



Original Research Article

Knowledge, Attitude and Practices Assessment of Rural Population towards Public Health Facilities in Amritsar District

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ABSTRACT

Introduction: Since independence the Government of India has been providing the Health Services to its people. Even after so much efforts and such a vast health infrastructure, the Health Services have not reached each and every section of the society, and moreover, whatever health facilities are available, they remained underutilized. The rural segments of population whose health care needs are the greatest, have poor knowledge about the facilities and hence poor utilization of services. Keeping this in view, the present study was planned.

Method: The planned study was conducted in rural field practice area of Government Medical College, Amritsar District of Punjab from 1st January 2014 to 30th June, 2014. It was cross-sectional type of study and the adult decision maker female of the family was interviewed using a pre-designed proforma.

Results: This study showed significant association between knowledge of Antenatal, immunization and OPD services and their utilization. Out of 500 respondents 357(71.4%) had ever visited their nearest health facility, further out of which 228(64%) recommended someone to avail services there. As far as treatment component is concerned, nearly half of the respondents were found to have preference to go to RMPs to seek treatment.

Conclusion: In spite of knowing about the health services available at the nearest health centre, people don't go to the Public health facility. They preferred to go to RMPs to seek treatment. This is a serious issue and needs to be explored.

Key words: Knowledge, Attitude, Practice, Rural population, Public health facility.

INTRODUCTION

India is having a very good infrastructure from state to periphery but still the level of utilization of health services is not up to the mark of desired. The private medical sector is the main source of health care. ^[1] Maternal and Infant Mortality Rates in India's poorest districts are worse than the sub-Saharan Africa. ^[2]

The health planners in India have visualized the PHC and its Sub-Centres (SCs) as the proper infrastructure to provide health services to the rural population. These centres were functioning as peripheral health service institutions with little or no community involvement. Increasingly, these centres came under criticism, as they were not able to provide adequate health

coverage, partly, because they were poorly staffed and equipped and lacked basic amenities. [3]

National Rural Health Mission was launched on 12th April, 2005 to improve the availability of and access to quality health care by people, especially for those, residing in rural areas, the poor, women and children. The new concept of “ASHA” (Accredited Social Health Activists) was a change agent for health services. [4]

Good quality primary care prevents unnecessary hospitalization. This in effect would reduce health care costs. Strengthening of the primary care setting would be the key to deliver inclusive health care. [1] Primary Health Care Services in the rural areas of the Punjab are provided through Sub-Centre, SHCs/Rural Dispensaries/Clinics, PHCs and CHCs.

Majority of the Indian population lives in rural area. Further half of the rural population continues to live below the poverty line, struggling for better and easy access to health care and services. The number of people not receiving treatment because of 'financial problem' and 'lack of medical facility' is higher in rural areas than in urban areas. [5] Due to lack of extensive and adequately funded public health service, large numbers of people have to spend money to avail services from the private sector. Lack of medicines in public health centres means that patients have to buy them, increasing out of pocket expenditures. This results in a very high financial burden on families in case of severe illness.

Essential medicines are vital for good service delivery. Infrastructure and staff cannot provide services without an assured supply of medicines. The effectiveness of health care programme depends not only on the availability of services, but also on awareness and attitude of the people concerned about the services available. Health department has a separate

wing for health awareness about services in public sector by Mass Education and Introvert equipped man power. So the present study was designed to assess the knowledge, attitude and practices of the rural people regarding the Public health care facility.

MATERIALS AND METHODS

The study was conducted in Naagkalan village of Threawal block of Amritsar District, from 1st January, 2014 to 30th June, 2014, as it is the rural field practice area of Government Medical College, Amritsar. The village has Subsidiary Health centre as public healthcare facility. It was a cross sectional type of study and 500 houses were visited using simple random sampling technique. The adult decision maker female of the family was interviewed, as they frequently avail the services for themselves and their babies. The purpose of the study was explained and written informed consent was obtained from the respondent. They were assured that the information thus obtained would not be used for any other purpose except for the study.

The respondents were informed to answer the questions on the basis of their experience of last one year. The information related to their knowledge, attitude and practices was obtained by interview. The interview was recorded on pre- tested and pre- designed Performa for the study. Criteria for socio-economic status was taken according to Modified Kuppuswamy's Scale which was based upon Education, Income and Occupation of the head of the family, which are 3-major variables contributing to socio-economic status.

Statistical analysis: The data collected was analysed using Epi info software version 7. Descriptive statistics were presented in frequency and percentage. The chi-square test was used to establish hypothesis.

RESULTS

Out of 500 respondents, majorities (90%) of the respondents were of age more than 26 years and majority (90.6%) were found to be married. Nearly half (51%) were illiterate and 69.2% of the respondents were of lower socio-economic status. 354(70.8%) respondents were found to have ever visited their nearest health facility and out of which 228 (64.4%) recommended someone to avail services there and significant association was seen between the two. 314(62.8%) were knowing about antenatal care available there, out of which 139(44.2%) had availed antenatal services. Similarly 378(75.6%) and 372(74.4%) were knowing about immunization and OPD services respectively, out of which 212(56.08%) and 199(53.49%) availed immunization and OPD services respectively. The association between the knowledge of health services and their utilization was seen to be highly significant. If we compare type of services, then it was seen that 373(74.6%) and 234(46.8%) visited for curative and

preventive services respectively. But when it comes to their preference, 47.6% preferred to go to RMPs to seek treatment. There was no association seen between the education status of the respondents and their preference to seek treatment. But the association between the socio-economic status and the preference to seek treatment was seen to be highly significant.

Table-1: Age of respondents (n=500)

Age	Frequency	Percent
18-25 years	49	9.8
26-35 years	145	29
36-45 years	143	28.6
Above 45 years	163	32.6

Table-2: Distribution based on marital status (n=500)

Marital status	Frequency	Percent
Married	453	90.6
Unmarried	10	2
Widow	37	7.4

Table-3: Distribution of respondents based on the type of service availed at their nearest public Health facility

Type of service	Frequency	Percent
Curative	373	74.6
Preventive	234	46.8

Table-4: Distribution of the respondents based on recommendation to someone to avail services

	Recommend someone to avail services at your nearest health facility		n=500 No. (%)
	No	Yes	Total
Ever visited			
No	80(16)	63(12.6)	143(28.6)
Yes	129(25.8)	228(45.6)	357(71.4)
Total	209(41.8)	291(58.2)	500

p<0.0001

Table-5: Distribution of respondents based on the services availed and knowledge about the services available

	Knowledge of services n=500 No. (%)					
	Immunization		Antenatal care		OPD	
	Yes	No	Yes	No	Yes	No
Service availed						
Yes	212(42.4)	1(0.2)	139(27.8)	2(0.4)	199(39.8)	3(0.6)
No	166(33.2)	121(24.2)	175(35)	184(36.8)	174(34.8)	124(24.8)

p<0.0001

Table-6: Distribution of respondents based on their preference to seek treatment in relation to their education status

	Preference to seek treatment		
	Qualified	Quack	Total
Illiterate	123(24.6)	132(26.4)	255(51)
Literate	139(27.8)	106(21.2)	245(49)
TOTAL	262(52.4)	238(47.6)	500

p > 0.05

Table-7: Distribution of respondents based on their preference to seek treatment in relation to their Socio-economic status (SES)

	Preference to seek treatment		
	Qualified	Quack	Total
Lower	162(32.4)	184(36.8)	346(69.2)
Middle	100(20)	54(10.8)	154(30.8)
TOTAL	262(52.4)	238(47.6)	500

p < 0.001

DISCUSSION

Our study showed that 47.6% respondents preferred to go to local RMPs to seek treatment which is comparable with the study done by A Suhasini P Vibhuti, 2012 in Mumbai, where 41% respondents preferred to seek treatment from local quacks. [6]

Study done by Gandhi M, Narang K, Kaur M, 2012 in Chandigarh showed that people were knowing about availability of services at the Government hospitals and hence their utilization was also high, [7] which is also seen in our study. So the knowledge about the available services has great impact on their utilization and therefore people should be made aware regarding the services so as to increase the utilization of the services.

The present study shows that the Public Health facility was used by 141(28.2%) for antenatal care which is comparable to a study done by Toan TK, 2012 in Vietnam [8] but these findings are different as observed by Roy MP et al, 2008 in rural Lucknow. [9] In a study done in rural area of Nigeria by Sina O J, Iyabo J L, Ayodele M I, significant relationship was seen between socio-economic status and utilization of health facilities. In the same study, significant relationship between people's educational status and utilization of healthcare facilities was seen. [10]

In the present study, it was also seen that people who had ever visited the nearest Public health facility, recommended someone to avail services there. So every possible effort should be made to strengthen the Primary Health care in rural areas.

CONCLUSION

It was concluded that socio-economic status plays an important role in the preference for seeking treatment as people with low socio-economic status prefer to go to quacks and utilization of Public health facility as compared to quacks

is less in the rural area. The knowledge regarding the available services has a positive impact on the utilization. Majority of the respondents who have ever visited the nearest Public Health facility recommended someone to avail services there. The utilization of Public Health facility for preventive services is not upto the mark. So we need to strengthen the Public Health Sector to provide better Primary Health care to each and every section of the society especially vulnerable population such as rural and poor population. Also people should be made aware about the available services for their utilization and to make every health programme successful.

REFERENCES

1. International Institute of Population of Sciences and Macro International. National Family Health Survey (2005-2006) (NFHS-3), Vol. I. Mumbai: IIPS; 2007
2. Yeravdekar R, Yeravdekar VR, Tutakne M A, Bhatia NP, Tambe M. Strengthening of primary health care: Key to deliver inclusive health care. *Indian J Public Health* 2013; 57: 59-64
3. Indian Public Health Standard Guidelines for PHC Revised 2012. Directorate General of Health Services, Ministry of Health and Family Welfare
4. Govt. of India. Editorial, Kurukshetra – A Journal of Rural Development, Publication of Ministry of Rural Development, New Delhi. 2005 May;53
5. Dilip TR. Extent of Inequity in Access to Health Care Services in India, In: Gangolli L, Duggal R, Shukla A, editors. *Review of Health Care in India*, CEHAT, Mumbai, 2005
6. Arya S.B. A Comparative Study of Public and Private Health Services in Mumbai Region- Availability and Utilization Pattern. [Internet]. [cited 2014 Nov 11]; Available from:

http://shodhganga.inflibnet.ac.in/bitstream/10603/7213/14/14_synopsis.pdf

7. Gandhi M, Narang K, Kaur M. Gaps in availability, utilization and expectations of people from health care services, A study of resettlement colony, Chandigarh, Ind J Comm Health 2014; 26 (3), 316-19.
8. Toan T.K. Antenatal and Delivery care utilization in urban and rural contexts in Vietnam: A study in two health and demographic surveillance sites. [Internet]. [cited 2014 Nov 12]; Available from:

<http://www.nhv.se/upload/Biblioteket/Toans%20diss.pdf>

9. Roy MP, Mohan U, Singh SK, Singh VK, Srivastava AK., Determinants of utilization of antenatal care services in rural Lucknow, India. J Fam Med Primary Care 2013; 2, 55-9.
10. Sina O J, Iyabo J L, Ayodele M I. Stand. Res J. Med. Med. Sci. 2014 Vol 2(1): 32-4. [Internet]. [cited 2014 Nov 30]; Available from: <http://www.standresjournals.org/journal/s/SRJMMMS/Pdf/2014/july/Sina%20et%20al.pdf>

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