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Utilization of Healthcare Facilities among Rural Communities in Allahabad District, U. P. India

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Abstract:

Utilisation of healthcare services refers to the availability, accessibility and affordability of the household to avail services pertaining to health, particularly the poor household. It is well known that people in rural India are more vulnerable to death by diseases because they are not utilizing the health care facilities. The reasons of not utilizing the healthcare facilities are unawareness, illiteracy, lack of facility available in their village. With this regard, present study focuses on the utilization of healthcare service available in rural area of Allahabad district. A Cross sectional study is conducted during the year 2014-15. A sample size of 800 is taken considering prevalence of utilization of healthcare services in the study area. Purposive random sampling is employed to select the respondents and appropriate statistical tests are used where required. Out of the total respondents, 160 respondents (20.0%) visited private hospitals whereas, 80 per cent respondents visited government healthcare centres for medical treatment. The highest number (314) of respondent's uses healthcare services available at CHC/PHC. Thus use of healthcare services of government district hospitals stood third as only 17 per cent respondents have used this services. In the study area use of government health services is preferred more compared to services provided by private hospitals because private hospitals are costlier which can be not affordable to the poor people.

Keywords: Community Health Centres (CHCs), Primary Health Centres (PHCs)

1. Introduction

Health is an important dimension of well-being. Knowledge and understanding of health services usage are necessary for health resource allocation and planning (Joseph and Phillips, 1984). Good health system management and planning depends on informed decision (Tanser, et. al. 2001), and informed decision can be made through an examination of utilization patterns from current health care facilities. Unfortunately, health care services planning and policy are often made without a clear understanding as to the characteristics of current utilization, particularly in rural parts of developing world where few studies have been completed. The lack of understanding about the current and past utilization often hinders in improving future primary health care delivery in developing world.

In rural areas of India, the health care services and family welfare programmes are being provided through the network of primary health centres and sub- centres. Number of healthcare centres is sufficient. But in spite of this a simple question as to why the country is unable to achieve the target goal of health still remains unanswered. For giving the satisfactory answer to this, the utilization of health care facilities has to be analyzed in more detail. The most important issue regarding the utilization of health care facilities is to assess the popularity of primary health centres for providing desirable services to the nearby population. From this point of view, opinion of 800 respondents has been analyzed and presented in the following lines. A utilization of health care facilities has been judged broadly in terms of use of general health care services, vaccination and family welfare programmes.

2. Study Area

The district of Allahabad is extended between 24⁰47' N and 25⁰47' N latitudes and between 81⁰19' E and 82⁰30' E longitudes. It covers an area of 5,246 km². Allahabad district is located in the southern part of Uttar Pradesh with an average elevation of 98 meters (322 ft.). The northern part of the district lies in the Gangetic Plain and southern part is in Vindhyan Plateau. To its south and southeast is the Bagelkhand region, to its north and northeast is the Awadh region, and to its west along with Kaushambi it forms the part of Doab i.e. the lower Doab region. Allahabad district is surrounded by district Bhadohi and Mirzapur in the east, Kaushambi and Banda in the west, Pratapgarh and Jaunpur in the north and Banda and Madhya Pradesh in the south. The river Ganga and Yamuna flow through the district.

3. Objectives

The study aims to explore the present state of utilization pattern of healthcare services in Allahabad district. The main objectives of the study are as follows:

- To find out the impact of Socio-demographic characteristics on utilization of healthcare facilities by people belongs to rural areas.
- To assess the health seeking behaviour of the rural community and to know the available health care services in rural area of Allahabad district.
- To assess the utilization pattern of health care facilities.

4. Data Base and Methodology

Relevant literatures will be consulted from the different sources to collect literatures, reports, publications and articles based on the topic. The present study is based on primary data for the year 2014-15 which is obtained from questionnaire based survey of 800 respondents selected from 40 villages. Among the 20 blocks of Allahabad districts with a total rural population of 44, 81, 518 are covered under this quantitative study. For data entry and analysis; data entry package namely Statistical Package for Social Sciences (SPSS- Version 20.0) has been used. The result of the survey has been compiled in the required format and compared with different indicators to understand the impact of the research.

5. Result and Discussion

5.1. Utilization of Types of Healthcare Services Available at CHCs/ PHCs

The health system in India has become stagnated and it requires out of the box thinking, a jump to rejuvenate itself. The conventional approach pursued for healthcare delivery in India couldn't yield good results. For further progress and improvement, the country has to analyze its present scenario and proceed accordingly (Yadava et.al, 2009). Therefore, an in-depth research is imperative to visualize the real picture of habits and practices of people towards seeking health care. Keeping this in view, the present study is being conducted to compare the health seeking behavior and utilization of public health services in a rural area of Allahabad district. It shows the relationship between socio-economic characteristics of the people and their utilization pattern of healthcare facilities. An attempt is also made to identify the factors, which effect utilization pattern of healthcare facilities.

Disease	Occurrence				Total	
	Yes		No		No.	%
	No.	%	No.	%		
Fever	220	27.5	580	72.5	800	100
Cough and Cold	236	29.5	564	70.5	800	100
Jaundice	142	17.8	658	82.2	800	100
T.B.	94	11.8	706	88.2	800	100
ENT	144	18.0	656	82.0	800	100
Others	178	22.2	622	77.8	800	100

Table 1: Occurrence of Disease among Selected Respondents in Allahabad District

Source: Calculation based on personal survey, 2014-15

5.2. Prevalence of Diseases

Respondents were asked if they had fallen sick during the last one year preceding the survey. Table 1 describes the common illness within the community. Result shows that out of the total 800 respondents, 236 (29.5%) are suffering from cold and cough, followed by 220 (27.5%) from fever during transitional period between rainy and winter season, whereas, 142 respondents are effected by Jaundice during June-July months due to intake of contaminated water and food. Most of the Jaundice cases are found in surrounding development blocks of Allahabad city. The major cause behind such kind of disease pattern is improper management of solid waste disposal and polluted ground water. Besides, this 94 persons (11.8%) were suffering from T.B., while 144 (18.0%) have ENT problem and 22.2 per cent are effected by other health related problems like, Hypertension, Synophilia, Heart disease, Kidney infection etc.

Type of Facilities	No.	%
Dist. Hospital	136	17.0
CHC/Rural Hospital/PHC	314	39.2
Sub- centre	114	14.2
Govt. Mobile Clinic	22	2.8
Private Hospital/Clinic	160	20.0
Others	54	6.8
Total	800	100.0

Table 2: First Visit for Healthcare Services in Case of Illness

Source: Calculation based on personal survey, 2014-15

5.3. First Visit for Healthcare Services in Case of Illness

Availability, accessibility, affordability and reliability of healthcare facilities determine the choice of first visit in case of illness. In the study area out of 800 households, 314 (39.2%) sought help at CHCs/PHCs as the first healing, followed by 160 (20.0%) at private hospitals/clinics, 136 (17.0%) at district hospitals, 22 (2.2%) at government mobile clinic and 54 (6.8%) respondents visited other places for healthcare. Easy availability, timely treatment, and frequent visit to household members are the main reasons behind more dependency upon private hospitals. Whereas, most of the women respondents 114 (14.2%) visited Sub-centers for obtaining maternal and child care facilities. The comparatively high utilization of CHC/PHCs is due to the fact that flagship programme like mother-child care and immunization programmes are running through CHCs apart from the fact that there is assured presence of doctors, and availability of free medicines.

Attributes	Methods of Treatment						Total	
	Allopathic		Ayurvedic		Homeopathic			
	No.	%	No.	%	No.	%	No.	%
Age Group								
15-30	314	84.4	42	11.3	16	4.3	372	100
31-45	202	87.8	20	8.7	8	3.5	230	100
46-60	102	85.0	6	5.0	12	10.0	120	100
>60	68	87.2	4	5.1	6	7.7	78	100
Total	686	85.8	72	9.0	42	5.2	800	100
$\chi^2 = 13.901^a$, df = 6, P = 0.031								
Sex								
Male	366	82.1	44	9.9	36	8.1	446	100
Female	320	90.4	28	7.9	6	1.7	354	100
Total	686	85.8	72	9.0	42	5.2	800	100
$\chi^2 = 17.723^a$, df = 2, P = 0.001								
Religion								
Hindu	586	84.9	68	9.9	36	5.2	690	100
Muslim	100	90.9	4	3.6	6	5.5	110	100
Total	686	85.8	42	9.0	42	5.2	800	100
$\chi^2 = 4.483^a$, df = 2, P = 0.106								
Level of Education								
Illiterate	120	85.7	10	7.1	10	7.1	140	100
Primary	222	87.4	16	6.3	16	6.3	254	100
High school	128	86.5	10	6.8	10	6.8	148	100
Intermediate	114	83.8	22	16.2	00	0.0	136	100
Graduation and Above	102	83.6	14	11.5	6	4.9	122	100
Total	686	85.8	72	9.0	42	5.2	800	100
$\chi^2 = 21.544^a$, df = 8, P = 0.006								
Caste								
SC/ST	132	88.0	8	5.3	10	6.7	150	100
OBC	262	89.7	19	6.5	11	3.8	292	100
General	292	81.6	45	12.6	21	5.9	358	100
Total	686	85.8	72	9.0	42	5.2	800	100
$\chi^2 = 12.740^a$, df = 4, P = 0.013								
Level of Income								
Upto 5000	206	88.0	14	6.0	14	6.0	234	100
5000-10000	204	82.9	28	11.4	14	5.7	246	100
10000-15000	210	87.5	20	8.3	10	4.2	240	100
15000-20000	32	84.2	6	15.8	00	0.0	38	100
>20000	34	81.0	4	9.5	4	9.5	42	100
Total	686	85.8	72	9.0	42	5.2	800	100
$\chi^2 = 10.899^a$, df = 8, P = 0.208								
Occupation								
Agricultural Labourer	276	87.3	28	8.9	12	3.8	316	100
Service	146	85.9	18	10.6	6	3.5	170	100
Commercial Trader	40	87.0	00	0.0	6	13.0	46	100
Cultivator	10	71.4	2	14.3	2	14.3	14	100
Daily Wage Earner	104	86.7	10	8.3	6	5.0	120	100
Others	110	82.2	14	10.4	10	7.5	134	100
Total	686	85.8	72	9.0	42	5.2	800	100
$\chi^2 = 17.078^a$, df = 10, P = 0.073								

Table 3: Methods of Treatment used by Respondents

Source: Based on personal survey, 2014-15

Table 3 shows category wise utilization of medicinal system in the study area. Majority of the total respondents (85.8%) adopt allopathic method, 5.2 per cent use homeopathic and only 9.0 per cent respondent's use Ayurvedic system. It is also clear from this table that allopathic system is most popular among all religious groups and categories. At religion level (Hindu and Muslim) there is not found significant variation ($P > 0.05$) in the utilization of various medicinal system (Fig.). Only 5.9 per cent of respondents from general category use homeopathic method of treatment. About 6.7 per cent respondents belonging to OBC category adopt homeopathic method of treatment. Ayurvedic system is less popular although it is traditional and cheaper system of health care. Highest utilization of Ayurvedic method is found among respondents belonging to General category (12.6%).

Similarly, sex of the respondents also plays an important role in decision for opting method of treatment. Men play a paramount role in determining the health needs of a woman. Since men are decision makers and in control of all the resources, they decide when and where woman should seek health care (Rani et al., 2003). Women who were suffering from an illness visit less frequently for health care to health centres as compared to men (Ahmed et. al., 2000). Table 3 depicts that sex wise preference of treatment method has significantly varied between male and female. It is clear from the analysis that out of the total 800 respondents reported to health centres, 686 (85.8%) have utilized Allopathic method of treatment of which 46.64 per cent are females and 53.35 per cent males. Homeopathy is very less preferred by the rural people because of its slow effect on health recovery. Only 42 (5.2%) respondents adopted homeopathic method. Males (36) are most frequently using homeopathy method while, the number of females using this method are less (14.2%). This difference is also found in Ayurvedic method of treatment among male (9.9%) and female (7.9%) respectively. A chi-square test found that there was significant difference between different income groups as information was obtained ($\chi^2 = 17.723^a$, $P < 0.001$).

Table 3 reveals utilization pattern of different medicine systems in different age groups and is found significant variation ($\chi^2 = 13.901^a$, $P < 0.05$). In the age group of 15-30 years, 84.4 per cent respondents use allopathic medicine, and 11.3 per cent use Ayurvedic system of medicine. About 87.8 percent respondents belonging to age group of 31-45 years and 87.22 per cent respondents of above 60 years' age group use allopathic medicine. On an average 85.8 per cent respondents are utilizing allopathic medicinal system. Ayurvedic and Homeopathic medicine system are at second and third place in terms of their usage.

Educational level also influences on utilization of health care services. Out of the total 800 respondents whose views have been analysed, 17.5 per cent respondents (140) are illiterate, 31.7 per cent (254 respondents) are educated upto primary level, and 18.5 per cent (148 respondents) upto high school and 32.2 per cent respondents are educated above intermediate. Table 3 reveals education wise utilization pattern of medicine system prevailing in the study area. Both the illiterate (17.5 per cent) and literate (82.5 per cent) respondents use allopathic medicine system more frequently. The use of traditional Indian system of medicine i.e. Ayurvedic is at the second place while homeopathy comes at the last rank ($\chi^2 = 21.544^a$, $P < 0.05$).

Type of Facilities	Preference during Emergency	
	No.	%
Govt. Hospital	216	27.0
Pvt. Hospital	292	36.5
PHC	122	15.2
CHC	170	21.2
Total	800	100.0

Table 4: Utilization Preference of Healthcare Facilities during Emergency Period

Source: Based on primary survey, 2014-15

5.4. Preference of Healthcare Facilities during Emergency

Before the assessment of utilization of healthcare facilities/services in rural areas, it becomes imperative to know the preferences of rural people for health institution at the time of need in emergency. In emergency people want quick relief from health problems. Table 4 shows, that 36.5 per cent of the respondents prefer private hospital during emergency, followed by 27.0 per cent government hospital. About 21.2 per cent respondents make visit to nearby CHCs. Only 15.2 per cent utilize services provided by PHCs during their emergency need in Allahabad district.

Type of Facilities	Income Group										Total	
	Upto 5000		5k-10k		10k-15k		15k-20k		>20k		No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%		
Govt. Hospital	60	25.6	74	30.1	70	29.2	6	15.8	6	14.3	216	27.0
Pvt. Hospital	88	37.6	88	35.8	82	34.2	10	26.3	24	57.1	292	36.5
PHC	36	15.4	34	13.8	42	17.5	4	10.5	6	14.3	122	15.2
CHC	50	21.4	50	20.3	46	19.2	18	47.4	6	14.3	170	21.2
Total	234	100	246	100	240	100	38	100	42	100	800	100

$\chi^2 = 27.640^a$, $df = 12$, $P = 0.006$

Table 5: Utilization Preference of Healthcare Facilities during Emergency Period According to Respondents Economic Status

Source: Analysis based on personal survey, 2014-15

Income of the household to also effects pattern of utilization of available healthcare facilities. It is clear from the Table 5 that percentage of respondents visiting private hospitals increases with the income of households. The result indicates that respondents having monthly family income of less than Rs. 5,000 have highest 88 (37.6%) dependency on private hospitals but it is found relatively very low with respondents whose family's monthly income is above 20,000 (57.1%). Out of the total 234 respondents whose family's monthly income is less than 5,000; 62.39 per cent are utilizing government health services in case of illness during emergency. Distribution of free medicines, and low cost of consolation with doctor's aid, diagnostic charges etc. at CHC are the major factors for attracting problem from low income groups. Visit to CHC/PHC is found almost similar with increase in income of respondents. Dependency on quacks in case of illness is also found substantially high in low income categories (below Rs. 5,000) of the society.

Type of Facilities	Social Groups						Total	
	SC/ST		OBC		General			
	No.	%	No.	%	No.	%	No.	%
Govt. Hospital	44	29.3	66	22.6	106	29.6	216	27.0
Pvt. Hospital	46	30.7	105	36.0	141	39.4	292	36.5
PHC	26	17.3	49	16.8	47	13.1	122	15.2
CHC	34	22.7	72	24.7	64	17.9	170	21.2
Total	150	100	292	100	358	100	800	100

$\chi^2 = 11.121^a$, df = 6, P = 0.085

Table 6: Utilization Preference of Healthcare Facilities during Emergency Period According to Respondents Social Groups
Source: Analysis based on personal survey, 2014-15

5.5. Social Group Wise Utilization of Healthcare Services during Emergency

About 80 per cent of the total population of the district resides in rural areas. In Indian village caste structure is one of the major determinants of one's lifestyle and it symbolizes the social and economic status of the people in the society. All the caste in the study area has been broadly grouped into three social groups, i.e. SC/ST, OBC, and General. All the social groups have high dependency rate on private hospitals for healthcare facilities, because of their 24 hour services. It has been observed that SC/STs which have comparatively lower social economic status and are mainly engaged as agricultural labourers, registered high preference for government healthcare facilities. Table 6 reveals social-group wise utilization of healthcare services during emergency. Out of the total 800 respondents, 292 respondents have (36.5%) given preferences to private hospitals during emergency. Of this highest 141 (39.4%) belongs to general category while minimum respondents are from SC/ST category. Contrary to this, the respondents who prefer government healthcare facilities, most of them (216) or 27 per cent visited government hospitals followed by 170 (21.2%) to CHC and 122 (15.2%) respondents have received services from PHC during their emergency need. The main reason behind utilization of government hospitals by 27 per cent respondents is availability of specialist doctors and medical equipments.

Socio-economic Variables	Utilization of Facilities Available in PHC/CHC/Sub-centers				Total	
	Yes		No			
	No.	%	No.	%	No.	%
Age Group						
15-30	266	71.5	106	28.5	372	100
31-45	182	79.1	48	20.9	230	100
46-60	88	73.3	32	26.7	120	100
>60	48	61.5	30	38.5	78	100
Total	584	73.0	216	27.0	800	100
$\chi^2 = 10.013^a$, df = 3, P = 0.018						
Sex						
Male	326	73.1	120	26.9	446	100
Female	258	72.9	96	27.1	354	100
Total	584	73.0	216	27.0	800	100
$\chi^2 = 0.005^a$, df = 1, P = 0.946						
Religion						
Hindu	502	72.8	188	27.2	690	100
Muslim	82	74.5	28	25.5	110	100
Total	584	73.0	216	27.0	800	100
$\chi^2 = 0.155^a$, df = 1, P = 0.694						

Caste						
SC/ST	114	76.0	36	24.0	150	100
OBC	215	73.6	77	26.4	292	100
General	255	71.2	103	28.8	358	100
Total	584	73.0	216	27.0	800	100
$\chi^2 = 1.313^a$, df = 2, P = 0.519						
Level of Education						
Illiterate	94	67.1	46	32.9	140	100
Primary	188	74.0	66	26.0	254	100
High school	108	73.0	40	27.0	148	100
Intermediate	98	72.1	38	27.9	136	100
Graduation and Above	96	78.7	26	21.3	122	100
Total	584	73.0	216	27.0	800	100
$\chi^2 = 4.634^a$, df = 4, P = 0.327						
Level of Income						
Upto 5000	182	77.8	52	22.2	234	100
5000-10000	166	67.5	80	32.5	246	100
10000-15000	174	72.5	66	27.5	240	100
15000-20000	30	78.9	8	21.1	38	100
>20000	32	76.2	10	23.8	42	100
Total	584	73.0	216	27.0	800	100
$\chi^2 = 7.443^a$, df = 4, P = 0.114						

Table 7: Utilization of Facilities Available at PHC/CHC/Sub-centers According to Socio- economic Profile of Respondents
Source: Analysis based on personal survey, 2014-15

5.6. Utilization of Healthcare Services Available at CHC/ PHC

Utilization of any social services, including health services, has never been equitably distributed throughout society. People having better accessibility to the facilities are generally found to make greater use of them than people who have neither knowledge nor access to the facilities. It is pertinent to know that what kind of health care services are being utilized considerably by the respondents of the study area. Table 7 reveals that out of the total 800 respondents, only 584 (73.0%) were utilizing facilities available at PHC/CHCs. Among those who are utilizing these facilities, majority (79.1%) of the respondents belongs to age group of 31-45 years followed by the age group of 46-60 (73.3%) whereas, 61.5 per cent of elderly people having age of more than 60 years are utilizing healthcare facilities at PHC's/CHC's. Utilization of facilities available at CHC/PHCs is found to be significantly associated with the age group ($\chi^2 = 10.013^a$, $p < 0.05$). All the social groups showed high dependency on facilities in government health centres but the poor section of the society who is mainly engaged as agricultural labourers registered high preference for government facilities. With the increase in educational level, utilization of services provided by the government healthcare facilities or by qualified practitioners in private hospitals has increased rapidly while utilization of services provided by quakes are reduced sharply.

Distance in Km.	Type of Healthcare Facilities										Total	
	Dist. Hospital		Pvt. Hospital		CHC		PHC		Sub-centre		No.	%
	No.	%	No.	%	No.	%	No.	%	No.	%		
0-5	0	0.0	102	45.1	88	50.0	116	82.9	114	100	420	52.5
6-10	85	59.9	62	27.4	39	22.2	24	17.1	00	0.0	210	26.2
11-15	31	21.5	36	15.9	35	19.9	00	0.0	00	0.0	102	12.8
16-20	19	13.2	23	10.2	14	8.0	00	0.0	00	0.0	56	7.0
>20	9	6.2	3	1.3	00	0.0	00	0.0	00	0.0	12	1.5
Total	144	100	226	100	176	100	140	100	114	100	800	100
Mean±S.D.	11.97±5.26		7.78±5.56		7.36±4.85		3.89±1.93		2.23±0.94		6.97±5.40	
Range	6-34		1-35		1-18		1-8		1-4		1-35	
$F = 97.137$, $P = 0.001$												

Table 8: Utilization Pattern of Healthcare Facilities According to Distance Travelled
Source: Based on personal survey, 2014-15

5.7. Utilization Pattern of Healthcare Facilities according to Distance

It has reported by different academicians, administrators and policy makers that the distance and accessibility affect the magnitude and frequency of utilization of healthcare facilities. So it becomes important to analyse the pattern in relation to distance. Table 8 shows the utilization pattern of healthcare facilities according to distance of consumers/patients to the health centres in Allahabad district. Out of 800 respondents, maximum (420) respondents (52.5%) answered that they have travelled about 5 km. distance for getting healthcare facilities. It is followed by 210 respondents (26.2%) who travelled 6 to 10 km. distance for these services. Another 102

respondents travelled 11-15 km of distance to avail health facilities. Nearly, 68 respondents travelled more than 16 km to get healthcare facilities.

Table 8 reveals that, 226 respondents answered that they have availed healthcare facilities from private hospitals/clinics, of which, 102 respondents (45.1%) travelled 0 to 5 km of distance followed by 62 respondents who travelled 6-10 km of distance. It is surprising to note that still 26 respondents travelled more than 16 km distance to get health care facilities. Further, 176 respondents answered that they have availed medical facilities at community healthcare centres (CHCs), of which, 88 respondents (50%) travelled 0 to 5 km distance for the hospital followed by 39 respondents who travelled for 6-10 km of distance. Nearly, 49 respondents arrived a distance of more than 16 km to obtain medical care. About 144 respondents answered that they have availed healthcare facilities from district hospital, of which, 85 respondents travelled nearly 6 to 10 km distance for the hospital followed by 31 respondents travelled a distance of 11-15 km.

It is found that, 140 respondents availed healthcare facilities at primary healthcare centres (PHCs), of which, 116 respondents travelled a distance of 5 km for the treatment followed by 24 respondents covering a distance of 6-10 km. Nearly, 114 respondents answered that they have taken healthcare facilities from sub-centres and for that they travelled maximum distance of 5 km. Utilization of government healthcare facilities by families living near to CHCs and District Hospitals are more in comparison to those living in far villages or remote areas. Utilization of available healthcare facilities at district hospitals is poor among rural people for two main reasons. First, location of district hospital in the largest urban centres of the district where a sufficient number of good private hospitals provide better health services and second, it is found suitable for critical diseases, not as a place of first visit in case of illness.

5.8. Reasons of Inadequate Utilization of CHC/PHC Services

The World Health Organization (WHO) specifically points out that to some extent, the deterioration in health status is attributed to inadequacies of CHC/PHCs. Factors such as lack of political commitment, inadequate allocation of financial resources to CHCs/PHCs and stagnation of inter-sectoral strategies and community participation have contributed much to this problem. The main reason behind this is bureaucratic approach to healthcare provision, lack of accountability and responsiveness to the general public and incongruence between available funding and commitments. For overcoming the problem of the health care utilization, an assessment of reasons of inadequate utilization of CHC/PHC services is also important.

Variables	Frequency (n = 800)	Percentage
Provision of Staffs	637	79.63
Availability of Drugs	716	89.50
More Healthcare Facilities	456	57.00
Health Awareness of Clients	588	73.50
Reduce Waiting Time	593	74.13
24x7 Hours Service	473	59.13
Better Behavior of Staffs	486	60.75

Table 9: Perceived way of improving services in the available health facilities by respondents.

Source: Based on personal survey, 2014-15.

Over three-quarters of respondents, 79.63 per cent and 89.50 per cent reported that health services could be improved through provision of staff and availability of drugs respectively. Long waiting time and behavior of healthcare workers were also reported as affecting utilization of the health facility. Out of the total 800 respondents, 593(74.13%), 588(73.5%) 486(60.75%) and 473(59.13%) perceived that reduced waiting time, awareness about health and related facilities, better behavior of staff and opening of the facility for 24 hours daily would improve the services in the healthcare facility respectively (Table 9).

6. Conclusion

Health is one of the important components in the socio- economic development. The promotion and protection of health of the people is essential for sustained economic and social development; and for achieving a better quality of life and world peace. In spite of this, the people living in the developing countries and especially living in rural areas have little or no access to modern healthcare facilities. Besides, the national development to a great extent depends on the welfare of women who are the real architects of the nation. The health of women puts substantial impact on health of the family and society, and so it is critical for national development.

An analysis of utilization of health care facilities, family welfare programme and immunization programme for children in the study area is purely based on opinion survey of 800 respondents. In the study area people belong to mainly two religion groups. One is Hindu and another belongs to Muslim religion. Hindu religion is classified into three broad types of caste such as General Caste (Upper caste), Other Backward Caste (OBC) and Scheduled Caste (SC). Against this, the respondents of OBC and General caste are using the services of private health intuitions in higher magnitude. For ensuring good health for all, the study area in particular and the country in general needs adequate extension of health care services, including health infrastructural facilities and services at CHCs, PHCs and Sub- centres; availability of doctors (male and female); and residential quarters for doctors and paramedical staffs that are appointed at every rural based centres.

7. References

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