Original Article

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Website: www.jehp.net
DOI: 10.4103/jehp.jehp_368_18

Faith or Rationality – what dominates the health scenario? – Reflections from a non-governmental organization based health center in a tribal area of rural Maharashtra

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Abstract:

BACKGROUND: The tribals are considered as an underprivileged community who are dissociated from the health-care system. They are known to adhere to old, ancient methods of managing illness. This study was undertaken to understand the issues and challenges in the tribal areas in seeking healthcare.

MATERIALS AND METHODS: Cross-sectional study was conducted during the year 2017 in a nongovernmental organization-based health center located in a tribal area of rural Maharashtra, India. A total of 383 participants were interviewed using a semi-structured questionnaire about the health-seeking behavior and utilization of health services in the study center as well as nearby government facilities. Strengths, weaknesses, opportunities, and threats of the management of diseases at the study center were also identified.

RESULTS: In the event of an acute illness, 40% preferred government hospital, 40% private, 16% of study center, and 4% sought treatment from traditional healers. On comparison with nearby government facilities, the study center was located far away, travel time and fare to reach was more and was preferred by all over government facilities. The difference in user perspective about both facilities was statistically significant ($P < 0.00001$). All of them trusted the staff and the services provided at the study center completely. Around 97% thought the services were made according to their convenience. About 59% spent on drugs and logistics after visiting the nearest government facility, whereas only 10.8% admitted to having spent on drugs and logistics after visiting the study center.

CONCLUSIONS: Faith-oriented health-care seeking behavior seems to dominate the health scenario. It is influenced by realistic factors such as accessibility, affordability, and acceptability.

Keywords:

Health-seeking behavior, opportunities and threats analysis, strengths, tribal population, utilization of health services, weaknesses

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Received: 30-10-2018
Accepted: 15-03-2018

Introduction

Tribal communities in India contribute to 8.6% of the total population, and most of them live in forested areas. The tribals are considered as an underprivileged community in the country who are dissociated from the health-care system.[1] They suffer from extreme deprivation and economic underdevelopment. There is little and scattered information on the actual burden and patterns of the illnesses that afflict them.[2] The challenge of inaccessibility to health services and their health-care

How to cite this article: Mohapatra A. Faith or Rationality – what dominates the health scenario? – Reflections from a non-governmental organization based health center in a tribal area of rural Maharashtra. J Edu Health Promot 2019;8:100.

seeking behavior seem to dominate the discourse in tribal health.[2,3] Further, tribal cultures are known to adhere to old, ancient methods of managing illness. Thus, scientific knowledge, skills, and treatment modalities are not readily available for tribal patients. As the public sector alone is not able to provide for the health-care services, there has been a phenomenal growth in the nongovernmental organization (NGO) sector in these areas. They are unique as they are private institutions providing public services.[4] The services provided by them to the tribal community is largely unaccounted for. This study was, therefore, undertaken to understand the issues and challenges faced by the people in the tribal areas in seeking health care and their perspectives about the NGO-based and government health-care centers.

Materials and Methods

This study is a center-based cross-sectional study conducted during the year 2017. The study setting is an NGO-based health center located in a tribal area of a tribal district in rural Maharashtra, India. The area has a total population of 3375 consisting of nearly 600 households. The outpatient service at the study center runs on 2 days-Wednesday and Sunday at 8 a.m. onward. Volunteer doctors (retired/working) come on turn basis to run the outpatient department (OPD). One free meal (Khichdi) is provided to all beneficiaries on the OPD day. The nearby Government health facilities are a primary health unit located at 3 km, two primary health centres (PHC) located at 9.5 and 20 km. Apart from these, a rural hospital is located at 20 km, and the nearest advanced care facility (district hospital) is 50 km away from the study center. All patients above the age of 25 years taking regular treatment at the center for at least 1 year were enrolled in the present study. The number came up to 383 by complete enumeration. All of them consented to participate. The ethical approval was obtained from the Institutional Ethics Committee and permission of the in-charge of the NGO was also sought. A semi-structured, validated questionnaire was used to conduct interviews regarding the sociodemographic profile, health-seeking behavior and beliefs, utilization of health services at the study center and other Government facilities nearby and preventive and curative care received by the participants. The questionnaire was translated into the vernacular language (Marathi) and back translated too. It was pilot tested for consistency. Certain changes were made after the results of the pilot testing. All questions were asked by the investigator. Spot observations regarding health-care delivery and average patient waiting time in the study center were made. The average patient waiting time in the three nearby primary care centers was also observed for a week. Based on the results, strengths, weaknesses, opportunities, and threats (SWOT) of the management of diseases at the study center were also identified. Since this is a center-based study, all the confounding cannot be eliminated. The participants were assured that their responses would not be shared with the health providers and no identifier information like name or house number was asked. They were also assured that this research was being done to improve quality of health services and their responses would not affect their course of treatment at the health center. Data entry was done in Microsoft Excel 2016 and analyzed using SPSS version 21.0 (IBM).

Results

This center-based cross-sectional study conducted in 383 participants during the year 2017 using a semi-structured questionnaire and spot observations yielded the following results. The sociodemographic profile of the study participants is presented in Table 1.

Health-care seeking behavior

In the event of an acute illness, first visited health facility in 40% of participants was government hospital, another 40% visited private general practitioners, 16% visited study center, and around 4% sought treatment from traditional healers/quacks. Those who visited private set up spent an average of Rs. 58 INR (Indian Rupee) toward consultation (range Rs. 50–350 INR), whereas, those who visited the study center/government facility spent an average of Rs. 10 INR. Time interval from the onset of symptoms to seeking treatment was immediate in 59% of participants, 1–2 days in 23% of them, and 2–3 days in 10% and >3 days in 8% of the participants.

Utilization of health services

Mean distance of participant's residence to the nearest government health facility was found to be 8.4 km with standard deviation (SD) = 5.3 and that of the study center was 20 km with SD = 13.3. This difference in distance was found to be statistically significant (P = 0.000). Similarly, mean fare to the nearest government health facility was Rs. 16 INR with SD = 8.6 and mean fare to the study center was Rs. 26 INR, SD = 17.0. Even this difference in fare was found to be statistically significant (P = 0.000). The average waiting time to see a doctor was 15 minutes in the nearby PHU, 35 minutes in the nearby PHCs and 2 hours in the study center. All the participants preferred the study center to any nearby government facility. All of them trusted the doctors, pharmacist and the services provided at the study center completely. More than 97% thought that the services were made according to their convenience. About 84.4% of participants thought that all services needed to treat their conditions were available at the study center. Nearly 59% of participants admitted to having spent on drugs and logistics after visiting the nearest government health facility and spent on an

Table 1: Sociodemographic profile of the study population (*n*=383)

Participant characteristics	Frequency (%)
Age (years)	
30-45	81 (21.14)
45-60	203 (53.00)
60-75	78 (20.36)
75-90	21 (5.48)
Sex	
Male	200 (52.21)
Female	183 (47.78)
Religion	
Hindu	341 (89.03)
Muslims	27 (7.04)
Buddhists	11 (2.87)
Jain	4 (1.04)
Caste	
Agre	138 (36.03)
Koli	50 (13.05)
Kumbhi	36 (9.39)
Warli	24 (6.26)
Dubli	21 (5.48)
Brahmin	4 (1.04)
Thakur	3 (0.78)
Other SC/ST	107 (28)
Marital status	
Married	287 (74.93)
Widowed	96 (25.06)
Education status	
Illiterate	
Male	41 (10.70)
Female	116 (30.28)
Primary	
Male	58 (15.14)
Female	24 (6.26)
Secondary	
Male	65 (16.97)
Female	33 (8.61)
Higher secondary	
Male	36 (9.39)
Female	10 (2.61)
Addiction	
No addiction	291 (75.97)
Tobacco	50 (13.05)
Alcohol	23 (6.00)
Beedi	19 (4.96)
Occupation	
Unemployed	73 (19.06)
Farming	172 (44.90)
Carpentry	46 (12.01)
Driving	35 (9.13)
Factory worker	31 (8.09)
Domestic help	26 (6.78)
Socioeconomic status (BG Prasad 2018)	
Upper	7 (1.82)
Upper-middle	35 (9.13)
Middle	65 (16.97)
Lower middle	134 (34.98)
Lower	142 (37.07)

Contd...

average Rs. 75–100 INR, whereas only 10.8% admitted to having spent on drugs and logistics after visiting the study center. As the study center ran on a Sunday, 85.5% of the participants mentioned that they did not have to leave work to visit OPD.

User perspective about the nearest government health facility and study center was determined based on positive/negative response toward factors as depicted in Figures 1 and 2. It was found that the difference in perspective about the study center and the nearest government facility was extremely statistically significant ($P < 0.00001$) with the study center bearing more positive responses [Table 2].

Preventive services

About 43% had received no health education session, 39% had received only one session, 17% had received two sessions and 1% had received three or more session. Ninety-one percent thought that they had been explained the importance of medication adherence in detail.

A SWOT analysis of the health-care delivery model at the study center was performed. The findings are given in Table 3.

Discussion

This study was conducted to get an insight into the issues and challenges in seeking health care in tribal areas. The setting was an NGO-based health center located in a tribal area of rural Maharashtra, India. The sociodemographic profile showed a large percentage of the study population was illiterate or had only primary education. Majority of them belonged to lower or lower-middle-class socioeconomic status. Farming was the major occupation. These figures are quite representative of the report of high-level committee on socioeconomic, health, and educational status of tribal communities of India.[3]

The tribal areas often said to be dissociated with the health system. There is underutilization of health services by the tribal population.[5-7] In this study, it was found that, in the event of acute illness, nearly half of the participants either visited a government health facility or the study center. Another 40% of them visited private practitioners. Prior research is suggestive of preference of government health facility over private sector, especially for antenatal care and chronic diseases.[8-12] There is also enough evidence to show the inclination toward private

Table 2: User perspective about services provided by the study center and nearest government facility

Factors	User perspective about these factors	Study center	Nearest government health facility	*P**
Referral service -initiation and completion	Good	258	314	<0.00001
	Not so good/bad	125	69	
Perceived quality of care	Good	360	300	<0.00001
	Not so good/bad	23	83	
Suitability of time	Suitable	346	78	<0.00001
	Not suitable	37	305	
Behaviour	Good	346	120	<0.00001
	Not so good/bad	37	263	
Responsiveness	Responsive to queries	291	175	<0.00001
	Not so responsive to queries	92	208	
Presence of staff	Present	383	134	<0.00001†
	Absent	0	249	

*Test applied Chi square test, †Test applied - Fischer exact, *P*<0.05 are significant

Table 3: Strengths, weaknesses, opportunities, and threats analysis of the health care delivery model at study center

Strength	Weakness
Strong brand image	No clear-cut guidelines of treatment followed
Trust on doctors and pharmacists	Referral services overlooked
Good mobilization of funds	All lab facilities needed not available
Good behavior and responsiveness of staff	No provision for Specialist opinion and screening for complications
Suitability of time (Sunday)	Volunteer doctors: The question of competency and sustainability
Perceived good quality of care	Other paramedics not adequately trained
Service according to convenience of people	
Minimal Out of pocket expenditure on drugs and logistics	
Provision of free one meal (khichdi) to all beneficiaries	
Regular Health promotion activities	
Opportunity	**Threat**
Promote public private partnership model	Reduced need for services
Expand to new geographic areas	Medico legal issues - volunteering
More focus on health prevention and promotion activities	Setback because of nononformity with the national guidelines
Encourage community participation	
Community mobilization activities	
Collaborate with other NGOs in the area	
Conduct mass screening camps	
Community survey of baseline data and felt needs of people	

NGOs=Nongovernmental organizations

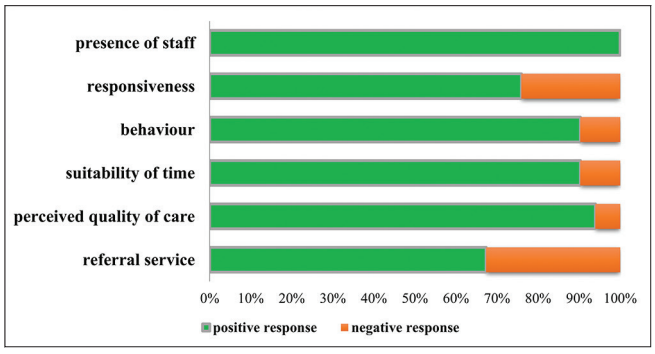

Figure 1: User perspective about the study center

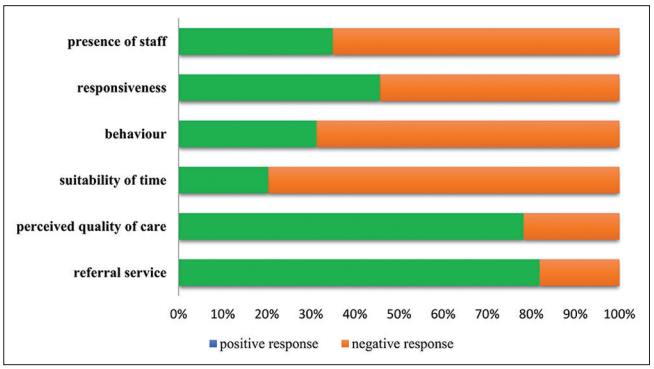

Figure 2: User perspective about the nearest government health facility

practitioners for acute/minor illnesses.[13-16] This may be attributed to the fact that majority of the patients have started seeking immediate treatment on falling ill and these are more accessible.

Travel time, distance, and cost of services are important factors influencing the utilization of health services.[17-21] The findings from this study state otherwise. The cost incurred for services in government facility as well as

the study center was same, i.e., Rs. 10 INR. However, this was not the case with distance and travel time. Although the study center was located far away from their homes and took way longer for them to consult with the doctor it was still preferred in comparison to the nearest government facilities. Many previously done studies suggested that government health facilities were preferred for various ailments.[8-10] Although the government services were preferred in these studies, the utilization remained low. Various reasons have been cited for this underutilization-unsatisfactory or unacceptable services provided by the hospitals, financial problems, unawareness, unavailability of accompanying person, and unavailability of transport facilities are few of them.[8,9]

Other factors which play an important part in determining place of seeking health care are the presence of staff,[22] responsiveness to queries,[23] behavior of the staff,[9,16] suitability of time of OPD services,[12,23] perceived quality of care,[16,22,23] and initiation and completion of referral services.[23] In this study, all the participants preferred the study center over any nearby government facility. They trusted the doctors, pharmacist, and the services provided at the study center completely. Most of them thought that the services were made according to their convenience as the center was open on Sundays. Availability of free drugs was an important determinant for seeking health care. Government facilities were preferred for this reason.[9,23] However, the findings in this study suggested otherwise. More than half of the patients reported having spent money to buy drugs from outside due to non-availability of all medications in the government hospital. The study center overall had a very good brand image. The mobilization of funds by the center was good. The provision of one free meal in every OPD had a good impact on people and added to the brand image and appealed to people's expectations. Regular health promotion activities were also taken up in the study center.

Despite all this, there are some weaknesses/drawbacks of the health-care delivery model of the study center. No clear-cut guidelines of treatment were followed as per Government of India, the referral services were overlooked, all laboratory facilities needed were not available, and there was no provision for screening for complications in case of chronic disease. The doctors and paramedics provided treatment on a voluntary basis. There was no system in place for the verification of their technical credentials.

Conclusions

With the results of this study, it can be concluded that in tribal areas, "trust" over the health center is an important determinant for deciding place of seeking health care among the tribal population. It is influenced by realistic factors such as accessibility (distance, transport), affordability (fare, Out of Pocket Expenditure), acceptability (behavior, responsiveness, patient friendly attitude). Health-care seeking behavior seems to be influenced by faith. This necessitates effective redressal of the key issues related to compliance with national guidelines, maintenance of disease surveillance records, follow-up of beneficiaries, feasibility of public-private partnership, and availability of advanced diagnostic facilities and treatment of complications in an NGO-based health center.

Acknowledgment

The authors would like to thank Lt. Dr. Ratnendra Ramesh Shinde, Former Professor and Head, Department of Community Medicine, Seth GS Medical College and KEM Hospital.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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