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.”

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. 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. However about 80% population avails services other than those provided by State/Central Govt. 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/n2 where p≤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.

Data was analysed using the stata software version -8 for windows, for discrete data Pearson’s chi² 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 63.5% in urban visited private health facility (Table 2).

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

| Table 1: Selection of respondents from urban and rural areas of Lucknow district. |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|
| 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.)
the long distance to health facility 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 (n=267) | Urban (n=176) |
|------------------------|---------------|---------------|
|                        | Public (%)    | Private (%)   | Total (%) | P value |
| Maternal care          | No. 14.79     | 0.00          | 30.64     | <0.001* |
| Child Immunization     | 69.66         | 20.66         | 30.64     | <0.001* |
| Family planning        | 14.79         | 7.50          | 30.64     | <0.01*  |
| Illness                | 154.79        | 135.79        | 30.64     | <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                              | Rural (n=249) | Urban (n=336) | Total (n=585) | P value |
|--------------------------------------|---------------|---------------|---------------|---------|
| 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 Chirmulay also found these two the main reasons for non-utilization of public health care facilities in his study.9 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

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the main reason for non-utilization of public health facilities after the long distance.\textsuperscript{11}

\textbf{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.

\textbf{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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