

Chapter 7

Utilisation of health care

7.1. Introduction

Utilisation of care in all societies conforms according to individual, social, institutional, and other characteristics. In this chapter we will examine patterns of utilisation of care in this particular region with respect to a set of possible interacting variables. Utilisation of care may have many dimensions. After going through data, we have found it suitable to form two broad groups: utilisation of a care from modern source in consultation with doctors and medical specialists in one group, and utilisation from traditional source (including treatment from paramedical or supporting staff and from any system of medicine except allopathy and homeopathy) or self-treatment or family-treatment, etc. in the other.

7.2. Utilisation of health care in Cooch Behar and Jalpaiguri

Table 45 shows utilisation of care from modern and traditional sources in the rural category. Data are to be interpreted by moving down in each column of the table. There are 103 cases (31.69 per cent) for which households seek care from traditional sources or did self or family treatment or from any other system except allopathy and homeopathy. The remaining 222 cases (68.31 per cent) have been treated in modern public or private health facilities. In the traditional category (as we move down the table), we see that nearly half of the cases (46 cases, 44.7 per cent) correspond to the 5-14 age group. If we assume utilisation from modern source worthy, we can say that children in the 5-14 age group are the most neglected. The same is true for the 0-4 age group. However, cases of illness in the working age group (15-64) are treated in the modern facilities. If we look at family size, we see that utilisation from traditional source is higher in large families and utilisation from modern source is higher in small families. The same pattern of utilisation

of care can be observed with respect to education also. Utilisation from traditional source is higher where heads of the households are either illiterates or primary-level educated. Utilisation from modern source is high when heads of the households are moderately educated or have education higher than that. Similarly, utilisation from modern source is higher where household heads make more normal out-of-door trips, and who have low standard of living, high agricultural possessions, and low income.

Table 45. Utilisation of care and characteristics of the subject - Rural

Characteristics of the Subject	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		n	%	n	%
Age-structure	0-4	23	22.3	35	15.8
	5-14	46	44.7	34	15.3
	15-64	21	20.4	103	46.4
	65+	13	12.6	50	22.5
	Total	103	100.0	222	100.0
Gender	Male	54	52.4	112	50.5
	Female	49	47.6	110	49.5
	Total	103	100.0	222	100.0
Caste	SC/ST	39	37.9	86	38.7
	General	64	62.1	136	61.3
	Total	103	100.0	222	100.0
Family size	≤ 5	41	39.8	130	58.6
	> 5	62	60.2	92	41.4
	Total	103	100.0	222	100.0
Education	≤ Primary	59	57.3	85	38.3
	Middle +	44	42.7	137	61.7
	Total	103	100.0	222	100.0
Normal out-of-door trips	≤ 4 / month	45	43.7	36	16.2
	5 + / month	58	56.3	186	83.8
	Total	103	100.0	222	100.0
Travel to distant place	No	56	54.4	107	48.2
	Yes in last 3 years	47	45.6	115	51.8
	Total	103	100.0	222	100.0
Standard of living	Low	73	70.9	152	68.5
	High	30	29.1	70	31.5
	Total	103	100.0	222	100.0

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Agricultural possessions	Low	24	23.3	45	20.3
	High	79	76.7	177	79.7
	Total	103	100.0	222	100.0
Income	< 2000	45	43.7	102	45.9
	2000 - 4999	41	39.8	91	41.0
	5000 +	17	16.5	29	13.1
	Total	103	100.0	222	100.0

Table 46 and 47 show utilisation of care from modern and traditional sources in the urban and combined categories respectively. In table 44 there are 158 cases of illness. Out of these cases 84 cases (53 per cent) received care from traditional source or other. The remaining 74 cases (47 per cent) received care from modern sources. If we look pattern of utilisation according to age group, it confirms that the interest of the 5-14 age group is neglected in the urban areas also. On the other hand 0-4, and 15-64 age groups get priority while utilising care from modern source. Sharp difference can be observed in utilisation pattern according to gender.

The stack of information given in tables 43 and 44 has been represented again in clustered bar charts as shown in figures 53 to 73. Figure 53 shows that in rural areas 40 per cent of the illness episode in the 0-4 age group have been treated with care from traditional sources or others. The remaining 60 per cent of the cases are treated in modern health facilities. Figure 54 depicts that in the urban areas nearly 60 per cent of the cases are treated with traditional care. Significant difference in utilisation pattern can be observed for the old-age group. In the rural areas most of the illness episodes are treated in modern health facilities. On the contrary, in the urban areas similar cases are treated with care from traditional sources and others including self-treatment, etc. Figure 56 depicts gender bias in terms of utilisation of care. Pattern of utilisation according to family size is quite opposite in rural and urban areas as shown in figures 59 and 60. 'Normal out-of-door trips' is seen to have positive association with utilisation of care from modern source in rural areas as shown in figure 63. No conclusion can be drawn from the pattern of 'travel to distant place' by the urban dwellers as shown in figure 66. 'Agricultural possessions' is also an important factor in the urban category as shown in figure 70. In the urban areas, households, which possess agricultural items more, utilise

care more from traditional sources. Relationship between utilisation and income is very clear. Household with low and medium levels of income utilise more care from traditional sources.

Table 46. Utilisation of care and characteristics of the subject - Urban

Characteristics of the Subject	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		n	%	n	%
Age-structure	0-4	27	32.1	23	31.1
	5-14	30	35.7	21	28.4
	15-64	11	13.1	25	33.8
	65+	16	19.0	5	6.8
	Total	84	100.0	74	100.0
Gender	Male	51	60.7	49	66.2
	Female	33	39.3	25	33.8
	Total	84	100.0	74	100.0
Caste	SC/ST	17	20.2	11	14.9
	General	67	79.8	63	85.1
	Total	84	100.0	74	100.0
Family size	≤ 5	49	58.7	50	67.6
	> 5	35	41.3	24	32.4
	Total	84	100.0	74	100.0
Education	≤ Primary	69	82.1	53	71.6
	Middle +	15	17.9	21	28.4
	Total	84	100.0	74	100.0
Normal out-of-door trips	≤ 4 / month	65	77.4	56	75.7
	5 + / month	19	22.6	18	24.3
	Total	84	100.0	74	100.0
Travel to distant place	No	27	32.1	23	31.1
	Yes in last 3 years	57	67.9	51	68.9
	Total	84	100.0	74	100.0
Standard of living	Low	30	35.7	27	36.5
	High	54	64.3	47	63.5
	Total	84	100.0	74	100.0
Agricultural possessions	Low	55	65.5	58	78.4
	High	29	34.5	16	21.6
	Total	84	100.0	74	100.0

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Income	< 2000	10	11.9	4	5.4
	2000 - 4999	31	36.9	15	20.3
	5000 +	43	51.2	55	74.3
	Total	84	100.0	74	100.0

Table 47. Utilisation of care and characteristics of the subject - Combined

Characteristics of the Subject	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		n	%	n	%
Age-structure	0-4	50	26.7	58	19.6
	5-14	76	40.6	55	18.6
	15-64	32	17.1	128	43.2
	65+	29	15.5	55	18.6
	Total	187	100.0	296	100.0
Gender	Male	105	56.1	161	54.4
	Female	82	43.9	135	45.6
	Total	187	100.0	296	100.0
Caste	SC/ST	56	29.9	180	60.8
	General	131	70.1	116	39.2
	Total	187	100.0	296	100.0
Family size	≤ 5	90	48.1	138	46.6
	> 5	97	51.9	158	53.4
	Total	187	100.0	296	100.0
Education	≤ Primary	110	58.8	138	46.6
	Middle +	77	41.2	158	53.4
	Total	187	100.0	296	100.0
Normal out-of-door trips	≤ 4 / month	83	44.4	130	43.9
	5 +	104	55.6	166	56.1
	Total	187	100.0	296	100.0
Travel to distant place	No	83	44.4	179	60.5
	Yes in last 3 years	104	55.6	117	39.5
	Total	187	100.0	296	100.0
Standard of living	Low	103	55.1	179	60.5
	High	84	44.9	117	39.5
	Total	187	100.0	296	100.0
Agricultural possessions	Low	79	42.2	103	34.8
	High	108	57.8	193	65.2
	Total	187	100.0	296	100.0

Income	< 2000	55	29.4	106	35.8
	2000 - 4999	72	38.5	106	35.8
	5000 +	60	32.1	84	28.4
	Total	187	100.0	296	100.0

The information, presented in the above tables, have been reproduced again somewhat differently as shown in the following figures.

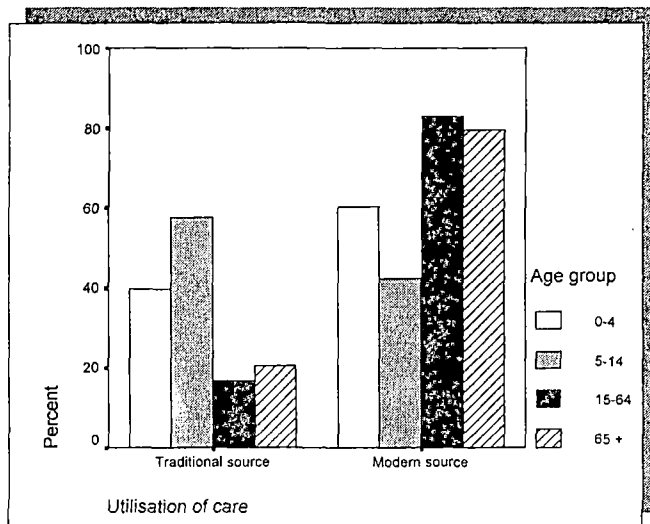


Figure 42. Utilisation of care by age group – Rural

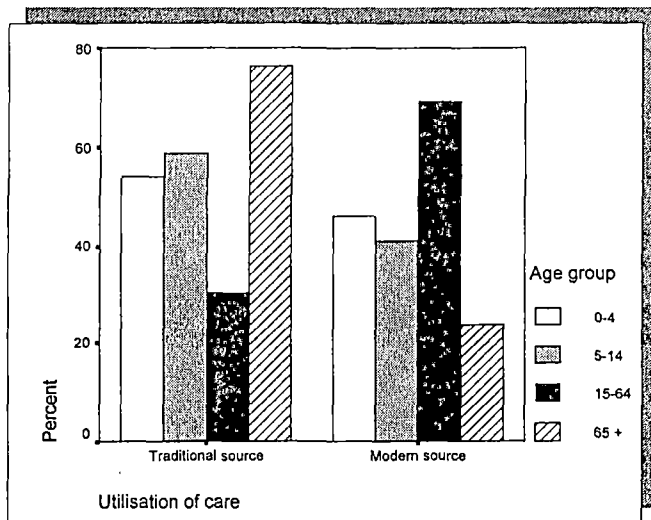


Figure 43. Utilisation of care by age group – Urban

Figures 42 and 43 show pattern of utilisation by age-group. We see that in rural areas, for all age-groups utilisation rates for modern care are high. In the urban areas, demand for modern care is high for the older age groups of 15-64, and 65+. For all other age groups, demand for traditional care is high, which also contains self or family treatments.

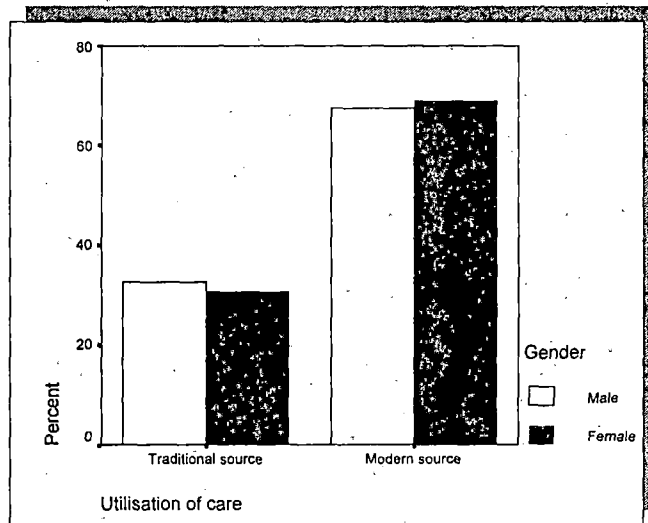


Figure 44. Utilisation of care by gender – Rural

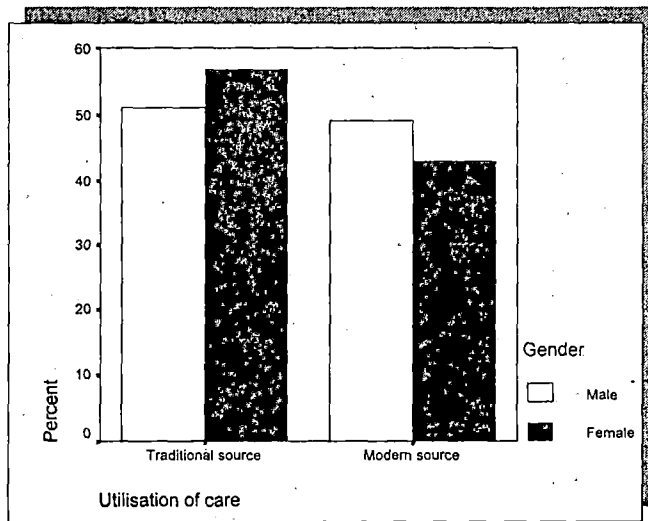


Figure 45. Utilisation of care by gender – Urban

Utilisation of care in the rural areas also follow similar pattern, as mentioned above, according to gender. In the urban areas both males and females prefer traditional care or self or family treatments, etc. Figures 46 to 49 also show similar pattern.

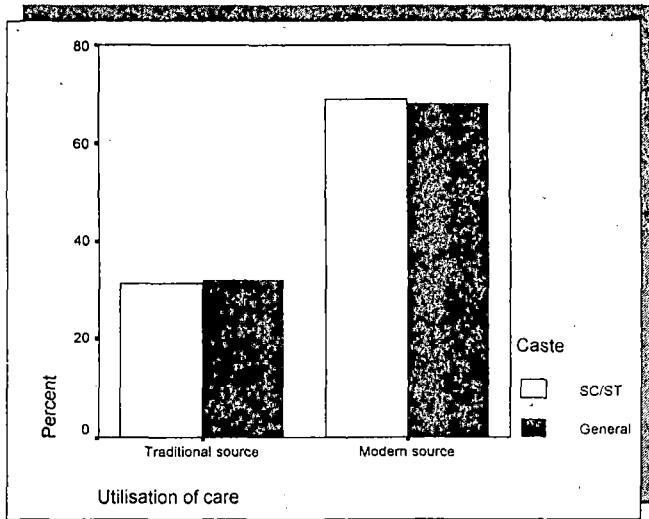


Figure 46. Utilisation of care by caste – Rural

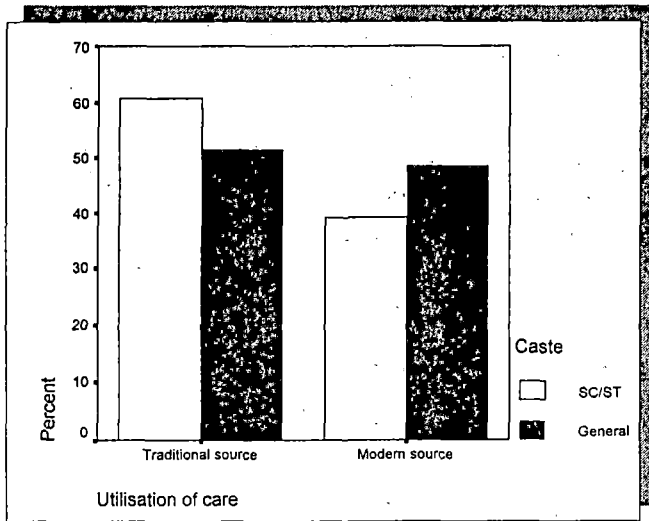


Figure 47. Utilisation of care by caste – Urban

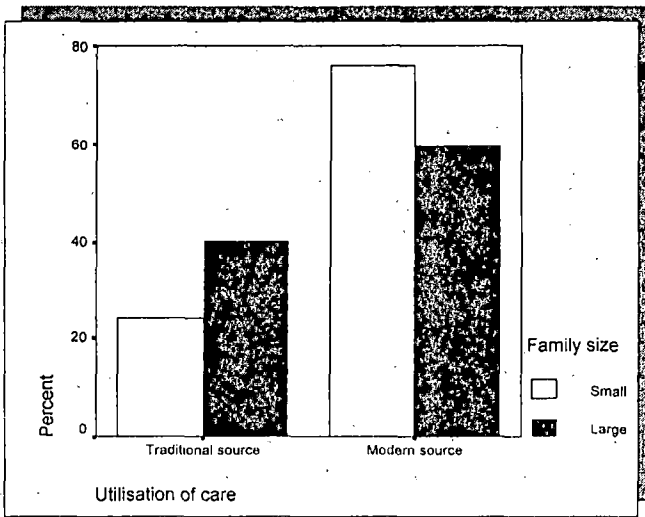


Figure 48. Utilisation of care by family size – Rural

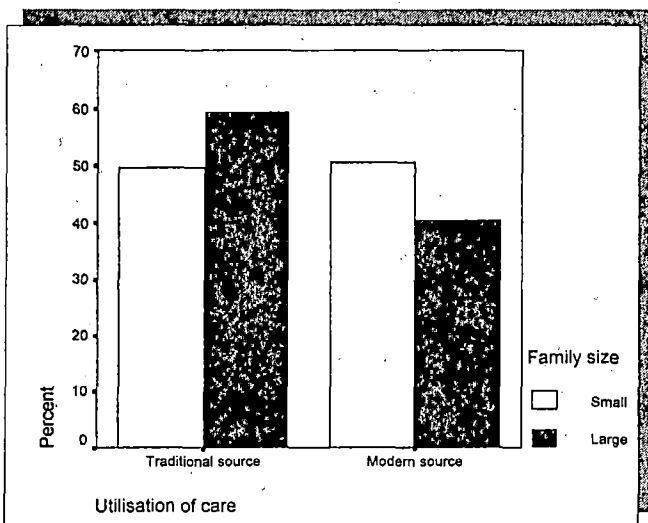


Figure 49. Utilisation of care by family size – Urban

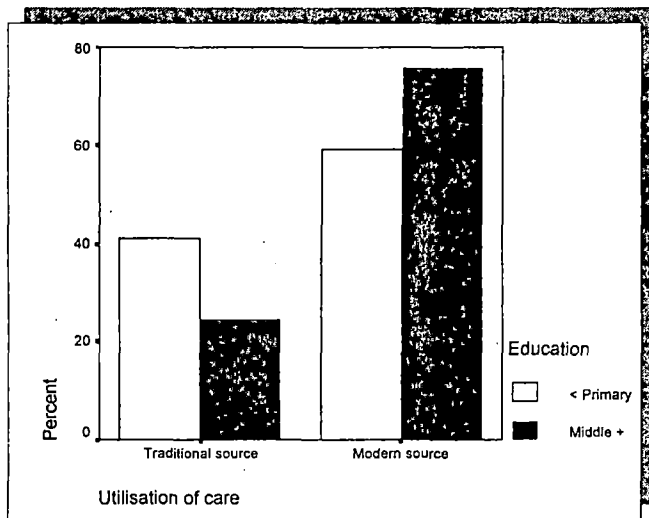


Figure 50. Utilisation of care by education of the head of the households – Rural

Educated people both in rural and urban areas (in figure 50 and 51) prefer modern care.

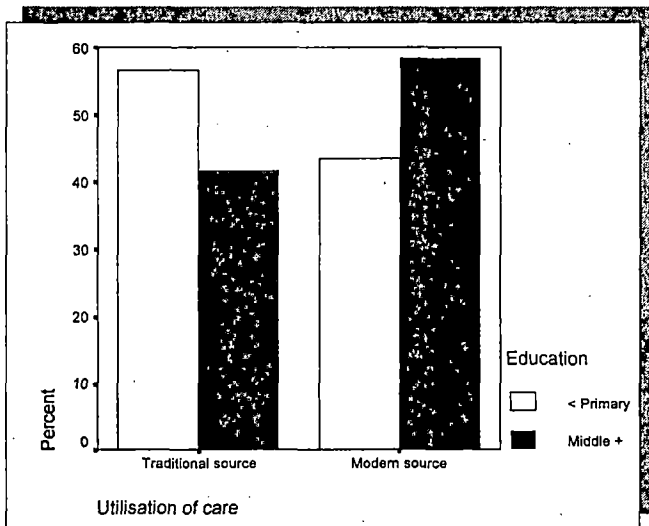


Figure 51. Utilisation of care by education of the head of the households – Urban

In figures 52 to 55 we see pattern of utilisation of care by normal out-of-door trips, and travel to distant place by the head of the households in rural and urban areas respectively. In the rural area utilisation of modern care is positively related to normal out-of-door trips and travel to distant place. In the urban areas the relationships are negative.

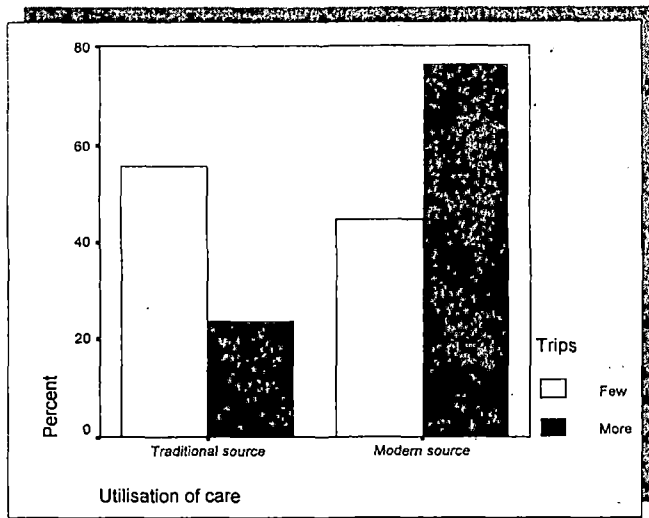


Figure 52. Utilisation of care by normal out-of-door trips of the head of the households – Rural

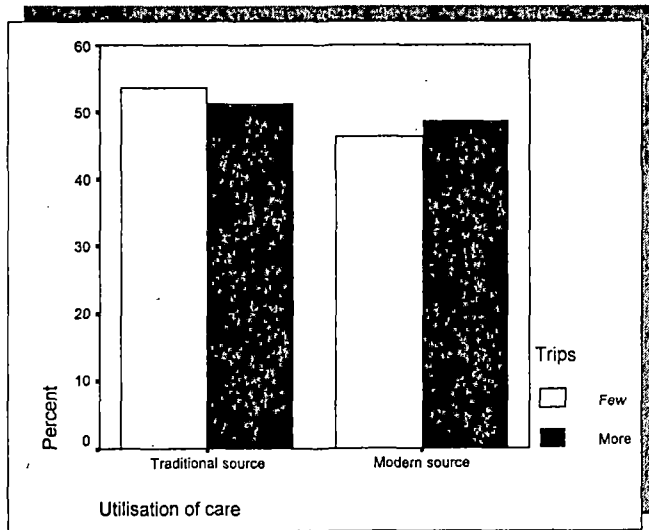


Figure 53. Utilisation of care by normal out-of-door trips of the head of the households – Urban

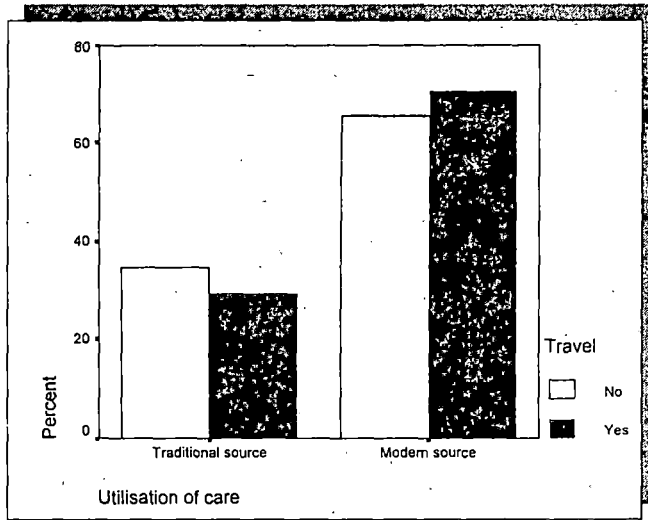


Figure 54. Utilisation of care by travel to distant place of the head of the households – Rural

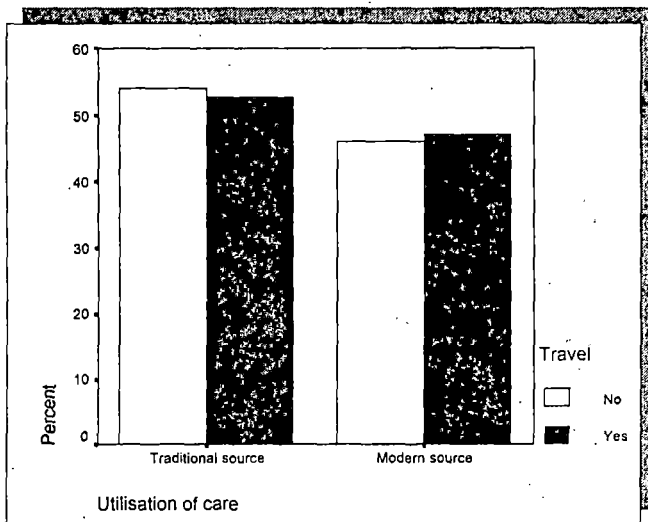


Figure 55. Utilisation of care by travel to distant place of the head of the households – Urban

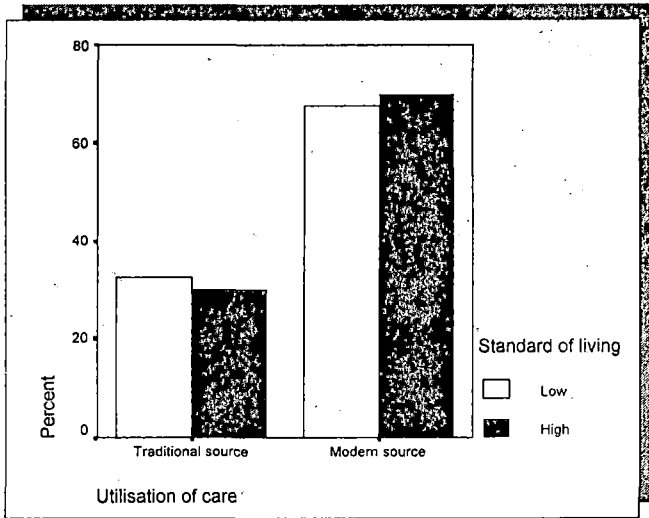


Figure 56. Utilisation of care by standard of living of the households – Rural

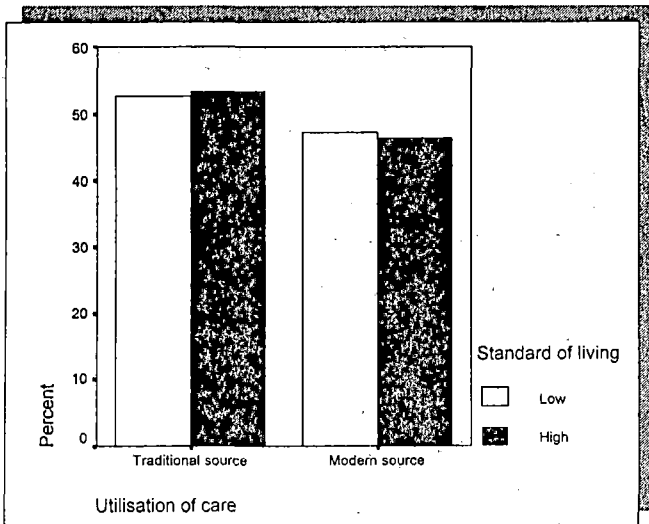


Figure 57. Utilisation of care by standard of living of the households – Urban

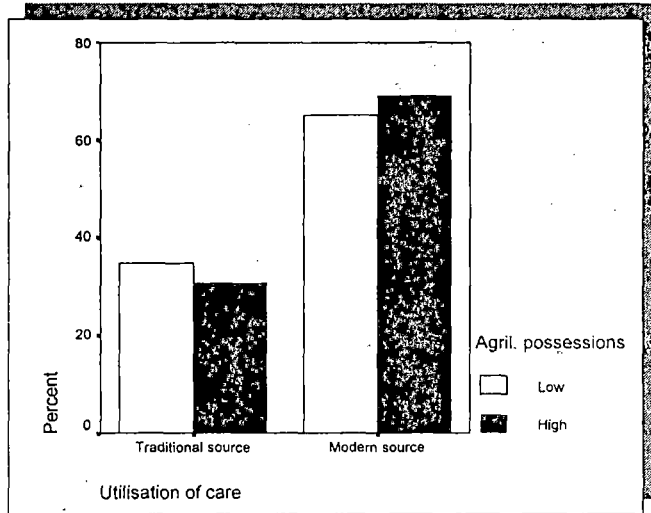


Figure 58. Utilisation of care by agricultural possessions of the households – Rural

Figures 58 and 59 show utilisation pattern with respect to agricultural possessions. The result is interesting in the urban areas. Households, which possess more agricultural properties, prefer traditional care.

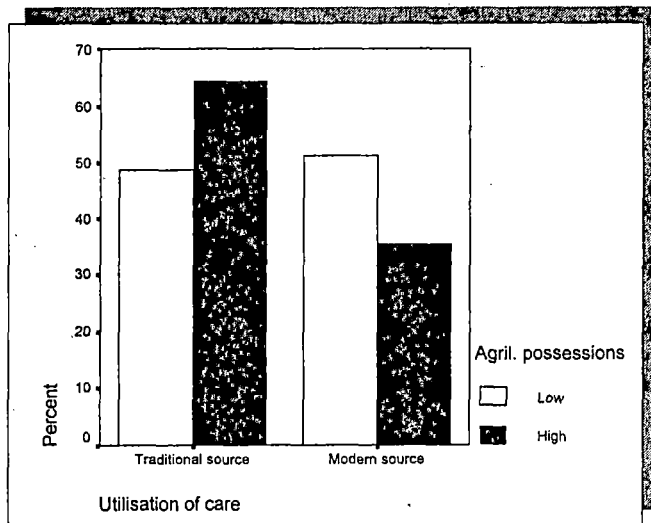


Figure 59. Utilisation of care by agricultural possessions of the households – Urban

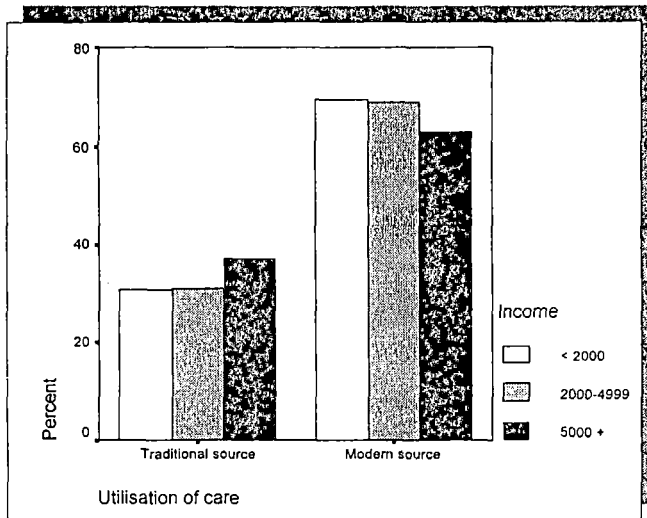


Figure 60. Utilisation of care by income of the households – Rural

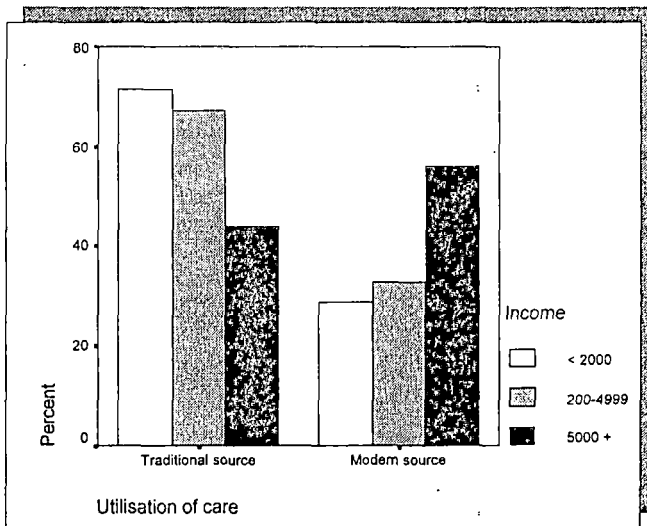


Figure 61. Utilisation of care by income of the households – Urban

Pattern of utilisation is similar in rural and urban areas. People with higher incomes prefer modern care.

7.3. Utilisation of health care and characteristics of the disorder

Tables 48, 49, and 50 show pattern of utilisation of care with respect to morbidity in rural, urban, and combined categories. Out of 187 cases of communicable diseases, etc. in rural areas, more than 74 per cent cases have been treated with modern care, and more than 62 per cent with private care. There are 97 cases of non-communicable diseases in the rural areas. Out of these cases, nearly 59 per cent have been treated with modern care, and more than 75 per cent with private care. For injuries also, by and large people prefer modern care from private sources.

Table 48. Utilisation of care and characteristics of the disorder - Rural

Characteristics of the disorder	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		n	%	n	%
		Type of illness*	Group I	48	46.6
Group II	40		38.8	57	25.7
Group III	15		14.6	26	11.7
Total	103		100.0	222	100.0
Severity of illness	Low	23	22.3	98	44.1
	Medium	45	43.7	77	34.7
	High	35	34.0	47	21.2
	Total	103	100.0	222	100.0

* Group I: Communicable, Group II: Non-communicable, Group III: Injuries

Table 49. Utilisation of care and characteristics of the disorder - Urban

Characteristics of the disorder	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		n	%	n	%
		Type of illness*	Group I	12	14.3
Group II	47		56.0	39	52.7
Group III	25		29.8	21	28.4
Total	84		100.0	74	100.0
Severity of illness	Low	23	27.4	22	29.7
	Medium	39	46.4	34	45.9
	High	22	26.2	18	24.3
	Total	84	100.0	74	100.0

* Group I: Communicable, Group II: Non-communicable, Group III: Injuries

In the urban areas for more than 54 per cents of diseases in Groups-II and III, people prefer traditional care. We must remember here that traditional care also includes self-treatment or family-treatment, etc. This indicates chances of self- or family-treatment or other among the urban dwellers. For communicable and other diseases in Group-I, urban dwellers are seen to prefer modern care. As of sources of care, nearly for all cases of all types of diseases urban dwellers seek care from private sources.

Table 50. Utilisation of care and characteristics of the disorder - Combined

Characteristics of the Disorder	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		n	%	n	%
		Type of illness*	Group I	60	32.1
	Group II	87	46.5	96	32.4
	Group III	40	21.4	47	15.9
	Total	187	100.0	296	100.0
Severity of illness	Low	46	24.6	120	40.5
	Medium	84	44.9	111	37.5
	High	57	30.5	65	22.0
	Total	187	100.0	296	100.0

* Group I: Communicable, Group II: Non-communicable, Group III: Injuries

Figures 62 and 65 depict utilisation pattern according to severity of illness. It is quite interesting to see that in the rural areas most of the cases with low severity have been treated with modern care. On the contrary, in urban areas we see one balanced picture.

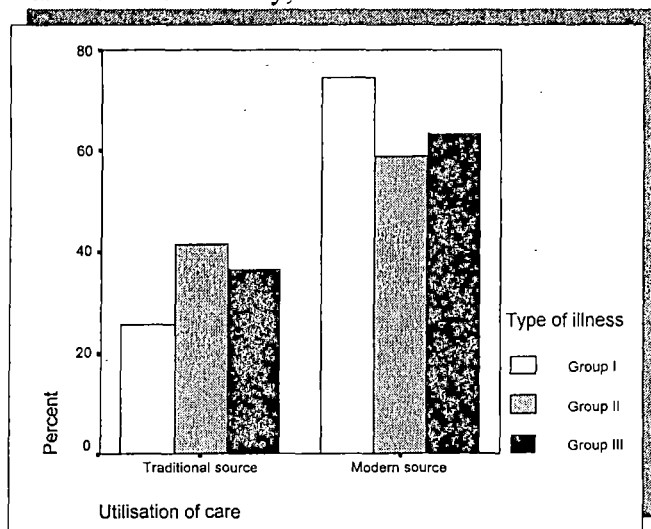


Figure 62. Utilisation of care by type of illness – Rural

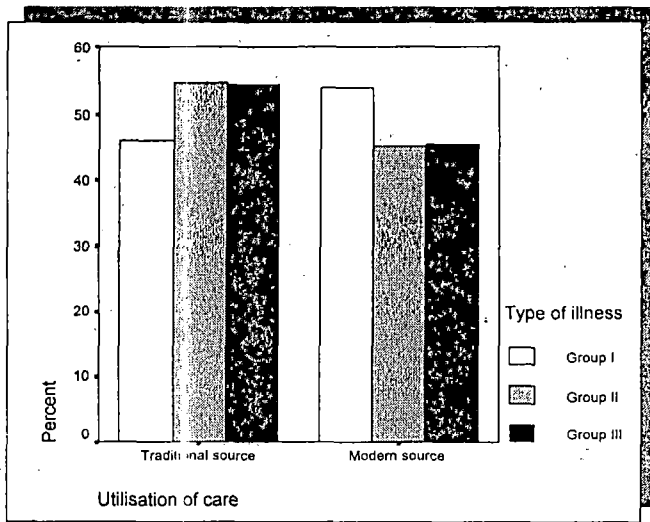


Figure 63. Utilisation of care by type of illness – Urban

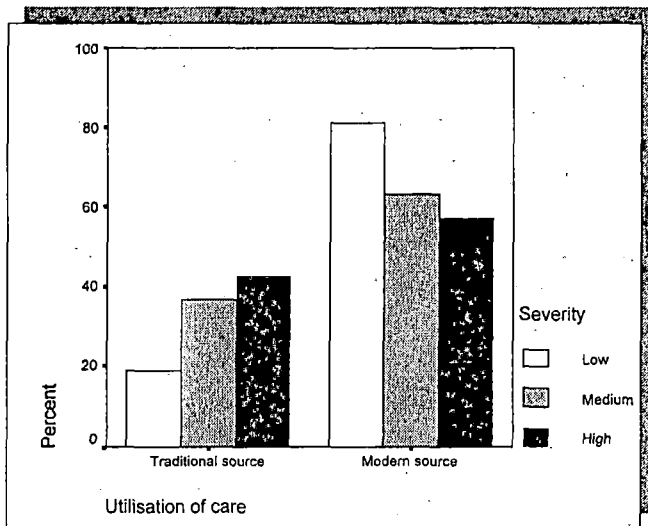


Figure 64. Utilisation of care by severity of illness – Rural

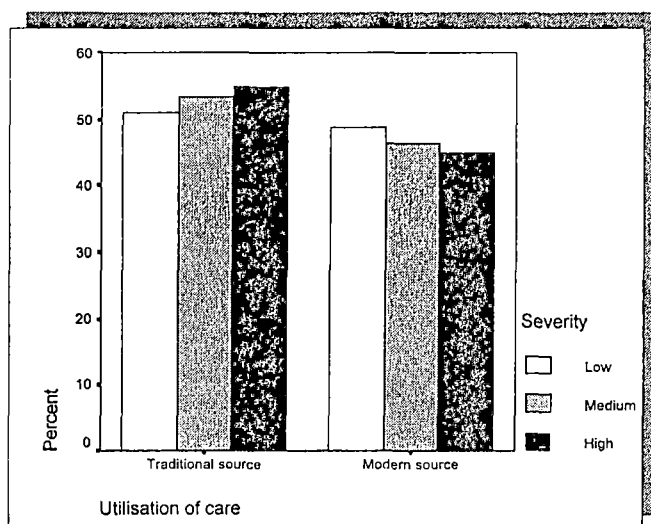


Figure 65. Utilisation of care by severity of illness – Urban

7.4. Utilisation of health care and characteristics of the service

Tables 51, 52 and 53 show utilisation of care by characteristics of the service. Results in this section must be interpreted with care as the 'traditional source' category also includes self-treatment or family-treatment or any other.

Table 51. Utilisation of care and characteristics of the service - Rural

Characteristics of the service	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		n	%	n	%
System of medicine	Allopathy	58	56.3	139	62.6
	Homeopathy	13	12.6	57	25.7
	Traditional	32	31.1	26	11.7
	Total	103	100.0	222	100.0
Type of facility	Private	100	97.1	118	53.2
	Public	3	2.9	104	46.8
	Total	103	100.0	222	100.0
Quality of care	Low	76	73.8	172	77.5
	High	27	26.2	50	22.5
	Total	103	100.0	222	100.0
Cost	Low	80	77.7	139	62.6
	Medium	14	13.6	53	23.9
	High	9	8.7	30	13.5
	Total	103	100.0	222	100.0

From the table it is clear that by and large households in rural areas prefer allopathy followed by Homeopathy. Preferences for traditional systems are also prominent where 'traditional systems' include Ayurveda, Unani, Naturopathy and Yoga, and other unrecognised ones. Utilisation pattern according to type of care shows that most of the traditional sources are private. However, we get 3 and 9 cases (illness episodes) in the rural and urban categories respectively where source is traditional and the type is public. In such cases either a family member or a relative works in the public health facilities or the cases have been treated by staff who are not in the medical or paramedical category. As of quality of care, rural people are satisfied with modern care. Cost of care is also an important factor. Rural households spend more for modern care.

Table 52. Utilisation of care and characteristics of the service - Urban

Characteristics of the service	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		N	%	n	%
System of medicine	Allopathy	47	56.0	45	60.8
	Homeopathy	24	28.6	20	27.0
	Traditional	13	15.5	9	12.2
	Total	84	100.0	74	100.0
Type of facility	Private	75	89.3	65	87.8
	Public	9	10.7	9	12.2
	Total	84	100.0	74	100.0
Quality of care	Low	42	50.0	28	37.8
	High	42	50.0	46	62.2
	Total	84	100.0	74	100.0
Cost	Low	56	66.7	30	40.5
	Medium	14	16.7	20	27.0
	High	14	16.7	24	32.4
	Total	84	100.0	74	100.0

Table 53. Utilisation of care and characteristics of the service - Combined

Characteristics of the service	Category	Utilisation from traditional source & others (0)		Utilisation from modern source (1)	
		N	%	n	%
System of medicine	Allopathy	105	56.1	184	62.2
	Homeopathy	37	19.8	77	26.0
	Traditional	45	24.1	35	11.8
	Total	187	100.0	296	100.0
Type of facility	Private	175	93.6	183	61.8
	Public	12	6.4	113	38.2
	Total	187	100.0	296	100.0
Quality of care	Low	118	63.1	200	67.6
	High	69	36.9	96	32.4
	Total	187	100.0	296	100.0
Cost	Low	136	72.7	169	57.1
	Medium	28	15.0	73	24.7
	High	23	12.3	54	18.2
	Total	187	100.0	296	100.0

The information, presented in the above tables, have been reproduced again somewhat differently in the following figures.

Figures 66 and 67 show utilisation of care by systems of medicine in rural and urban areas respectively. In the rural areas utilisation rate of homeopathic system of medicine is high. In the urban areas the same for traditional ones is high.

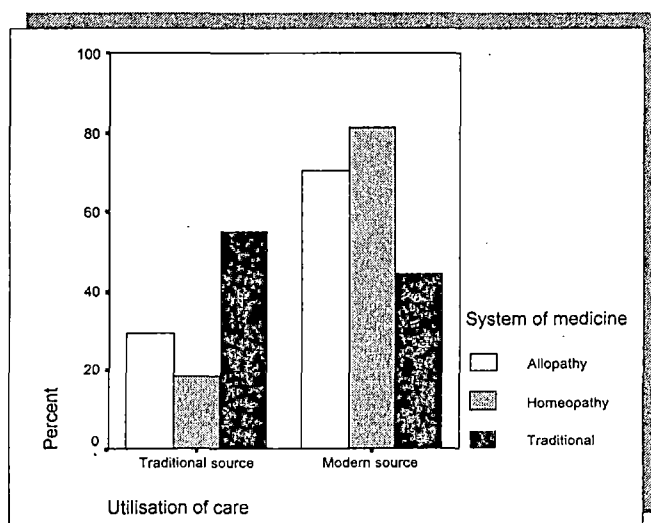


Figure 66. Utilisation of care by system of medicine – Rural

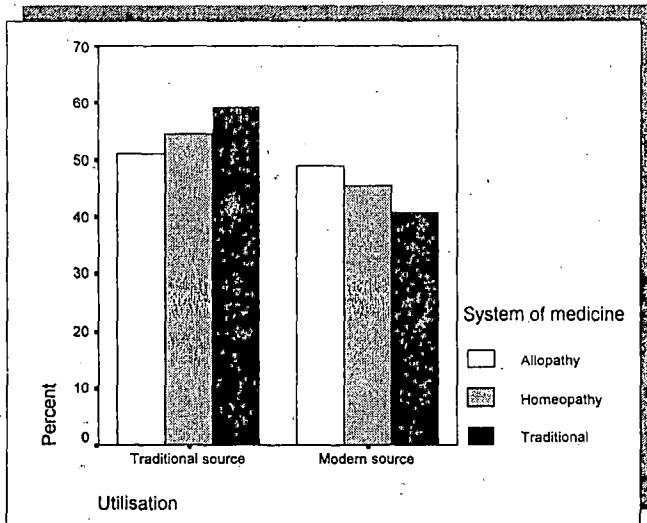


Figure 67. Utilisation of care by system of medicine – Urban

While interpreting the figure 65 we must remember that there are few cases where source is traditional and the type is public. In such cases either family member or relative works in the public health facilities or the cases have been treated by staff who are not in the medical or paramedical category.

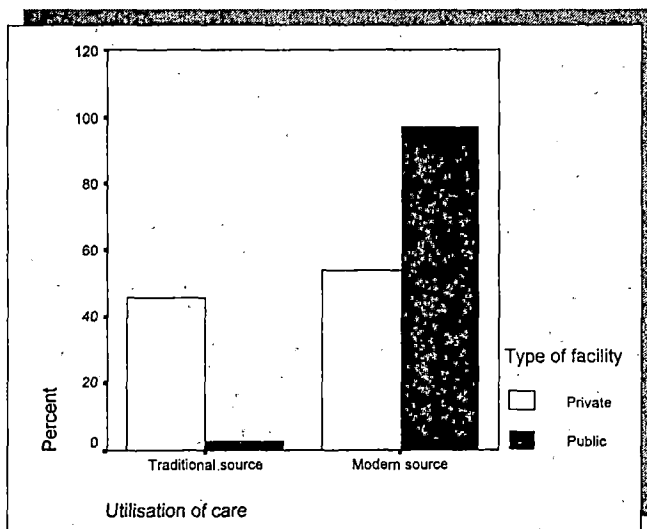


Figure 68. Utilisation of care by type of facility – Rural

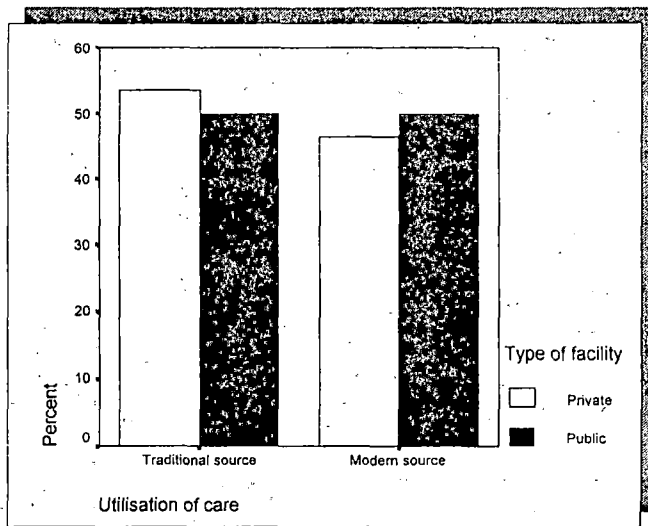


Figure 69. Utilisation of care by type of facility – Urban

In order to define quality of care, we have selected some questions, which are relevant for both modern and traditional care. We see that both in rural and urban areas quality of care is high in case of modern care. Cost of care is also high for modern care.

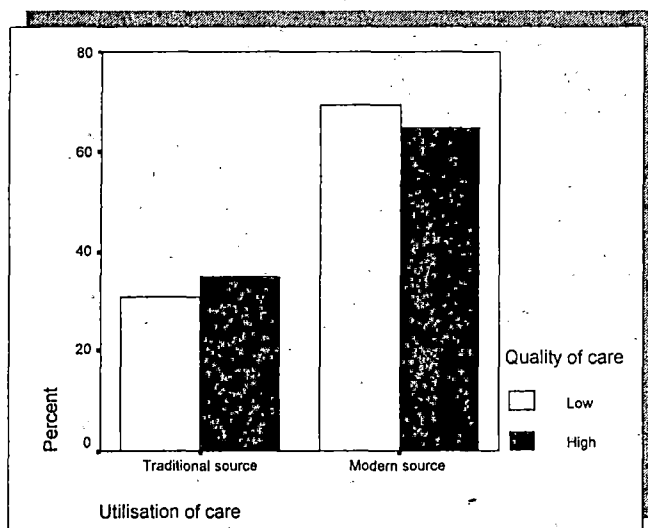


Figure 70. Utilisation of care by quality of care – Rural

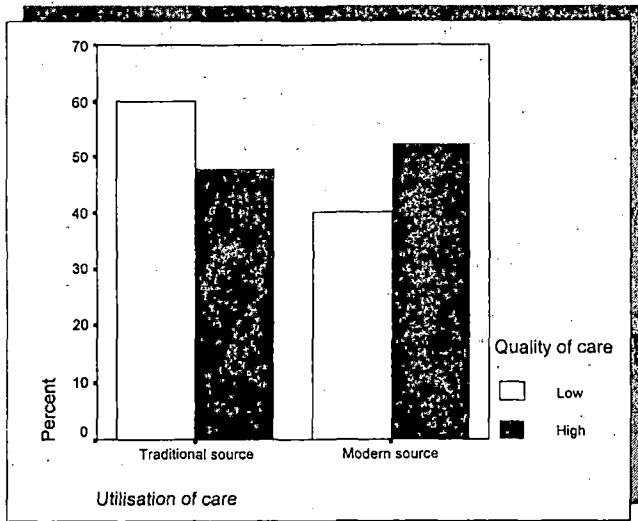


Figure 71. Utilisation of care by quality of care – Urban

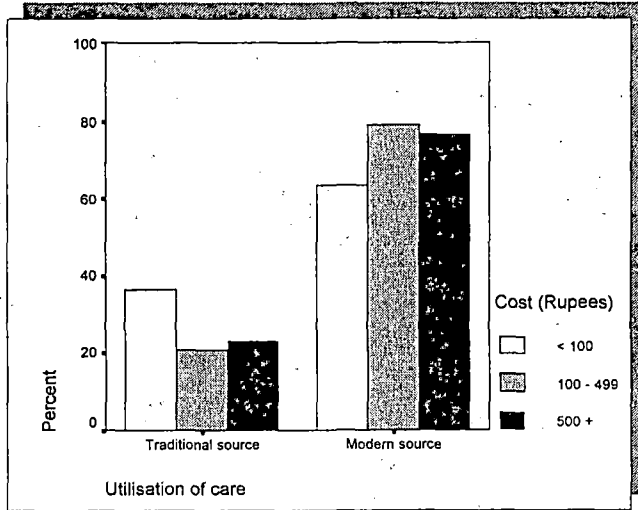


Figure 72. Utilisation of care by cost (per illness episode) – Rural

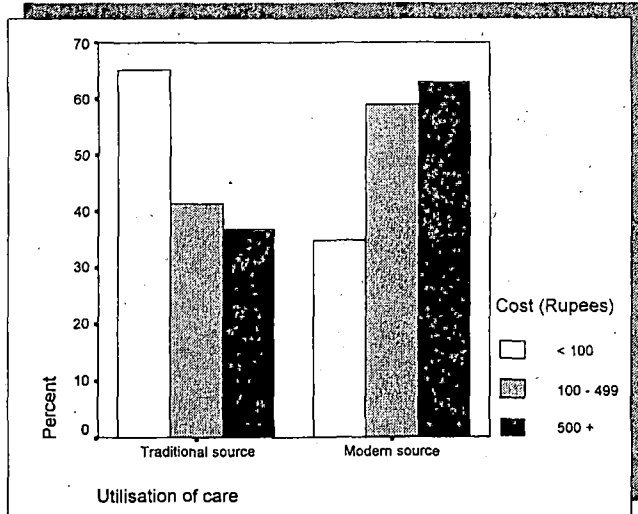


Figure 73. Utilisation of care by cost (per illness episode) – Urban

In order to understand precisely the relationship between pattern of morbidity and utilisation of care we have rearranged data as shown in tables 54, 55, and 56.

Table 54. Type of illness* and pattern of Utilisation of care - Rural

Utilisation	Group I		Group II		Group III	
	n	%	n	%	n	%
Public	70	37.4	24	24.7	13	31.7
Private	117	62.6	73	75.3	28	68.3
Total	187	100	97	100	41	100
Allopathy	125	66.8	53	54.6	19	46.3
Homeopathy	36	19.3	22	22.7	12	29.3
Other	26	13.9	22	22.7	10	24.4
Total	187	100	97	100	41	100

* Group I: Communicable, etc., Group II: Non-communicable, Group III: Injuries

Table 55. Type of illness* and pattern of Utilisation of care - Urban

Utilisation	Group I		Group II		Group III	
	n	%	n	%	n	%
Public	5	19.2	9	10.5	4	8.7
Private	21	80.8	77	89.5	42	91.3
Total	26	100	86	100	46	100
Allopathy	16	61.5	50	58.1	26	56.5
Homeopathy	6	23.1	23	26.7	15	32.6
Other	4	15.4	13	15.1	5	10.9
Total	26	100	86	100	46	100

* Group I: Communicable, etc., Group II: Non-communicable, Group III: Injuries

Table 56. Type of illness* and pattern of Utilisation of care - Combined

Utilisation	Group I		Group II		Group III	
	n	%	n	%	n	%
Public	75	35.2	33	18	17	19.5
Private	138	64.8	150	82	70	80.5
Total	213	100	183	100	87	100
Allopathy	141	66.2	103	56.3	45	51.7
Homeopathy	42	19.7	45	24.6	27	31
Other	30	14.1	35	19.1	15	17.3
Total	213	100	183	100	87	100

* Group I: Communicable, etc., Group II: Non-communicable, Group III: Injuries

If we look at the pattern of utilisation of care with respect to type of care we see that for most of the cases of illness in all the three groups in rural and urban areas, people preferred private facilities. If we look at the pattern of utilisation of care with respect to system of medicine, we see that in the rural areas nearly 67 per cent of the diseases in Group-I have been treated with allopathy. For more than 19 per cent of cases households seek Homeopathic care and for the rest 14 per cent of cases, households seek traditional care. In the rural areas, for other types of diseases in Groups-II and III, households' dependence on allopathy declines gradually. On the contrary, dependence on Homeopathy and other systems of medicine increases gradually. On an average, households in the urban areas also follow similar pattern as shown in table 55.

7.5. Summary

In the rural areas of Cooch Behar and Jalpaiguri districts of North Bengal, nearly 70 per cent of the illness episodes are treated with modern care, and for the remaining cases, households seek care from traditional sources. In the traditional category, nearly half of the cases correspond to the 5-14 age group. It reflects that children in the 5-14 age group remain neglected. However, cases of illness in the working age group (15-64) are treated in the modern facilities. If we look at family size, we see that utilisation from traditional source is higher in large families and utilisation from modern source is higher in small families. Utilisation from traditional source is higher where heads of the households are illiterates or primarily educated. Utilisation from modern source is high when heads of the households are moderately educated or have education higher than that.

In the urban areas, for more than 50 per cent of the cases households received care from traditional source or other. If we look at pattern of utilisation according to age group, it confirms that the interest of the 5-14 age group is neglected in the urban areas also. Sharp difference can be observed in utilisation pattern according to gender.

As from simple statistical comparisons we cannot say anything about patients' inherent preference for care, we will conduct multivariate analyses as presented in the next chapter.