



Impact of Availability of Services on Health Care Seeking Behavior for Antenatal Care: A Cross-Sectional Study of Himachal Pradesh

¹Sulochana Bhat, ²Babita Yadav, ³Ena Sharma, ⁴Prameela Devi K, ⁵Omraj Sharma, ⁶Richa Singhal, ⁷Rakesh Rana, ⁸Narayanam Srikanth, ⁹Madan M Padhi, ¹⁰Kartar S Dhiman

ABSTRACT

Background: Designing health care policies and programmes requires knowledge about health care seeking behavior so that that appropriate intervention can be planned. Health care seeking behavior is a complex outcome of many factors operating at various levels including availability and accessibility of healthcare services. Dependent on these determinants.

Aim: to study the impact of the availability of healthcare facility on health care seeking behavior in Himachal Pradesh.

Materials and methods: A pre-post-project cross-sectional survey was carried out in selected areas of two districts of Himachal Pradesh. Initially, 7698 women of reproductive age were surveyed using pre-designed and pre-tested proforma by the house to house visits. In addition, the women were informed about the newly made available Ayurveda services for certain conditions of antenatal care. The end line survey was conducted on representative samples of 400 women in the same area to know if there is any impact on the service seeking behavior among the women.

Results: The health care seeking behavior towards Ayurveda significantly improved after the services were made available in the area.

Conclusion: Health care-seeking behavior for Ayurveda among women for antenatal care depended largely on the availability and accessibility of services.

Keywords: Antenatal, Ayurveda, Health Care seeking behavior.

How to cite this article: Bhat S, Yadav B, Sharma E, Devi KP, Sharma OR, Singhal R, Rana R, Srikanth N, Padhi MM, Dhiman KS. Impact of Availability of Services on Health Care Seeking Behavior for Antenatal Care: A Cross-Sectional Study of Himachal Pradesh. *J Res Ayurvedic Sci* 2018;2(3):172-175.

Source of support: Nil

Conflict of interest: None

INTRODUCTION

In India, various indigenous systems like Ayurveda and systems of foreign origin like homoeopathy and unani are widely accepted by the community and practiced parallel to the mainstream allopathic system of medicine. The Ayurveda, Yoga, Unani, Siddha, and Homoeopathy (AYUSH) are officially recognized systems of medicine and have been integrated into the national health delivery system, from a primary health care facility to a tertiary care level. Of these, Ayurveda is the most ancient medical system with an impressive record of safety and efficacy.^{1,2} Planned development of health services in the public system began in India after independence and making healthcare affordable and accessible for all its citizens is one of the key focus areas of the country today.³

Not much information is available on the utilization of AYUSH systems and other local health traditions in India. A number of studies conducted to document the health-seeking behavior and utilization came out with a huge difference in the findings. According to a survey report of rural areas of 12 states across the country published in 1987, 71.34% of the population received Ayurvedic treatment, 24.67% allopathic, 2.33% with others, i.e., folk medicines, 1.65% Homeopathy and 0.01% with Siddha System.⁴ According to the evaluation study report on Ayurvedic dispensaries by the Government of NCT of Delhi, the perception of respondents about preferring Ayurveda attributed to its lesser side effects and effectiveness in chronic diseases.⁵ In a study undertaken on the usage and acceptability of indigenous systems of medicine and health seeking behavior, about 45,000 sick persons from 33,666 households from 35 districts 19 states of the country were covered. The preference of ISM and H for common ailment was about 33% while only 18% preferred to use these systems in case of serious ailments in the country.⁶ A survey of Ayurvedic institutions in

¹Assistant Director, ²Research Officer, ³Professor and Head, ⁴Research Officer (Scientist II), ⁵Former Research Officer (Scientist IV), ⁶Statistical Investigator, ⁷Statistical Officer, ⁸Deputy Director General, ⁹Former Deputy Director General, ¹⁰Director General

¹Ministry of AYUSH, AYUSH Bhavan, INA, New Delhi, India

^{2, 6-10}Central Council for Research in Ayurvedic Sciences, New Delhi, India

³Department of Streeroga and Prasuti Tantra, Rajiv Gandhi Government Post-Graduate Ayurvedic College, Paprola, Kangra, Himachal Pradesh, India

⁴Dr. Achanta Lakshmi pathi Research Centre for Ayurveda, Chennai, Tamil Nadu, India

⁵Regional Ayurveda Research Institute for Nutritional Disorders, Mandi, Himachal Pradesh, India

Corresponding Author: Sulochana Bhat, Assistant Director (Ayurveda), Ministry of AYUSH, AYUSH Bhavan, INA, New Delhi, India, Phone: +91-9968053646, e-mail: dr.sulochana@gmail.com

Delhi reported that people turn to Ayurveda for several chronic ailments, such as skin diseases, gastrointestinal disorders, liver diseases, arthritis, gynecological problems, and some acute ailments.⁷

The role of AYUSH and local health traditions (LHTs) and implications of the National Rural Health Mission (NRHM) strategy of mainstreaming AYUSH were studied in 18 states across India. The pivotal outcomes and perceptions concluded that 80 to 90% households were aware about the utility of AYUSH/LHTs that were well utilized in some states and the preference was for chronic illness followed by acute illness and health promotion.³ Sustainable accessibility of AYUSH Facilities always improves the utilization of these systems and also bring change in the health seeking attitude.⁸

It is evident from the review of previous publications that the information on the pattern of utilization of AYUSH services, health seeking trends and preferences largely varied and therefore remained inconclusive. The present survey was part of a project on the feasibility of introducing Ayurveda in reproductive and child health (RCH) in two districts namely Kangra and Mandi of Himachal Pradesh. The baseline survey aimed at informing the public about the availability of services and documenting information about demographic data and healthcare details. The end line survey focussed on studying the impact of availability and accessibility of healthcare facility on health care seeking behavior in the selected area.

MATERIALS AND METHODS

A cross-sectional door to door survey was carried out among selected population before and after a project "feasibility of mainstreaming Ayurveda in RCH services at PHC level" in selected areas of two districts of Himachal Pradesh. The Ministry of AYUSH funded this project, government of India under Public health Initiative scheme during 2009-10. The Central Council for Research in Ayurvedic Sciences, Ministry of AYUSH (CCRAS) conducted the project in collaboration with Indian Council of Medical Research (ICMR), Ministry of Health & Family Welfare at two districts of Himachal Pradesh during 2010 to 2012. This study was initiated in September 2010.

Before the initiation of the project, an awareness initiative about the newly made available services for certain conditions in reproductive and child care was undertaken in selected areas. At the same time, all available and willing women were surveyed using pre-designed and pre-tested proforma by the house to house visits. After the project intervention, a repeat survey was conducted on representative samples of the same area to know if there is any impact on the service seeking behavior among the women.

Study Area and Sample Size

The survey was conducted on women of reproductive age, from 18 to 50 years. The areas for the present survey were selected by stratified sampling technique. Since spreading awareness about newly established Ayurveda facility for RCH care was one of the objectives, 7698 women were covered for baseline survey. Out of these women with 5% margin of error and 95% confidence interval a sample size of 400 women was calculated for end line survey for comparison. Hence end line survey was conducted in 400 women only.

Data Collection

A pre-designed and pre-tested proforma was used to collect baseline and end line data by the house to house visits. Woman of reproductive age was interviewed from the selected household. Information regarding health seeking behavior was collected during the household survey, and after the survey, the women were informed about the availability of Ayurveda services near their house.

Statistical Analysis

Analysis was done by using Statistical Package for the Social Sciences (SPSS) version 15.0. Data have been expressed as number and percentage. Two sample proportion test was used for comparing the responses of baseline and end line survey.

RESULTS AND OBSERVATIONS

A total of 212 and 214 women from both the districts of Himachal Pradesh were analyzed in baseline and end line survey respectively. A maximum number of respondents belonged to age group 25 to 39 years. There was no statistical difference in the mean age of the studied population in baseline and end line survey.

Since spreading awareness about newly launched Ayurveda services was one of the objectives, 7698 were contacted on their doorsteps. However, for end line survey only statistically calculated representative sample was used.

All the respondents were of reproductive age group. The baseline survey documented that less than 1% of women preferred Ayurveda for antenatal care and their percentage increased to 10.02 towards the end of the project.

The iron-folic acid (IFA) tablets meant either Ayurvedic or allopathic. The percentage of women who regularly took Iron and Folic Acid tablets increased from 78.93 to 91.67% and the number of women who discontinued in between or never took decreased considerably. The project created awareness about the importance of regular intake of IFA.

The percentage of women contacting health personnel during the pregnancy also improved significantly from 87.50 to 95.84% for the health complaints during the pregnancy.

DISCUSSION

The responses of 419 women of reproductive age group were analyzed for their service seeking behavior for Ante-natal care (Table 1). The average age of the patients was 33.21 years and 30.45 years in baseline and end line survey respectively (Table 2). Only 0.66% of women were taking Ayurvedic medicine for antenatal care, but their preference shifted from allopathic to Ayurveda considerably after making Ayurvedic services available to them (Table 3). The percentage of women who regularly took Iron and Folic Acid tablets increased from 78.93 to 91.67% and the number of women who discontinued in between or never took decreased (Table 4). The project created awareness about the importance of regular intake of IFA. The percentage of women contacting health personnel during the pregnancy also improved significantly (Table 5).

Table 1: Number of respondents of baseline and endline community survey

Baseline	Endline
7698	419

Table 2: Average age of the respondents

District	Baseline Average age in years	Endline Average age in years
Total	33.21 yrs	30.45 years

Table 3: Preference for health care systems for antenatal care

	Ayurveda
Baseline, % of women	0.66%
Endline, % of women	10.02%

Table 4: Impact on use of iron-folic acid tablets

	Before the project, number of respondents in % (n-7698)	After the project number of respondents in % (n-419)	p-value
Regular intake	78.93%	91.67%	<0.001
Discontinued the intake	7.14%	4.16%	0.019
Never taken	13.93%	4.17%	<0.001

Table 5: Visit to health care personnel for antenatal care

Response	Before the project, number of respondents in % (n-7698)	After the project number of respondents in % (n-419)	p-value
Contact with health personnel during the pregnancy.	87.50%	95.84%	<0.001

CONCLUSION

From the findings of the present survey it could be concluded that the women were already using Ayurveda for antenatal care, but their service seeking behavior towards Ayurveda improved after making them aware about the availability of the services in their vicinity and also made them educated about the benefits of hospital deliveries. Role of Ayurveda in antenatal and postnatal period along with available Ayurveda treatment for the common complications of pregnancy at AHC level. The IEC material was also provided to the eligible women for awareness. Based on this survey data collected during the feasibility study to introduce Ayurveda in National RCH program, it may be recommended to improve availability and accessibility of health care services and education about the availability of Ayurveda, especially in rural areas and difficult terrains like Himachal Pradesh is required, and the other states may accept the same model under RCH program and a policy may be framed on the basis of leads from the pilot studies which may be conducted at different states of India.

REFERENCES

1. Anonymous. Mainstreaming of AYUSH and Revitalizing Local Health Traditions under NRHM - A Health System Perspective. New Delhi: National Health Systems Resource Centre, NRHM, Ministry of Health and Family Welfare, Government of India; 2009. Available from: <http://nhsrcindia.org/sites/default/files/Mainstreaming%20AYUSH%20Revitalizing%20LHT%20under%20NRHM.pdf>
2. Anonymous. A Manual for Doctors on Mainstreaming of AYUSH under NRHM. New Delhi: Department of AYUSH, Ministry of Health and Family Welfare, Government of India New Delhi; 2008.
3. Priya R, Shweta AS. Status and role of AYUSH and Local health Traditions under the National Rural Health Mission-Report of a Study. Delhi: National Health Systems Resource Centre, under NRHM, Ministry of Health & Family Welfare, Government of India, New Delhi; 2010. Available from: <file:///C:/Documents%20and%20Settings/Administrator/Desktop/NHSRCFULL.pdf>
4. Study of Health Statistics under Mobile Clinical Research Program. New Delhi: Central Council for Research in Ayurveda & Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Government of India; 1987.
5. Unnikrishnan P. Role of Traditional Medicine in Primary Health Care: An Overview of Perspectives and Challenges. Yokohama Journal of Social Sciences 2010;14(6):57-77.
6. Singh P, Yadav RJ, Pandey A. Utilization of indigenous systems of medicine & homoeopathy in India. Indian J Med Res. 2005 Aug;122(2):137-142.
7. Sujatha V. Pluralism in Indian medicine: Medical lore as a genre of medical knowledge. Contributions to Indian Sociology 2007;41(2):169-202.
8. Satyavati GV. Some traditional medical systems and practices of global importance. Indian J Med Res. 1982 Dec;76(Suppl):1-26.

हिंदी सारांश

प्रसव-पूर्व स्वास्थ्य की देखभाल पर स्वास्थ्य सेवाओं की उपलब्धता का प्रभाव – हिमाचल प्रदेश में एक क्रॉस सेक्शनल अध्ययन

सुलोचना भट, बबीता यादव, ईना शर्मा, प्रमीला देवी के, ओमराज शर्मा, रिचा सिंघल, राकेश राणा,
नारायणम श्रीकांत, मदन मोहन पाधी, करतार सिंह धीमान

सारांश प्रष्ठभूमि: स्वास्थ्य संबंधी नीतियों और कार्यक्रमों की रचना के लिए स्वास्थ्य सेवा संबंधी व्यवहार का ज्ञान होना आवश्यक है जिससे की उपयुक्त सेवाओं की रचना की जा सके।

स्वास्थ्य सेवा संबंधी व्यवहार विभिन्न तथ्यों पर निर्भर करता है उनमें उपलब्धता और पहुँच भी महत्वपूर्ण है।

उद्देश्य: हिमाचल प्रदेश के दो जिलों के चयनित क्षेत्रों में प्रोजेक्ट के पूर्व एवम् उपरांत, रोगियों का स्वास्थ्य संबंधी सेवाओं के प्रति क्या रुझान है यह जानने के लिए अध्ययन किया गया।

साधन एवं विधि: पहले से सरंचित एवम् परीक्षित प्रोफार्मों के अनुसार, प्रोजेक्ट के प्रारम्भ में प्रजनन आयु वाली 7698 महिलाओं का घर-घर जाकर सर्वेक्षण किया गया। इसके अतिरिक्त महिलाओं को उनके क्षेत्र में प्रसव-पूर्व देखभाल के लिए उपलब्ध आयुर्वेद चिकित्सा के बारे में भी जागरूक किया गया। यह भी जागरूकता प्रदान की गई कि इस परियोजना के अंतर्गत गर्भिणी अवस्था के कुछ चयनित रोगों हेतु चिकित्सा उपलब्ध है। प्रोजेक्ट के अंत में सर्वेक्षण हेतु उसी क्षेत्र की 7698 महिलाओं में से 400 महिलाओं पर भी स्वास्थ्य संबंधी सेवा का क्या असर है यह जानकारी संचित की गई है।

परिणाम: इस अध्ययन के द्वारा यह ज्ञात हुआ की उनके क्षेत्रों में आयुर्वेद सेवाएँ उपलब्ध कराने पर इस ओर लोगों का रुझान बढ़ा।

निष्कर्ष: स्वास्थ्य सेवाओं की उपलब्धता एवं पहुँच के ऊपर यह निर्भर करता है कि गर्भावस्था परिचर्या हेतु महिलाओं का रुझान कैसा है।

संकेत शब्द: स्वास्थ्य सेवाओं के प्रति रुझान, सर्वेक्षण, आयुर्वेद, गर्भिणी परिचर्या

आयुष
ayush