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Determinants of Utilisation of Health Care Services with special reference to women from Siron Block (Gadchiroli District)

Dr. M. Sudha
Assistant Professor
Department of Social Work,
Christ College of Arts and Science,
Thiruvallur (Tamil Nadu, India)
Email: sudha.mgc0709@gmail.com

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Abstract:

Healthcare is not just about the physical needs but it has been defined in its broader sense by the WHO in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." A state of well-being in all these three areas is crucial. Socioeconomic factors have an influence on the health seeking behaviour of people belonging to low economic backgrounds. Many struggles to meet their needs in the area of health and the social and mental health aspects are often most neglected, which affects a person's state of well-being.

The overall picture shows that there are various factors that affect the Healthcare of women from this particular group. The socioeconomic, geographical, environmental and cultural factors do play an important role. These factors influence the differences in approach towards Physical and Mental healthcare. Though there are various challenges the women have instituted unique coping mechanisms and approaches to better their quality of life.

Keywords*: Women, health care services, Health seeking behaviour*

INTRODUCTION:

The WHO Constitution states "the highest attainable standard of health as a fundamental right of every human being." The right to health includes access to timely, acceptable, and affordable health care of appropriate quality. Be it a developed or a developing country, the need for accessibility to healthcare services is of critical importance. The WHO's 2000 World health report ranked India's Healthcare system 112 out of 190 countries. This shows that healthcare needs to be an

important area of focus for development in India.

The Ministry of Health and Family Welfare in India has made efforts towards meeting these needs through the provision of healthcare services in the form of both state-controlled and central government-controlled healthcare facilities. Nearly 70% of India's population lives in rural areas. The National Rural Health Mission (NRHM) was launched in April 2005 to address the healthcare needs of the rural population. As part of the program 18 states that had poor public health indicators were given high focus. Among these states Maharashtra was not included wherein the rural district of Gadchiroli lies.

Gadchiroli district in the state of Maharashtra has a total population of 10,72,942. The Scheduled Caste and Scheduled Tribe populations in the district are1,20,754 and 4,15,306, respectively (as per the 2011 Census). The district has been categorized as a tribal and undeveloped district where most of the land is covered with forest and hills. Forests cover more than 75.96 % of the geographical area of the district. In such a wide and diverse area, accessibility to healthcare is a major concern as very few medical clinics and hospitals are available within close radius.

Healthcare is not just about the physical needs but it has been defined in its broader sense by the WHO in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." A state of well-being in all these three areas is crucial. Socioeconomic factors have an influence on the health seeking behaviour of people belonging to low economic backgrounds. Many struggles to meet their needs in the area of health and the social and mental health aspects are often most neglected, which affects a person's state of well-being. Mental health concerns in particular are usually addressed differently from that of physical ailments. It is common for traditional beliefs and practices to be utilised in an attempt to resolve these stigmatised ailments. The manner in which the health seeking behaviour changes according to the physical and mental needs is an area of interest.

Women from Scheduled Caste (SC) and Scheduled Tribe (ST) communities may face more issues in terms of Healthcare accessibility due to their marginalised status. They have to deal with both gender and caste based conflicts. It brings forth the question of how favourable are the healthcare systems for women belonging to this particular group.

This study would look into the healthcare practices of Women belonging to low socioeconomic background in Gadchiroli district of Maharashtra with focus on the ones from SC/ST communities. It aims to understand their accessibility and health seeking behaviour in terms of meeting physical and mental healthcare concerns.

LITERATURE REVIEW:

World Health care: The WHO World Health report of 2008 states "universal coverage reforms that ensure that health systems contribute to health equity, social justice and the end of

exclusion, primarily by moving towards universal access and social health protection". It also talks about "public policy reforms that secure healthier communities, by integrating public health actions with primary care, by pursuing healthy public policies across sectors and by strengthening national and translational public health interventions."

Healthcare in India: A study titled 'Review of Healthcare in India' by CEHAT (Centre for Enquiry into Health and Allied Themes) goes deeper into the various dimensions of health care in India. It talks about the "political economy of the healthcare services in India". There are multiple systems, various types of ownership patterns and different delivery of service structures. Allopathy, ayurveda, homoeopathy, unani, siddha, among others, are different systems of medicine available in the country. However, allopathy is the most widely used system of medicine.

Health care in RuralIndia: Inresponse to the growing need, the government of India has established Healthcare facilities in rural villages through the NRHM. However, in a series of discussion papers written by 'Health, Nutrition and Population (HNP) of the World Bank's Human Development Network the lack of adequate number of qualified Healthcare workers who are willing to work in a rural setting is studied. Though the government has instituted several incentives to attract workers the number of people who prefer rural areas continues to run low. The paper written by HNP further goes into testimonials of rural Healthcare workers and their concerns about working in village hospitals. One of the student interns at a rural hospital was quoted saying "Adjustment is difficult in a rural area… it is difficult to (establish) rapport with villagers."

Gadchiroli: In 2005 'Journal of Perinatology' published a study conducted by SEARCH (Society for Education, Action and Research in Community Health). It provided details regarding the availability of healthcare facilities in Gadchiroli district: "Government Health Services in the district follow the national pattern, although with slightly different population norms, as applicable to the tribal areas"……"These are staffed by (i) one female multipurpose health worker (MPW), often called auxiliary nurse midwife (ANM), who has had 18 months of training in health work after 12 years of schooling, and (ii) in many places, a male MPW as well. The MPWs are supposed to provide primary health care and implement various national health programs." The study revealed that, "In reality, the work of the PHCs and SCs is often plagued by staff absenteeism, poor motivation and poor supervision".

Marginalised Women and Health: In a paper published by Indian Institute of Dalit Studies titled 'Gender and Case based inequality in Health outcomes in India' studies how the caste of a woman affects healthcare accessibility. "The analysis also shows that access to healthcare services is lower for Scheduled Castes women as compared to higher caste women. While 15 per cent higher caste women did not receive prenatal care, such care was not received by 26 per cent Dalit women."

Accessibility to Health care: Looking at Geographic accessibility to health care is the study

done in America by Jeremy Mattson titled 'Transportation, Distance, and Health Care Utilization for Older Adults in Rural and Small Urban Areas ' Distances to regional health care centers in rural areas can often be great. The problem becomes compounded when a large portion of residents in rural areas are older adults who need access to health care services but may have limited transportation options. The study shows how the greatest problems faced for trips to the healthcare centres is the inconvenient schedules and infrequent services. A suggestion was made to have greater coordination between transit providers and healthcare providers which would benefit the people in need.

Health seeking behaviour: In a study published in 2014 by the 'Journal of Natural Science, Biology and Medicine' the healthcare service seeking behaviour of tribal women in kerala was studied. An observation made was that of "The tribal women who did not utilize one or more of maternal healthcare services were of the opinion that these services were unnecessary. The lower level of education may have added to the age old beliefs and practices of tribal women in these situations."

CONCEPTUAL FRAMEWORK AND THEORETICAL PERSPECTIVES:

The conceptual framework is based on the literature review of the Anderson and Newman model of Health Services Utilisation. It states that an individual's access and utilisation of health services is based on three characteristics namely Predisposing factors, Enabling factors and Need factors. The predisposing factors are the socio cultural aspects of the individual where the demography of age and sex, social structure of education, occupation, ethnicity and health beliefs of attitudes, values is taken into consideration. The Enabling factors deals with the logistical aspects of obtaining care such as the availability of services and personal or familial factors that affects it's access. Lastly the Need factors are "How people view their own general health and functional state, as well as how they experience symptoms of illness, pain, and worries about their health and whether or not they judge their problems to be of sufficient importance and magnitude to seek professional help." (Andersen, 1995)

In the study, the healthcare of rural SC/ST women can be analysed through this framework of 'Health Services Utilisation'. The predisposing factors of sociocultural aspects can be seen in the economic state and the cultural factors that influence their health seeking behaviour. Many women are unable to receive timely and quality care due to their poor economic status. Having not received formal education has affected their understanding of illnesses and effective service utilisation. The cultural traditions and beliefs are deep rooted in these women which has an impact on their healthcare approach especially in the case of Mental health.

The Enabling factors looks at the logistical aspects which is the means to access Healthcare and the other geographical factors that affects utilisation. Many women have to travel long distances

to access Healthcare due to the lack of quality care in their own villages. The means of transportation used range from bullock carts, boats, jeeps to buses. Another factor related to the healthcare of women is the environment where factors such as water resources, use of toilets and garbage disposal affects the health status.

The Need factors looks at the health seeking behaviour of women for professional help. The women studied are more open to accessing professional services for physical health concerns. But when it comes to mental health traditional practices that are faith based is preferred. In terms of maternal health many did not feel the need to access healthcare. Birth of a child was mostly done at home with the help of a family member and without any prior medical help. This shows the felt need for Healthcare varying according to the concern or illness faced by the women.

OBJECTIVES:

- To study the health issues, care services available and it's access by the respondents.
- To study the socio-economic, geographical and environmental factors that influence the respondents' accessibility and utilisation of healthcare services.
- To understand the cultural factors that affects the respondent's' health seeking behaviour.

METHODOLOGY:

Sample Design: The study is exploratory in nature. It aims to give a better understanding of the healthcare issues and practices of women belonging to SC/ST communities in the geographical area chosen

Sampling Type: Purposive sampling technique has been used to meet the selection criteria for the study.

Size of Sample: A semi-structured questionnaire was used to conduct in-depth interviews with 12 female respondents.

Criteria for Sample Selection:

- The respondent must belong to any one of the villages in Sironcha block of Gadchiroli district.
- The respondent must be a female member of a family between the age of 30-50 years. This would be a population of middle aged experienced adults who can give rich information.
- The respondent must belong to either SC or ST groups.
- The respondent or any member of her household must own a government authorised BPL card. It is to filter the women who belong to a low economic background.

Tool for data collection:

A semi structured questionnaire was used as a tool for data collection. It comprised of questions with probes to obtain in depth information.

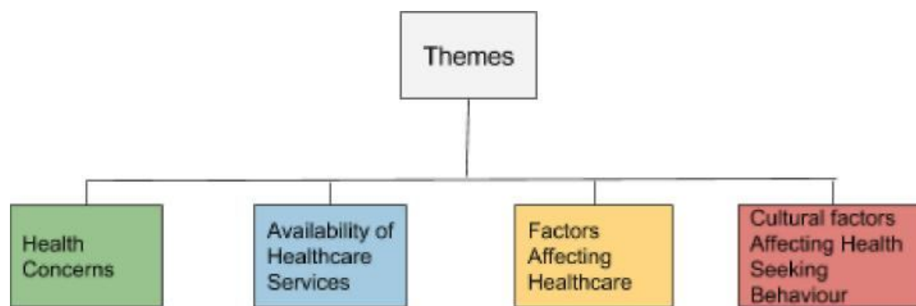
Field of Study

Gadchiroli district is located on the far southern east of Maharashtra. It was formed on 23rd August 1982 when it was partitioned from chandrapur district. The district comprises of three main areas, Gadchiroli, Aheri and Desaiganj. According to the census survey conducted in 2011 thedistrict has a population of 1,071,795. The Scheduled Caste and Scheduled Tribe populationsin the district are 1,20,754 and 4,15,306, respectively.

Sironcha is one of the 12 blocks in Gadchiroli district and it comprises of 114 villages. The block is situated in the southern part of the district and is bordered by Telangana and Chhattisgarh. The main languages spoken here are Telugu, Marathi, Gondi and Madiya.

KEY FINDINGS:

Thematic Analysis:

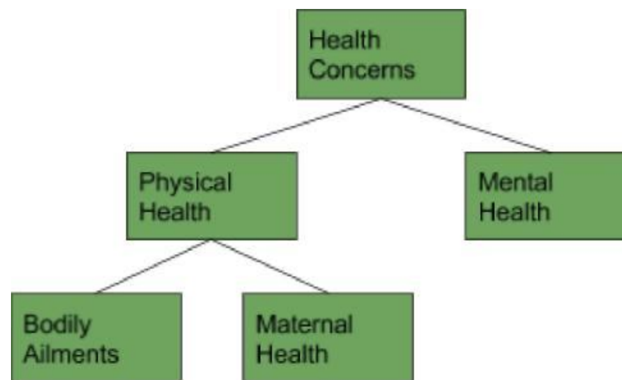


The collected data wasanalysed by colour coding andcollating the data to form the major themes. The broad themes derived from the data has been categorised into Health Concerns, Availability of Healthcare services, Factors affecting Health care and Cultural Factors affecting Health Seeking behaviour. These themes are further divided into various sub themes thatexplores the various facets of Physical and Mental Healthcare amongst rural womenbelonging to SC/ST background.

1. Health Concerns:

The respondents spoke of their physical and mental health concerns. In terms of physical, bodily ailments included diseases such as typhoid and malaria. (n=5) Unexplained body aches and pains was also a common complaint by many women Other issues mentioned were diabetes, aching eyes due to apparent reduction in the levels of potassium in the body and a respondent with a broken arm. Very few of these women had diagnostic awareness of their bodily ailments.

"Malaria and Typhoid is very common. Everyone keeps getting these fevers all the time." (Respondent MB)



For maternal health most of the women spoke of having normal births (n=11) and delivering the baby at home with the help of a midwife or family member (n=8). There were some reported cases of miscarriages and losing the child before the age of one. But since most of the women had normal births without any major issues, many did not feel the need to access maternal healthcare from hospitals.

"I didn't have any issues at all. I gave birth to my all my children at my mother's house. There was no other help or hospital I needed to go. A midwife in the village came. That's about it. No medicines, no hospitals, no nurses. None of the things people do these days. I was completely fine. Nowadays women go for injections, scans, before the baby is born, after the baby is born, they are going to so many places for no good. I never needed any of it."(Respondent LL)

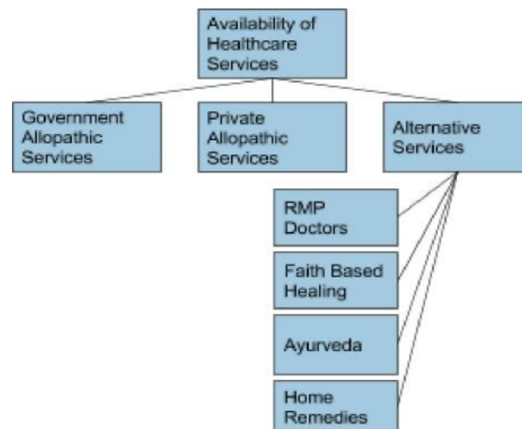
Amongst the 12 respondents interviewed 4 women reported to have a member in the family with a mental health concern and 2 of them spoke of their personal experiences. Mental illness was perceived as a curse on the individual. Most of them are unaware of it being a clinically diagnosable illness that can be treated. Auditory and visual hallucinations were the most common symptoms experienced by the individuals with mental illness. 2 respondents talked about anxiety and depression related issues.

"My husband got caught by the devil. He heard and saw things. He would go round and round everywhere. Talk things like a madman. He would see people that did not exist. Sometimes even if there is no one at the door he would say that someone is calling. This used to happen more at night. Middle of the night he will wake up and start talking. This has been happening for a long time since the kids were very young." (Respondent KG)

2. Availability of Healthcare Services:

Accessing healthcare through local government clinics was done by 5 respondents. These clinics were either 5-10 km or more than 100 kms away from their village. It is usually the first service approached when faced with a healthcare concern. The facilities available at these hospitals are said to be inadequate, however the respondents continue to go there because it's the most convenient and cheaper option.

"I go to Bamini hospital when I fall sick. If thereis only a little fever they give tablets but if thefever is high an injection is given. Sometimesthey take out my blood and then tell me if thereis malaria or typhoid." (Respondent EL)



Most of the respondents tend to access healthcare from Private hospitals when the local government clinics are unable to meet the health concern. To avail treatments that requires scans, x-rays or surgical procedures the respondents tend to utilise Private allopathic services. However, just as in the case of government services, most of the women did not have clear diagnostic awareness of their illness. High expenses was a concern expressed while accessing Private Healthcare services.

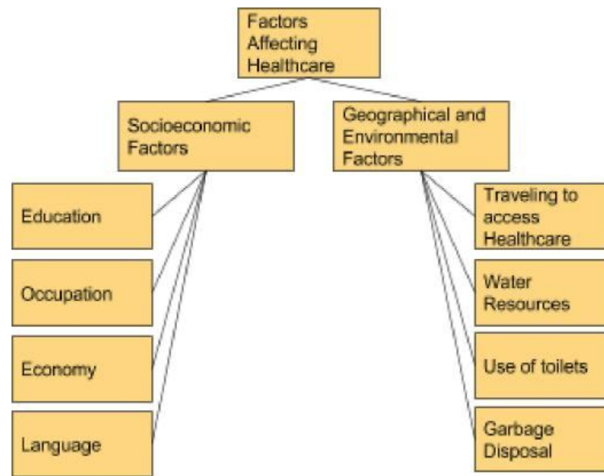
Respondents also accessed other alternative services to address their healthcare concerns. Accessing healthcare services from the local RMP (Registered Medical Practitioner) doctor is common amongst rural women. (n=7). These doctors are 'quacks' without a legal certification to be medical practitioners. Faith based healing was accessed by 8 respondents. It mostly involved visiting local faith healers and fulfilling the ritualistic tasks. All the women who spoke of mental health concerns approached faith based healing. Ayurveda was utilised by one respondent to cure high levels of diabetes.

"I guess if someone gets such an ailment the person is taken to the 'dewara'. Each clan has their own dewara so people go accordingly. There they do puja with the sacrificed chicken and throw it away so that the curse goes with it. When going to the pujari you are supposed to take money and alcohol. The pujari then drinks, takes the sacrificed half dead chicken and circles around the person's head. The curse is transferred onto the chicken and it instantly dies. This chicken is then thrown away. Nobody can eat the chicken because it is cursed or the curse will come upon you." (Respondent VG)

3. Factors Affecting Healthcare:

Factors such as socioeconomic, geographical and Environmental can have an effect Healthcare Accessibility and utilisation. In socio-economic education is an important factor however only 2 out of 12 women received formal education. Comparatively, the women whowere uneducated

had less understanding of their illness and treatment procedure. In terms ofoccupation, most of the respondents are farmers. (n=7) After farming, the second most commonoccupation was working as a daily labourer.However, since most of them depend on seasonal changes for irrigation, incompatible weather conditions makes them resort to daily labour toearn a living.



"We have 2 acres of land but there is no well or borewell. Completely dependent on the rain for farming. It ran at a loss so we stopped now. Both me and my husband mostly do daily labour wherever work is available." (Respondent MB)

According to the selection criteria all the women interviewed were from a low socioeconomic background. The use of BPL card within the family was used to filter out the respondents. None of the women gave an exact figure to quote their monthly income. The women said that each month depends on the kind of work they get.

"To meet the expenses of the surgery we had to sell two cows and one buffalo. That's all the possessions we had but what to do we had to get money from somewhere." (Respondent KG)

Language is a factor considered by most respondents when accessing healthcare services. Since Sironcha block of Gadchiroli district borders Telangana, most of the women are primarily Telugu speakers. Only 1 amongst the 12 interviewed knew marathi. They faced difficulties in communicating with the service providers at the Healthcare centres in Maharashtra.

Geographical factors affecting healthcare include travelling to access services. Respondents spoke of travelling to other villages or towns when the healthcare needs couldn't be met locally. They travelled to places in Maharashtra as well as towns in Telangana. Travelling by public bus is the most common mode of transportation for long distances. To cross the Maharashtra border however, boats were used by many as the bridge connecting both the states was only built recently. For shorter distances, bullock carts are utilised.

"We went to the chandrapur first but they did not do anything. Later we went to Andhra, that's where the rod was put in. While going we went by jeep but coming back was by bus itself. Back then the bridge between Maharashtra and Telangana had not been built yet. Only 3 years back the

bridge came. So we had to cross the river by boat." (Respondent KG)

Environmental factors such as the water resources accessed has an influence on the Health of the women. Open wells and hand pumps are the most common water resources available to the women. The same water resource is accessed for all purposes. Drinking water is not boiled and is taken directly. This may be on one of the reasons for typhoid being very prevalent amongst the people in this region.

All 12 of the respondents do not have access to toilets, they go out into the fields or forests to defecate. When asked if they would utilise toilets if they are available most of the women said they would prefer going out in the open.

"No we don't have a toilet facility. No, I would not use it if built. Why should I when there is so much forest around us. We can go there." (Respondent VS)

Burning garbage once it's collected into a pile is uniformly done by all the respondents. However if the garbage is left to collect for a long time it may attract flies and mosquitos that could be responsible for the spread of diseases.

4. Cultural Factors affecting Health Seeking Behaviour:

The cultural factors can have an effect on the health seeking behaviour of the women. When the respondents were asked whether they have personally experienced or had a member of the family with a mental health concern, 7 out of 12 respondents immediately said no. This may be due to the stigma surrounding Mental Health.

I don't know. Have never experienced anything like that so how would know. (Quite aggressive tone taken. Seemed a bit offended at being asked the question) (Respondent DE)

Most of the respondents believed it is because of the curse of God people suffer from mental health issues. None of them were aware that it can be treated through psychiatric interventions. Since the belief was that it stems from a curse the healing too is believed to be faith based. For physical health concerns, most of the women continue to take medication and offer prayers for healing.

"We just came back home and prayed. It must be through the prayers the eyesight slowly returned. I took the potassium medicines they gave. I am staying strong trusting in God alone. He only can get me through. I am praying that God will help me. I know God will take care but sometimes I feel I could try more hospitals but then I think of my family situation." (Respondent SH)

The Food practices of the respondents included mainly a diet of rice and lentils. Many women held cultural beliefs that certain food items are bad for health. Green gram and brinjal in the diet was commonly spoken by many women as being responsible for preventing wounds from

healing and the formation of pus. The overall diet of the respondents is not balanced which could lead to healthcare concerns.

Conclusion:

Healthcare is a major concern in the world today and particularly in the case of developing countries like a India which has a large rural population with various Healthcare needs. This study effectively explores the Healthcare of Women from SC/ST communities in the rural villages of Sironcha block, Gadchiroli district. The Physical and Mental Healthcare concerns are the key focus areas that has been explored. The use of qualitative method of study which involved in-depth interviewing of respondents has resulted in obtaining lived in experiences of the women. The data gives rich information and forays new insights into their lives.

The overall picture given shows that there are various factors that affect the Health care of women from this particular group. The socioeconomic, geographical, environmental and cultural factors do play an important role. These factors influence the differences in approach towards Physical and Mental healthcare. Though there are various challenges the women have instituted unique coping mechanisms and approaches to better their quality of life. But the need remains and there are changes that needs to be made in Rural Healthcare that can improve availability and accessibility of quality services. The change ultimately must contribute towards the fulfilment of the WHO Constitution which states “the highest attainable standard of health as a fundamental right of every human being.”

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