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Subarna Chatterjee

MA, Geography, The University of Burdwan, West Bengal

HEALTH CARE UTILIZATION OF INDIAN RURAL **ELDERLY WOMEN: A CASE STUDY**

Abstract: Proper use of available health care facilities is a matter of concern for the present society. Numerous models and theories have laid before us the details of the factors governing maximum utilization of health care which has been proved to vary with individual's level of knowledge as well as level of ignorance, individual's behavioural tendencies towards pursuing the right medical treatment as well as their attitude towards life and economic factors. In developing countries, several societal and cultural determinants also dictate the types of treatment to be pursued for particular diseases. This paper is on the effective use of health care facilities by the elderly population of Mamudpur Village in Hooghly District of West Bengal. It has been found that, the Primary Health Care unit in the village itself attracts almost every surveyed woman thanks to their good treatment and cost effectiveness. A positive correlation has been noticed to exist between socio-economic status of the woman and her tendency toward seeking medical assistance. Infrastructural facilities and behavioural determinants have been proved to be among the major determining factors.

Keywords: Health Care Utilization, socio-cultural determinants, behevioural determinants.

1. INTRODUCTION

serve the teeming millions. Their huge work load in fields coupled with malnourishment and ignorance makes them prone to numerous diseases and health problems at a relatively early stage and as life advances, aging brings upon deleterious effects on their physique. However, these old people, for numerous reasons are unable to take the maximum advantage of the available health care facilities. This study was an attempt to understand the factors which are playing their individual roles in deterring the elderly women folk from maximum utilization of health care facilities in Mamudpur village of West Bengal.

II OBJECTIVES

The main objective behind this study was to address the particular factors that are impending the elderly women folk from maximum utilization of health care.

III METHODOLOGY

A population of 50 elderly women was selected at random. A detailed questionnaire consisting of 25 questions was created and sufficient content validity was ensured for the tools applied. The responses were scored with different weights and analyzed.

IV RESULTS AND FINDINGS

The most important criteria for health care utilization are 1) belief in treatment 2) patient's satisfaction. Patient's satisfaction again depends on a number of factors like good treatment, good behaviour, good equipments etc. However, these are not the only factors which control health care utilization. Socio economic, as well as demographic factors play vital roles in people's proper use of health care

facilities.

4.1 Belief in the Treatment- In order to know whether elderly women had belief in the kinds of treatment they get, three questions were asked. The answers obtained were as follows.

Table I Belief in Medical Help

Questions	Yes	No	Do Not Know
Do you Believe in Medical	100%	-	-
Help?			
Do you believe that all	56%	6%	19%
diseases are cured by			
medical intervention?			
Do you have faith in the	100%	-	-
treatment you get from the			
PHCs ?			

Thus it is being seen that 100 percent of the surveyed women believed in medical treatment and therefore they approached the doctors on falling sick. When questions were asked about why they preferred the Primary Health Care Centres (PHC) to the city hospitals and clinics, the results which were obtained are as follows.

Table III Reasons for Preferring PHC to the town clinics.

Reasons	Percentage Population
Poverty and Cost of Town Clinics	78
Accessibility	8
Good Treatment in the PHC	62
Other	14

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Health Care Utilization Of Indian Rural Elderly Women: A Case Study

In order to understand, why all had immense faith in the treatment of the PHCs, a survey was carried out which held several criteria for the determination of correlation between patient's satisfaction and different attributes in the PHCs. Relationship was examined between

A)Good Treatment and Patient's Satisfaction B)Modern Equipments and cleanliness C)Good Behaviour

Table III Correlation between Patient's satisfaction and Good Treatment, Equipments, Behaviour

Patient Satisfaction	Good Treatment	Modern Equipments and cleanliness	Good Behaviour
	+0.71	+0.423	+0.475

All the values were found significant at.01 significance level and thus it was concluded that there exists a significant correlation between patient's satisfaction and the Good Treatment, Modern equipments as well as good behavior.

4.2 Socio cultural and demographic control of health care utilization in Mamudpur.

The factors which affect health care utilization are mainly education, economic status, Social Status, accessibility, and behavioural tendencies.

Education- The village Mamudpur is blessed with Mamudpur Unnayan Parishad (MUP), whose volunteers and workers tirelessly work together in providing mass education. They hold campaigns at regular intervals to teach people about the proper utilization of health services. The services are trying to do away with the deleterious effect of illiteracy on the utilization of health benefits. So though most of the surveyed women had minimum literacy, they were not unaware of proper health care utilization but had they been well educated they could have utilized the services more properly. Economic Status- In Mamudpur, most of the people are economically backward and so they prefer approaching the nearby PHC hospital to the town public and private hospitals. In case they are seriously sick and the doctors refer them to the distant town /city hospitals they visit the later places. Therefore the approach of these people to the city hospitals is mainly due to Anderson's "Clinically Evaluated Need". When asked if any of them had a health insurance for themselves, 100% of the surveyed women answered not only negative, they seemed to have never heard of any such insurance scheme. The Correlation coefficience between family economic status and the number of visits to the town clinics was found to be +0.293 and found significant at.01 level. (N=50). Social Status and family Support-.Not only their economic status, it is somewhat a common picture worldwide that, as people grow old they seem to be a burden to their families. A fear of neglect, apprehension in every step, least some young member calls her a burden contributes towards acute loneliness of the human being. In Mamudpur, the surveyed women more or less shared a sordid tale of neglect and fear. This obviously influenced their health care

utilization. They were not free to ask their family members to take them to doctors. The value of the correlation coefficient between Family support and frequency of visits to health care units is + 0.42 and tested at .01 level of significance. (N=50). Severity of disease. Research proves that patient's approach to health care utilization depends fairly upon severity of disease. According to Young(1981), perceptions of severity includes both the individual's perception and illness severity. Gravity is based on the assumption that culture classifies illnesses by level of severity (David P Rebhan). Therefore what happens is that a poor, ignorant person with a rural background seeks doctor's advice only when his sickness worsens. Almost all of the elderly women admitted that they never seek medical intervention at an early stage of the disease. The workers of the MUP said that it was one of the main agendas of their camps that people must go to the doctors the moment they feel that they are unwell and not to wait for their problems to worsen and this falls hard in case of diseases like Tuberculosis. Another important part is that not all diseases are treated with equal care. Sometimes intervention is not really considered for quite a number of diseases. In Mamudpur, we found that, Arthritis was prevalent among42 women however 30 of them had no treatment done. 22 women had gastric problems but they did not find it necessary to treat them regularly as they found the problem common to all people and not that dreadful. On the other hand Asthma, problems of the urinary system, blood pressure problems get a treatment and almost all the sufferers are found to have some checkups done.





Accessibility to health care also contributes towards health care utilization worldwide but this did not seem to be a problem in the utilization in the health resources of the village. There are two PHCs nearby. One in the village itself and the other in Digsui. Both are equipped with good facilities and doctors are available round the clock. Moreover, the village is blessed with the NGO called Mamudpur Unnayan Parishad (MUP), where there are regular health camps, eye operation camps, Camps for the disabled and mental health camps. Elderly persons mostly women if detected with cataract, are taken to the Hooghly Bansberia Rotary eye Hospitals for free operation. Ambulance facility is also available.

V CONCLUSION

The elder people of Mamudpur need to be enlightened and supported. They are sick both physically and mentally but in most of the cases, their sickness goes unheard and uncared. The Government of West Bengal has introduced a noble scheme of health insurance for the poor

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which will provide treatment by paying Rs 30. Hope these noble measures from the Government and the tireless dedication of the volunteers and non volunteers of the MUP can bring good results in the near future.

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