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Barriers for Utilization of Urban Public Health Services – A Community based Cross Sectional Study

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ABSTRACT

ABSTRACT: Background: There are numerous barriers for utilization of public health care services in urban areas. Despite several government initiatives aimed at improving public healthcare services and its utilization, private sector has been a dominant player in most of the Indian states. Aims: To estimate the barriers for utilization of urban public health care facilities as perceived by the study participants. Methods: A community based cross sectional study was carried out in the urban field practice area attached to a medical college. Study tool was a predesigned questionnaire which had questions related to general information of the participants, their perceptions and barriers for utilisation of public health care services. Results: A sample of 139 was covered with age of study participants in the range of 17 to 57 years. Their mean age was 24.59 years with a standard deviation (SD) of 9 years. Lack of personal attention in public health facilities as stated by 69.78% study participants was noted to be the prime problem faced while accessing health care delivery followed by poor sanitation at these facilities as perceived by 64.03 % and lack of modern technology and well furnished rooms as perceived by 58.27%. Conclusion: Based on the perceptions of the study participants, the present study concludes that the common barriers in utilization of public health care facilities are lack of personal attention, poor sanitation, unclean surroundings, lack of modern technology, and lack of well-furnished and equipped rooms.

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Introduction

India's achievements in the field of health have remained less than satisfactory and the burden of diseases among the population prevails to rise. Many of these illnesses are preventable and/or curable in a cost-effective manner through the primary health care services by the existing health care delivery system. Inadequate coverage of the health care delivery among population across the country and gross under-utilization because of the dismal quality of health care provided is a matter of serious concern [1]. The Planning Commission of India formulated an expert group on universal healthcare coverage 2010 to provide a framework for the execution of universal health care coverage in the country [1, 2]. It is projected that by the year 2030 more than 40% of the population of India will be residing in urban areas. This demands strengthening of the urban health care services. Hence, based on the recommendations of the expert group, India launched the National Urban Health Mission (NUHM) in 2013 to target the vulnerable sections of the urban population, with the vision to provide universal health care coverage (UHC) [2]. All this has

resulted in significant progress in the public health care services of the urban areas to cater the needs of the population [3, 4, 5].

Despite several government initiatives aimed at improving public healthcare services and its utilization, private sector has been a dominant player in most of the Indian states [6]. Several barriers for public health care services from the urban areas have been reported [7]. Rural public health care services utilization has been extensively studied by many researchers [1, 8, 9, 10]. Urban public health care utilization related studies and literature on perceptions about the public health care services in the urban setting is limited. Most of the available research exists on specific groups or in a particular health related condition [11, 12, 13] or conducted among slum dwellers [14, 15]. When it comes to health seeking, the decision regarding whether to avail public or private health care facilities is made by women especially as they are the ones who take care of the family health. Therefore, it is vital that enquiry into women's perceptions of the urban population from different socioeconomic groups about public health care services should be made in order to overcome the barriers for utilization of these services.

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Further, literature search did not reveal any studies about public health care services' utilization and perceptions from this part of the country. With this backdrop, the present study was conducted with the objective to assess the perceptions about urban public health care services and also to identify the barriers for utilization of public health care facilities.

MATERIALS AND METHODS

The present study was conducted in an urban area of Nagpur which is located in Central India. It was a descriptive cross-sectional study carried out during February and March 2020. Study setting was the area attached to the urban health care training center of government medical college, Nagpur. Data collection was done with the aid of a predesigned and pretested questionnaire by face to face interviews. It had questions related to general information of the participants, their perceptions and barriers for utilisation of public health care services. The initial part of the questionnaire had details about the nature and purpose of the study followed by a consent regarding participation in the study. As Marathi and Hindi are the local vernacular languages of the study area, these were used in the printed questionnaire. Inclusion criteria for the study were women residing in the study area and who can understand Hindi or Marathi. All the females who were not interested and did not give their consent to participate in the survey were excluded.

An approval was obtained from the institutional ethics committee (IEC) regarding conduct of the study. The nature and purpose of the study was explained to the women in the area and an informed consent was also taken from them. Participation was entirely voluntary. Due care was taken not to reveal the identity of the participants who were also ensured that the results of the study will be used only for research purpose.

Considering the non-utilization of public health care facilities as 58% as suggested in the literature by a study from India, at 95% confidence interval and relative precision of 15%, the sample size was calculated to be minimum of 124. First household was selected randomly and the subsequent 150 households who fulfilled the inclusion criteria were selected for the survey by convenient sampling technique. House to house interviews with the help of the questionnaires were carried out. If number of females in a house was more than one, then the response was obtained only from wife of the head of the family. Thus, only one representative response was obtained from each household. Of the total 150 households that were approached, women from 11 households did not give consent to participate in the survey thus giving a final sample of 139. Data thus obtained was entered in the Microsoft excel sheet. Statistical analysis was performed by using Open Epi Info. Percentages and mean were calculated for continuous variables.

RESULTS

In the present study on perceptions and barriers for utilization of urban public health care services by women, a sample of 139 was covered. The age of the study participants was in the range of 17 to 57 years. Their mean age was 24.59 years with a standard deviation (SD) of 9 years. The details of age group of the women are depicted in figure 1.

Women who were from nuclear family constituted 102 (73.38%), those who stayed in joint families were 21 (15.11%), and remaining 16 (11.51%) belonged to three generation family. Number of family members was three to six in 116 (83.45%) respondents, more than six in 16 (11.51%) and less than three in 7

(5.04%). In the present survey 120 (86.33%) participants were residing in their own houses while 19 (13.67%) were residing in rented houses. Regarding employment status of the women, 66 (47.48%) were in some or other employment and remaining 73 (52.52%) were home makers. According to modified Kuppuswamy classification for socioeconomic status (SES), 27 (19.42%) belonged to class I, 70(50.36%) were from class II, 25(17.99%) were from class III, 16(11.51%) belonged to SES class IV, and 1(0.72%) participant was from SES class V. The respondents were asked to mention few reasons which lead to non-utilization of public health care facilities. The common reasons that were given by the study participants are shown in table 1.

The study questionnaire also included statements related to problems faced at the public health care facilities acting as barriers for their utilization. These barriers were grouped as those related to health care delivery, general care delivery, and medical care delivery. The response of the study participants about problems related to health care delivery are represented in figure 2.

Lack of personal attention in public health facilities as opted by 69.78% study participants was noted to be the prime problem faced while accessing health care delivery. The next problem related to health care at public health facilities was lack of co-operation by the hospital staff as perceived by 35.25% respondents. These were followed by poor quality of treatment and inhospitable attitude of the hospital staff as considered by 28.78% respondents for each. Apart from all these, corrupt practices followed by some paramedical staff at public health care facilities was also a problem according to 20.86 % study participants. The next group of problems faced was categorized related to general care delivery which is presented graphically in figure 3.

As obvious from figure 3, poor sanitation at public health facilities emerged as an important factor as perceived by 64.03 % of the females in the study. Poor surroundings and ineffective hospital administration were the other problems related to general care delivery at the public health care facilities in view of 51.08 % and 42.45% respondents respectively. The multiple response type question also had statements regarding no respect to the patients and uncommitted paramedical and labour staff which were chosen as a problem perceived by 34.53 % and 25.18 % study participants respectively.

Under the heading of medical care delivery related problems that can be possibly faced at public health facilities, a total of five statements were placed. Lack of modern technology was perceived as a problem by 81(58.27 %) study participants. Similarly, lack of well-furnished and equipped rooms was perceived as problem according to 81(58.27%). Other medical care related problems viz. lack of medical facilities, less building capacity, and location at inconvenient places were perceived by 49 (35.25%), 46 (33.09%), and 22 (15.83%) women respectively (see figure 4).

Figures: Figure 1 Age-wise distribution of study participants

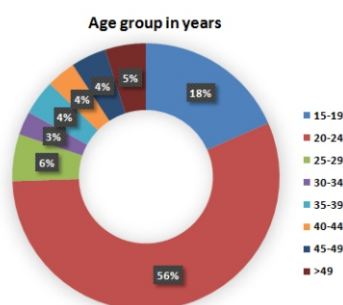


Figure 2 Barriers for utilization of health care services as perceived by the study subjects

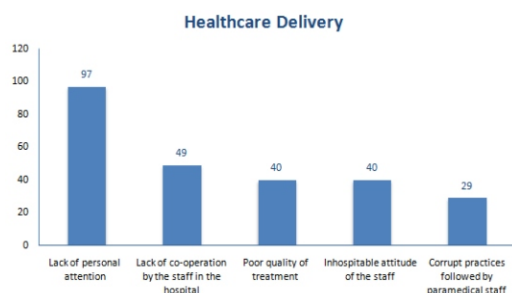


Figure 3 Barriers for utilization of general care services as perceived by the study subjects

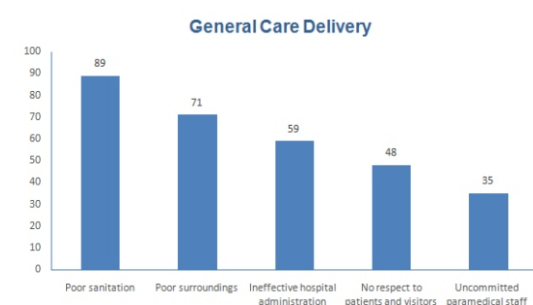


Table 1 Reasons for non-utilization of public health care facilities

Reasons for non-utilization	Study participants	
	Number	Percentage
Overcrowded health facilities	118	84.89
Non availability of drugs	89	64.03
Poor quality	84	60.43
Doctors not present	57	41.01
Timing not convenient	53	38.13
Long waiting hours	46	33.09

DISCUSSION

Since decades, public health care facilities have been presumed to be of sub-standard quality in comparison to the private health care facilities and this has negatively impacted their utilization to a substantial extent. Most of the times, individuals do not actually utilize the public health facilities on account of their perceptions. An understanding of the perceptions regarding public health care facilities is imperative to remove probable barriers faced in their utilization. The present study has put forth the perceptions or viewpoints of the women from urban areas regarding public health care facilities which will help in better comprehension of the problem and enhance utilization of these services.

The prime reasons which were suggested by the women in the study for non-utilization of public facilities were over crowded health care facilities, non-availability of drugs, poor quality of services as obvious from responses of around three-fourth of the study participants. Kujawski SA et al have also reported similar observations in their study [12]. Inadequate supply of medicines as a reason for non utilization was noted by another study as well [16]. The absence of doctors and timing related issues were other reasons or hurdles. These findings are similar to that of other researchers [3, 6, 16, 17].

Approximately three-fourth of the study participants were of the view that there is lack of personal attention at the public health care facilities. This perception probably might be due to the belief that public health care facilities cater services to a huge group of people and the excessive workload on the medical and paramedical personnel may result in lack of personal attention. Moreover, health personnel in the government hospitals have shift duties and at times the patients may not come across the same doctor they have earlier visited which may add on to such a thought. More than one-fourth of the respondents in the present study perceived lack of cooperation and improper attitude of hospital staff at the public health care facilities as a utilization barrier. This is supported by the findings in another study from Malaysia [6]. Corrupt practices followed by some paramedical staff was perceived as a barrier by one-fifth of the study participants. Another study from Western Maharashtra conducted by Vargese SS et al revealed that respondents from rural area reported that the health centers were demanding money for the services when it is supposed to be free [15]. Mannan A in a study from Bangladesh also observed that about one-fifth of their study participants had to pay extra money to the non medical staff for the sake of getting hospitalized [16].

Poor sanitation was perceived as a barrier for utilization of public health care facilities by more than three-fifth of the study participants. Poor surroundings and ineffective hospital administration were other reasons for non-utilization of the government services in view of almost half of the respondents. No respect to the patients and uncommitted paramedical staff and labour were some of the other reasons for non-utilisation of public health care facilities.

Lack of modern technology and lack of well furnished and equipped rooms were perceived as problem by more than half of the study participants. Other medical care related problems perceived by the study subjects were lack of medical facilities, and location at inconvenient places. Location at inconvenient places was also reported as a barrier in another study by Vargese SS et al also [15].

Strengths and limitations:

This being a cross sectional study it has inherent limitations of this design. A small sample size may also limit generalization of the findings. However the authors have tried to address these limitations by making it a community based survey wherein data was collected by house to house interviews.

CONCLUSIONS

Based on the perceptions of the study participants, the present study concludes that the common barriers in utilization of public health care facilities are lack of personal attention, poor sanitation, unclean surroundings, lack of modern technology, and lack of well-furnished and equipped rooms. Although the government is trying to achieve a stage where every person irrespective of the background will receive appropriate medical care, there are gaps in utilization of health care facilities in India particularly public health care facilities and a systematic analysis is required to identify what are the barriers to utilization and what can be done from a policy making perspective to address these problems.

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CONFLICTS OF INTEREST- None

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