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

Sulochana Bhat et al.

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.

INTRODUCTION

In India, various indigenous systems like Ayurveda and systems of foreign origin like homeopathy and unani are widely accepted by the community and practiced in 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. 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.

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. 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. 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 ailments was about 33% while only 18% preferred to use these systems in case of serious ailments in the country. A survey of Ayurvedic institutions in
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.5 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

<table>
<thead>
<tr>
<th>Baseline</th>
<th>Endline</th>
</tr>
</thead>
<tbody>
<tr>
<td>7698</td>
<td>419</td>
</tr>
</tbody>
</table>

### Table 2: Average age of the respondents

<table>
<thead>
<tr>
<th>District</th>
<th>Baseline Average age in years</th>
<th>Endline Average age in years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>33.21 yrs</td>
<td>30.45 yrs</td>
</tr>
</tbody>
</table>

### Table 3: Preference for health care systems for antenatal care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Ayurveda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline, % of women</td>
<td>0.66%</td>
<td></td>
</tr>
<tr>
<td>Endline, % of women</td>
<td>10.02%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Intake of Iron-Folic Acid tablets</th>
<th>Before the project, number of respondents % (n=7698)</th>
<th>After the project number of respondents % (n=419)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular intake</td>
<td>78.93%</td>
<td>91.67%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Discontinued intake</td>
<td>7.14%</td>
<td>4.16%</td>
<td>0.019</td>
</tr>
<tr>
<td>Never taken</td>
<td>13.93%</td>
<td>4.17%</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

### Table 5: Visit to health care personnel for antenatal care

<table>
<thead>
<tr>
<th>Response</th>
<th>Before the project, number of respondents % (n=7698)</th>
<th>After the project number of respondents % (n=419)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact with health personnel during the pregnancy</td>
<td>87.50%</td>
<td>95.84%</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**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**

हिंदी सारांश

प्रस्ताव—पूर्व स्वास्थ्य की देखभाल पर स्वास्थ्य सेवाओं की उपलब्धता का प्रभाव —
हिमाचल प्रदेश में एक क्रॉस सेक्शनल अध्ययन

मुलभंगा भट, बबीता यादव, ईना शर्मा, प्रभूला देवी के, ओमराज शर्मा, रिचा सिंह, राकेश राणा,
नारायण श्रीकांत, मदन मोहन पांडे, करतार सिंह थीमान

सारांश प्रमुखितः स्वास्थ्य संख्यी नीतियों और कार्यक्रमों की रचना के सिंग स्वास्थ्य सेवा संक्षिप्त व्यवहार का ध्यान होता आवश्यक है जिससे की उपयुक्त सेवाओं की रचना की जा सके।

स्वास्थ्य सेवा संक्षिप्त व्यवहार विविधता तथ्यों पर निर्भर करता है उन्हें उपलब्धता और पहुँच भी महत्वपूर्ण है।

वर्णनः हिमाचल प्रदेश के दो जिलों के व्यवस्थित क्षेत्रों में प्रोजेक्ट के पूर्व एवं उपरान्त, चिकित्सा का स्वास्थ्य संक्षिप्त सेवाओं के प्रति क्या दृष्टि है यह जानने के लिए अध्ययन किया गया।

सामान एवं विवेचनः पहले से सर्वथा एवं पश्चिमा प्रभागों के अनुसार, प्रोजेक्ट के प्रारंभ में प्रभागां आयु 7988 महिलाओं का घर-घर जाकर सर्वेक्षण किया गया। इसके अतिरिक्त महिलाओं को उनके क्षेत्र में प्रस्ताव—पूर्व देखभाल के सिंग उपलब्ध आयुर्वेदिक चिकित्सा के बारे में भी जानकारी दी गया। वह भी जानकारी प्रदान की गई कि इस परियोजना के अंतर्गत गर्भित व्यक्तियों के लिए आयुर्वेदिक चिकित्सा के बारे में भी जानकारी दी गया। 

परिणामः इस अध्ययन के द्वारा यह ज्ञात हुआ कि उनके क्षेत्रों में आयुर्वेद सेवाएं उपलब्ध करने पर इस क्षेत्र की महिलाओं का संबंध बढ़ा।

निम्नांकः स्वास्थ्य सेवाओं की उपलब्धता एवं पहुँच के कारण यह निर्देशक करता है कि गर्भित महिलाओं एवं गर्भित महिलाओं का दृष्टि कैसा है।

संकेत शब्दः स्वास्थ्य सेवाओं के प्रति दृष्टि, संबंध, आयुर्वेद, गर्भित महिलाओं