

Utilization of Preventive and Curative Services in Five Rural Blocks of a Southern Indian District

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Health seeking behaviour of children is influenced by multiple factors [1,2]. Novel methods are used to increase awareness and acceptance of preventive and curative health services of which the financially incentivised Muthulakshmi Reddy Maternity Benefit Scheme (MRMBS) by Tamil Nadu government is one [3], and the Chief Minister's Health Insurance (CMCHIS) is another [4]. Many incur out-of-pocket expenditure (OOPE) while seeking health care even among the insured, with nearly 60% incurring OOPE during illness [5]. We assessed the health seeking behavior of children below the age of 2 years for preventive intervention and selected common illnesses as a part of a larger survey.

We carried out a health sub-center-wise 60 cluster sampling [6] of 720 children (<2y) living in five rural blocks of Vellore health unit district (total population 6,86,335). The interviewer administered a semi-structured questionnaire to the mother/primary caregiver to document the health seeking behavior. Immunization, illness in preceding 4 weeks, treatment, hospitalization and specific hypothetical questions on health care preferences for future illnesses were also documented.

Among the 720 children, only five (0.7%) were home births. Government health facilities were preferred for immunizations (**Table I**); 335 (46%) reported illness during prior two-week recall and 278 (83%) sought care. Of 720, 175 (24.3%) reported illness in the 3rd & 4th week recall, and 166 (94%) sought treatment. Thirty-six children (5%) were hospitalized in the preceding year with median (IQR) duration 5 (3, 9) days.

For hypothetical mild illnesses in the future, 634/720 responded; 59% said they would seek treatment, 372 (52%) preferred private and 262 (36%) government facility, 76 (10%) home remedy, 8 non-medical treatment at local mosque, and 11 said native treatment. For severe illnesses, all nearly parents (712/720) preferred a health facility visit (113, 18% government; 582, 82% private).

Preventive public health services have a high acceptability among people while the reluctance to visit the Government-run curative services is apparent in this survey. Preference for private health care over government set-up has led to an exponential increase in private health care in India [7], to keep pace with increased demand. In response to MRMBS, the vast majority of the mothers preferred government immunization services, including financial support which compensated OOPE. This has impacted on good ANC and immunization services coverage and reducing morbidity, mortality and protecting households from financial burden. CMCHIS seeks to mitigate financial burden of curative services and has benefitted over 1.5 crore families since inception (2009) [8]. Improving standards and quality of care in Government-run curative services and better marketing strategy could improve acceptance of the public sector curative services leading to a better utilization of the tax payers' money.

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TABLE I HEALTH SEEKING BEHAVIOR AMONG CHILDREN BELOW THE AGE OF TWO YEARS

	<i>Government health care facilities No (%)</i>	<i>Private health care facilities No (%)</i>
Births (<i>n</i> =720)	588 (81.7)	127 (17.6)
Immunization (<i>n</i> =718)	603 (84)	115 (16)
Health facility visited during illness in prior 2 week recall (<i>n</i> =262)	74 (26.6)	188 (67)
Health facility visited during illness in prior 3-4 week recall (<i>n</i> =166)	37 (22)	129 (78)
Children hospitalized in the previous 12 months (<i>n</i> =36)	21 (58)	15 (42)