×2= 512(for each rural and urban area) the sample size came 512+512 1024.

Multistage stratified random sampling technique was utilized to select representative population of rural and urban area of Lucknow district.

Table 1: Selection of respondents from urban and rural areas of Lucknow district.

Urban			Rural		
Ward	Slum	Non slum	PHC.	Subcentre	Villages
I. CIS Gomti	Dalibagh (126)	Hazaratganj (126)	Kakori	Madhopur	Bigaria (SCV) (86) Mallapur (NSCV) (86)
II. Trans Gomti	Badshah Khera (126)	Nishatganj (126)	Mohanlalganj	Mohanlalganj	Dhanwara (SCV) (86) Kurana (NSCV) (86)
			Nadarganj	Chillava	Chillava (SCV) (86) Behesa (NSCV) (86)

By using this stratified random technique 6 villages were selected in rural area and 86 individuals (by rounding off) were chosen from each village making the told figure as 516 In urban area 128 individuals from each of the 4 areas were randomly selected.

Inclusion criteria

All individuals who have visited any health facility (Public, Private or pharmacies etc.) within last three months were included in the study for any reason (maternal care, child immunization, family planning or illness etc.)

Data was analysed using the stata software version -8 for windows, for discrete data Pearson's chi^2 test and for continuous data Mann Whitney's test was used.

RESULTS

Most of the respondents in rural (73.66%) and in urban (87.44%) visited the health facility for treatment of illnesses and rest of the respondents visited for ANC, child immunization and family planning services. Majority 55.28% in rural and 67.15% in urban area visited private health facility (Table 2).

The most common reason for non-utilization of public health facility according to rural respondents (63.5%) was

the long distance to health facility and for urban respondents it was long waiting time(56.46%) (Table 3).

Table 2: Distribution of respondents according to purpose of visit.

Purpose of visit	Rural							Urban							R/U P value
	Public (n=267)		Private (n=200)		Total (n=467)		P value	Public (n=176)		Private (n=294)		Total (n=470)		P	
	No.	%	No.	%	No	%		No.	%	No.	%	No.	%		
Maternal care	30	100	0	0.00	30	6.42	-	11	68.75	5	31.25	16	3.40	<0.001*	
Child Immunization	69	89.61	8	10.38	77	16.49	0.0001*	20	66.66	10	33.33	30	6.38	<0.001*	0.000*
Family planning	14	87.50	2	12.5	16	3.43	0.01*	10	76.92	3	23.07	13	276	<0.01*	
Illness	154	44.76	190	55.23	344	73.6	<0.01*	135	32.84	276	67.15	411	87.44	<0.001*	

(%) values within parenthesis are column percentage; p<0.05=considered significant.

Table 3: Distribution of respondents according to reasons for non-utilization of Govt. health facility.

Reasons	Area						P value
	Rural n=249		Urban n=336		Total n=585		
	N	%	N	%	N	%	
Long waiting time	91	(45.50)	166	(56.46)	257	52.02	0.011*
Doctor not available all the time	32	(16.00)	46	(15.65)	78	15.78	1.000
Bad behavior-doctor/staff	28	(14.00)	13	(4.42)	41	8.3	0.000*
Cleanliness inadequate	0	(0.00)	21	(7.14)	21	4.25	-
Med not available	41	(20.50)	47	(15.99)	88	17.81	0.231
Drug not effective	22	(11.00)	35	(11.90)	57	11.54	0.777
Doctor does not listen patiently	34	(17.00)	105	(35.51)	139	28.13	0.000*
Distance more	127	(63.50)	80	(27.20)	207	41.90	0.000*
Doctor and staff take bribe	4	(2.00)	4	(1.36)	8	1.62	0.720
Did not get cure	50	(25.00)	37	(12.59)	87	17.61	0.000*
OPD timing does not suit	33	(16.50)	47	(15.99)	80	16.19	0.901
Conveyance+fees >fees of private doctor	13	(6.50)	2	(0.68)	15	3.04	0.000*
Others	15	(7.50)	67	(22.80)	82	16.60	0.000*

* Multiple Response; (%) values within parenthesis are column percentage; p<0.05-Considered significant.

DISCUSSION

In this study most of the respondents visited the health facility for the treatment of illness. For other services like ANC, immunization and family planning services sample size was not adequate to comment.

Both in rural (55.23%) as well as in urban (67.15%) area most of the people visited private health facility. This was almost similar to the findings of NFHS -3 where majority (63%rural and 70% urban) of respondents visited private health facility.[5]

The six main reasons for non-utilization of public health care facilities which came out in this study were 1) long waiting time 2) long distance 3) doctors did not listen patiently 4) medicine not available 5) did not get cure earlier 6) OPD timing did not suit. This was similar to the study by Dalal, Dawad and study by Arya.[6,7] Most of the people in rural area were more concerned about the long distance (63.5%) and long waiting time (45%). Unlike the study by Vargese, Mathew et al where centre took money for free services was the main reason for rural respondents.[8] The present study shows the scarcity of health facility in rural area. Population and doctor ratio[9] is not adequate so the load of patients is more on doctors this may be one of the reason of long waiting time.

The urban respondents were more concerned about the long waiting time (56.46%) and attitude of the doctor towards patients (35%). This was similar to the study by Dalal, Dawad and study by Arya.[6,7] Chirmulay also found these two the main reasons for non-utilization of public health care facilities in his study.[10] In urban area most of the people are working they cannot afford to wait for long time. Poor doctor patient ratio over burden the doctor which in turn result affect the attitude of the doctor towards patients. Rick, Homan et al in his study also revealed lack of attention by the care giver (54%) one of

the main reason for non-utilization of public health facilities after the long distance.[11]

Limitations

Since the no. of individuals who have visited the health facility for maternal care, child vaccination and family planning were very less so they were not included in the discussion. Comparison was done only for those individuals who have visited public or private health facility for illness only. But the reasons for non-utilization were asked from those individuals who did not visited public health facility.

CONCLUSION

The two main reasons which came out in this study are the long distance and long waiting time. These issues can be solved by opening new centres, making the mobile clinics operational and improving the doctor patients ratio by appointing more doctors and strengthening the already existing programmes on population control.

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