

ABSTRACT

DETERMINANTS OF MEDICAL CARE UTILISATION IN RURAL AREAS

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Medical care utilisation, extent of compliance, self-medication and people's willingness to contribute money are examined in systems framework. Data is collected from 263 households who reported atleast one person sick during one month reference period. The household survey is carried out in Batlahalli PHC in Chintamani taluk of Kolar district in the state of Karnataka.

Decision to contact a source of medical care (SMC) is found to be influenced predominantly by need variables. Medical care utilisation is quantified as a) number of contacts with SMC and b) expenditure on medical care. Multivariate analysis of medical care utilisation is carried out both at individual and household levels. Number of contacts with SMC by a sick person are found to be influenced by four need variables and three provider subsystem related variables. Individual expenditure on medical care is found to be significantly related with one predisposing, two need and two provider subsystem related variables.

Major reason for non compliance with medical advice is monetary. Association of occupation, major symptom group and distance to bus stop is found to be significant with decision to self-medicate.

People in the rural areas realise that the government cannot provide free medical care to all. 68.4% of the households expressed willingness to contribute money for better services. Dry land owned, score on paper reading and number of patients are found to be the significant variables influencing the amount of money people are willing to contribute.

Based on the findings of the study dynamics of demand-supply-utilisation system of medical care is presented.