

Causes of low utilization of Primary level of Healthcare services in North Gujarat

Dr. Bhupinder Chaudhary

Assistant Professor
Department of Hospital Management
H.N.G. University
Patan-(Gujarat)

Abstract

India is a country where more than two-third of the population can afford treatment in only Govt. hospitals due to many reasons. Since the last 10 years, Govt. has invested a huge capital in establishment and upgradation of Healthcare services, more so at the grass root or Primary level, to ensure two main factors, one is to fulfil the most important criteria of public health care delivery system (i.e. Affordability, accessibility and availability of care), second is to lower the burden on secondary and tertiary level of Healthcare delivery system. In spite of the efforts, utilization of these facilities is quite low. The main reasons which could be responsible are low HR retention, lack of proper planning while allotting the resources, etc. This study can help to address some of the critical health issues which are preventable to a large extent. India has some of the health indicators poorer than Nepal and Srilanka. MMR (Maternal Mortality rate) is very high in few states. These problems can be reduced to a large extent by proper planning and mobilization of the existing resources. So, this paper is an attempt to have an in-depth view of some of these factors and possible alternatives to solve this problem.

Keywords:

Healthcare Services, Primary level, Utilization, North Gujarat

Introduction

Even after more than 60 years of Independence and so many health sector reforms, the rural India is still unable to access the services of the allopathic doctors as 74% of these doctors live in urban areas, serving only 28% of the national population, while the rural population, which is 72%, still gets no benefit of their services. Also, even the doctors in urban area prefer to work in private setup, thereby leaving the public healthcare delivery system in a dismantled state. Now, in a country where most of the population can afford treatment only in public hospitals, a shortage in the number of doctors/specialists in Govt. setup can be disastrous. This explains the trend of high MMR and IMR in India. Even after implementing many strategies, this situation has not

changed much since the last many years. So, now the Govt. has decided to change its strategy. Now, along with focus on retention of specialists in public hospitals, Govt. has also collaborated with private sector in different ways to improve the situation, as the ultimate goal is 'Health for all', irrespective of the provider of Healthcare.

Certain significant issues regarding HR in Healthcare:

- Every year around 30,000 medical graduates (MBBS) pass out of Medical colleges, still the entire rural health system for more than 750 million people has never more than 26,000 doctors.
- Retention of Medical workforce is still a challenge for the public healthcare delivery system in India.
- The huge pool of AYUSH graduates had remained unutilized by the Healthcare delivery system for a long time. This workforce can help to overcome the shortage of doctors at various levels.
- There is an acute shortage of specialist doctors at CHC and higher level. This shortage is upto the level of 90% in some states.
- World Bank funded Health systems projects have failed to address the issues of HRM, so it was one of the prominent reasons for special emphasis of HR issues under NRHM.
- Total number of doctors registered in the country up to 31st March 2008 is 695254 according to Medical Council of India (MCI) Annual Report 2008. It means that the doctor to population ratio in India is 1 per 1600 persons or 6 per 10,000 populations which is significantly lower than developed countries like Australia, Canada, UK and US (WHO, 2008).
- The nurse to population ratio in India is 1:1205 and in Europe is 1:100-150, whereas, nurse to doctor ratio in India is about 1.3:1 as compared to 3:1 in most developed countries (NCMH, 2005).
- No major initiatives were taken by the Healthcare reforms in 1990's for improving the attraction and retaining the healthcare workforce or for improving the quality of performance. In spite of repeated exposure to these issues, no attention was given as it was assumed that these problems are inherent part of the Public system/sector.

The problem under study was the lesser utilization of services at the primary level Govt. Healthcare delivery system in North Gujarat. So, this study aims to find out the probable causes responsible for this problem.

The objectives of this study were as follows:

1. To study the main causes responsible for lesser utilization of services at the primary level Govt. Healthcare delivery system in North Gujarat.
2. To study the trend of turnover of medical and paramedical staff in rural areas.
3. To study the impact of staff shortage on utilization and Quality of Healthcare services.
4. To suggest measures to improve utilization of these services.

Methodology

The **area** of study was **North Gujarat** (all the 4 districts). Population under study: patients who have received treatment in Govt. PHC in the last one year in North Gujarat. Authorities at district, state and national headquarters in the Health Department. Due to resource constraint, the sample size selected was 200 (50 for each district).

The sampling technique in this case was non probability (purposive/judgemental) sampling. Also, because the nature of research is Qualitative Research, so, it also favours purposive sampling. It was used to select sample which was prospect for accurate information. Also, at certain places, snowball sampling was also used to obtain more information about any particular issue from identical respondents.

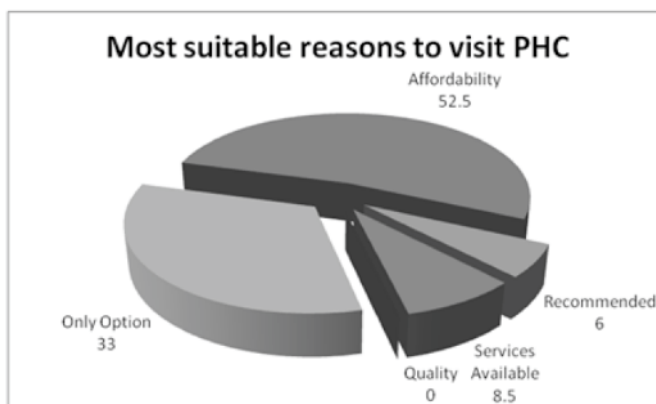
Important information was collected through interviews and direct observation. In this study, the tool used for data collection from primary source was Checklist / Questionnaire. The data thus collected was analyzed using MS Excel.

For data collection from secondary source, tools like Internet, journals, publications, reports were used.

All the data being **Qualitative data**, it was analyzed using MS-Excel, percentage, frequencies etc. Pie-chart, columns and bar graphs were used to analyze and interpret data in presentable form.

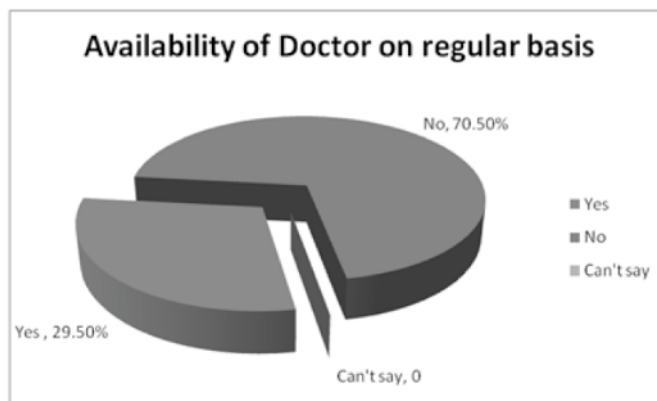
Findings

The respondents were asked to respond to the following few points based on their experience with the Government PHC visited by them in the last one year.



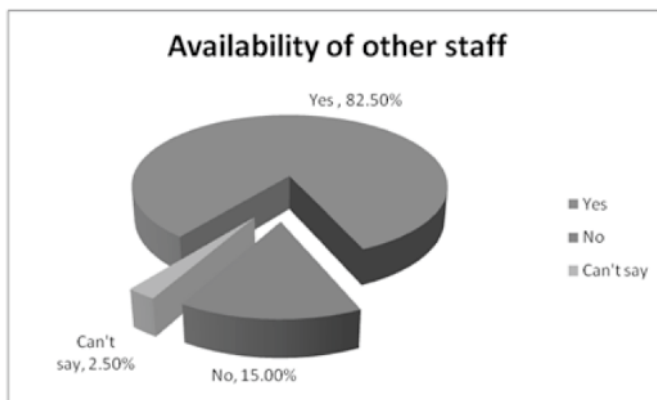
This table gives very surprising data, that more than 50% people visited the Govt. PHC, because they could not afford treatment in any private healthcare facility. Some of them even admitted that they would be more interested to visit the private facility if they could afford or if some sort of

payment mechanism is available to them. More interestingly, about one-third or 33% people visited PHC because of the absence of any other option for treatment near their home.



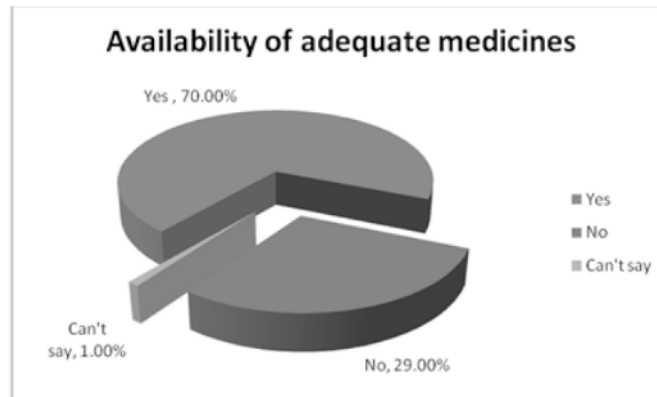
More than two-third population is not pleased about the availability or regularity of doctors at PHC. As many villagers gave this information that though the post of doctor is filled but he/she is not regular for duty, so they are forced to look for other options like private practitioners or nearby

higher centres. It was also pointed out by many that whenever they visit the PHC they are not certain that whether the doctor would be available or when he/she would be available.



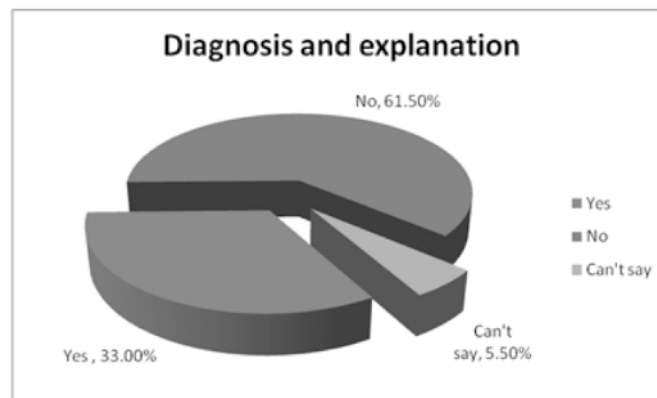
Surprisingly, unlike the issue of doctors, this issue has evoked a different response. More than 80% of people are satisfied by the availability and regularity of paramedical staff. Many of them believe that the Primary Health Centres are able to provide the healthcare facilities mainly because of paramedical staff. Some villages gave a very surprising

observation that they treat the paramedical staff as the main doctor in charge and they have not seen any other medical officer in the health centre. This kind of trend can pose serious health risk for the rural population, as their health and life is in the hands of untrained and unqualified persons.



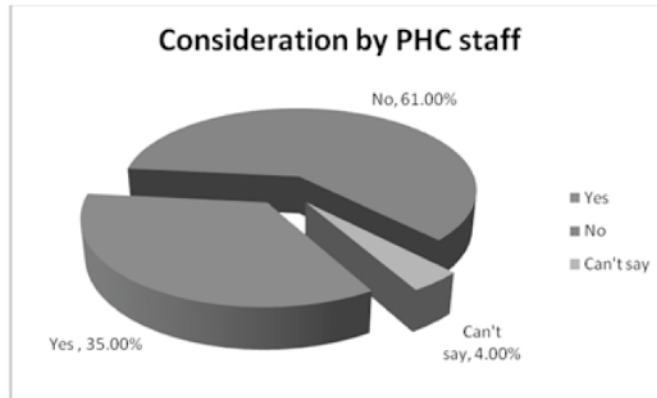
70% of the population is satisfied by the availability of adequate quantity of medicines and supplies. This no. is less but considering the reviews from the village stake holders,

there were serious issues of non-availability of medicines in past, it seems to be an encouraging trend.



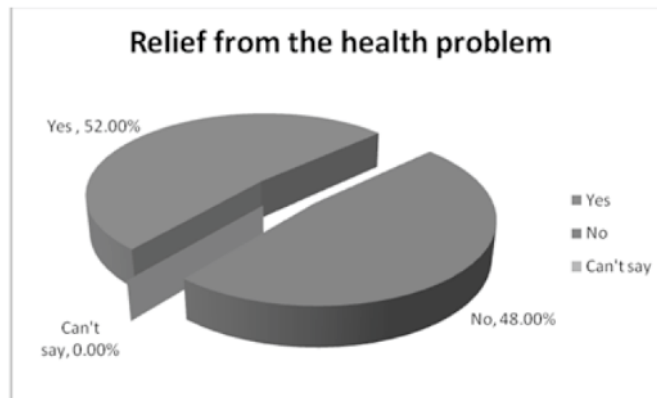
More than 60% patients visiting the PHC are not explained about their health condition or disease. The patients admitted that they won't visit the PHC next time if they fall ill, because they don't get any information about their condition. The doctors have a different say in this. They are of the opinion that the patients need not know about their condition, as they are not literate enough to understand.

Whatever is the requirement, it'll be conveyed to them. The patients also admitted that many a times they are given this type of reply by the doctor that if they want to know more about their disease, then they should visit CHC/hospital/medical College, so they prefer to visit the higher centre directly.



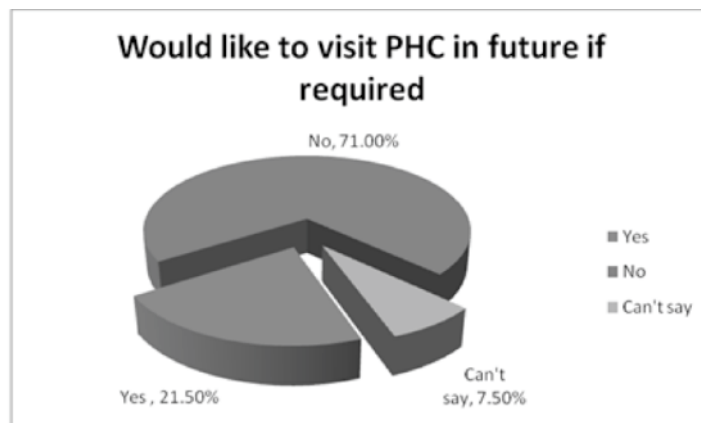
Near about two-third of the patients are not given due consideration by the PHC staff. it can be one reason which

can be managed at the local level by proper training and awareness about patient rights and education.



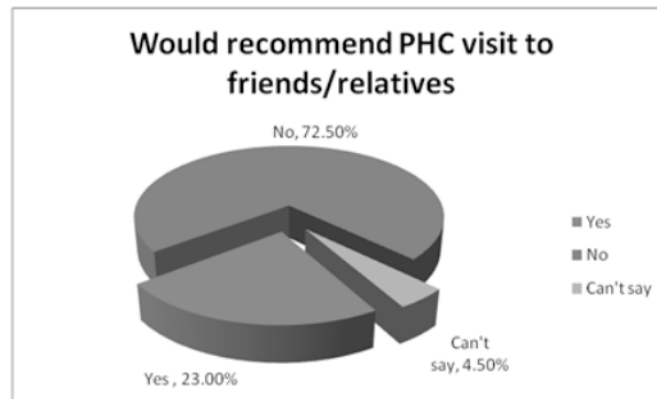
Inspite of all the odds, more than half of the patients are relieved from the problem or disease with which they visited PHC. It is interesting to note that PHCs are meant to provide first line of treatment and if they are able to do it efficiently,

it's an appreciable effort. But, the most noteworthy point here is that this study included only those patients who had minor ailment and could be treated at PHC level only.



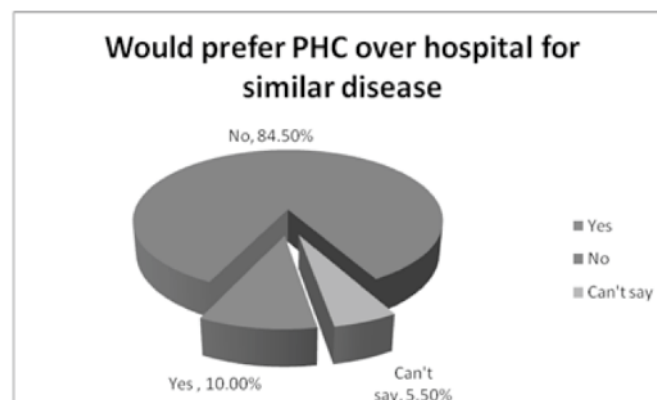
About 71% patients would not like to visit PHC for future health problems. But the main issue here is that they can't afford treatment in any private setup. So, ultimately these

patients will move to the CHC or district hospital or medical college and will increase the burden on these facilities.



About 71% patients would never like to visit PHC again in future and as per this question, about 72.5% patients would

not recommend this type of visit to any friend or relative.



More than 80% of people in rural area would be more interested to visit Medical college or district hospital if they would ever need to visit the healthcare facility and even if they could be treated at PHC also.

Conclusion

This study highlights the important points and reasons which could be responsible for less utilization of primary level of healthcare facilities by the population. Even after lot of initiatives by the Health department and huge budgetary allocation, the Govt. has not been able to encourage the population to receive the healthcare at the primary level of healthcare delivery system. This problem doesn't end here. More people seeking healthcare services at higher centre means that burden on these facilities increase at a very exponential rate and this may increase their efficiency in providing secondary or tertiary level of healthcare facilities. So, on one side primary health centres are under-utilized but the higher centres are over burdened. And the patients who are in urgent need of specialized care have to compromise on their care because of

huge burden. This problem has to be solved from two perspectives: patient's and doctor's perspective.

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