Original Article

Difficulties in accessing and availing of public health care systems among rural population in Chittoor District, Andhra Pradesh

Geetha Lakshmi Sreerama, Sai Varun Matavalum, Paraiveedu Arumugam Chandresekharan, Veronica Thunga

Department of Obstetrics and Gynecology, Government Maternity Hospital, Sri Venkateswara Medical College, Tirupati, Andhra Pradesh, India

Address for the Correspondence:
Dr. S. Geetha Lakshmi, 18-1-731, Bhavani Nagar, Tirupati - 517 501, Andhra Pradesh, India.
E-mail: sreegeethahospital@gmail.com

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Abstract

Context: Despite policies to make health care accessible to all, it is not universally accessible. Frequent evaluation of barriers to accessibility of health care services paves path for improvement. Hence, present study is undertaken to evaluate the factors and public health policies influencing health care access to rural people in Chittoor District, Andhra Pradesh, which can be interpolated for other regions. **Aims:** To assess knowledge, perceptions, availing of public health care services, barriers to health care access in Chittoor District, Andhra Pradesh. **Settings and Design:** Cross-sectional, hospital-based survey in the Government Maternity Hospital (GMH), Tirupati, a tertiary care center. **Materials and Methods:** Fifty women delivered normally in GMH through convenient sampling technique. Data collected on standardized pro forma as per IMS Institute of Healthcare Informatics. **Statistical Analysis Used:** Is done through MS Excel 2007, Epi Info 7 (of Centres for Disease Control and Prevention, Atlanta, USA) and frequencies were described. **Results:** Distance, waiting hours, societal responsibility, nature of the illness, presumed commercialization of Medicare system, attitudes of health care providers, and loss of wages were not barriers for accessing health care. Accredited Social Health Activist (ASHA) and availability of ambulance services made great improvements in health care accessibility. Absenteeism of health care providers is a problem. **Conclusions:** Expanding the ambulance services and ASHA network will be an effective measure for further accessibility to health care. Absenteeism of health care providers needs correction.

Key words: Accredited Social Health Activist, ambulance, barriers, health care accessibility

INTRODUCTION

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity according to World Health Organisation (WHO).[1] Health is a human right and hence health care should be made available universally.[2] Health care is the diagnosis, treatment, and prevention of disease, illness, injury and other physical and mental impairments in human beings.

Access to and availing of health services by the needy people is an important determinant of health outcome. Health care system should ensure proper access to health care services for people, good communication of health care providers with patients, prevention of diseases and disability, detection of health conditions, provision of treatment, and improvement of quality-of-life which in turn increases the life expectancy.[3] The access to good health care is not universal. Barriers to accessing the health care services[4] include lack of physical accessibility (geographical barriers),[5] deficit of required health care resources, low quality or functionality of health care resources, inability to afford health services due to lack of insurance coverage.[6]

Recognizing and eliminating the barriers will improve the quality of the health care system[3] by meeting health needs in time, lessen the hospitalization and improve the prevention services. In India, around 700 million people live in rural areas and accessing of health care services is still a problem in rural India especially underprivileged corners.[2] The Government of India introduced many policies to make health care services available to rural masses.[2]

The Government of Andhra Pradesh has initiated setting up of public-private partnership to improve the utilization of health care services especially to the rural areas[7] [Annexure 1]. It has collaborated with Emergency Management Research Institute and introduced 104 and emergency responsive services to provide health care services in rural areas. In collaboration with star health, it has introduced 108 emergency ambulance services for transport of patients who are in need of emergency health care services and introduced Rajiv Arogyasri Health Care Trust to provide financial assistance to certain diseases where it is needed.

In order to throw light on the successfulness of such measures and barriers to them, the following study was undertaken.

Aims and objectives

1. To assess the knowledge of availability of health services and perceptions.
2. To find out availability and attitudes of health care provider on utilization of public health care services.
3. To assess the significance of various risk factors leading to difficulties in health care accessibility.
4. To determine the barriers to health care access.
5. To determine percentage of people preferring public health care to private health care.

MATERIALS AND METHODS

A cross-sectional, hospital-based survey was undertaken in the Department of Obstetrics and Gynecology, Government Maternity Hospital (GMH), Tirupati from November 15, 2014 to December 15, 2014. GMH, Tirupati is a large tertiary teaching hospital is a referral center for Districts of Chittoor, Nellore, Kadapa and Anantapur.

Study subjects

By convenient sampling, 50 women delivered in GMH were selected.

Study method

Data were collected on standardized pro forma adopted from IMS Institute for Healthcare Informatics. Effect of distance, waiting hours, availability of free of cost services, absenteeism of health care providers, societal responsibility, nature of the illness, presumed commercialization of medicare system, attitudes of health care providers, loss of wages were assessed.

Data were entered into MS Excel 2007 and analyzed with Epi Info 7 (of Centres for Disease Control and Prevention, Atlanta, USA).

RESULTS

Present study was conducted from 15-11-2014 to 15-12-2014 in GMH, SVMC Tirupati. Fifty delivered women were participated and the results were tabulated in Tables 1 and 2.

DISCUSSION

The present study shows that the existing health care delivery system in Chittoor District is far better when compared with national statistics in accessibility to the patient.

Table 1: Factors determining utilization of health care services

Question number	Question	Yes (%)
1	Long distance to health care provider prevented timely approach	18
2	Past experience of long waiting hours prevented in further utilization of public setup	6
3	Absence of free diagnostic services prevented utilization of public setup	6
4	Absenteeism of health personnel in primary health centers prevented utilization of public setup	20
5	Exorbitantly priced consultation and diagnostic services prevented in attending a specialist clinic	18
6	Neglect and unwantedness by society is a reason for not seeking health care	8
7	Prefer traditional medical remedies and quacks to scientific health care system	12
8	Loss of wages is a barrier for seeking medical care	6
9	Prefer medical shops to physician for medical care	30
10	Prescription of unnecessary investigations to squeeze purse than being demanded by illness	14
11	Unpleasant disposition of health caregiver prevents from utilization of health care services	4
12	Awareness about 108 and 104 services	
	108	100
	104	30
13	Immunization services regularly delivered	100
14	Perception of usefulness of National Health Programmes	78

ANNEXURE 1

Table 1: Key PPP initiatives in health care in India, Andhra Pradesh

Project name	State	Government department	Private sector organizations	Cost INR_CR
104 Mobile Health Services HMRI	Andhra Pradesh	Director of Health	The EMRI	50
108 Rajiv Arogyasri Community Health Insurance Scheme	Andhra Pradesh	Rajiv Arogyasri Healthcare Trust	Star Health	900
Emergency Response Services	Andhra Pradesh	Commissioner of Family And Welfare	EMRI	99

EMRI = Emergency Management Research Institute, PPP = Private public partnership

In rural areas, physical reach to the health care facility is no more a challenge as 82% of women had no difficulty in reaching the health services in time. According to a study by IMS, 68% rural and 92% urban women were able to assess outpatient department health services.[4] Logistics for health care access are almost overcome by existing health care delivery system through effective and admirable services of ambulance (108 vehicles in Andhra Pradesh).[7]

Long waiting time is not a significant barrier for health access to the majority of the people. Only 6% of individuals felt undue delays is the reason for difficulties in acquiring services at government hospitals. Literature points that long waiting time for the patients to seek health facility have a negative impact on satisfaction and subsequent behavior.[8] People results of the present study may be reflecting cultural aspect of the patients toward waiting time.[8]

In spite of nonavailability of some diagnostic services, people prefer government setup as they are ensured free services to the maximum extent possible. 94% utilize diagnostic services, 6% of individual's preferred private setup than government hospitals.

The uncertainty of availability of medical officer was 20%; it is definitely a major hindrance for utilization of health care services. According to Gramvaani, 8% primary health centers (PHC) do not have doctors and critically short of trained medical health personnel.[2] In a revision on current health scenario in rural India, 75% of the people were aware of the government-run PHC or village sub centers without knowing the names of the medical officer at the PHC and half (53%) don't know the health workers.[9]

Social neglect and lack of family support is a significant barrier for health care access generally, as 8% of the subjects of this study reported such a barrier. As the subjects were pregnant at that time, it can be presumed that social neglect can be an important hindrance to antenatal care. In current health scenario in rural India, it was observed that adolescents and the elderly are neglected (14% of expenditure).[9] According to Article 41 of the constitution, the states launched The National Social Assistance Program established in 1995, within the limit of its economic capacity and development they provide public assistance to its citizens in case of unemployment, old age, sickness, and disablement and in other cases of undeserved want.[10]

Health consciousness is almost in a good swing that most of the patients favored toward early consultation even in case of slight illness. A study on current health scenario in rural India shows that in India, the amount spent is 60% on health and 93% on curative and emergency care in 70% of families.[9]

Majority of members enrolled in the study made it clear that they would attend a government hospital (64%) compared to private (36%) in case of an emergency. Compared to private sector, the cost of treatment is 2-9 times more affordable in public health sector.[6]

Majority of the people prefer modern medical system for their health requirements as shown in Figure 1. Around 6 clients opined they would attend to a traditional doctor or quack. Different reasons for traditional medicines usage are represented in Figure 2. Low-cost and traditional beliefs play a role in the acceptance of the traditional medicines. The WHO noted "inappropriate use of traditional medicines or practices can have negative or dangerous effects" and advised further research is needed to ascertain the efficacy and safety.[11]

Work absenteeism leading to loss of wages is a functional barrier for health access rampant among low socio-economic strata. 6% of clients of monthly income <Rs. 5000/month did not go to the hospital when needed at least once in past 2 months for fear of loss of wages. Schemes like Janani Suraksha Yojana are already being implemented to overcome the barrier.[12]

A medicine for self-medication is often called "nonprescription" or "over the counter" and is available without a doctor's prescription through pharmacies.[13] In the present study, 42% of subjects said that they would take medicine from a medical shop most of the times before attending to a practitioner. The reasons are depicted in Figure 3. Easy availability is a major cause, others being less cost and lack of knowledge of bad effects. Self-medication is prevalent in developing countries in the range of 12.7-95%. In Nepal - 59%, in Pakistan - 51%, in India - 31%. In coastal regions of South India

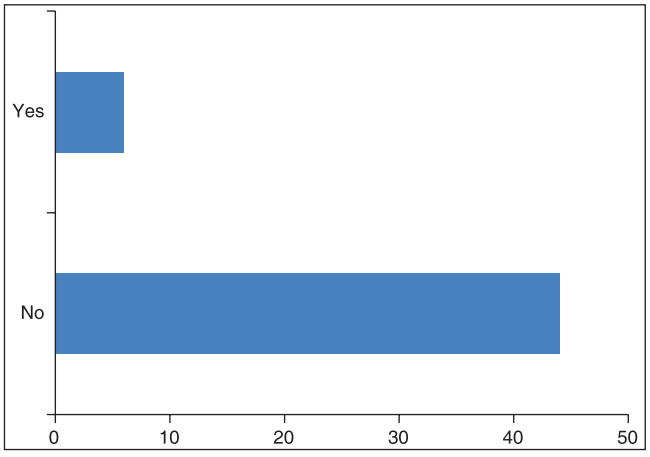

Figure 1: Preference of traditional medicines and quacks

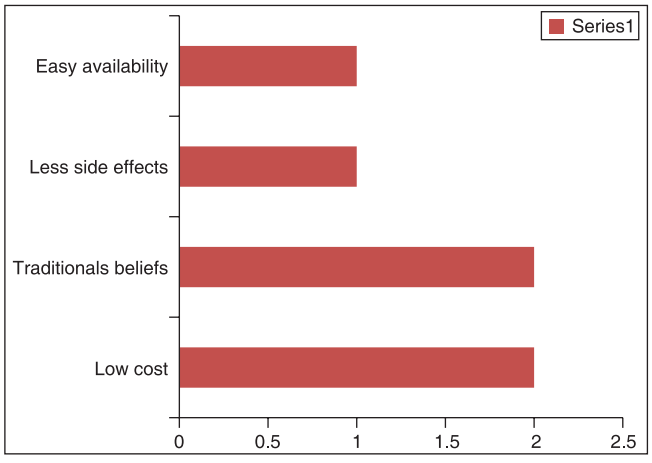

Figure 2: Different reasons for usage of traditional medicines and quacks

was 71%. A study in Bangladesh 81.3% of the young and 78.5% elderly people use self-medication.[14]

Despite the allegations of profit maximization in the health industry majority (92%) felt, they are never forced to undergo any investigation or consultation wherein it was really of no use. Patients still believe doctors work in the best interest of their clients.

Alleged high-handedness of health providers in public hospitals by media is no significant issue in accessing health facility. Around 96% of people opined they did not encounter any difficult situation for enjoying services in government hospitals.

The Government of India's Ministry of Health and Family Welfare instituted Accredited Social Health Activist (ASHA) community health workers as part of the National Rural Health Mission[15] Figure 4 reflects the important role of ASHA. The initiative succeeded because it makes a person with similar socio-cultural background with the medical knowledge available at their own places. Newspapers and radio have little role in promoting health services. 67% ASHA workers in Andhra Pradesh, in Chittor district 84.2% ASHA workers are working efficiently as per District Level Household and facility Survey-3 2007-2008.[16]

The 108 Emergency Response Service is a free emergency service.[7] Around 99.7% calls are attended in the 1st phone call itself and nearly 5000 emergencies are served per day. They reach within 10 min for (two-third of road traffic accidents and cardiac), in <15 min (72% of urban) and in <25 min (75% of rural). Unanimously, 100% of clients enrolled in the study they knew of 108, and it was a successful and highly useful element of health care system of government making access to health care easy.

The mobile health services of 104 is a technology-enabled, comprehensive health service, once a month for rural and poor located more than 3 km away from any public health service providers. It offers 4 h of service for 1500 population and covers two habitations in a day, 56 villages in a month.[16] They render antenatal checkups, height, weight monitoring, blood, urine investigations, and screening and dispensing medicines at free of cost for 1-month.[17] However, with respect to 104, the clients of 70% did not know it at all. Hence, this requires revamping.

Around 78% of clients opined they will visit a tertiary center for

Table 2: Awareness and utilization of health care services

Question number	Question	Percentage
1	Regularity of health camps is organized	
	Once in a month	60
	Once in a year	8
	Never	32
2	Knowing of health advice through health care provider in the community	
	ASHA	56
	TV	20
	Friends	14
	Newspapers	4
	Health assistant	4
	Radio	2
3	Preference of place to give birth	
	Home	22
	Hospital	78
4	Frequency of medical officer visits to hospital at village	
	Once in a week	12
	Once in a month	56
	Once in a year	4
	Never	28
5	Average duration between contacting an illness and consulting a doctor	
	1-day	80
	3 days	20
	1-week	0
6	Preference of health care system facility in emergency	
	Government hospital	64
	Private hospital	36

ASHA = Accredited Social Health Activist

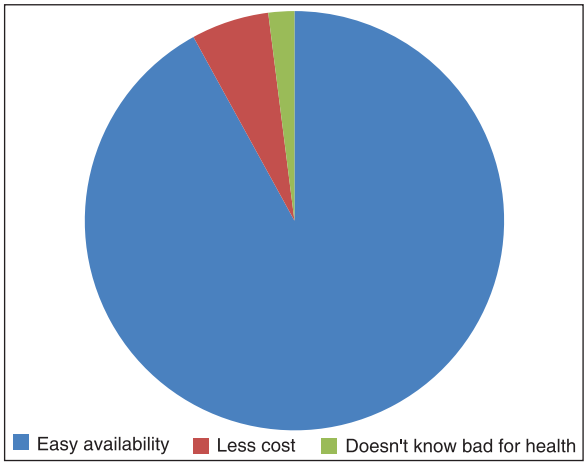

Figure 3: Different reasons for self-medication

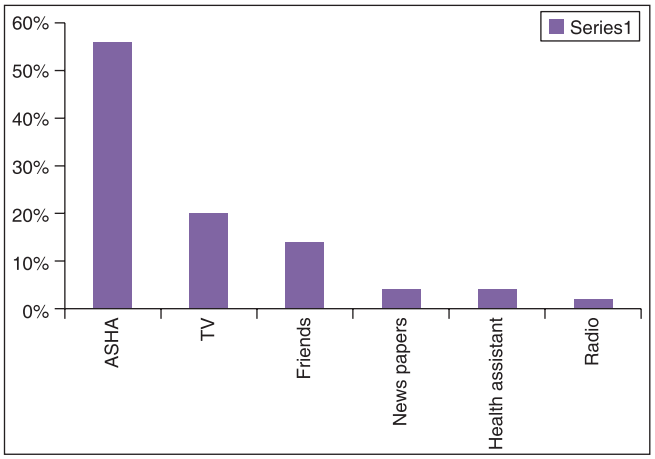

Figure 4: Participation of communication channels about health care services

any illness the reason being, the possibility of taking as inpatient which majority of peripheral doctors will not agree and lack of confidence in doctors.

It is disheartening to know 28% of participants had no idea who the medical officer working in their health care facility. 56% of participants felt their medical officer would visit their place at only once in a month. Providing a positive attitude, valuing the employee's feelings in the workplace and good supervisory support will increase the staff retention, lowers the absenteeism and improve the productivity.[18]

In the present study, 60% of subjects were aware of health camps and 32% of individuals not aware of them. Regarding immunization coverage and regularity of the administration, there was a unanimous positive appraisal from participants. On government schemes, 78% of participants have confidence while others totally discarded them as a waste. It was reported that 67% had knowledge of various national health programs, but only 33% are participating.[9] The success and effectiveness of the programs were not achieved completely due to gaps in implementation, even though, a lot of policies and programs were run by the Government of India.[2]

SUMMARY AND CONCLUSIONS

Access to the health care delivery system in Chittoor District is far better when compared with national statistics, the major reasons being 108 emergency services and effective working of ASHA. Both of them require sustenance. The services of 104 formerly were very effective health care provider for rural people who require immediate care and attention to make it more effective. Absenteeism of health care providers is still a problem.

Providing proper facilities at workplace and facilities at villages is likely to help retain health care workers at their place of work leading to increased access to health care. Loss of wages is another barrier. Provision of compensation in terms of money is a viable option to the above problem.

Limitations of study

Limitations of the present study are short study period, limited sample size, and hospital-based sample.

Recommendations

Further community-based large scale studies are to be undertaken for accessing accessibility of health systems to the end users.

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