

## Original Research Article

# Determinants of utilization of health services

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### ABSTRACT

**Background:** Health care in India is a complex amalgam involving various stakeholders. For decades it has been a neglected area with reluctance in increasing the inputs such as finance or infrastructure required to drive this system. Utilization and access to this health system is a key indicator and major determinant of health seeking behaviour.

**Methods:** This community based cross sectional study was conducted from January-February 2016 in, the urban slum located in a metro city using a pretested, semi-structured questionnaire. The data was analyzed using SPSS 22.

**Results:** More than half of the participants preferred to seek treatment from a public health care facility compared to a private. One of the most predominant determining factors on choosing a particular health facility was affordability. Main barriers perceived in utilization of health services were long waiting time at the health facility and expenditure on treatment.

**Conclusions:** The key for ensuring adequate and appropriate utilization of health care services is in having an efficient government health care delivery system which can offer quality and affordable medical care to one and all.

**Keywords:** Utilization, Health services, Determinants, Barriers

### INTRODUCTION

Healthcare in India is a complex mix of providers, facilities and payment systems with low budgetary support from the government. After decades of neglect there is realisation that health is a priority and spending should be increased. Also there is a shortage of evidence and subsequently a need to suggest direction based on this evidence.<sup>1</sup> Universal health coverage is defined as ensuring that all people have access to needed health services (including prevention, promotion, treatment, rehabilitation and palliation) of sufficient quality to be effective while also ensuring that the use of these services does not expose the user the financial hardship. Access is one of the most major determinants of health seeking behaviour.<sup>2</sup> The health related indices in our country are far from satisfactory and the country still bears an enormous share of the global disease burden. The lack of accessibility, scarce availability and the poor quality of

health services and personnel in the remote rural and underdeveloped urban areas have been the major obstacles to the delivery of quality health care services in a vast and culturally diverse country with inter- and intra-regional variations and inequalities.<sup>3</sup> The health seeking behaviour of a community determines how they use health services. Utilisation of health facilities can be influenced by the cost of services, distance to health facilities, cultural beliefs, level of education and health facility inadequacies such as stock-out of drugs.<sup>4</sup> In order to gain knowledge on the health care seeking practices, the study was planned with the objectives of preference of type of health facility among the residents, determining factors in utilization of health services as well as try and identify barriers perceived in utilization of health services. Scheppers and colleagues classified potential barriers into three levels including patient, provider and system levels. Demographic and structural variables, health beliefs and attitudes, personal enabling resources,

community enabling resources, perceived illness and personal health practices could be classified as patient level items while provider level may consist of provider characteristics such as provider's skills and attitudes. System characteristics like the organization of the health care system could also be classified as barriers of system level.<sup>5</sup>

### Objective

To study the various determinants involved in the utilization of health services in the backdrop of the barriers encountered so as to ensure a robust health care delivery system.

### METHODS

This community based, descriptive, cross sectional study was conducted in, the urban slum located in Delhi. The study period was from January to February 2016. A pretested, semi-structured questionnaire was used to collect information on preference of health facility for treatment, determining factors and barriers perceived in utilization of health services. Adults aged 18 year and above were included in the study. All those who refused to participate were excluded from the study. Informed consent was obtained from those who agreed to participate in the survey. Descriptive analysis was used for computing frequencies and Chi square tests were carried out for the association of socio-demographic variables with preference for health facility. A p value less than 0.05 was considered statistically significant. The data was analysed using SPSS 22. Ethical approval obtained from Ethical Committee.

### RESULTS

Of the total of 260 participants, one hundred thirty nine (53.5%) were males and 121 (46.5%) were females. 15% of the participants were illiterate, and only 9.3% were graduates. Participants were predominantly Hindu by religion and belonged to lower socioeconomic status (76.1%). Majority belonged to a joint family (61.9%). 12.7% of the participants were regular smokers, 8.1% were tobacco chewers (Table 1). About half of the participants took decisions on health care on their own while 18.8% took advice of the elders of family as shown. More than half of the participants (56.9%) preferred to seek treatment from a public health care facility compared to a private. 44.6% liked to go directly to a government hospital. Nearly 90% preferred allopathic system of medicine and 6.9% Ayurvedic treatment. Only three participants said they would prefer to go to a traditional healer to seek treatment (Table 2). Predominant determining factors on choosing a particular health facility was affordability (50.8%), nearness of the health facility (46.9%), quality of care (35%), and free consultation and drug availability (32.3%). Seventy six (29.2%) of the participants would decide from previous experience of a health facility (Table 3). Long waiting time at the health facility (49.6%) and expenditure on treatment (44.6%) were the main barriers perceived in utilization of health services. Twelve participants reported fear of side effects of treatment (Table 4). On chi-square analysis, the education status of the participant was found to have a significant association with preference of health facility, those with higher education preferring to seek treatment from private health facility (Table 5).

**Table 1: Socio-demographic characteristic of the participants.**

Sociodemographic characteristics	Numbers (%)
<b>Age (in years)</b>	
18-29	47 (18.1)
30-44	97 (37.3)
45 and above	116 (44.6)
<b>Gender</b>	
Male	121 (46.5)
Female	139 (53.5)
<b>Education status</b>	
Nil	39 (15)
Primary	32 (12.3)
Middle	75 (28.8)
High school	63 (24.2)
Intermediate	27 (10.4)
Graduate and above	24 (9.3)
<b>Marital status</b>	
Unmarried	33 (12.7)
Married	217 (83.5)
Divorce	1 (0.4)
Separated	4 (1.5)
Widow	4 (1.5)

Continued.

Sociodemographic characteristics	Numbers (%)
<b>Religion</b>	
Hindu	248 (95.4)
Muslim	7 (2.7)
Others	5 (1.9)
<b>Family type</b>	
Nuclear	161 (61.9)
Joint	99 (38.1)
<b>Socioeconomic status</b>	
Lower	7 (2.7)
Upper Lower	116 (44.6)
Lower Middle	82 (31.5)
Upper Middle	52 (20)
Upper	3 (1.2)
<b>Addictions</b>	
Non user	185 (71.2)
Smoking	33 (12.7)
Tobacco chewing	21 (8.1)
Alcohol	16 (6.2)
Others	5 (1.92)

**Table 2: Health care seeking behaviour.**

Category	Numbers (%)
<b>Decision about health care</b>	
Elders	49 (18.8)
Self	133 (51.2)
Spouse	34 (13.1)
Shared decision with other family members	44 (16.9)
<b>Type of health facility preferred</b>	
Public	148 (56.9)
Private	112 (43.1)
<b>System of medicine preferred</b>	
Allopathy	233 (89.6)
Ayurveda	18 (6.9)
Homeopathy	6 (2.3)
Traditional healer	3 (1.2)
<b>Health insurance</b>	
None	206 (79.2)
CGHS	17 (6.5)
ESI	12 (4.6)
ECHS	3 (1.2)

**Table 3: Determining factors to choose a particular health facility.**

Determining factors	Numbers (%)
<b>Nearness of health facility</b>	122 (46.9)
<b>Affordability</b>	132 (50.8)
<b>Behaviour of doctor</b>	47 (18.1)
<b>Paramedical staff behaviour</b>	17 (6.5)
<b>Advise by family members/friends</b>	18 (6.5)
<b>Faith in the system of medicine</b>	49 (18.9)
<b>Previous experience</b>	76 (29.2)
<b>Quality of care</b>	91 (35.0)
<b>Less waiting time</b>	82 (31.5)
<b>Suitable timings</b>	29 (11.2)

**Table 4: Barriers perceive in utilization of health services.**

Barriers	Numbers (%)
Ill-treatment of staff	28 (10.8)
Poor quality of care	48 (18.5)
Expenditure on treatment	116 (44.6)
Long waiting time	129 (49.6)
Distance of health facility	27 (10.4)
Fear of side effects	12 (4.6)
Belief in self-medication	5 (1.9)
Belief in traditional healers	5 (1.9)

**Table 5: Preference for type of health facility vs. sociodemographic factors.**

Variable	Public facility	Private facility	Total	P value
<b>Age (in years)</b>				
18-29	22 (46.8)	25 (53.2)	47 (100)	0.33
30-44	53 (54.6)	44 (45.4)	97 (100)	
45 and above	69 (59.4)	47 (40.5)	116 (100)	
<b>Gender</b>				
Male	66 (54.5)	55 (45.5)	121 (100)	0.80
Female	78 (56.1)	61 (43.9)	139 (100)	
<b>Education</b>				
Upto middle	93 (63.7)	53 (36.3)	146 (100)	0.025
Upto high school	28 (44.4)	35 (57.6)	63 (100)	
Upto intermediate	12 (44.4)	15 (55.6)	27 (100)	
Graduate and above	11 (45.8)	13 (54.2)	24 (100)	
<b>Family type</b>				
Nuclear	88 (54.7)	73 (45.3)	161 (100)	0.76
Joint	56 (56.6)	43 (43.4)	99 (100)	

## DISCUSSION

Utilization of health services is the cornerstone of universal health coverage. About half of the participants took decision for seeking treatment on their own while 18.8% relied on the advice of elders. In a study from Kenya on health seeking behaviour for child illnesses, found fathers to be the ultimate decision makers. This was due to their position as head of family and also they provided funds for seeking treatment.<sup>6</sup> More than half of participants preferred to seek treatment from a public health facility than a private health facility. A study conducted in an urban field practice area of a medical college of Aligarh, found significantly higher numbers of people in urban areas were going to government health facilities (48.7%) as compared to rural areas where the majority was going to private health centres (42.0%).<sup>1</sup> Another study carried out in Dharavi, Mumbai found 83 % of the attendees preferred government hospitals in case of major illness while 34% preferred home remedies and 32% desired government hospitals for minor illnesses.<sup>7</sup> In contrast, a study conducted in an urban slum of Delhi, found 90% of the participants exclusively depended on the local unlicensed, unregistered practitioners for their basic primary health care.<sup>2</sup>

A large majority of the participants preferred allopathic system of treatment while only a few preferred the alternative systems of medicine. Affordability and nearness to health facility were the major determining factors for utilizing health care services. Long waiting time was the major barrier determined in our study. This is similar to a study conducted in the urban slum of Delhi where long waiting time was a major deterrent to utilizing government facilities. The other deterrents found in that study were time consuming procedures, rude behaviour and bribe to be paid to staff in the hospitals.<sup>2</sup> Also has brought out in a survey conducted in four cities Jaipur, Ludhiana, Mathura and Ujjain, while designed to be free, users of the government facility on an average paid more for all the components except consultation and transportation.<sup>8</sup> The onus of slum development has been mostly on the government, and it does not seem as though it has succeeded to provide a clean environment and adequate basic facilities; in fact the situation has remained almost static for the past several years.<sup>9,10</sup> Another key concern in this context is the presence of significant corruption in the delivery of public services, including health services. There are findings that document that health care is among the most corrupt services in India.<sup>11</sup> Recent reports of massive corruption in health funds received—both external and internal—confirm that the health sector is dealing with serious

issues of fraud and misuse of funds meant for the underprivileged.<sup>12,13</sup> Delhi—which has a large slum population—has also been in news for massive corruption and fraud in its municipal body (Municipal Corporation of Delhi), which is responsible for basic amenities as well as a significant number of health facilities.<sup>14</sup> The felt need of the hour is to ensure a robust and efficient government health care delivery system which can offer quality and affordable medical care to one and all. At the same time ignoring the ever growing private health care industry would perhaps be a grave mistake and perhaps this is the right time to review concept of public private partnership afresh.

## CONCLUSION

Planning of different categories of health care facilities in different locations should be based on utilization rates while proper management of established facilities should aim to improve health seeking behaviour of people.<sup>15</sup> It is evident from the study that there is a tendency to seek health care in Government setups and faith on allopathic system of medicine which emphasises the fact that there is an urgent need to set up a robust government health care system which provides accessible quality health care.

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