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ORIGINAL ARTICLE

Awareness on Utilization of Public Healthcare Services among Rural Adults: A Community Based Survey

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ABSTRACT

Health service utilization refers to the quantification and analysis of how populations access and use medical facilities, prescription drugs, and professional care. This study titled "A study to assess the knowledge on utilization of healthcare services among adults in selected rural area of Uttar Pradesh."

Objectives: To assess the level of knowledge regarding the utilization of healthcare services among adults, to find the association between the knowledge scores of adults and their selected demographic variables.

Design and setting: Community based survey design was adopted.

Methods and materials: 60 participants were selected by purposive sampling technique.

Results: Majority of participants 39(65%) have inadequate knowledge, 11 (18%) students had moderate knowledge, 10 participants (17%) had adequate knowledge category. there is a significant association between the knowledge level of adults, and their age, education status, and income of the family. **Conclusion:** The study indicated that rural adults are lacking knowledge regarding utilization of public health services.

KEYWORDS:

• Awareness • Utilization • Health care services • Rural • Adults

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INTRODUCTION

Health has been declared a basic human right. Globally, governments are working to enhance and broaden their health care offerings. Despite India's lack of health care resources, the country's government health facilities are not only underutilized, but their outreach is also inadequate, even in areas where the public can access them.

In any economy, adults make up the majority of the productive workforce. Family well-being and society productivity are directly impacted by their health. adult population is still underserved or underutilized despite government initiatives to provide easily accessible primary healthcare facilities, sub-centres, and community outreach initiatives. In order to enable healthcare policy makers, create focused educational interventions to increase the use of formal healthcare networks, this study is required to determine the knowledge gaps among adults.

In order to compare national survey data and identify the factors associated to such utilization, a cross-sectional survey was carried out among 1358 senior people living in urban communities in northern Taiwan. Compared to 77.8% in 2005 and 68% in 2009, up to 94.5% of senior citizens favoured using Western medicine to address their illnesses. Merely 2.1% choose to disregard their ailments. Respondents who were 80 years of age or older and women tended to use a variety of healthcare services.[1]

A study examined the causes of India's underutilization of public health facilities in both rural and urban communities. They were the poor quality of services and the lack of neighbouring health centres. Treatments at non-public health facilities were preferred by wealthy households and highly educated people. Coverage under the health insurance plan was quite low. Health care service utilization varied not just by individual socioeconomic and demographic traits but also by the quality and accessibility of services in a given area.[2]

India has a sizable public health infrastructure that services its 72.2% rural population, with 30,813 primary health centres (PHCs) and 157,921 sub-centres. The purpose of the study was to assess and find any associations between specific demographic characteristics and the usage of primary healthcare services. A stratified random sample method was used to pick 384 individuals and households. The study found that one-fifth of the population under study did not utilize PHC-level primary health care services.[3]

Articles from the PubMed, Google Scholar, and WHO databases from 2014 to 2024 were reviewed. Thirty of the fifty studies that were ultimately evaluated for eligibility were examined in this study. Public health insurance can have a favourable effect on the usage of medical services since it provides financial coverage to a greater proportion of the population. Increased access to early identification, prompt treatment, and preventive care often results in improved overall health outcomes.[4]

An analysis was done to examine the factors explaining the utilization of either public or private facility. Utilizing the average GSDP per capita to divide the 15 major Indian states into three income groups: low, middle, and high. With the exception of Assam and Odisha, the use of public facilities for inpatient and outpatient services was found to be extremely low, which was linked to the subpar treatment and lengthy wait times. The choice of public or private facilities and the degree of correlation between socioeconomic indicators and their use, which differed within the three state categories, were mostly explained by caste, education, and wealth quintiles.[5]

A cross-sectional study was carried out over the course of a year utilizing stratified multistage sampling, and 1024 people were chosen from the Lucknow district's rural and urban populations. 67.15% of people in urban areas and 55.28% of people in rural areas accessed private medical facilities. Long wait times were the most frequent cause of non-utilization of public health facilities across urban respondents (56.46%) and rural respondents (63.5%) due to the distance to the facility. The majority of individuals favour private healthcare facilities over public.[6]

An investigation into the factors influencing the use of public health facilities in India. 399 outpatients from district hospitals in Jammu and Kashmir provided the data. The factors influencing the utilization of public healthcare facilities were examined. The results indicate that while delayed services and distance reduce the probability in favour

of utilization, service delivery and the supply of free medications greatly enhance the odds in favour of utilization.[7]

A study aims to address the spatial variation in the availability of public health facilities and utilization of Maternal and Child Health (MCH) services at district level in India. Significantly, compared to the national average, districts in Jharkhand, Bihar, Uttar Pradesh, Madhya Pradesh, Chhattisgarh, and North-Eastern states showed lower availability of public health facilities and consumption of MCH services. In districts that are underperforming in terms of MCH service availability and utilization, adequate health facilities and human resources are required to increase MCH service utilization.[8]

STATEMENT OF THE PROBLEM

A study to assess the knowledge regarding utilization of health care services among adults in selected rural area of Uttar Pradesh.

Objectives of the Study

- To assess the level of knowledge regarding the utilization of healthcare services among adults in selected rural area of Uttar Pradesh.
- To find the association between the knowledge scores of adults with their selected socio demographic variables.

Operational Definitions

- ❖ Assess: The statistical measurement of the level of knowledge regarding healthcare services as observed through a semi structured questionnaire.
- ❖ Knowledge: The formal awareness and understanding that adults possess concerning available comprehensive healthcare services.
- ❖ Utilization: The actual act of making use of available public or private healthcare facilities for health maintenance and treatment.
- ❖ Adults: Adults within the age group between 18 to 60 years living in the selected rural area.

Assumptions

- Adults may possess varying degrees of knowledge regarding available healthcare services.
- Adequate knowledge regarding healthcare facilities positively influences their utilization.
- Responses provided during the data collection process will reflect the true awareness levels of the participants.

Delimitations

- The study is limited to adults aged 18 to 60 years.
- The study is restricted to a sample size of 60 adults in the selected community area.

Research Design

A non-experimental survey design was utilized to assess the knowledge levels of the participants without manipulating any variables.

Setting of the Study

This study was conducted in Haldarmau at Gonda.

Population

The target population consists of all adult males and females between the ages of 18 and 60 residing in the selected area.

Sample and Sample Size

The sample consists of 60 adults who meet the inclusion criteria.

Sampling Technique

A non-probability convenient sampling technique

Inclusion Criteria:

- Adults available in the village during the time of data collection.
- Adults who can understand and speak the local language.
- Adults willing to sign the informed consent form.

Exclusion Criteria:

- Adults who are critically ill or cognitively impaired at the time of data collection.
- Adults those who are not willing to participate.

TOOL FOR DATA COLLECTION

A structured knowledge questionnaire developed based on the objectives of the study.

The tool consists of two parts:

- **Part A:** Demographic variables including age, gender, education, occupation, and family income etc.
- **Part B:** Multiple-choice questions assessing knowledge regarding preventive services, insurance schemes, maternal healthcare, and primary health centre services.

RESULTS AND INTERPRETATION

Knowledge on utilization of public health services among adults N=60

Knowledge	f	%
Inadequate	39	65
Moderate	11	18
Adequate	10	17
Total	**60**	**100**

The above Pie chart shows that majority 65% participants had inadequate knowledge, 18% had moderate knowledge and only 17% had adequate knowledge regarding utilization of public health services.

DISCUSSION

This study revealed that majority of participants (55%) were between the ages of 18-35 years, 30% were aged 36-50 years, and 15% were over 50 years. 40% of participants had no formal education, 35% had completed primary school, and 25% had secondary or higher education. 50% of participants belonged to lower socio-economic groups, 30% to middle, and 20% to higher socio-economic groups.

Also describes that 39 [65%] of them are having inadequate level of scores, 11 [18%] are having moderate and 10 [17%] are having adequate knowledge. Statistical significance was calculated using chi square test. As p value is ≤0.05, there is a significant association between the knowledge level of adults, and their age, education status, and income of the family.

CONCLUSION

While the utilization of public healthcare services remains a vital important for India's rural and economically vulnerable populations, it is significantly underutilized by the wider public in favour of the private sector. Achieving universal health coverage will require sustained government investment to bridge infrastructural gaps, improve service quality, and reduce health inequities.

Recommendations

- An experimental study can be done to create awareness about the necessary to utilize public health services.
- Study can be done using larger samples in various community areas of the state.
- Empower the local Gram Panchayat to monitor the utilization of health services.

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