



SOCIO – ECONOMIC DETERMINANTS OF RURAL HEALTHCARE SERVICE UTILIZATION IN KERALA: A CASE STUDY OF MALAPPURAM DISTRICT

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ABSTRACT

Health is the responsibility of every state to make an effort for raising better health condition and the standard of living of the people. The primary function of the state is the advancement of public health sector. The socio – economic determinants like education, level of income, employment, social status etc.... are influence the utilization of healthcare services. This study finds out that there is a positive association between the level of education and use of health services. The levels of employment, level of income, social status are also a positive relationship between the utilization of healthcare services. There are a number of determinant variable like near to resident, free services, experienced paramedical staff, easy to reach, peer group influence etc... Majority of the respondent utilize the healthcare facilities because of near to resident and the least one is the peer group influence.

KEY WORDS: WHO, utilization, , Primary Health Centre, First_Referral_Units (FRUs)

INTRODUCTION

The national government all over the world striving to expand and improve the healthcare services, since, health and human resources development is an integral component of the overall socio-economic development. It is keeping in view that health care system has been declared as a fundamental right in many countries. WHO stated that, in its constitutional principles of 1948, “Health is a state of complete physical, mental and social well – being and not merely the absence of disease or infirmity” and the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic and social condition.

The health care infrastructure in India consists of primary, secondary and tertiary care. The health care at these levels is too provided by both public and private health care providers. The health care infrastructure in rural areas has been developed as a three tier system as follows are Sub Centres (SCs), Primary Health_Centre (PHC), Community_Health Centres_(CHCs), First_Referral_Units (FRUs). The Sub Centre are the Most peripheral contact point between Primary Health Care System & Community manned with one HW (F)/ANM & one HW (M). Primary Health Centre (PHC) is a referral Unit consists of 6 Sub Centres, 4-6 bedded, a Medical Officer In charge and 14 subordinate paramedical staff. Community Health Centre (CHC) is a 30 bedded Hospital/Referral Unit for 4 PHCs with Specialized services. First Referral Units (FRUs) is the emergency Obstetric Care including surgical interventions like caesarean sections, new-born care and Blood storage facility on a 24-hour basis.

METHODOLOGY

The health sector development of Malappuram, Kerala is depend up on the spread of basic and fundamental education among the society, Public awareness program, various activities of health sector etc..... According to 2011 census, Malappuram district occupies highest population of the state of Kerala with 4,110,956 with a density of 1157sq.km and sex ratio of 1096. This overcrowding population, highest density and sex ratio are suited to examine the health care utilization of the people. At present, district has 2 revenue district, 7 taluk, 15 blocks, 7 municipalities and 100 panchayath. Of the 7 taluk, 280 samples are selected by the methods of simple random sample in the proportion of 40 of each.

Measurement of variables

The dependent variable, utilization of health is derived from asking whether the individual in the household fell sick and visited to healthcare facilities in the last three month preceding the interview. The Yes or No question, with coded ‘1’ for Yes and ‘0’ for No if the code ‘1’ representing utilization of healthcare and ‘0’ representing the non utilization of healthcare. The independent variables are monthly income, religion, employment, size of family, social status and education respectively.

OBJECTIVES

1. To determine the extent of association between certain which socio – economic factors that influence healthcare utilization.
2. To examine the determinant variable that influences the reasons for the use of health care facilities.

REVIEW OF LITERATURE

Farah Kausar et al (1999) the socio economic variable like education and employment are shown a significant association of this study. The health and mortality experience include the standard of living. The poor household in rural and urban area have low utilisation of MHC services. These low level utilisations are the determinant variable in neonatal mortality. The essential probabilities of maternal health outcome are determined the level of education, employment and socio economic status. So education has a significant effort on the number of antenatal variable.

Soumitra Ghosh (2014) To measure the healthcare utilisation, two core items are included, they are outpatient and inpatients. The inpatient care utilisation based on two items like annual hospitalization rate and the average length of hospitalisation rate. The percentages of population reporting illness in the hospital are 9.92% in rural and 8.82% in urban area. 62% of the rural and 58% of the urban people is facing the problem of communicable disease.

Saravanakumari A D et al (2015) attempt to identify the utilization of health care services and satisfaction among the outpatients in the Hospital of Chidambaram. 152 outpatients were the total sample. Out of this, 55.26% were the female. 34.21% were the age group of 30 – 45 years. 28.94% are the illiterate and 96.76% were the married. 73.68% were the rural areas people. 99.34% of the respondent came to the hospital for their own and 1% was the referred. 76.3% came to hospital by the way of bus, 3.28% by auto, 7.89% in walk, 5.26 were cycle.

Aditisharma et al (2018) examine the utilization of health care schemes in Indian scenario, which the health systems in a society are built in equity; all people have equal opportunities to maintain good health. List out the various schemes like Rashtriya Swasthya Bima Yojana (central government – 2008), Bhamashah Swasthya Bima Yojana (Rajasthan – 2014 -15), Mukhyamantri State Healthcare scheme (Himachal Pradesh – 2016), Bhai Ghanhya Sehat Sewa Scheme (Panjab), Mukhyamantri Swasthya Bima Yojana (Uttarakhand – 2016), Vajpayee Arogyashree Scheme (Karnataka – 2010).

Neena Elezabeth Philip (2011) out of the total sample, 149 insured and 147 uninsured data are collect for the study. The average age of the sample household is 33.04. The average age of the insured and uninsured are the 17.87% and 32.42%. The insurance status is highly depending on the family size. Similar levels of minor morbidity are existed in all groups. The hospitalization rates (1.45) of insured parties are higher for the uninsured parties. The product experiences were high in insured party. Majority of the private hospitals are not enrolled in RSBY. 40.35% are covered RSBY, 19.4% are covered by RSBY, 40.3% uninsured in household.

RESULT

- Out of the 280 samples, the proportions of households are Muslim (66.5%), Hindu (31.5%) and Christian (2%).
- The employment statuses of the respondent are Casual workers (53.6%), Agriculture (17.9%), Government servant (10.7%), Drivers (14.3%) and Private services (3.6%).
- The highest educational level of the respondent are middle and high school (71.4), primary (7.1%), graduate (17.9%) and 3.6% of them others.

- On the basis of monthly income, 32.5% of the Rs. 10000/- to Rs. 15000/-, Rs. 15000/- to Rs. 20000/- are 38.0% , Rs. 20000/- to Rs. 25000/- are 14.2%, 3.6% are Rs. 25000/- to Rs. 30000/-, 3% of Rs. 30000/- to Rs. 35000/-, Rs. 35000/- to Rs. 40000/- are 2%, Rs. 40000/- to Rs. 45000/- are 3.5% and 3.2% are Rs.45000/- and above.
- 3.6% of the families have 3 members, 60.7% have 4 members and 32.1% of the respondents are 5 and above.
- In the social status, the study finds out that the 39.3% are poor, 46.45% middle class and 14.3% rich.
- There is a positive relationship between the level of education and the utilization of healthcare services ($r = 0.63$).
- There is a positive relationship between the social status and the healthcare utilization ($r = 0.43$).
- There is a positive relationship between the size of family and the use of health services ($r = 0.51$).
- There is a positive association between the level of employment and the utilization of healthcare services ($r = 6.2$).
- There is a negative relationship between the religion and the utilization of health services ($r = .21$).
- There is a very low positive correlation between visit to health care and the size of family members ($r = 0.20$).
- There is negative relationship between the monthly income and utilization of healthcare services ($r = - 0.23$).
- On the basis of the reasons for the use of healthcare services, the study find out the highest proportion of the respondent use healthcare services, because of the near to residents (11.23%) and the lowest proportion is the peer group influences (2.1%).
- The respondent uses healthcare services of free services (8.13%) and 9.2% are easy to reach by transport.
- 7% to 7.2% of the respondent utilize healthcare services because of better care and experienced paramedical staff.
- 6.4% to 6.9% of the sample householders use hospital services because of only hospitals in the area and specialized treatment.
- Inexpensive, know someone from staff and strong hospital infrastructure are in the proportion of 5% to 5.2%.
- 4.3% to 4.7% of the respondent utilizes health care services due to referred by other doctors, acceptability of all types of health insurance card and the excellence attention in all emergencies situations.

CONCLUSION

The factors that determine the health seeking behaviour are influence the physical , social – economic , cultural and political, and the number of factors that determine the utilisation of health services are public or private, formal and non formal, also depend on social status, economic and political condition, environmental condition , disease pattern (Baber .T Shaikh and Juanita Hatcher (2004). The level of education, social status, size of family members, status of employment etc....has a positive association between the

utilization of healthcare services. The rural respondent utilize the healthcare facilities not only the independent variables but also the determinant variable like near to resident, free services, better care, easy to reach by transport etc...

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