

ACCESS OF RURAL POOR TO HEALTH CARE: A CASE STUDY OF HIMACHAL PRADESH

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Abstract: Affordable health care is the foundation for a just and equitable society, which can ensure productive and prosperous life of citizens. Health care in India is a state subject and operates on a mixed pattern of public and private facilities. Despite improvement in health related parameters, access to quality health care to the urban and rural poor remains a major concern of people and Governments. The challenges faced by rural population are much more because of much lower health care related infrastructure. The present study aims to examine the barriers faced by rural population in accessing health care with the help of primary and secondary data. Another objective of the study is to assess the levels of awareness of people about the various health related programs started by the Government in recent times. While the secondary data has been collected from various studies across India by researchers and organizations, the primary data has been collected from rural areas of Himachal Pradesh, a fairly advanced state ranking fifth on the health performance.

The study has shown that on a pan India basis, several problems related to health care facilities were reported by rural dwellers such as poor infrastructure, high absenteeism of doctors, distant location of facilities and loss of wages for seeking healthcare. All these factors led to dissatisfaction with public health facilities and were the cause of many a people who could afford to switch to private health care facilities. However, the results were somewhat different for rural Himachal Pradesh wherein, despite facing some problems, almost 80 percent of the respondents were either exclusive or partial users of Government run health facilities while the rest opted for private services. As the income of families increased, there was a shift in preference of the respondents from government to private health services. The study has also shown considerable lack of awareness of health programs among the respondents. In order to meet the national objectives and the Sustainable Development Goals pertaining to health attainments, it is important to pay attention to the shortcomings health care delivery systems, especially in the rural areas because of low levels of income of people.

Keywords: Healthcare, Rural, Public Health system, Himachal Pradesh, ICTs

Introduction: The highest attainable standard of health is a fundamental right of every human being as envisaged by the constitution of the World Health Organization. A country's development can be traced to the health status of its population. Health is not only a human right but also one of the important indicators of all round performance of the country. The World Bank reports that 50 percent of the economic growth differentials between developing and developed nations are attributed to poor health and low life expectancy. Goal number three of the Sustainable Development Goals focuses on achieving universal health coverage by strengthening the health care system. It is therefore the duty of Governments especially in developing countries, which are home to world's poor to provide people with access to timely, acceptable, affordable healthcare of appropriate quality. It is equally important to provide other determinants of health such as potable water, sanitation, nutrition, education and gender equality. Though across the developing world including India the health related parameters such as life expectancy rate, mortality and morbidity rates have shown considerable improvement, access to quality health care remains a major concern of people and governments [1].

During the last two decades there has been lot of emphasis on public healthcare services in the form of increased monetary outlay and introduction of various health programs and schemes by national and state Government of India. Despite various efforts made by the Government of India over the time to improve the status of health in our society such as the five year plans, increase in allocation of budget for health, plans to meet the MDGs and recently the Sustainable Development goals as well as special schemes for maternal and child health, adolescents and elderly, e-health initiatives. There are still some stumbling blocks which continue to exist and challenge the present health care system such as illiteracy, poverty, under funding of the health sector, inadequate water and poor sanitation facilities have a big impact on health indicators. In addition, there is also disparity between the 1:1000 doctor- population ratios recommended by WHO compared to the current 1:1675 ratio in India. Other problems such as fewer numbers of clinics, lack of healthcare equipment, unaffordable cost of services, limited knowledge on illness and well being, and cultural prescriptions are the barrier to the provision and access to health services. According to census 2011, up to 40 percent of India's population lives below the poverty line, and one of the major factor is cost of treatment and out of pocket expenditure for accessing health services which are pushing more people towards poverty line. There are also disparities between urban and rural areas including geographical, therefore certain communities have more access to health services than others. India is still predominately rural in terms of its population concentration as 68 percent of population resides in rural areas [2]. According to National Commission on Microeconomics and Health, 80 percent of health infrastructure, medical resources and manpower are concentrated in urban areas [3]. Hence, Health facility coverage is greater in urban areas and there is less choice of health service provision in rural villages. This is also a major challenge which affects the health seeking practices of communities. In terms of health infrastructure in rural areas of India, it was found that the distribution of health services is skewed in rural urban access to health as there are only 0.2 hospital beds per thousand population in rural areas as against 3 per thousand in urban areas [4]. Hence, Rural communities normally have limited choice in health care and often use public services offered under Government schemes and programs. One of the objectives of the present study is to examine the health care practices as well as the barriers faced by rural population in accessing health care with the help of primary and secondary data. Another objective of the study was to assess the levels of awareness of people about the various health related programs started by the Government in recent times.

Methodology: The secondary data for the present study has been collected from various studies across India by researchers and organizations, which have been published in journals, reports and on websites of organizations such as NSSO, Census of India, MOHFW etc. The primary data has been collected from rural areas of Kangra district of Himachal Pradesh, a fairly advanced state ranking fifth on the health performance index [5].

The state has been chosen since it has high levels of human and other development enabling people with opportunity to make choices. The primary data was collected from a sample size of 60 respondents representing equal number of males and females in the age group of 20-50 years from different households in the study region. The age group was chosen as it comprised of the reproductive as well as productive age group, which also took decisions for the household. A Quantitative tool - the interview administered questionnaire was used for collecting data with respect to demographic profile, health seeking behavior and health care services and the awareness and use health programs functional in the region. The responses were coded, data was analyzed and interpreted.

Results and Discussion: *Based on Secondary Data Sources:* The recent Economic Survey of 2017-18 has highlighted the problems faced by rural population in accessing healthcare. As many as 32 percent patients need to travel more than five kilometers to reach the health facility. The Sub-center which caters to 5000 population does not have a qualified doctor but a multi-purpose health worker. There is 50 percent shortfall in the number of ASHA workers. At the Primary health center, there is a 12 percent shortfall of doctors. At the level of Community health Center as well as the Civil or District Medical center, there is shortfall of 81 percent specialist doctors and 12 percent MBBS doctors. There are only 0.9 beds per thousand rural population. As much as 86 percent of the rural population (compared to 82

percent urban population) does not have any form of employer provided or state funded medical insurance [1].

A study conducted on BPL households in India across six states has shown that the primary health care services coverage was much lower for the SC/ST population as compared to the general category population. It is therefore not enough to pay attention to healthcare not just of the BPL population but target the same to SC/ST group [6]. The same study has also shown that there are both quantitative and qualitative gaps in primary health care services to rural dwellers who comprise 70 percent of India's population as compared to WHO norms. The location of primary and community health centers is such that people have to travel far to avail them and incur loss of wages for accessing them. This is the cause of accessing private health care facilities, which are available at odd hours permitting people to use them after or before the day's work.

A study conducted on the percent income spent by rural dwellers on healthcare revealed that in Tamil Nadu, people were spending 1.3 percent of household income on health as compared to 37 percent in Rajasthan. Among the lowest income quartile, the rural families spent 15 percent of their income on healthcare as compared to the richest quartile, which spent less than one percent of their income on health care [7]. It is apparent that when families are forced to spend large sums of money for medical consultation, pathological and other tests as well medical treatment, they get further pushed back into poverty.

A study conducted on 143 public health facilities found absenteeism rate as high as 45 percent of doctors from Primary health centers during service hours. This was one of the reasons why people avoided government run medical facilities [8].

In Madhya Pradesh in 2007, 72 percent paramedics and 75 percent doctors staff were found to be working in private hospitals reflecting the failure of the government in providing basic infrastructure support to them [9]. This study also implies shortage of staff in government run facilities leading to dissatisfaction with healthcare services.

Several studies have recorded a persistent negative attitude of people towards public health facilities. A study on competence and knowledge of doctors found that though doctors in government hospitals were far more qualified than those in private healthcare facilities, but they used their knowledge less than what they should have. Long waiting hours, absenteeism of doctors, lack of privacy in consultation rooms were other problems reported by the users [10].

All these studies point to the lack of satisfaction of rural population towards healthcare services and their access. In order to supplement these results and create a deeper understanding of problems faced by people in accessing healthcare services, a primary survey was under in Kangra district of Himachal Pradesh. The results are presented as under:

Profile of the Sample: More than 90 percent of the respondents were below 40 years of age. This is because respondents considered for the study were to be aged between 20 and 50 years. The education level of the respondents was fairly high as 47 percent males and 57 percent females had studies upto senior secondary and half of the males and one- third of females were graduate and above. Majority of male respondents (57percent) were engaged in private jobs or were running their own businesses and a smaller number (13percent) were working as government employees. By comparison, a large majority of females (60percent) were housewives, only 27 percent were engaged in jobs.

Health Seeking Behavior:

Consultation with Doctor: A large majority of male as well as female respondents (96.6percent) reported consulting a doctor for both major and minor health related ailments in case of ill health. The rest preferred to treat minor ailments at home, a large majority of the respondents (73.3percent) reported visiting a doctor at least once in six months in the previous year where as 15percent people reported visiting doctor only once a year. Only about 8percent respondents said they needed to go to

the doctor once a month and a much smaller number 3.3percent reported going weekly. These were those families where some family member had a major health related problem.

Distance of Medical Facilities and Mode of Travel: Distance is one of the important determinants of use of health care services. The medical facilities were located between a distance of one to five kilometers for more than half of the respondents (52 percent). For 27 percent respondents, the medical facilities were very nearby their homes and located within a kilometer. Most of them could walk to avail medical services. However, some respondents (21 percent) had to travel more than 5 kilometers to access medical facilities, for which 62 percent respondents used public transport to avail medical facilities, while a very small number (7 percent) used private vehicles for reaching to medical facilities. Hence, a large majority (87 percent) were comfortable with the location of medical facility in their area.

Choice of Medical Facility: With respect to the choice of medical facilities for consultation and treatment, a large majority (79 percent) preferred government medical facilities among which 59 percent were using government services exclusively such as dispensaries (12percent), Primary health center (15percent) and District Hospital (32percent) while other 20 percent were using both government and private facilities depending upon the disease, diagnosis and cost. The main reason of this was their affordable cost and faith in the system. A much smaller number (21percent) reported that they preferred private clinics or hospitals because of better infrastructure, dissatisfaction with government run facilities where they had to wait in long queues and spend too much time (Figure 1).

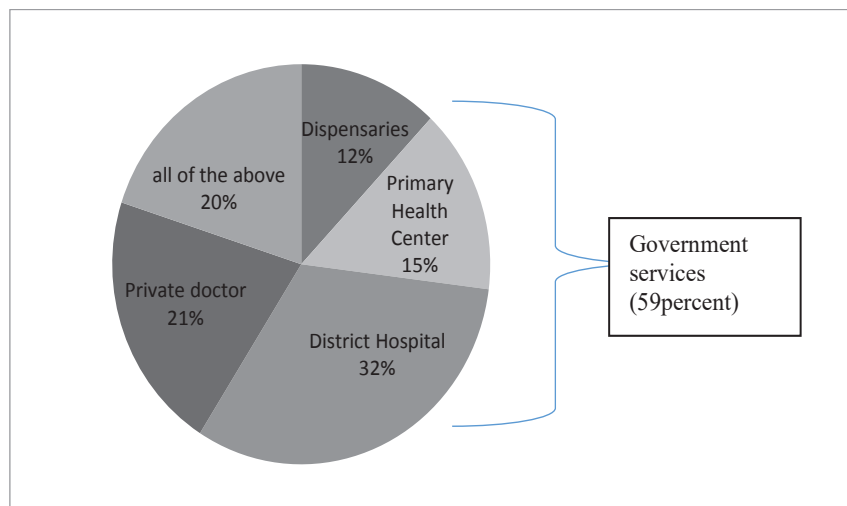


Figure 1: Preference for Availing Medical Facilities

Similar findings were highlighted by the study conducted in Tamil Nadu in 2015 where the majority of respondents (70percent) preferred government health services because of zero cost involved whereas 26 percent preferred private health facilities due to quality care , good infrastructure and easy access [11]. Similar findings were also seen in some African countries South Africa (2012) and Uganda (2014) where majority of the patients reported opting for government health centers rather than private facilities because of lower costs [12,[13].

Preference of Health Services: Relation with Income: A direct relation was observed between income of the respondents and preference of type of health facilities. All the respondents with monthly income belowINR.5000 used the government services as compared to only 38percent people in the higher income group preferring government facilities. Conversely none of the respondents were using private health facilities in lower income group as compared to 46percent of people with monthly income INR15,000 and above were using private facilities.

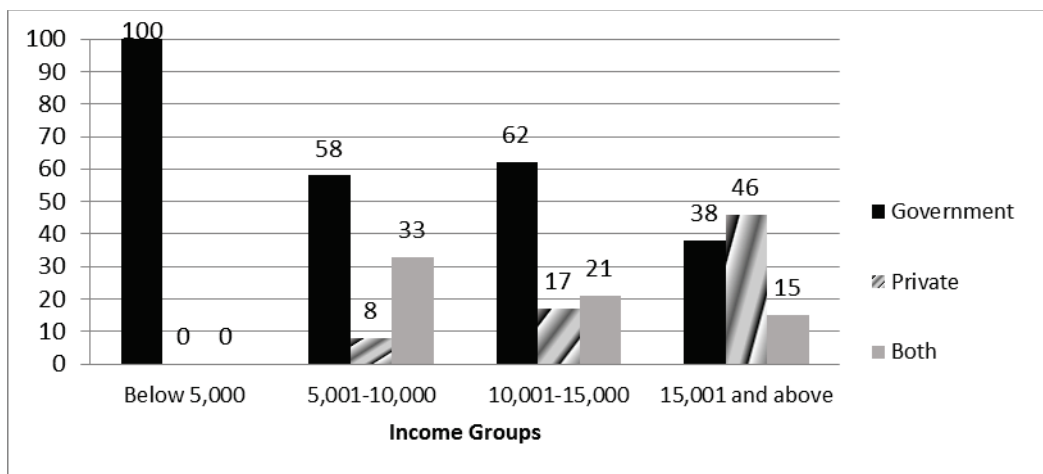


Figure 2: Preference of Health Services in Different Income Groups

Cost of Health Services: The average expense for consultation, diagnosis and medicines was Rs. 200 to 500 per visit while availing government services since they had to pay for conduct of tests and purchase of medicines. By comparison, people availing private health facilities had to shell out more than Rs 1000 per visit. Similar findings have been reported by NSSO survey where people in rural areas spend on an average Rs 309 per visit to a government hospital which was mainly spent on users’ fee, outside prescribed drugs and laboratory investigations as these services were lacking in most PHCs [14].

Problems Faced in Availing Medical Facilities: Though a large majority of people (82percent) expressed satisfaction with the availability of government medical facilities, they still reported number of problems. Majority of respondents (87 percent) reported poor infrastructure in the hospitals as the biggest problem faced by them. The other problems were the high cost of tests, medicines and other treatment options (63 percent), medicines not being available (50 percent) and lack of proper diagnosis (10 percent). There was lack of facilities of scans and other related tests because of which the patients were referred to nearby cities of Chandigarh or Shimla for further diagnosis. This led to a lot of waste of time and heavy financial costs to people much beyond their affordability. It was interesting to note that none of the respondents cited poor behavior of staff as one of the problems while accessing medical facilities (Figure 3).

Similar problems such as long waiting lines, poor hygiene and lack of proper diagnosis were reported by a study conducted in Muktsar district Punjab in 2010 due to which 78 percent of people were using private health facilities [15].

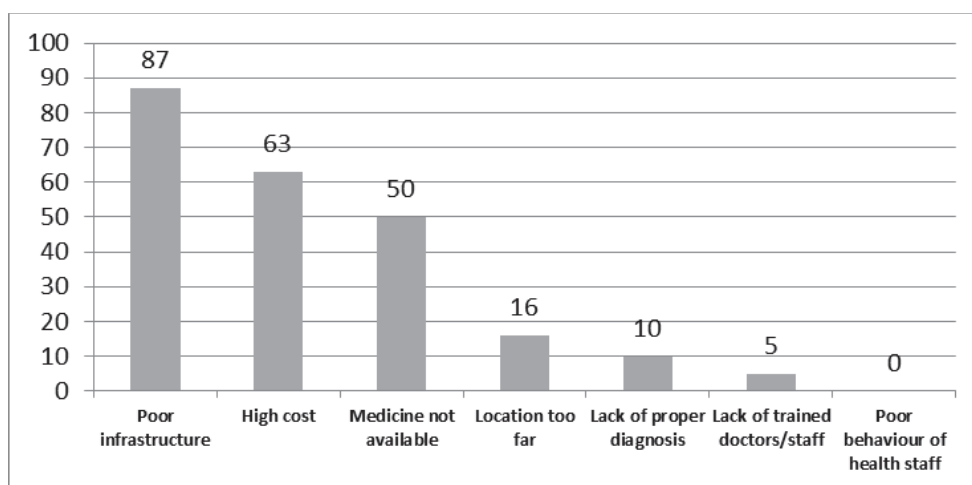


Figure 3: Problems Faced While Availing Medical Facilities

Awareness of Health Programs: The male as well as female respondents were asked about their awareness of health related programs which were functioning currently or had been functioning recently. A list of 15 such programs in the region were drawn out. Majority of the respondents (60percent) were aware only about 4 to 6 listed programs. While women were more aware of maternal and child related programs, men were found to be more aware of governance related programs which also had a health dimension. It was also seen that the respondents were not aware of the names of the programs; they knew about, one or more of the services offered by the program. As an example, many did not know, MCTS (Mother and Child Tracking System) or NHRM, but knew pregnant women can be registered with the primary health centers and may get messages from there and were aware of ASHA workers in the area to help the women for deliveries and immunization in addition to other services.

There was also lack of awareness about e-health services, out of the respondents who were aware of ICT health initiatives, only 21 percent women and 57 percent men had used any of the ICT enabled initiatives. The common ones which had been used by them were toll free ambulance numbers- 108 service, Common Service Centers and Mother& Child tracking system. It was reported that due to lack of digital skills, respondents were not able to access the ICT enabled health initiatives effectively.

Conclusion: The present study based on a combination of primary and secondary data has shown that rural dwellers face several problems in accessing government run health care facilities. Analysis of secondary data from several states has highlighted that there are considerable gaps in access to primary health care by rural dwellers. However in Himachal Pradesh, a state which is recently being ranked fifth in health index [5] reflecting significant achievements in healthcare system, the problems are not that hard hitting as a large majority of population (79 percent) preferred government facilities. Though they were facing some problems such as lack of quality infrastructure, high cost, non- access to basic medicines and medical facilities but majority of them reported satisfaction with government run healthcare services. However the awareness of both male and female respondents about health related programs was fairly low which prevented from taking full benefits of such programs.

Since it is the human resource development, which defines the level of development of country, it is very important to pay attention to the health of individuals. Considering the present health landscape of India, there is a dire need to adopt participatory approaches including both formal and informal stakeholders to mobilize and influence the healthcare delivery and usage patterns by the communities. Also new interventions and schemes such as health insurance sector for rural poor needs to given a boost to ease the burden of healthcare cost and make the health services more affordable. All these road blocks and barriers present in health care need to be ironed out to provide accessible and effective health care system across India.

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