

UTILIZATION PATTERN AND PERCEPTION OF OPD ATTENDEES OF PRIMARY HEALTH CENTRES ON MEDICAL CARE: AN EXIT POLL ASSESSMENT

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ABSTRACT

Research question: What are the patterns, perception and determinants of the health seeking behavior of the patients attending the out-patient department (OPD) of Primary Health Centres (PHC)
Objectives: (a) To determine the common motivators for the OPD attendees to come to the PHC for health services, (b) To estimate the number of days of suffering the patients endure for the current morbidity before they attend the OPD of the studied PHCs for the first time.(c)To identify the health care set-ups the study subjects had visited before attending the OPD of the studied PHCs for the first time. **Study design:** Cross-sectional study. **Study location:** Districts Varanasi and Sonbhadra, Uttar Pradesh **Material and methods:** Post-consultation exit-polls were conducted with the OPD attendees of 30 PHCs (includes mother and additional PHCs) of districts Varanasi and Sonbhadra on randomly selected working days over a period of 6 months using a semi-structured questionnaire. A total of 21422 patients were interviewed. **Results:** Majority (52.3%) stated either proximity of the PHC to their homes or cheaper costs of treatment or both as the main reason why they visited the PHC OPD. About 40% of the PHC attendance was formed by people who had the disease onset within the past 3 days. Sixty percent of the patients had come directly to the PHC for consultation without going elsewhere or trying any self-medication. Around 50% of the patients were found happy with the OPD services. **Conclusion:** The health seeking behavior patterns and determinants have not changed much over the years. Demand for care and availability of services seemingly form mutually dependent parameters. Thus, these should not be studied in exclusion.

Key words: OPD, Patients' Perception, PHC exit poll

Introduction

The approach to seek health care from any set-up let it be public or private, finds it rooted in a complex matrix of multi-faceted determinants. Although exact characterization of these determinants and their inter-relationships is improbable, the basic reasons are conspicuous. Various studies have reported different mind-sets and situations of the health beneficiary but the case is open for discussion even as patterns change across geographical and political domains. The present study in discussion was taken up to study these patterns and determinants as concerns the

out-patient department (OPD) attendees of selected Primary Health Centres (PHC) of district Varanasi. The specific objectives affixed for the study were as follows:

1. To determine the common motivators for the OPD attendees to come to the PHC for health services
2. To estimate the number of days of suffering the patients endure for the current morbidity before they attend the OPD of the studied PHCs for the first time
3. To identify the health care set-ups the study subjects had visited before

attending the OPD of the studied PHCs for the first time

- To record the perception of the attendees regarding the quality of health care received from the OPD of the studied PHCs.

Material and Methods

Exit polls were conducted with the OPD attendees of 30 PHCs (includes mother and additional PHCs) of district Varanasi and Sonbhadra of Uttar Pradesh on randomly selected working days over a period of 6 months using a semi-structured questionnaire by teams of trained for the purpose by the principal researcher. Post-consultation interviews were conducted and responses recorded at each of the PHCs. A total of 21422 attendees were interviewed for the study. Responses to open-ended questions were *cleaned* and relevantly grouped for meaningful interpretation.

Results and Discussion

Out of the total 21422 inter-viewers, majority (52.3%) opined that either proximity of the PHC to their homes or cheaper costs of treatment or both was the main reason why they visited the PHC OPD (**Table 1**). This observation reaffirms the fact that majority of the patients who seek medical care from the PHC reside within a radius of around 3kms from the PHC as has been variously reported. [1,2,3,4].

More so, the economic profiling of the interviewees could better explain the share of 'cheaper costs' when to comes to making a health-care seeking choice.

Table-1: Common motivators for seeking health care from the PHC

Reason	No.	%
Near and / or cheap	11203	52.3
Better drugs or not cured else where	4313	20.1
Faith in Medical Officer (MO)	1098	5.1
Any 2 or more of above	2314	10.8

Otherwise	2494	11.6
Total	2142	99.9

Almost one-fifth of the patients attend the PHC OPD with the hope that he will receive better drugs and can also expect cure that is improbable elsewhere. The medical officers' reputation drives in another 5% of the patients. There is a great variation in this observation across the PHCs studied explaining which in detail is beyond the purview of the current study. However, the apparent influences that correlate positively with the OPD attendance are duration for which the MO has been working in the PHC, regularity of the MO at the PHC, personal rapport, etc.

Table 2 enumerates the number of days of suffering the patients spend before they seek any care from the PHC OPD. Majority (40.5%) of the patients who come to the PHC OPD do so within 3 days of disease onset. This group includes mostly those who come directly to the PHC without making consultations elsewhere. The OPD attendance decreases successively for ailments with duration greater than 3 days upto 1 month. The drop beyond 1 week of morbidity is understandable by the fact that common complaints like fever or common cold usually subside within 1 week.

Table-2:The interval between the onset of illness and utilization of medical care services at the PHC

Interval in Days	No.	%
<3 days	8676	40.5
<7 days	6420	30.0
<15 days	2243	10.5
<1 month	1392	6.5
>1 month	2691	12.6
Total	21422	100.0

When queried about the first consultation they made for remedy of the current ailment, majority (60.2%) had come directly to the PHC OPD without consulting elsewhere. It is of interest that this 60% is formed by the 20% of the community at

large given the fact that only a fifth of the general population utilizes OPD services from public hospitals.⁵ Nearly 30% of the interviewees had visited some other caregiver before coming to the PHC OPD of which village level practitioners had been consulted on at least 17.1% of the occasions (Table-3).

Table-3: Distribution of the place of treatment of the patients before attending the OPD of the PHCs

Place of treatment	No.	%
Home remedy only	2057	9.6
Village level practitioners (local or Qualified)	3663	17.1
Some other institution	1096	5.1
Any 2 or more of the above	1702	7.9
Come directly to the PHC	12904	60.2
Total	21422	99.9

Home remedies which are based on traditional beliefs had been tried by 9.6% of the study participants (**Table-3**). Almost similar observations regarding the place of treatment was also reported independently by Mohapatra SC, Kochar *et al*, Srivastava *et al* & Johns Hopkins Institute of International Health in the 1970s.[6,7,8,9]

Every second patient who attended the OPD (50.8%) was *happy* with the services he received at the OPD. This finding closely corroborates with the 51.76% satisfaction report of Planning Commission, 2001.¹⁰ Almost 40% of those coming out of the OPD were rather *partially happy or unhappy* with the care.

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Table-4: Opinion of patients of OPD regarding treatment received

	No.	%
Happy	10882	50.8
Partially happy or unhappy	8377	39.1
Indifferent	2163	10.1
Total	21422	100.0

The reasons for dissatisfaction were mostly the long waiting time for consultation turn, inadequate appointment duration, lack of free supply of all drugs that have been prescribed by the medical officer, and “*always getting the same white tablet for any kind of illness*”, etc. Ten percent of the patients had no comments and hence grouped as indifferent. (**Table 4**)

Conclusion

Although patterns of service utilization change across times and opportunities, not much has altered over the past 40 years. Demand for care and availability of services seemingly form mutually dependent parameters. Thus, these should not be studied in exclusion. Continuation of awareness activities could possibly improve both of these. May be, even simple innovations like changing the colours of the tablets dispensed at the PHC viz., paracetamol as pink, analgesics as blue, etc could generate demand among the general population and increase the service utilization and client satisfaction at the PHCs.

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