

Chapter 6

Analysis of patient's preference for a care

6.1. Introduction

Importance of opinions and attitudes towards a type of care or system of medicine has been recognised greatly by the medical sociologists, anthropologists, and doctors. In India the issue has been addressed mostly by the medical specialists. Such studies are restricted in counting frequencies of patients expressing various opinions. However, to move a step further one can use modern qualitative anthropological techniques to sketch patients' (or households') cognitive structure with respect to their choice of a type of care or system of medicine. At present in India both private and public sectors run parallel and there are six officially recognised systems of medicine, such as Allopathy, Ayurveda, Homoeopathy, Naturopathy and Yoga, Siddha, and Unani. The present chapter presents an analysis of user's perception regarding choice of a care and computes importance or salience of different opinions in their mind towards utilisation of care. It collects data following free-listing technique and adopts a simple analytical scheme for quantitative interpretation of qualitative data.

6.2. Patient's preference for different types of care

6.2.1. Preference for public type of care - Rural

Table 29 shows 4 opinions in favour of public type of care by 52 respondents in the rural category. It is also to be mentioned that all respondents (52) have not mentioned all items. Forty-four persons feel inexpensiveness (cheap) of public sources of care is important. However, importance of this opinion is not same for all respondents. In these free-lists of opinions in favour of public type of care, 21 persons kept 'cheap' in the first rank, 12, 7, and 4 persons kept it in the second, third, and fourth ranks respectively. The second row shows 2 opinions: 'available' and 'no other option'. As both convey similar

meaning, those have been clubbed together. The other 2 opinions are 'reliable' and 'better treatment'. Frequency distribution of different opinions clustered by ranks has been represented again in the clustered bar chart below.

From the opinions we get an idea about respondents' preferences for public type of care in this region of North Bengal. First of all, there are very keen about cost aspect of a care. It is to be mentioned that, though very divergent in quantity and quality, private sources of care are flourishing in Cooch Behar and Jalpaiguri. As a result cost of treatment is also increasing at a faster rate in this region. In such a situation, patients or households have expressed their concern about cost of a care. In other words, they (44 respondents) have mentioned that reason behind choosing public type of care was that it was cheap. As we know, in the rural areas primary health care instructions are available (which are publicly funded), rural people have utilised those. There are many instances when respondents have mentioned that no other options were available. A good percentage of persons have raised the question about reliability of a care. As in the rural areas many unrecognised practitioners are operative, people preferred public sources of care for reliable treatment. Similarly, for better treatment also people preferred public health facilities. Though in the section of review of literature we did not find any specific study in the direction of finding reasons behind choosing public or private type of health facility, we get availability or unavailability of any care or medical personnel or drugs, geographical accessibility, cost aspects of care, etc. as important areas of households' concern. The findings of the present study are thus consistent with those of the previous ones, and in addition to that it provides us with some precise estimates regarding respondents' opinions in favour of utilising a care.

Table 29. Cross tabulation of opinions and ranks for public type of care - Rural

Opinion	Rank & Frequency				Total
	1 st	2 nd	3 rd	4 th	
Cheap	21	12	7	4	44
Available, No other option	13	6	8	2	29
Reliable	7	4	-	7	18
Better treatment	11	-	1	-	12
Total	52	22	16	13	103

n = 52

Table 30 shows importance or salience of each opinion in people's mind. Salience of 'availability' came to be 0.315. It conveys that more than 31 per cent space of respondents' mind is occupied by the feeling that they have utilised care from public sources, as those were available to them. Salience of 'cheap' is 0.297. We can check that frequency of 'cheap' is higher than that of 'availability'. From this result it will not be plausible to make any inference about importance of these opinions. When we take into account frequency of an opinion with its rank in different individual lists, we get the true picture. Salience of other items declines gradually according to their overall frequency and ranks in individual free-lists.

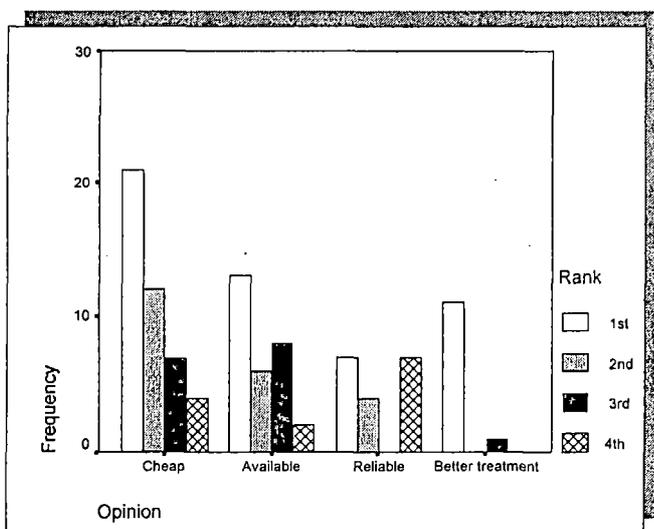


Figure 34. Opinions for choosing public type of care - Rural

Table 30. Salience of opinions in favour of public type of care - Rural

Opinion	Salience
Available, No other option	0.315
Cheap	0.297
Better treatment, Authentic treatment	0.215
Reliable	0.174
Total (Σ Salience)	1.000

6.2.2. Preference for public type of care- Urban

Urban dwellers are quite precise than their rural counterparts on the question of choosing public type of care. They have pointed towards price of care (cheap) and their income or

financial ability (affordability). We know that in the urban areas particularly in Cooch Behar and Jalpaiguri towns, specialised public and private sources of care are available. However, all these are not attainable to all potential patients. Households take into consideration price of a care as well of their affordability, i.e., income. Price of a care is acceptable to someone only when she or he has affordability. Saliency values of the two opinions have been shown in table 32. We see that saliency of inexpensiveness of public type of care (cheap) is two times higher than that of affordability. It conveys that households' immediate response to a care is associated with its price only.

Table 31. Cross tabulation of opinions and ranks for public type of care - Urban

Opinion	Rank & Frequency		Total
	1 st	2 nd	
Cheap	6	3	9
Affordable	3	-	3
Total	9	3	12

$n = 9$

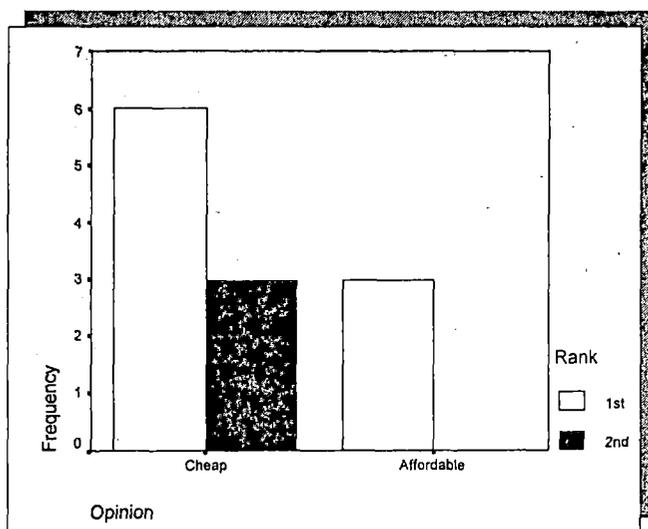


Figure 35. Opinions for choosing public type of care - Urban

Table 32. Saliency of opinions in favour of public type of care - Urban

Opinion	Saliency
Cheap	0.667
Affordable	0.333
Total (Σ Saliency)	1.000

6.2.3. Preference for private type of care - Rural

There are 56 respondents and 3 opinions in this category. The first two are related to quality of care. By and large rural respondents perceive private health facilities as sources of quality care as compared to the public ones. Also a large number of persons have been influenced by some other criterion towards utilisation of private care.

Table 33. Cross tabulation of opinions and ranks for private type of care - Rural

Opinion	Rank & Frequency			Total
	1 st	2 nd	3 rd	
Better treatment	26	17	4	47
Doctors pay attention	21	8	12	41
Referred by some one (relatives, friends, chemists, etc.)	9	15	9	33
Total	56	40	25	121

n = 56

Table 34 shows salience values in this category. The most important one is 'better treatment' with salience value of 0.348. The other 2 are almost equally important as they have almost same salience.

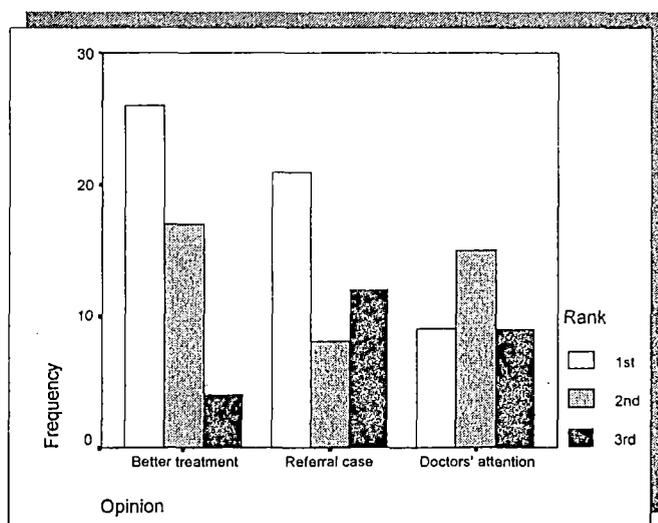


Figure 36. Opinions for choosing private type of care - Rural

Table 34. Salience of opinions in favour of private type of care - Rural

Opinion	Salience
Better treatment	0.348
Doctors pay attention	0.277
Referred by some one (relatives, friends, Chemists, etc.)	0.275
Total (Σ Salience)	1.000

6.2.4. Preference for private type of care - Urban

Table 35. Cross tabulation of opinions and ranks for private type of care - Urban

Opinion	Rank & Frequency								Total
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	
Better treatment, Quality treatment, authentic treatment, right diagnosis	12	4	1	5	5	-	2	-	29
Enough time to discuss	7	11	4	1	-	1	1	1	26
Bed available, no sharing of bed	6	-	7	-	-	2	2	-	17
No queue, No waiting time, less crowd	9	2	2	3	1	-	-	-	17
Cleanliness	3	5	1	2	1	2	1	-	15
Malfunctioning of the public hospitals	2	1	-	1	1	2	1	-	8
Have Mediclaim*	1	-	-	-	-	1	-	-	2
Family member works in nursing home	1	-	-	-	-	-	-	-	1
Total	41	23	15	12	8	8	7	1	115

n = 41, * Health insurance

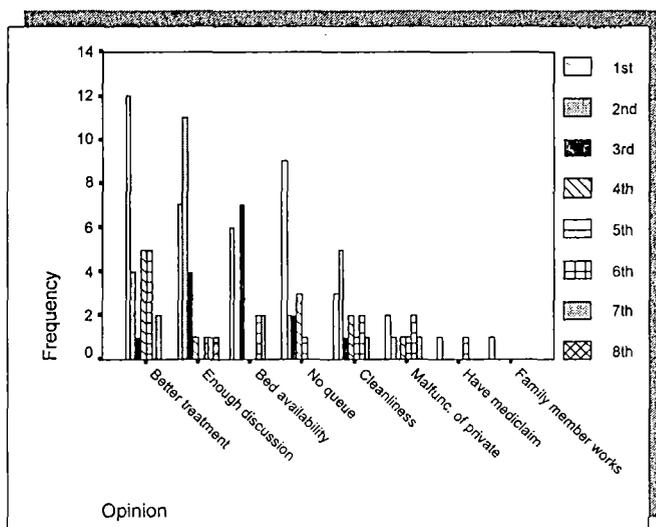


Figure 37. Opinions for choosing private type of care - Urban

The reasons behind choosing private type of care by the urban dwellers are nothing but quality aspects of care. There are 8 categories of opinions, most of which are to specify good quality of care of the private health facilities or malfunctioning of the public hospitals as appear in table 35. Respondents have clearly put importance on ‘doctor-patient information exchange’ (Donabedian, 1980), and attractiveness of health facility (Kroeger, 1983), which are thought very important determinants of utilisation of a care. In the above review of literature also we found that very unflattering image of the

Primary Health Centres in rural India, which lead people to go to the private practitioners (Banerjee, 1981). The present study gives clue of similar situation in urban health centres also. It is true that public health care institutions, particularly the Sub-divisional and District Hospitals (District Hospitals in our study area) remain overcrowded throughout the year. Doctors or medical specialists are believed to pay very less attention or spend very less time to discuss the issues with the patient or accompanied persons. It is also true that public hospitals have not enough capacity to accommodate all patients. As a result patients are seen to share beds with others or occupying floors, corridors, etc. However, one does not expect such inconveniences in private health facilities. These are the main reasons (as reflected from patients' opinions) behind choosing private health facilities by the urban dwellers. Two persons have mentioned that they have sought care from private sources as they had health insurance coverage. One person mentioned about working of family member in favour of utilisation of private health facility.

Table 36 shows salience values of opinions in favour of private type of care in the urban category. Of the 8 categories of items, those related to time have been found very important. Respondents give priority to waiting time as well as time for therapeutic discussion.

Table 36. Salience of opinions in favour of private type of care - Urban

Opinion	Salience
No queue, No waiting time, less crowd	0.273
Enough time to discuss	0.179
Bed available, no sharing of bed	0.156
Better treatment, quality treatment, authentic treatment, right diagnosis	0.138
Cleanliness	0.128
Malfunctioning of the public hospitals	0.072
Have Mediclaim*	0.027
Family member works in a Nursing Home	0.026
Total (Σ Salience)	1.000

* Health insurance

6.3. Patient's preference for different systems of medicine

6.3.1. Preference for Allopathy - Rural

Table 37. Cross tabulation of opinions and ranks for Allopathy - Rural

Opinion	Rank & Frequency								Total
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	
Quick relief, Instant relief	15	5	3	-	-	-	-	-	23
Effective, Permanent relief / cure	9	6	-	-	-	-	-	-	15
Available free at hospitals	4	2	5	-	-	1	-	1	13
Tried Kabiraji* / Homeopathy earlier	8	-	-	2	-	-	-	-	10
Reliable, less tension	2	3	-	2	-	-	-	-	7
Qualified doctors are available	4	-	-	-	-	-	-	-	4
First preference, Everybody in our family prefers it, No other option	2	-	-	-	1	-	-	-	3
For infectious disease Allopathy is good	1	-	-	-	-	-	1	-	2
Scientific, Good treatment	2	-	-	-	-	-	-	-	2
Drugs for common diseases are known, One can take drug without consulting doctor also	1	-	-	-	1	-	-	-	2
When my son goes to market place brings drugs for me, Easily available	1	1	-	-	-	-	-	-	2
Chances of better treatment in nursing homes	1	-	-	-	-	-	-	-	1
If need saline can be given	1	-	-	-	-	-	-	-	1
School teacher advised	1	-	-	-	-	-	-	-	1
In old age Allopathy is effective	1	-	-	-	-	-	-	-	1
Drugs can be stored and used later	1	-	-	-	-	-	-	-	1
Total	54	17	8	4	2	1	1	1	88

*n = 54, * Traditional*

Table 37 shows preference for allopathy among rural residents. Reasons for choosing allopathy in this category are many. There are 16 categories of opinions, many of which have been mentioned by respondents frequently. Twenty-three out of 54 respondents have mentioned that they preferred allopathy for quick relief or instant relief. Fifteen of them begin their individual free-lists with this point. Five of them rank it second; remaining 3 mentioned it as third item. The second most important item in terms of frequency is 'permanent cure'. Thirteen respondents have mentioned that they utilised allopathic care as those were available at free of cost at hospitals. Ten respondents have mentioned that they had tried Kabiraji (traditional) or homeopathy earlier. There are also

many opinions, which reflect purely individual preferences or point towards diversified issues. Frequency distribution clustered by ranks has been shown in figures 38A and 38B.

We have reviewed studies in favour of allopathy, which highlights some reasons behind choosing of it, such as 'lasting cure', 'greater efficacy', etc. The present study also confirms that most of the people prefer allopathy as it gives quick relief, also as it is available free at hospitals. A good percentage of respondents mentioned that they tried alternative systems of medicine earlier. So, we see that individual or household behaviour regarding the specific action of choosing a particular type of care towards healing a disease is guided mainly by some specific considerations as mentioned above.

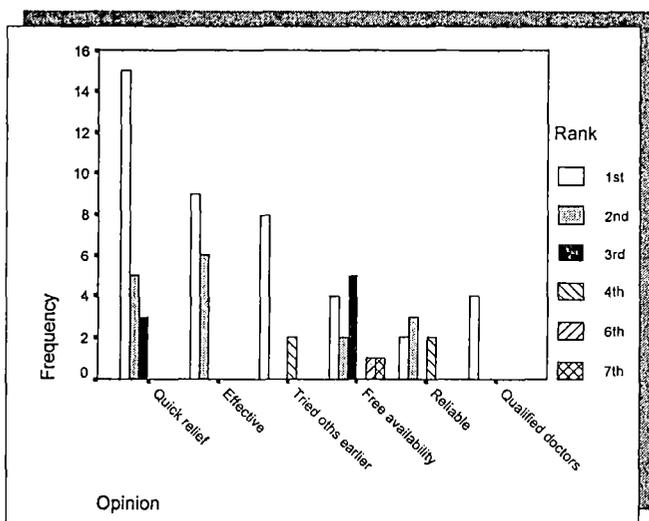


Figure 38-A. Opinions for choosing Allopathy - Rural

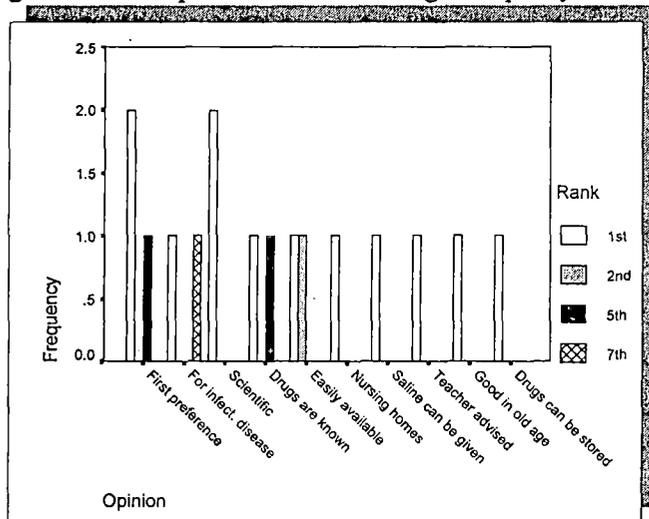


Figure 38-B. Opinions for choosing Allopathy - Rural

Table 38. Saliency of opinions in favour of Allopathic system of medicine – Rural

Opinion	Saliency
Effective, Permanent relief, Permanent cure	0.190
Quick relief, Instant relief	0.186
Tried Kabiraji* earlier, tried Homeopathy earlier	0.155
Available free at hospitals	0.104
Reliable, less tension	0.059
First preference, Everybody in our family prefers it, No other option	0.039
Scientific, Good treatment	0.037
Qualified doctors are available	0.025
When my son goes to market place brings drugs for me, Easily available	0.025
Drugs for common diseases are known, One can take drug without consulting doctor also	0.022
For infectious disease allopathy is good	0.019
In old age allopathy is effective	0.018
Chances of better treatment in nursing homes	0.018
If need saline can be given	0.018
School teacher advised	0.018
Drugs can be stored and used later	0.018
Total (Σ Saliency)	1.000

* Traditional

The saliency values are shown in table 38. 'Permanent cure' has the highest saliency value of 0.190. Nineteen per cent space of respondents' mind is occupied by the feeling of effectiveness of allopathy and it provides permanent relief or cure from pain. 'Quick relief' or 'instant relief' also occupies almost same space. A good amount of space is occupied by their experience of ineffectiveness of other systems of medicine. Two persons have mentioned that they preferred allopathy as they knew drugs or they did not need doctor's advice for common types of diseases. However, saliency of such opinions is as low as 0.022.

6.3.2. Preference for Allopathy - Urban

In urban areas people prefer allopathy mostly for 'quick relief', 'permanent cure', and reliability (reliable) of the system. Three respondents also mentioned that they did not need doctors to solve their problems. This again exposes changes of self-treatment or family-treatment in case of allopathy among the urban dwellers. Frequencies of opinions and saliency values are shown in tables 39, 40 and in figure 39.

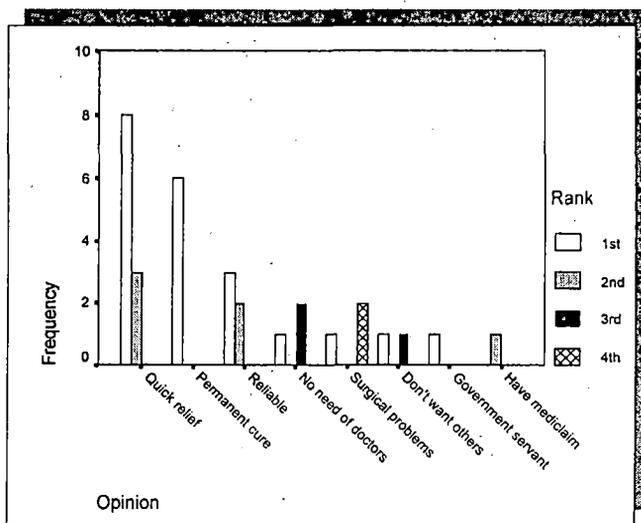


Figure 39. Opinions for choosing Allopathy - Urban

Table 39. Cross tabulation of opinions and ranks for Allopathy - Urban

Opinion	Rank & Frequency				Total
	1 st	2 nd	3 rd	4 th	
Quick relief	8	3	-	-	11
Permanent cure	6	-	-	-	6
Reliable	3	2	-	-	5
For common problems no need of consulting doctors	1	-	2	-	3
Surgical problems	1	-	-	2	3
Don't want to do experiment with others	1	-	1	-	2
Being government servant	1	-	-	-	1
Mediclaim (health insurance)	-	1	-	-	1
Total	21	6	3	2	32

n = 21

Table 40. Salience of opinions in favour of Allopathic system of medicine - Urban

Reasons	Freq	Salience
Quick relief	18	0.299
Permanent cure	13	0.288
Reliable	12	0.176
For common problems no need of consulting doctors	8	0.067
Surgical problems	4	0.058
Don't want to do experiment with others	4	0.048
Being government servant	3	0.048
Mediclaim (health insurance)	2	0.016
Total (Σ Salience)	-	1.000

6.3.3. Preference for Homeopathy - Rural

Thirty-two respondents expressed their opinions in favour of homeopathy in the rural category. Most of them preferred homeopathy as it is 'cheap' and as it has been perceived 'good for children', and also for 'permanent cure'. 'Removal of the cause of the disease' is also an important factor as it has been mentioned by 10 respondents. They believe that consumption of homeopathic drugs helps by removing the causes of the disease from body and gives permanent relief from it. If we look back to the findings highlighted in the section of review of literature, we see that important reasons behind choosing alternative systems of medicine were: 'lasting cure', 'no ill effects', 'more effective', and 'tried allopathy earlier', etc. If compare present findings with those of the previous ones, we see that by and large people have similar understanding about homeopathy. Though in strict sense the opinion of 'removal of the cause of disease' and that of 'permanent cure' are similar, the former conveys an appeal towards homeopathy with deeper understanding of the system. Saliency values are shown in table 42.

We see that nearly 60 per cent space of respondent's mind is occupied by the feelings that homeopathy is good for children and cheap, followed by 'permanent cure', 'no side effect', etc.

Table 41. Cross tabulation of opinions and ranks for Homeopathy - Rural

Opinion	Rank & Frequency				Total
	1 st	2 nd	3 rd	4 th	
Cheap	18	3	1	-	22
Drugs are mild, No side effect	-	8	3	-	11
Easy to take	-	-	-	1	1
Good for children	11	7	2	-	20
Good in fever, cough & cold	-	3	2	-	5
Good in preliminary stage of the disease	-	-	1	1	2
No cost of pathological test	-	1	-	2	3
Permanent cure	3	8	1	2	14
Removal of the cause of the disease	-	2	4	4	10
Slow but effective	-	-	2	-	2
Total	32	32	16	10	90

n = 32

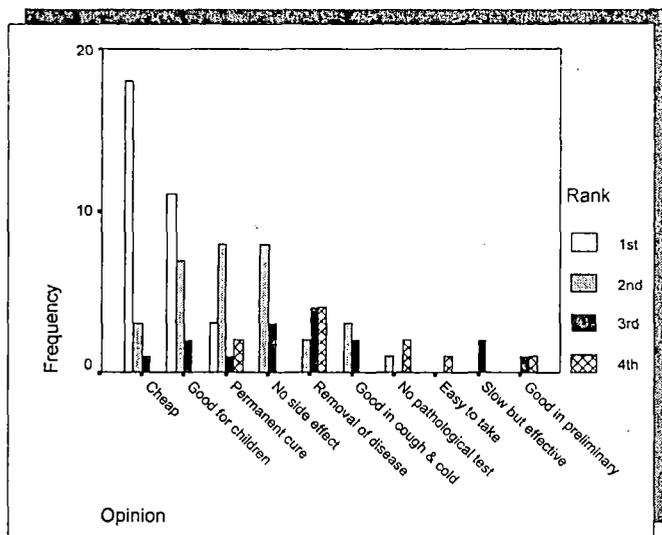


Figure 40. Opinions for choosing Homeopathy - Rural

Table 42. Salience of opinions in favour of Homeopathic system of medicine - Rural

Opinion	Salience
Good for children	0.308
Cheap	0.282
Permanent cure	0.157
Drugs are mild, No side effect	0.115
Removal of the cause of the disease	0.058
Good in fever, cough & cold	0.042
No cost of pathological test	0.017
Slow but effective	0.010
Good in preliminary stage of the disease	0.008
Easy to take	0.003
Total (Σ Salience)	1.000

6.3.4. Preference for Homeopathy - Urban

Urban dwellers' preference for homeopathy is pointed to their understanding that homeopathic drugs have 'no side effect'. Other important opinions are: 'slow but effective', 'good for children', and 'less cost'. Among these, respondents' understanding of no side effect of homeopathic drugs occupies most of the space of their minds. Frequencies of different opinions and salience values are shown in tables 43, 44.

Table 43. Cross tabulation of opinions and ranks for Homeopathy - Urban

Opinion	Rank & Frequency				Total
	1 st	2 nd	3 rd	4 th	
No side effect	7	-	-	-	7
Slow but effective	-	3	1	1	5
Good for children	-	2	-	-	2
Less cost	-	-	2	-	2
Total	7	5	3	1	16

$n = 7$

Table 44. Saliency of opinions in favour of Homeopathic system of medicine - Urban

Opinion	Saliency
No side effect	0.676
Slow but effective	0.181
Good for children	0.095
Less cost	0.048
Total (Σ Saliency)	1.000

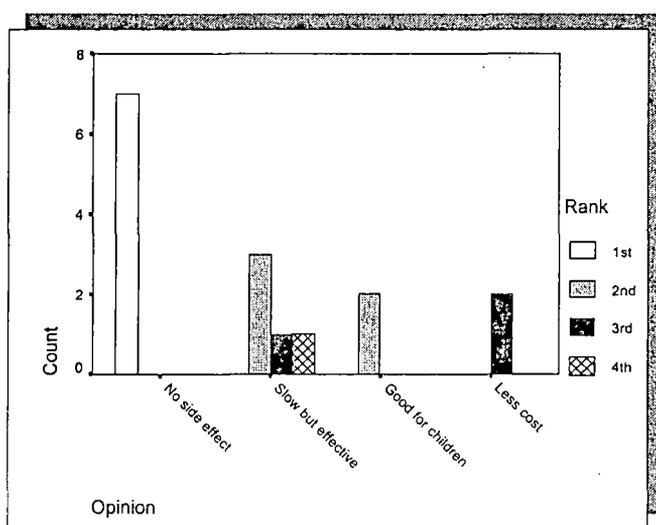


Figure 41. Opinions for choosing Homeopathic system of medicine - Urban

6.4. Summary

Households in rural areas prefer public sources are care as those are available to them or they have no other option, and for better or authentic treatment. In the urban areas people

prefer public care, as those are cheap. People in both rural and urban areas prefer private sources of care for quality treatment. Households in rural and urban areas prefer allopathy for effective treatment, quick relief or for ineffectiveness of other systems. Few respondents have mentioned about self-treatment in favour of utilisation of allopathy. However, salience of such item is found very less. Households in rural areas prefer homeopathy, as it is believed good for children and cheap. In the urban areas people prefer it, as it is known to have no side effect.

The study thus provided us with a very good idea and precise measures on opinions and attitudes towards a type of care or system of medicine in this region of North Bengal. These measures can hopefully be used for policy prescriptions for this particular region. For example, patients' or households' appeal towards homeopathy or opinions in favour of that can be honoured by introducing it in the primary health care institutions of this region. However, it is to be mentioned that results of such qualitative studies are not generalised the way researchers do in case of quantitative studies. It is also to be noted that one disadvantage of quantitative studies is that though they tell very precisely about 'what' or 'how much', they do not explain 'why'. Usually researchers try to find the clue (of 'why') from outside the models or studies. As a part of positive body of thought, though econometric models provide value-free predictions, their meaningful interpretations very often incorporate prejudice or some sort of imagination of the researchers. We will throw some light on this issue in the following chapters.