Accessibility and Utilization of Health Care Services in Rural and Urban Area

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Abstract— The provision of curative, preventive, promotive, and rehabilitative care is the right of everyone in the world but the rural population is more deprived of health resources as compared to urban population. Accessibility and utilization to health services is the function of various variables including, lack of accessibility and utilization, cost, quality, ineffective monitoring and planning, cultural barriers, gender and the age. The purpose of this study is to compare the accessibility and utilization of health services in rural and urban areas. Cross sectional study design was used. Data was collected from 400 respondents, 200 selected from rural and 200 selected from urban population. Simple convenient sampling method was used. Research tool was questionnaire and data analyzed on SPSS 20. For the most part, rural area is more deprived of resources as compared to urban area. In the study, results demonstrated that people of rural area suffer from poor health due to lack of accessibility and utilization of health services as compared to urban area. It concludes that disparities have found on pure and socioeconomic level. Proper monitoring and planning of health services is needed and cultural issues must be addressed.

INTRODUCTION

HEALTH is the right of everybody in the world [1]. A purpose of providing worldwide exposure is defined as access of all to suitable curative, preventive, promotive, and rehabilitative facilities at a reasonable cost was permitted by World Health Organization (WHO) member states in 2005. According to Kurji, Premani [2] Pakistan has made efforts in providing health care like health policy making, participating in Millennium Development Goals, formation of human resource departments, foundation of Rural Health facilities and district level hospitals.

However, all these programs are very limited in its scope because of inefficient health system in Pakistan [2]. There are various causes behind it like lack of accessibility and health services utilization in rural and urban areas, cost of access to health care, poor quality of health services, ineffective monitoring and planning of health policies, lack of staff, education, cultural barriers, gender and the age of the individual are believed to affect the access and utilization of health care services.

In rural areas, people take their patients in hospitals through public transport because there are no proper arrangements of ambulance services. The distance to hospitals of urban areas, shortage of transports with poor roads network and cost of access to health facilities impede their access to tertiary health care services. There is a great shortage of staff in rural areas. In urban areas, diagnostic and curative facilities are available and sufficient quality of care is provided. Lacks of education, gender inequality, age of the individual and cultural belief are also the factors that hinder the accessibility and utilization of health services. In rural areas, people don't like to take their women to doctors. They only use home remedies or have faith on sorcery. In urban areas, most of people are educated and understand the importance of health. In rural areas, most of population is poor. It results in reduced food consumption, removal of children from school, sale of major assets, putting children to wages, while only 12% were able to recover from the associated economic shock [3]. In urban areas, mostly people have enough resources to meet their needs.

Another difference of the accessibility and utilization of health services in rural and urban areas is the ineffective monitoring and planning of health policies. Pakistan has centralized health system in which all major health decisions and power is under control of Federal government [2]. Due to these reasons health and quality are compromised in both rural and urban areas. The purpose of the study is to compare the accessibility and utilization of health services in rural and urban areas.

MATERIAL AND METHODS:

The design of study was cross sectional study. Research tool was questionnaire based on self made close ended questions. Target population was rural area, UC- 48, Faisalabad and urban area, Amin town, UC-46, Faisalabad. Convenient sampling technique was used for this study. Sample size was 200 respondents from rural population and 200 respondents from urban population. Data was analyzed by SPSS version 20 and Microsoft Word Excel. Independent variable were accessibility and utilization and dependent variable were rural and urban area.2 Procedure for Paper Submission

DISCUSSION:

91% in urban but 72.5% in rural area, people know that there is great difference in the accessibility to healthcare services in rural areas and in urban areas in Pakistan and 9% of urban and 27.5% of rural people don't know that there is great difference in the accessibility to health care services in rural areas and urban in areas in Pakistan. A study have indicated that the concentration of hospitals and health services is more in urban regions as compared to rural regions[4].

92.5% of urban and 35% of rural people have easy access to health care services and 7.5% of urban and 65% of rural people don't have easy access to health care services. As per Paim, Travassos [4] increasing distance to health services hinders the use of healthcare services.95% of urban and 34.5% of rural people think distance from hospital is short than 30Km and 5% of urban and 65.5% of rural people don't think distance from hospital is short than 30Km.Normally a 30Km distance takes more than 30 minutes to grasp the destination. According to Ye [5] a traveling distance taking more than 30 minutes to avail the health services is a barrier to accessibility and utilization to health services.

96.5% of urban and 94% of rural people think that the ineffec-

tive monitoring and planning of health policies is due to shortage of qualified staff and 3.5% of urban and 6% of rural people don't think that the ineffective monitoring and planning of health policies is due to shortage of qualified staff. A good quality health cannot be achieved if there is ineffective monitoring and planning of health policies. As per Dussault and Franceschini [6] vulnerable population cannot attain good health due to shortage of skilled personnel and ineffective policies.

85.5% of urban and 33% of rural people think that children, adults and old people attain the same access to healthcare facilities and 14.5% of urban and 67% of rural people think that the children, adults and old people don't attain the same access to healthcare facilities. According to the report of WHO in 2002 on policy framework, children, young adults and older adults are thought to be reliant on others and do not have same access to healthcare services as compared to middle aged adults [7].

83% of urban and 30.5% of rural people think that all genders (male, female) attain same access to healthcare facilities and 17% of urban and 69.5% of rural people think that all genders (male, female) do not attain same access to healthcare facilities. Winkvist and Akhtar [8] have indicated that there are male doctors in hospitals and females object to have examined from them, the society also object them, such norms may vary in diverse social structures like genders.

96% of urban and 91% of rural people think that easily accessible hospitals for rural areas and in urban areas can improve the health of people and 4% of urban and 9% of rural people think that easily accessible hospitals for rural areas and in urban areas cannot improve the health of people. Accessibility is crucial factor for effective treatment. Murawski and church [9] Proper network of roads, easily available transportation and proper health planning for health facilities can improve health of rural areas and in urban areas. 95% of urban and 96% of rural people know that there is a great difference in the utilization of healthcare services in rural areas and in urban area and 5% of urban and 4% of rural people don't know. People belonging to developed regions, like urban regions utilize greater than 60% of health services as compared to rural regions [10].

8% of urban and 95% of rural people find it difficult to utilize health care services in their area and 92% of urban and 5% of rural people don't find it difficult to utilize health care services in their area. Arcury et al. [11] have indicated that there is continuing inequality in rural health care utilization that must be addressed in community policy making.

96.5% of urban and 98% of rural people think that the health services are used properly by urban population than rural population and 3.5% of urban and 2% of rural people think that the health services are not used properly by urban population than rural population. Organization and Unicef [19] found that people are responsible on their own for their health in rural areas. People utilize health facilities differently according to their socioeconomic status.[12]

91% of urban and 67% of rural people like and 9% of urban and 33% of rural people don't like to use health facilities from religious point of view. Picket and Wilkson [13] have indicated that people having different ethnic groups and having different cultural beliefs present different attitude towards hospitals.

13.5% of urban and 65.5% of rural people believe in traditional healers for the utilization of health care services and 86.5% of urban and 34.5% of rural people don't believe in traditional healers for the utilization of health care services. According to Kagee and Delport [14] cultural barriers and social perspectives play role to use traditional healers.

92% of urban and 21% of rural people allow females to utilize health care facilities and 8% of urban and 79% of rural people do not allow females to utilize health care facilities. Mridha, Anwar [15] have found that various hospitals have only 64% facilities to fulfill the needs of women, whereas, 9% of existing doctors and 34% of existing nurses are required to provide active healthcare services in developing countries.

92.5% of urban and 17% of rural people satisfied with utilization of health services in their area and 7.5% of urban and 83% of rural people are not satisfied with utilization of health services in their area. Blei h, Ozaltin [16] have argued that people have different level of satisfaction with care depending on external user and being as patient, thus, improvement in quality and reform to health system is needed.

Out of 200 respondents, 184 respondents have the accessibility to healthcare services in urban areas (χ^2 =28.4 and p = 0.000). The other 16 respondents don't have the accessibility to healthcare services in urban areas and 124 have the accessibility to health care services in rural areas. The other 76 respondents don't have the accessibility to healthcare services in rural areas.

Out of 200 respondents, 144 respondents have the utilization to healthcare services in urban areas (χ^2 =116.7 and p = 0.000). The other 56 respondents don't have the utilization to healthcare services in urban areas and 120 have utilization of healthcare services in rural areas. The other 80 respondents don't have the utilization to healthcare services in rural areas. Thus, alternative hypothesis is accepted that there is difference of accessibility and utilization of health services in rural and urban area.

CONCLUSION:

Following the result of study, inequalities have examined on both levels, pure and socioeconomic level. A clear scope has found for more effort in rural areas. The result showed that there is great difference in the accessibility and utilization of health services in rural areas and in urban areas due to travelling distance greater than 30Km from health services, improper monitoring and planning for health services for rural areas, age, cultural barriers, gender and improper roads network etc. It is concluded that health services are not delivered at lower cost, people belonging to low socioeconomic status have difficulties in utilization of health services. Many females do not attain health services due to lack of female doctors at health facilities in rural areas or due to religious issues. Although, many people like to use traditional health services due to deficiency of health education. However people be-

longing to urban areas utilize more than 60% of health services as compared to rural areas.

RECOMMENDATION

- Stakeholder should participate in plan development for rural areas.
- Health education should be delivered to people of rural areas.
- Healthcare must be delivered to poor people at lower cost.
- Cultural constrains should not be applied on females.
- Proper network of roads must be provided in rural areas.
- Government should stride to overcome the barriers affecting rural population.

LIMITATION

- Time is very short.
- Sample size is small.

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