

SHORT ARTICLE

Gaps in availability, utilization and expectations of people from health care services: A study of resettlement colony, ChandigarhMamta Gandhi¹, Kavita Narang², Manmeet Kaur³¹Lecturer, Gursewa College of Nursing, Panam, Garhshankar, ²Lecturer, National Institute of Nursing, Postgraduate Institute of Medical Education and Research, Chandigarh, ³Assistant Professor of Health Promotion, School of Public Health, Postgraduate Institute of Medical Education and Research, Chandigarh

Abstract	Introduction	Methodology	Results	Conclusion	References	Citation	Tables / Figures
--------------------------	------------------------------	-----------------------------	-------------------------	----------------------------	----------------------------	--------------------------	----------------------------------

Corresponding Author

Address for Correspondence: Manmeet Kaur, Assistant Professor of Health Promotion, School of Public Health, Postgraduate Institute of Medical Education and Research
E Mail ID: mini.manmeet@gmail.com

Citation

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);316-319.

Source of Funding : Nil, **Conflict of Interest:** None declared

Article Cycle

Submission: 26/05/2014; **Revision:** 07/08/2014; **Acceptance:** 07/08/2014; **Publication:** 20/09/2014

Abstract

Introduction: Health care services cover a wide spectrum of community services for the treatment of disease, prevention of illness and promotion of health.[1] **Aim and Objective:** This study was aimed at assessing the gap in availability and utilization of health services in a resettlement Colony of Chandigarh. **Material and methods:** Dadu Majra was purposely selected to assess the gap in availability and utilization of health care services and expectations of people from public health sector. Using semi structured interview schedule, interviews were carried with all health care providers. Six focused group discussions and interviews were held 114 sampled service users. **Results:** Most of the users were utilizing services from private medical clinics (96.5%) for the treatment of acute illnesses. For antenatal checkup/delivery (95.6%), chronic diseases (99.1%), and emergency services (95.6%) Government Multi-Speciality Hospital, Chandigarh was being utilized. Utilization of services provided at civil dispensary of study area was low. The expectations of users were availability of at least one doctor and availability of free medicine & laboratory facilities. **Conclusions:** Public health services were preferred over by the private and therefore need to be strengthened.

Key Words

Availability; Utilization; Health care services; Expectations

Introduction

Health care services cover a wide spectrum of community services for the treatment of disease, prevention of illness and promotion of health.[1] The type of health care service utilized by the people depends upon the availability and accessibility of services in their area.[2] Potential barriers for non-utilization of health services include: quality of service, socio-cultural factors, availability of health services, distance, travel cost, and cost of services. [3-8] To overcome these barriers and to improve the quality of services, expectation of people from the health sector along with factors affecting utilization of health service needed to be considered.[9,10] Therefore, this study was conducted in a resettlement Dadu Majra Colony of Chandigarh.

Aims & Objectives

The study is focused on assessing the gap in availability & utilization of health care services and expectations of people from the public health sector.

Material and Methods

An approval was sought from the institutes' ethical committee and an informed written consent was taken from the respondents to ensure all ethical concerns. The data was collected during August-October 2012. Study population comprised of all the 30 health care providers i.e., 3 ANMs, 16 AWWs and 11 private medical practitioners available in study area. Using systematic random sampling, 114 households were selected out of 3000 total households. Two semi structured interview schedules; one for health care providers and one for

residents of DMC and focus group discussion guidelines were used for data collection.

One adult member from each of 114 households was interviewed on availability and utilization of health care services and to explore their expectations from public health sector. Health care workers were interviewed for assessing the availability of health care services in Dadu Majra colony Chandigarh. A total of 6 focused group discussions; 3 with men and 3 with women were conducted for triangulation and to fill the gaps in the information availed from interview.

Results

Most of the residents (87.7%) were Hindus, 60% were from SC/ST caste and about 75% have their total family income up to 20,000 per month.

There were 28 health care facilities in the study area. The health care facilities include 1 civil dispensary and 16 anganwadi centres and 11 private medical clinics (3 MBBS doctors, 5 BAMS, 1 GAMS and 2 RMPs). It is important to note that at the time of data collection no medical officer was available in civil dispensary of DMC, and only 3 ANMs were providing health services.

Residents were aware of the availability of civil dispensary but utilization was 76.3% only. Dispensary was utilized mainly for the treatment of acute illnesses (64%). Reasons for utilization of civil dispensary were near to home for 74.7%, faith in government facility for 37.93%, availability of free medication for 4.6% and time saving for 2.3%. The reasons for non-utilization of civil dispensary (as given by those who were not utilizing the dispensary services) were the quality of services are provided by private doctors (44.4%), wastage of time at dispensary (29.6%), no quality services are provided (18.5%), no facility is available there (14.8%), non-availability of doctor in dispensary (14.8%), non-availability of free medications (14.8%) and lack of sanitation in dispensary (11.1%).

Users were utilizing one or the other private medical clinic (MBBS, BAMS, GAMS and RMP) for treatment of acute illnesses (96.5%). The reasons gathered through FGDs for utilizing the services from private medical clinics were that doctor is not available in the dispensary, it saves time and free medication is not available in the dispensary.

Only 51.7% knew about the availability of anganwadi centers, 37.3% were having knowledge that supplementary nutrition is provided by anganwadi, 33.9% knew that it is for periodic health check-ups,

11.9% could tell that pre-school education is provided at anganwadi but none of them knew that referral services, immunization and nutrition & health education are also a part of the anganwadi services. Only 17.5% were using anganwadi services. They were either pregnant women or mothers of under 5 children. None of them knew that adolescents can use anganwadi centers and so no one was using it.

Availability of government health care facilities in Chandigarh was quite high as 99.1% were having knowledge regarding Government Multi-Speciality Hospital (GMSH), 90.3% about Post Graduate Institute of Medical Education & Research (PGIMER), 65.7% about Community Health Centre (CHC). Similarly, most of people (93.8%) were utilizing health services at GMSH followed PGIMER (57.8%) and CHC (34.2%). ([Figure 1](#))

Most of them preferred GMSH for antenatal check-up/ delivery (95.6%). For treatment of chronic diseases, GMSH (99.1%) and PGIMER (60.5%) were utilized. For emergency services, GMSH was mainly (95.6%) utilized. The reasons for utilizing these services were explored through FGDs; a government health facility provides effective treatment provided, quality of services and referrals. Nearly 16% respondents utilized dispensary for treatment of acute problems/ minor ailments, 15% for routine health services and only 5.2% for chronic diseases. Non-availability of a doctor was the reason of poor utilization of dispensary. This was expressed in the FGDs of both men and women.

It was evident that in the past six months private health sector was mostly being used for treatment of acute problems like fever, cough, cold, diarrhea, etc. by 44.5% respondents. Public health sector institutions were utilized for the treatment of chronic diseases by 28.9%, emergency conditions by 8.9% and communicable diseases by 3.3%.

The expectations of people were: availability of at-least one doctor for 24X7 and regular, availability of free medicine, availability of diagnostic and laboratory facilities, services that are available in dispensary of other sectors that should also be available in dispensary of DMC. The expectations were similar in group discussions of men and women and interviews as is presented in [table 1](#).

Discussion

Mixed method approach was used for triangulation and to fill the gap in knowledge about availability and utilization of health services. Mostly people use

private health facility for treatment of acute illnesses established in the present study is well documented.[11]

Referral, availability of all facilities, government facility, quality of services, close proximity were the main reasons for opting to government health facility and reasons given for non-utilization of government health facility were distance from home, long waiting were similar to other studies. However, unfriendly staff, lack of interest/faith in government facilities which had been captured both in rural and urban communities were not mentioned by the people of resettlement colony. [12] The most important reason for using public health facilities has been found to be free/ inexpensive followed by close proximity was also cited as a reason for using public health services, whereas 'good reputation' was cited as an important reason for seeking treatment from private health facilities.[11]

Most people (99%) receive immunization from government health facilities reasons being they provide free as well as good quality. Pregnant women, receive ANC services from government health facilities for the similar reasons.[12] similar trends are visible in the resettlement colony as well. Earlier in 1992 there was 38% [13] overall utilization of public health sector in past six months as compared to 79% in this study. It shows that people are now shifting from private to public health sector and public health sector needs to be strengthened.

Conclusion

Overall utilization of public health sector was shown to be more as compared to the private health sector. The identified expectations of people from the public health sector as projected in the present study calls for attention of the policy makers and program planners. Study findings may not be generalized in other settings but provides evidence that people do use public health care services and there is scope of improvement for making health care services more user friendly.

Recommendation

The public health needs of the people in the rehabilitation colonies are manageable with small efforts like ensuring availability of doctor and nurses at the appropriate facilities. The citizen charter is required with the clear mention of services available and if referral is required a small card for that can be issued to the clients. This will reduce the burden on the secondary and tertiary hospitals of the city.

Limitation of the study

The limited time available for the study did not provide us the opportunity to compare it with other rehabilitation colonies. Another limitation of the study is that we could not get the reasons for human resource crunch that remains there in such an urban rehabilitation colony.

Relevance of the study

Migration is an important social determinant of health. Migrants often settle in slums having poor sanitary and water conditions. Overcrowding and unhygienic living conditions put them into vicious disease cycle. The present study adds to knowledge about public health services that are available to them even when they have been provided better living conditions in a planned resettlement colony. It highlights the inequity in service provision within the same urban territory.

Authors Contribution

The first author wanted to know about the utilization of health services that are available to her population that she is serving as a MSC Nursing student. She took it a dissertation topic and planned the protocol with Dr. Kavita Gauri, the main supervisor. I as co supervisor facilitated the analyses and writing of manuscript.

References

1. Park K. Textbook of Preventive and Social Medicine. 21st ed. Jabalpur. Banarsidas Bhanot Publisher; 2011:29.
2. Sharath B N. Study of Availability and Utilization of health care services of urban slums in Belgaum City – A Cross Sectional Study; 2006. Available from: URL: <http://14.139.159.4:8080/jspui/bitstream/123456789/738/1/CDMCOMM00006.pdf>. [Last Accessed on 17.09.2014].
3. Mwasi BN. Factors affecting access to rural health services: A Case Study of Baringo Area of Kenya Using GIS. Available from: URL: http://publications.ossrea.net/index.php?option=com_content&view=article&id=33. [Last Accessed on 17.09.2014].
4. Asenso-Okyere WK, Anum A, Osei-Akoto I, Adukonu A. Cost recovery in Ghana: are there any changes in health care seeking behaviour? Health Policy Plan. 1998 Jun;13(2):181-8. PubMed PMID: 10180407. [PubMed]
5. McIntyre D, Thiede M, Dahlgren G, Whitehead M. What are the economic consequences for households of illness and of paying for health care in low- and middle-income country contexts? Soc Sci Med. 2006 Feb;62(4):858-65. Epub 2005 Aug 15. Review. PubMed PMID: 16099574. [PubMed]
6. Obrist B, Iteba N, Lengeler C, Makemba A, Mshana C, Nathan R, Alba S, Dillip A, Hetzel MW, Mayumana I, Schulze A, Mshinda H. Access to health care in contexts of livelihood insecurity: a framework for analysis and action. PLoS Med. 2007 Oct;4(10):1584-8. Review. PubMed PMID: 17958467; PubMed Central PMCID: PMC2039761. [PubMed]

7. Onwujekwe, O., Uzochukwu, B., Eze, S., Obikeze, E., Okoli, C., & Ochonma, O. Improving equity in malaria treatment: relationship of socio-economic status with health seeking as well as with perceptions of ease of using the services of different providers for the treatment of malaria in Nigeria. *Malar J.* 2008;7(5):1-10. [Google Scholars]

8. Roováli L, Kiiwet RA. Geographical variations in hospital use in Estonia. *Health Place.* 2006 Jun;12(2):195-202. PubMed PMID: 16338634. [PubMed]

9. International Institute for Population Sciences and Macro International. National Family Health Survey (NFHS-3), 2005–06. Ministry of Health and Family Welfare, Government of India 2007.436–40.

10. Kapil U, Bharel SM, Sood AK. Utilisation of health care services by mothers in an urban slum community of Delhi. *Indian J Public Health.* 1989 Apr-Jun;33(2):79. PubMed PMID: 2641753. [PubMed]

11. Sood AK, Nagla BK. The Extent and Pattern of Utilisation of Health Services by Rural Women - A Study in District Rohtak, Haryana. *Indian J of Preventive and Social Medicine;* 25(3&4): 110-117.

12. Ramanani S. Household Survey of Health Care and Utilisation and Expenditure; 1995. Available from: URL <http://www.cehat.org/publications/rhr4.html>. [Last Accessed on 17.09.2014].

13. National Council for Applied Economic Research. Household survey of Medical Care. NCAER 1992: New Delhi.

Table

TABLE 1 EXPECTATIONS OF PEOPLE FROM CIVIL DISPENSARY

Expectations from Civil Dispensary, DMC	Number (%) Total – 114
Improvements in services availability at dispensary	
Availability of free medication from inside	18 (15.7)
Availability of Laboratory and diagnostic facilities	12 (10.5)
Treatment of every health condition	3 (2.6)
Quality services should be provided	3 (2.6)
Facility of doctors and other staff	
Availability of at least one doctor permanently	25 (21.92)
Availability of at least two doctors	6 (5.26)
Availability of one lady doctor at dispensary	3 (2.6)
Availability of adequate staff at dispensary	4 (3.5)
Availability of pediatric specialist	2 (1.75)
Doctor should be available day and night	1 (0.87)
Other improvements	
Improvement in staff behaviour	3 (2.6)
Improvement in sanitation of dispensary	7 (6.14)
No patient discrimination should be there	1 (0.87)
Facilities to save time	4 (3.5)

Figure

FIGURE 1 UTILIZATION OF PUBLIC AND PRIVATE HEALTH SECTOR IN PAST SIX MONTHS

