



# Utilisation and the Opinion on Public Healthcare Delivery in Karnataka<sup>1</sup>

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## Introduction

India is among those countries with a large population, accounting for nearly 18 per cent of the total population in the world (United Nations, 2017). However, in recent times, the demographic scenario in India is changing, with a rise in the percentage share of the elderly population, decreasing fertility and mortality rates, and declining female to male sex ratio. According to the Global Burden of Disease Study, India ranked 154 out of 195 countries on the Healthcare Access and Quality Index (The Lancet, 2017). However, infrastructure has a major role in delivering health services through the public health system. Health Survey and Development Committee which is also known as Bhore Committee, 1946, stressed that the existing medical and preventive mechanism was one of the important reasons for the poor health conditions in India

It was the Bhore Committee that recommended the establishment of three-tier preventive and curative healthcare systems in India by placing health workers on the government's payroll. However, the evolution of the public healthcare system has not been successful to the expected level due to various issues such as lack of physical infrastructure, lack of qualified personnel, quality of care etc., which ultimately resulted in the evolution of the private healthcare system. It increases the cost of healthcare, which ultimately has a direct bearing on the economically weaker sections of the society. Another problem with the Indian healthcare system is that a private healthcare system has emerged on a large scale, but most of its establishments are concentrated in urban areas.

Karnataka is one of the states which started to establish primary health centres for providing comprehensive healthcare even before it was conceived by the Government of India. Further, an independent health department was established in the year 1929 under the Director of Public Health. It should be noted that Karnataka is a pioneering state in establishing birth control clinics as early as in 1930s (Rayappa and Sekher, 1998), one at Vani Vilas Hospital in Bengaluru and another at Cheluvamba Hospital in Mysuru and also a pioneering state in implementing the Universal Health Coverage Scheme. After the formation of the Mysuru state in 1956, the medical services of different states such as Mysore, Coorg, Madras, Bombay and Hyderabad were brought under the Department of Health and Family Planning Services and the Directorate of Health and Family Welfare Services was established in 1977 (Kamble, 1984). Subsequently, five year plans focused on various developments in the health sector.

The present policy brief makes an attempt to understand the utilisation and the public opinion on health facilities and their healthcare service delivery in Bagalkot district of Karnataka. The public healthcare system in Karnataka would remain incomplete without ascertaining the opinions and feelings of the health staff serving in different types of public health facilities. Hence, in order to reveal the public healthcare system, in-patients and out-patients were selected and interviewed for the study. The problems being faced by the patients and suggestions offered by them on various aspects of hospitals' functioning were recorded by using a questionnaire that was designed exclusively for the purpose. Opinion was asked mainly on three aspects such as (a) the reason for using public health facility (b) level of satisfaction and (c) response about re-availing the health facility.

## Data and Methods

In order to reveal the opinion of the public health infrastructure, primary investigation has been done in Bagalkot district during 2018. In order to seek opinions of the public on the health infrastructure the sample size was drawn from Bagalkot district and its taluks and general hospitals which represent the urban healthcare infrastructure. The rural healthcare centre representation has been drawn from Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs). For each type of hospital, data was collected for in-patients as well as for out-patients. At aggregate level, the sample covered 375 patients. Out of this, 116 are in-patients and 259 out-patients. This can be seen in Table 1.

**Table 1: Type of Hospital-wise Number of Respondents**

Urban / Rural	Sl. No.	Type of hospital	In - patients	Out - patients	Total
URBAN	1	District hospital	19	20	39
	2	Taluk hospital	49	67	116
	3	General Hospital	11	6	17
	TOTAL URBAN		79	93	172
RURAL	1	Community Health Centre	36	44	80
	2	Primary Health Centre	1	30	31
	3	Sub-centres	0	92	92
	TOTAL RURAL		37	166	203
TOTAL (URBAN + RURAL)		116	259	375	

Source: Field work conducted during 2018-19

## Classification of Respondents Based on Sex

According to the sample survey, the health facilities are being used by more females than males. While the female patients taking advantage of the healthcare systems of rural

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hospitals is around 54 per cent of the total, the percentage is even higher at around 60 in urban hospitals. Table 2 is compiled from sample data to understand the proportion of males and females availing the services of rural and urban hospitals.

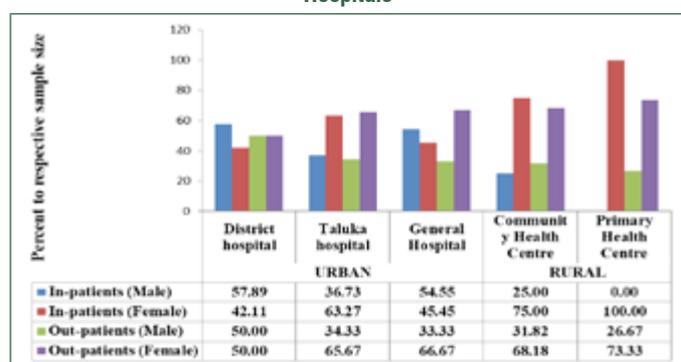
**Table 2: Classification of Sample Patients based on Sex**  
(As a percentage of respective totals)

Sl. No.	URBAN / RURAL	IN-PATIENTS		OUT-PATIENTS		TOTAL	
		Male	Female	Male	Female	Male	Female
1	Urban hospitals	44.30	55.70	37.63	62.37	40.70	59.30
2	Rural hospitals	24.32	75.68	51.20	48.80	46.31	53.69
3	Total	37.93	62.07	46.33	53.67	43.73	56.27

Source: Field work conducted during 2018-19

Another important revelation of the above table is that a little more than three-fourth of the in-patients of rural hospitals are females. In a way, it indicates that rural females depend highly on CHCs and PHCs for treatment of their gynecological problems and for reproductive and child health. Fig 1 depicts the distribution of males and females visitors to urban and rural hospitals in the selected study area.

**Figure 1: Distribution of Male and Female Visitors to Urban and Rural Hospitals**



Close observation of Figure 1 provides a strong ground for the claim of health staff that they are overburdened with work – especially female staff including medical officers. Therefore, filling of vacant posts of paramedical staff, nurses and ANMs is a dire necessity.

### Age and Marital Status

The average age of patients, at aggregate level, worked out to 38 years. The average age remained, more or less, the same for in-patients and out-patients. The differences in the average age of rural and urban patients and in-patients and out-patients within those two groups is given in Table 3.

Although the average was only around 37 to 40 years, the sample had instances of very young patients below the age group of 20 years. On the other side, patients as old as 83 years are also part of the sample. However, patients falling in the age group of below 20 years and above 50 years together constituted around one-third of the total sample size. The proportion of patients with different age groups is given in Figure 2.

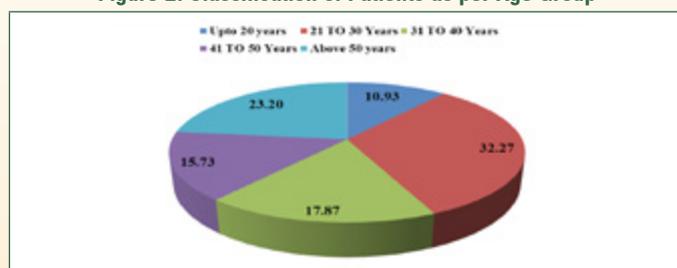
**Table 3: Average Age of Sample Patients**

(Years)

SN	Category	In - patients	Out - patients	Total
1	Urban hospitals	40	35	37
2	Rural hospitals	38	39	39
	TOTAL	39	37	38

Source: Field work conducted during 2018-19

**Figure 2: Classification of Patients as per Age Group**

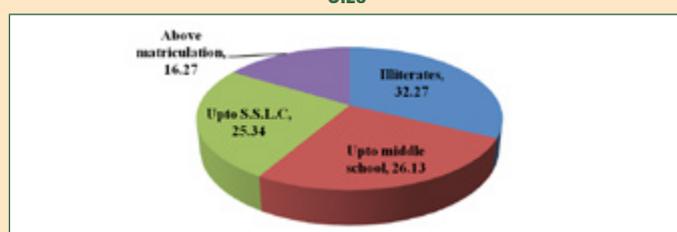


It is troubling to learn from Figure 2 that youngsters, before reaching the age of 30 years, have been facing health problems just like the senior citizens. It is not that these young patients have been facing minor health problems. It is a fact, according to the sample survey, that around 30 per cent of the 21 to 30 years old patients were in-patients. This amply indicates the gravity of the health problems among the younger generation. Around 96 per cent of the total patients who were part of the sample were married and only around 4 per cent were unmarried. Among the married patients, there were a few cases of women who were widows.

### Educational Qualification

Almost around one-third of the total sample were completely illiterate. Illiteracy rate among the patients visiting rural hospitals was a little higher than that of the patients of urban hospitals. The literacy rate among the in-patients and out-patients separated for rural hospitals and urban hospitals is presented in Table 4 as a per cent to the total respective sample size.

**Figure 3: Education Status of Patients as a Percentage of Total Sample Size**



It can be seen from Table 4 that some degree holders also utilised the services of rural hospitals. Around 20 per cent of the rural hospitals were used by patients above matriculation level of education. If this educated rural population is properly served, they would act as motivators for other persons of low education or illiterates to turn towards the government healthcare systems. The aggregate educational level of the sample patients is given in Figure 3.

**Table 4: Education Level of the Sample Patients**

(As a percentage of total sample size)

SN	Educational level	URBAN HOSPITALS			RURAL HOSPITALS			URBAN + RURAL		
		In-patients	Out-patients	Total	In-patients	Out-patients	Total	In-patients	Out-patients	Total
1	Illiterate	35.44	26.88	30.81	37.84	32.53	33.50	36.21	30.50	32.27
2	Primary	7.59	4.30	5.81	0.00	4.22	3.45	5.17	4.25	4.53
3	Middle	15.19	17.20	16.28	27.03	25.90	26.11	18.97	22.78	21.60
4	High school	11.39	8.60	9.88	16.22	3.01	5.42	12.93	5.02	7.47
5	Matriculation	3.80	23.66	14.53	13.51	22.29	20.69	6.90	22.78	17.87
6	PUC / Diploma	12.66	8.60	10.47	5.41	8.43	7.88	10.34	8.49	9.07
7	Degree	13.92	10.75	12.21	0.00	3.61	2.96	9.48	6.18	7.20

Source: Field work conducted during 2018-19

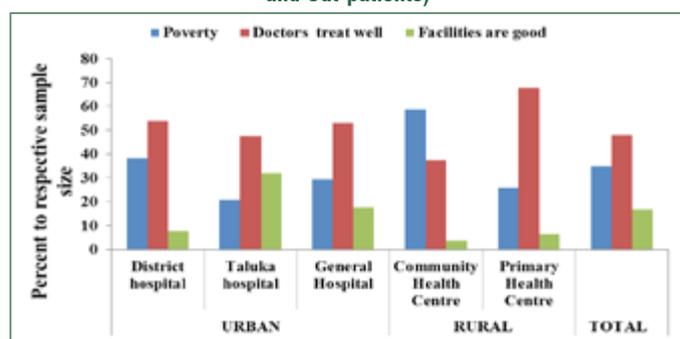
Many of the patients with middle school education have discontinued their education in the primary level itself. All of them generally reside in rural areas and hence they have no other option than the government healthcare system when they fall sick.

### Reason for Using Government Hospitals

Generally, people are averse to undergo treatment in health facilities offered by the government. Those who can afford it would prefer private nursing homes. Even with this mental block, a very large number of people approach the government healthcare system for their health problems. They use the government health system irrespective of their age, gender, education level and whether they belong to rural or urban areas. As a part of study, the research team endeavoured to dig out the reasons or situations under which the people use government health facilities. The results of the study after compilation of qualitative data, collected from in-patients and out-patients, are presented in Table 5.

At aggregate level, it is heartening to note that almost half of the patients (49.42%) are attracted to urban health facilities, mainly because the doctors are good and they treat them well. Even the rural patients (45.95%) offered the same reason. The reason of poverty has taken second place. However, poverty is the main reason for using health facilities for in-patients of rural area.

**Figure 4: Reasons for Using Public Health Facilities (Aggregate of In and Out-patients)**



According to Figure 4, a lower number of patients have indicated that the facilities are good. Therefore, it is essential to improve the facilities at government health facilities to make the best use of dedicated treatment by doctors and other health staff.

### Level of Satisfaction

The patients were asked about their satisfaction level, apart from their reasons to visit health facilities. The analysis revealed that around 35 per cent of the in-patients and around 71 per cent of the out-patients were fully satisfied with the treatment they had received from the health facilities. The percentage of patients to sample size, who were not at all satisfied, was as high as 85 per cent in the case of out-patients of the district hospital (Table 6). It is to be noted that almost all the in-patients and out-patients of Primary Health Centre were fully satisfied with respect to the treatment they received.

Some more combined efforts from the government and health staff may satisfy the 9.89 per cent of the patients who expressed the view that they were not fully satisfied. However, it is essential to identify the precise reasons from around 34 per cent patients who were not at all satisfied.

### Would the Patients Come Again?

It is not sufficient if the people get treated and express their satisfaction about the treatment they received from health facilities. It is equally important to know whether they would seek the help of government health facilities if they fall ill again. The response of patients on this aspect was encouraging for the government and the health staff. This is because more than three-fourth of the out-patients and almost half of the in-patients said that they would come again to government health facilities for treatment. This indicates that how the public depend on the public health facilities for treatment. It is interesting and important to note that about 52.61 per cent of in-patients of the district hospital, 65.31 per cent of in-patients of taluk hospital and 100 per cent in-patients of CHCs and PHCs would come again. In the case of CHCs and PHCs, it clearly indicates that poor and marginal group of people depend upon public health facilities for in-patient care. But it is relatively different in the case of out-patients. Only about 15 per cent of the out-patients replied that they could come again. A close

**Table 5: Reasons for Using Health Facilities**

(As a percentage of total sample size)

Type of health facilities	IN-PATIENTS			OUT-PATIENTS			TOTAL		
	Poverty	Doctors are good and treat well	Facilities are good	Poverty	Doctors are good and treat well	Facilities are good	Poverty	Doctors are good and treat well	Facilities are good
<b>URBAN</b>									
District hospital	42.11	57.89	0.00	35.00	50.00	15.00	38.46	53.85	7.69
Taluk hospital	36.73	30.61	32.65	8.96	59.70	31.34	20.69	47.42	31.90
General Hospital	27.27	45.45	27.27	33.33	66.67	0.00	29.41	52.94	17.65
TOTAL URBAN	36.71	39.24	24.05	16.13	58.06	25.81	25.58	49.42	25.00
<b>RURAL</b>									
Community Health Centre	77.78	22.22	0.00	43.18	50.00	6.82	58.75	37.50	3.75
Primary Health Centre	100.00	0.00	0.00	23.33	70.00	6.67	25.81	67.74	6.45
TOTAL RURAL	78.38	21.62	0.00	35.14	58.11	6.76	49.55	45.95	4.50
URBAN+RURAL	50.00	33.62	16.38	24.55	58.08	17.37	34.98	48.06	16.96

**Table 6: Satisfaction Level of Patients**

(As a percentage of total sample size)

Type of health facilities	IN-PATIENTS			OUT-PATIENTS			TOTAL		
	Fully satisfied	Not fully satisfied	Not at all satisfied	Fully satisfied	Not fully satisfied	Not at all satisfied	Fully satisfied	Not fully satisfied	Not at all satisfied
<b>URBAN</b>									
District hospital	31.58	21.05	47.37	10.00	5.00	85.00	20.51	12.82	66.67
Taluk hospital	46.94	0.00	53.06	95.52	2.99	1.49	75.00	1.72	23.28
General Hospital	100.00	0.00	0.00	100.00	0.00	0.00	100.00	0.00	0.00
TOTAL URBAN	50.63	5.06	44.30	77.42	3.23	19.35	65.12	4.07	30.81
<b>RURAL</b>									
Community Health Centre	0.00	55.56	44.44	38.64	0.00	61.36	21.25	25.00	53.75
Primary Health Centre	100.00	0.00	0.00	96.67	3.33	0.00	96.77	3.23	0.00
TOTAL RURAL	2.70	54.05	43.24	62.16	1.35	36.49	42.34	18.92	38.74
URBAN+RURAL	35.34	20.69	43.97	70.66	2.40	26.95	56.18	9.89	33.92

**Table 7: Responses about Repeated Use of Health Facilities**

(As a percentage of total sample size)

Type of health facilities	IN-PATIENTS			OUT-PATIENTS			TOTAL		
	Will come again	Will not come again	Will come again in emergency	Will come again	Will not come again	Will come again in emergency	Will come again	Will not come again	Will come again in emergency
<b>URBAN</b>									
District hospital	52.63	0.00	47.37	15.00	45.00	40.00	33.33	23.08	43.59
Taluk hospital	65.31	6.12	28.57	95.52	4.48	0.00	82.76	5.17	12.07
General Hospital	100.00	0.00	0.00	0.00	100.00	0.00	64.71	35.29	0.00
TOTAL URBAN	67.09	3.80	29.11	72.04	19.35	8.60	69.77	12.21	18.02
<b>RURAL</b>									
Community Health Centre	100.00	0.00	0.00	36.36	61.36	2.27	65.00	33.75	1.25
Primary Health Centre	100.00	0.00	0.00	0.00	80.00	20.00	3.23	77.42	19.35
TOTAL RURAL	100.00	0.00	0.00	21.62	68.92	9.46	47.75	45.95	6.31
URBAN+RURAL	77.59	2.59	19.83	49.70	41.32	8.98	61.13	25.44	13.43

look at Table 7 establishes the fact that the patients have gained confidence in health facilities as only around 2.60 per cent of in-patients and around 9 per cent of out-patients have categorically mentioned that they will not come again. In fact, at the time of discussion, a few patients mentioned that they would recommend it to others also.

It can be inferred that the doctors and other health staff of taluk hospital, general hospital and community health centre have built reasonably good rapport with the patients when they had come to get themselves treated. It is necessary to trace the reasons for which around 77 per cent of the patients of the primary healthcare centre are not willing to come again for treatment.

### Policy Recommendations

- According to the sample survey, the health facilities are being used by more females than males. Hence, in order to utilise the necessary services, especially in CHCs and PHCs, they need to be developed to treat gynecological problems and reproductive and Child Health.
- Shortage of female health staff and para-medical staff in CHCs and PHCs has hindered the healthcare service delivery to women and children. Therefore, filling of vacant posts of para-medical staff, nurses and ANMs should get the immediate attention of the health department.
- A very large number of people approach the government healthcare system for their health problems due to non-availability of manpower. It should be provided.
- In rural health facilities, the health staff needs to gain confidence in treating the patients as compared to urban health facilities.
- In the case of CHCs and PHCs, in-patients care needs to be improved both in terms of human resources and quality of service.
- The public have confidence in public healthcare service delivery, and they are basically poor; hence, it needs to be strengthened further in order to justify the confidence among the public.
- In the case of CHCs and PHCs, it clearly indicates that the poor and marginal group of people depend upon public health facilities for in-patient care. Hence, in-patient care needs to be extended.
- Around 30 per cent of the 21 to 30 years old patients were in-patients. Hence, there is a need to create a separate wing for younger patients in order to deliver necessary healthcare service delivery to younger people and to adopt preventive measures.
- In urban health facilities, there is no sufficient space for in-patients as well as out-patients. Hence, the service delivery is quite moderate, and needs to make possible efforts to provide sufficient space for both in-patient as well as out-patient care in sub-divisional and district hospitals.

- It can be finally stated that the existing health systems in public health facilities have all the potential to be on par with private healthcare services.
- This needs to be examined by the concerned department positively to strengthen the public health facilities further to deliver healthcare services to the public in an efficient and effective manner.

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