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Utilization and perception towards primary health care services among mogera community: a study of Dakshina Kannada district of Karnataka

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ABSTRACT

Discrimination between various group and ethnic groups has a great impact on health status of respective group. In Indian context dalits are most oppressed and neglected group and are being exploited by the so called upper caste and are denied by the state developmental activities. Even because of rapid urbanization and modernization has made discrimination in sophisticated especially in urban and cities. The health status doesn't refer just to the physical status of an individual. It is over all well being of an individual. Health a "state of complete physical, mental, social and spiritual well being and not just the absence of disease and infirmity. This research has made an attempt to capture the data on service utilization among the most disadvantaged caste among the dalit.

Introduction

India being largest democracy in the world, with a sheer size of its population characterized by diversity, initiated the process of planned development to raise the living standard of its people, soon after its independence. Still in India access and utilization of state service depends on social and economic background of community. Discrimination between various group and ethnic groups has a great impact on health status of respective group. In Indian context dalits are most oppressed and neglected group and are being exploited by the so called upper caste and are denied by the state developmental activities. Even because of rapid urbanization and modernization has made discrimination in sophisticated especially in urban and cities. The health status doesn't refer just to the physical status of an individual. It is over all well being of an individual. Health a "state of complete physical, mental, social and spiritual well being and not just the absence of disease and infirmity" (WHO, 2001).

Primary Health Care Service

Primary health centre is an integral part of community development programme, launched in the year 1952 on the basis of the recommendation of the Bhore committee with the aim to spread the modern medicine in rural areas. One of the important recommendations of the Bhore committee was to establish first referral centres, the PHC, which was to cover only population of 10,000 and to have six doctors, 75 beds and public health staff for preventive care (India, 1946). During the first five year plan of independent 725 PHC were established in across the country. Each PHC complex located at the head quarter of community development block, consisted of six beds and four sub centre's, one medical officer, one sanitary Inspector, four mid wives and two ancillary persons(India Office of DG of Health,1998).Later extensive modification taken at place. As India signatory of Alma Ata Declaration of 1978, India was committed to attain the goal of "Health for All" by the year 2000.Even after the government effort 80 percent of population have no access to any form health care services(ICSS & ICMR,1980). In India majority of the primary health care service is being rendered by the primary health centre's (PHCs).So that various components such as infrastructure, medicine, drugs and personnels,out reach workers attitude need to be analysed to design an effective mechanism to deliver the service to the common people. The 'mogera' or 'Mera' community one of the disadvantaged group with a unique ethnicity which comes under scheduled caste. They are basically residing at center place of town or at rural area. There were several studies conducted on cultural aspects of the community but no more on health aspects. Basically people belongs to this caste are engaged as laborers in agriculture and non agriculture activity. Apart from that traditionally they are occupied as hunter and fisheries. The pioneer study was conducted by Kamalaksha (1968) which made an attempt to introduce the various castes and their socio-cultural aspects which belong to SC pools.Sturrock I.C.S pointed out that "The Holeya's are divided into many sub-divisions, but the most important are Mari Holeya, Mera Holeya and Mundala or Bakuda Holeya.The Mera Holeyas are the most numerous and they follow the ordinary law of inheritance through males for as that can be said to be possible with class of people who have absolutely nothing to inherit.

Objectives

- To study the socio-economic background of mogera's.
- To analyze the public health delivery system of India.
- To understand the perception of mogera community towards health services.
- To assess the health-seeking behavior among mogera community.

Methods

Profile of Study Area

The present study was undertaken in the Dakshina Kannada district of Karnataka state, a southern state of India. The district is well known for commercial transaction and connected with train and air transport as well it is second high literate district in Karnataka state. As per the 2011 census the total population of

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the district comes to 2,083,625 and of which 1,032,577 are males and remaining 1,051,048 females. The district population includes with god number of scheduled caste (SC) and scheduled tribe (ST). The population of scheduled caste comes to 1, 31,160 of which 34,238 are belonging to mogera community. Even it is economically developed district dalits are still being treated as untouchables. Total areas of Dakshina Kannada district 4,559 with average density of 457 per sq.km.

Sampling and Data Collection

The universe of the study is confined to the Mogera community, a scheduled caste (SC) who is predominantly settled across the Dakshina Kannada District. The descriptive research design was used by selecting 55 respondents from the universe. For this study primary data was collected through the pre-tested questionnaires, the secondary data was collected from various published and unpublished sources.

Findings

The socio-economic characteristics of the respondents have been presented with reference to social variables such as sex, marital status of the respondents, types of family, income and source of income.

Table1 reveals that, among the total respondents, 58.1% were males and 41.8% were females, among which 40% were married, 20%were unmarried, 1% was divorced and 5.45%were widows / widowers. As regards to their education, 25.45 percent of them were illiterate, majority of them have completed (30.09) primary education, 29.09 per cent of them were educated up to high school,5.45 percent of them were graduated and diploma holder, only 9.09 were qualified with post graduation and above. Very less number of respondents (12.72) is residing with joint family set up and majorities (87.27) of them were having nuclear family set up. It was also revealed that more than half of the respondents which is 60.00 were labourers, 20.00 per cent of them were employed in private sector. Very less (9.09) respondents were employed with government sector and 10.90 percent of women are staying with their family as housewives. As regards to income background of the respondents, it is found that 36.36 respondents were having income of less than Rs500 rupees per month. Hardly 14.54 of them were having monthly income of more than Rs20, 000 and 33.00 percent of them were having income of Rs1000 to 2000. While coming to their housing, majority of them (78.18) were residing in houses with tiles roof, 12.72 of them were staying at thatched houses and only 9.09 were staying at RCC houses.

From the Table 2, it is found that when they were suffering from minor illness, 32.73 were seeking treatment from private doctor or from private clinic. 23.64 percent of the were revive the health facility from private hospital and it shown that 20.00 of the respondents were received treatment from traditional medicine such as ayuverdic, home medicine etc.Very less (14.55)were would visit to government hospital for treatment. It shows that mogera communities prefer more for private practitioner and private hospital rather than government.

Table 3 revel that around 42 percent of people were satisfied and 36 percent of respondents were unsatisfied with the services provided by the primary health centre. However, only 22 percent people were somewhat satisfied with the services. With regard to ANM visit to village, around 44 were opined that ANMs are visiting once in three month, 38 percent people said that visiting once in a month and 19 percent respondents were said that ANM rarely or never visiting to certain area of villages. During researcher field work one women from scheduled caste said that “ANM never visit our home since we are staying at an end of this area and belong to untouchables”. In addition study was made an attempt to understand the people perception towards services provided by the ANMs. More than half respondents were felt satisfied, 16 percent of them were felt unsatisfied and 25 percent of them were said that same what satisfied. Information, Education and Communication (IEC) is one of the key activities of primary health care service. This research tried to accumulate the data on people accessibility to information on health issues and programmes. More than 50 percent of respondents were getting information on health issues and programmes, 27.27 percent respondents were not access to information and 22 percent of respondents were some time accessed to the health information. Around 96 percent of people felt that ANM who visiting to their village is most useful and very less which is 3.64 percent people said that not useful. This data shows that in spite of few shortcomings in service delivery system still their presence is very important to particular village. Most of the research on dalit health reveals that most often SC and STs are being socially discriminated even by health service personnel and agencies. In this study also made an attempt to understand the discrimination faced by dalits. Around 52.73 percent of respondents were one or other way discriminated by the ANM, 36.36 were not experienced any discrimination and 10.91 respondents were faced discrimination by ANM. The central government was initiated National Rural Health Mission9NRHM) in2007 to reach out the rural people with aid of international aid. Under this project ASHA workers are been placed at each village and they will take health care every thousand dwellers of respective village. Among the respondents 63.63 were heard about ASHA workers and 36.3 were still not heard about them.

Suggestions:

- Primary Health Care service should adopt the Dalit friendly approach which would accelerate the service utilization rate among mogera community.
- Government should think to establish the sub centers near to scheduled caste colony or where dalits can easily access the health services.
- Health workers especially ANMs should change their attitude towards dalits.
- An intensive IEC Approach at community level.
- Proper and authentic Health Need Analysis should be conducted to meet the genuine health need of particular community.
- Service delivery points should create a space for schedule castes/dalits/Mogeras.
- An integrated approach to combat the socio-health problems through community based organization.
- Motivating and applying Right based approach to public health especially marginalized groups health.
- Interventions should include awareness about treatment but also prevention, diagnosis, continuing care.

Conclusion

Disparity in access to resource leads to disparity in exposure to the risk of desease and unutilisation of health services. Health and health service are not an option to the dalits it is right of every individuals. So that government should take up the issues of dalit health and should develop a mechanism to reach the each dalit individual with appropriate service based on their health need. Mean time institutes like universities should take up

Table-1 Socio-demographic Profile

Gender	Male	Female	Total	Percentage
	32	23	55	100
Type of Family				
Nuclear	29	19	48	87.27
Joint	3	4	7	12.72
Total	32	23	55	100
Marital Status				
Married	24	16	40	72.72
Unmarried	7	4	11	20
Separated/Divorced	0	1	1	1.81
Widow/widower	1	2	3	5.45
Total	32	23	55	100
Education Level				
Illiterate	9	5	14	25.45
Primary	8	9	17	30.90
High School	10	6	16	29.09
Degree/Diploma	2	1	3	5.45
UG/PG	3	2	5	9.09
Total	32	23	55	100

Occupation	Men	Women	Total	Percent
Labour/Agriculture	21	12	33	60
Government Servants	4	1	5	9.09
Private Sector	7	4	11	20
Housewives	0	6	6	10.90
Total	32	23	55	100
Monthly Family Income				
Less than 500	11	9	20	36.36
500-1000	5	4	9	16.36
1000-1500	6	3	9	16.36
1500-2000	4	5	9	16.36
2000+	6	2	8	14.54
Total	32	23	55	100
Type of House				
Thatched Roof	5	2	7	12.72
Tile Roof	25	18	43	78.18
RCC Roof	2	3	5	9.09
Total	32	23	55	100

Table-2: Utilization of Health Care Service

Medical Facility	Minor Illness		Major Illness	
Private Doctor/Clinic	18	32.73	9	16.36
Govt Hospital/PHC/CHC	8	14.55	16	29.09
Private Hospital	13	23.64	23	41.81
Traditional Medicine	11	20.00	7	12.72
Not receiving	5	9.09	0	0
Total	55	100	55	100

Table-3: Utilization and Perception towards Primary Health Services

Sl.No	Responses	Men	Percent	Women	Percent	Total	Percent
1	Are you satisfied with the PHC services..?						
	Yes	10	18.18	13	23.6	23	41.82
	No	16	27.27	5	9.1	20	36.36
	To Some extent	6	10.91	6	10.9	12	21.82
2	How often ANMs are visiting to your home..?						
	Once in a month	14	25.45	7	23.6	21	38.18
	Once in three month	13	23.64	11	9.1	24	43.64
	Rarely	2	3.64	3	10.9	5	9.09
	Never	3	5.45	2	43.6	5	9.09
3	Are you satisfied with the services whichever provided by the ANMs?						
	Yes	18	32.73	14	25.45	32	58.18
	No	6	10.91	3	5.45	9	16.36
	Some what	8	14.55	6	10.91	14	25.45
4	Are you ever getting information about health issues and programmes?						
	Yes	11	20	17	30.91	28	50.91
	No	13	23.64	2	3.64	15	27.27
	Some time	8	14.55	4	7.27	12	21.82
5	What do you feel about ANM who visiting to your area?						
	Most useful	16	29.09	19	34.55	35	63.64
	Useful	14	25.45	4	7.27	18	32.73
	Not useful	2	3.64	0	0.00	2	3.64
6	Have you ever been faced any discrimination by the ANM?						
	Yes	16	29.09	13	23.64	29	52.73
	No	12	21.82	8	14.55	20	36.36
	Some what	4	7.27	2	3.64	6	10.91
7	When did you or your family last visit to PHC?						
	In the last month	11	20.00	16	29.09	27	49.09
	More than a month ago	13	23.64	3	5.45	16	29.09
	Never visited	8	14.55	4	7.27	12	21.82
8	Have you ever heard about ASHA..?						
	Yes	18	32.72	17	30.90	35	63.63
	No	14	25.45	6	10.90	20	36.3
9	Have you ever taken any support from ASHA worker?						
	Yes	14	25.45	16	29.09	30	54.54
	No	18	32.72	7	23.06	25	45.45

such issues as their research area by which they can produce evidence on dalit health status and health service utilization.

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