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Utilisation of Health Care in North Bengal: A Qualitative Study on Preference for a Care with Respect to Type of Facility and System of Medicine[1]

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ABSTRACT Patients' or households' preference for a particular type of care or system of medicine has an important bearing on the use or non-use of different types of health care in a country like India where both public and private sectors run parallel with six different recognised systems of medicine. The present study does an analysis of user's perception regarding choice of a care and computes importance or salience of different opinions towards utilisation of a care. It collects data following free-listing technique and adopts a simple analytical scheme for quantitative interpretation of qualitative data. The area of the study has been rural and urban areas of Cooch Behar and Jalpaiguri districts of North Bengal (West Bengal, India).

INTRODUCTION

Importance of opinions and attitudes towards a type of care or system of medicine has been recognised greatly by the medical sociologists, anthropologists, and doctors. In India the issue has been addressed mostly by the medical specialists. Such studies are restricted in counting frequencies of patients expressing various opinions. However, to move a step further one can use modern qualitative anthropological techniques to sketch patients' (or households') cognitive structure with respect to their choice of a type of care or system of medicine. At present in India both private and public sectors run parallel and there are six officially recognised systems of medicine, such as Allopathy, Ayurveda, Homoeopathy, Naturopathy and Yoga, Siddha, and Unani. The present study does an analysis of user's perception regarding choice of a care and computes importance or salience of different opinions in their mind towards utilisation of care. It collects data following free-listing technique and adopts a simple analytical scheme for quantitative interpretation of qualitative data. The area of the study has been rural and urban areas of Cooch Behar and Jalpaiguri districts of North Bengal (West Bengal, India).

REVIEW OF LITERATURE

Each system of medicine represents more or less a distinct stage in the development of healing art in the progress of human civilisation. In India various systems of medicine run parallel. Though ultimate aim of individual is healing of disease or alleviating the pain, human behaviour in illness and their acceptance of mode of treatment varies (Srivastava, 1976).

According to Reddy (1966), factors, which determine utilisation of modern medicine in developing countries, are lack of facilities of transport and communication and lack of awareness of modern medicine. Indigenous system of medicine has profound hold on villagers socially and psychologically. According to Rao (1972), the reasons for thriving of indigenous system of medicine are the non-availability of manpower, equipment, medicine and physical facilities required for modern medicine. Srivastava and Bhandari (1974) studied utilisation pattern and demand for Central Government Health Scheme (CGHS) Ayurvedic dispensaries in Delhi. They found that average daily attendance of Ayurvedic dispensary had been on increase from 1967 to 1973. The reasons for choosing Ayurvedic system were 'lasting cure', 'no ill effects', 'more effective', and 'tried Allopathy earlier'.

Chopra (1980) argued that community responses to systems of medicine in illness depend upon cause of disease, effectiveness of treatment and time spent on cure of a disease. The popularity of Allopathy was based on the

understanding that it gives faster relief and also had greater efficacy in cure of most diseases. People often resorted to a combination of system of medicine. Hans (1980) studied perception and utilisation of Ayurvedic medical care by rural community in Aligarh, Uttar Pradesh. He reported that great importance is attached to Ayurvedic institutions despite the availability of the allopathic services through primary health centres. The reasons for preferring Ayurvedic system were 'slow but lasting cure', 'faith in the system', 'no side reaction', and 'inexpensive medicines'. Forty-three per cent of the respondents consider Ayurveda to be effective for children. Reasons for choosing Homoeopathy were also similar. Eighty per cent of the respondents used Homoeopathy for selective illness. According to Banerjee (1981), the analysis of social, economic and political determinants of the body of knowledge of the indigenous systems of medicines in India is of crucial importance. Such an analysis places the indigenous systems of medicines in an entirely different perspective. It is very unfortunate that the bulk of social scientist who have worked in the field of health culture of the rural populations in India, have been over-enthusiastic in discussing the superstitious health beliefs and practices of these people, and they have not paid adequate attention to the powerful social, economic, and political forces which had been instrumental in causing decay and degeneration of their health culture. According to him in rural India a very unflattering image of the Primary Health Centres lead people to go to the registered medical practitioners and quacks. When they proved ineffective, then depending on the economic status of the individual and the gravity of illness, villagers actively sought help from government and private medical agencies in the town and cities. Nandan et al. (1982) in their study in a development block in Agra, Uttar Pradesh found that majority of people relied on traditional practitioners. Modern medicine was less in vogue due to high cost and technology and less numbers of practitioners. The traditional practitioners make significant contributions to health care of the community.

Chopra (1991) studied the perception of patients under Central Government Health Scheme (CGHS) towards Indian System of Medicine and Homoeopathy (ISM & H) in Delhi. She found that a lot of beneficiaries of CGHS specially educated and high-income group do utilise ISM & H. However, for maternal and child health, and family welfare (MCH & FW) services they all rely on Allopathy. They were not aware that these services could be obtained from doctors in ISM & H also. Hence, they did not ask for these services. Dar (1995) did one study on common health problems among male adolescents and health services utilisation by them in an urban slum in Delhi. He found that majority of the adolescent males preferred private clinic, rests preferred clinic run by NGOs (non-governmental organisations) and few preferred chemist shop, and one told about his father who was a Hakim (Unani practitioner). The respondents were of the opinion that if services were available at free of cost, they should be tapped first. Study by Sundar (1995) found that in both rural and urban areas the utilisation of private health facilities is highest for acute illness. In the rural areas, the utilisation of public health facilities is very high for accidents and injuries. In both rural and urban areas, with an improvement in the income status of the household, the utilisation of the public health facilities comes down and the utilisation of the private health facilities goes up. Chhabra and Saraf (1997) examined the reasons behind taking admission in tertiary level health care facility (among reproductive health care seekers) in rural central India. They have interviewed 1120 women over 6 months. The study found that illiterate people seek care for economic reasons, rich people for referral cases. Other important reasons were reputation, availability of desired expertise, appropriate health care insurance benefit, etc.

NEED FOR THE STUDY

The above review reveals that patient's or household's preference for a particular type of care or system of medicine has an important bearing on the use or non-use of different types of health care in Indian context. However, studies are restricted in counting frequencies of patients expressing various opinions. To move a step further one can use modern qualitative anthropological techniques to sketch patients' (or households') cognitive structure with respect to their choice of a type of care or system of medicine. The trend to sketch respondent's cognitive structure in qualitative research is a very recent phenomenon, and literature in this field is very limited. Majumder (2000) did an exploratory study to analyse cognitive structure of male and female

respondents with respect to the question of good qualities that a spouse should have. The study used free-listing technique to collect information. Verma et al. (2001) studied male sexual health problems in a slum population in Mumbai. They have used various anthropological techniques to get culturally relevant items (vocabulary), to delineate the boundaries of a semantic or cultural domain, and also to make inferences about respondents' cognitive structure by computing 'salience' or importance of a particular opinion from the order of recall and the frequency of recall. Mondal (2003) has also used free-listing technique to study the reproductive morbidity in Bardhaman district of West Bengal. However, it is to be mentioned that salience of different opinions in the study of Verma et al. (2001) has been computed combining the frequency of an item with its average rank in individual lists. Methodological question is that, whether the process of computing average rank is a valid action. Each individual list expresses one preference ordering where items are in ordinal scale. Characters in ordinal scale have identity and order only. They are not additive. So, computation of average rank is a meaningless operation. In such a situation it is necessary to develop a method, which will be free from such shortcomings.

DATA

The study is based on primary data collected by adopting a free-listing technique. The survey on health services utilisation has been conducted in Cooch Behar and Jalpaiguri districts of North Bengal taking 7 villages and 4 wards from rural and urban areas of each district respectively. Though data on other issues related to utilisation of a care has been collected through interview technique, one separate section was there in the questionnaire to collect information regarding respondent's / household's preference for a care through free-listing technique where respondents were free to express their opinion according to importance in descending order. Twenty households have been selected from each village / ward leading to the total size of sample as 440 households. However, not all households have participated in this process of expressing opinions. One hundred and ninety-four free-lists in rural, and 78 free-lists in urban areas have been included in analyses.

METHOD

All individual responses are to be tabulated according to their rank in free-lists. If there are n-numbers of opinions, those in the first, second, ..., n-th ranks will get weights as follows:

$\{(n - 0) / (1+2+\ldots+n)\}, \{(n - 1) / (1+2+\ldots+n)\}, \ldots, [\{n - (n - 1)\} / (1+2+\ldots+n)]$.

The underlying assumption behind such weighting system is that importance of each opinion in individual list decline linearly. Frequency of each opinion may vary sharply as all respondents may not mention all items. Total weight of each opinion will then be computed by simple aggregation. These will sharply vary according to their ranks and frequencies. All weights will then be aggregated to get the grand sum and weight of each opinion will be expressed as a proportion or share of the grand sum. These quantities are nothing but (on an average) the salience of each opinion in respondent's mind. Eight separate exercises will be done for public and private types of care (health facility), Allopathy and Homeopathic systems of medicine in the rural and urban categories.

For example (for one individual free-list only), if there are 3 opinions in favour of Allopathy as: Permanent cure (in the first rank), Quick relief (in the second rank), and Reliable (in the third rank), then salience of

Permanent cure = $\{(3 - 0) / (1 + 2 + 3)\} = 0.500$,
Quick relief = $\{(3 - 1) / (1 + 2 + 3)\} = 0.330$,
Reliable = $\{(3 - 2) / (1 + 2 + 3)\} = 0.170$,
such that Σ Salience = 1.000.

The above results are to be comprehended as – on an average, half (50 per cent) of the space of respondent's mind is occupied by the feeling that Allopathy leads to permanent cure, 33 per cent of the space is full by the feeling that Allopathy provides quick relief, and the rest (17 per cent) is occupied by the sensation that Allopathy is reliable. Though all the above factors influence respondents to choose Allopathic system of medicine, the above method provides us with precise estimates of 'salience' or importance of each opinion in people's mind.

RESULTS AND DISCUSSION

6.1. Patient's Preference for Different Types of Care

6.1.1. Preference for Public Type of Care-Rural: Table 1 shows 4 opinions in favour of

public type of care by 52 respondents in the rural category. It is also to be mentioned that all respondents (52) have not mentioned all items. Forty-four persons feel inexpensiveness (cheap) of public sources of care is important. However, importance of this opinion is not same for all respondents. In these free-lists of opinions in favour of public type of care, 21 persons kept 'cheap' in the first rank, 12, 7, and 4 persons kept it in the second, third, and fourth ranks respectively. The second row shows 2 opinions: 'available' and 'no other option'. As both convey similar meaning, those have been clubbed together. The other 2 opinions are 'reliable' and 'better treatment'.

From the opinions we get an idea about respondents' preferences for public type of care in this region of North Bengal. First of all, they are very keen about cost aspect of a care. It is to be mentioned that, though very divergent in quantity and quality, private sources of care are flourishing in Cooch Behar and Jalpaiguri. As a result cost of treatment is also increasing at a faster rate in this region. In such a situation, patients or households have expressed their concern about cost of a care. In other words, they (44 respondents) have mentioned that reason behind choosing public type of care was that it was cheap. As we know, in the rural areas primary health care instructions are available (which are publicly funded), rural people have utilised those. There are many instances when respondents have mentioned that no other options were available. A good percentage of persons have raised question about reliability of a care. As in the rural areas many unrecognised practitioners are operative, people preferred public sources care for reliable treatment. Similarly, for better treatment also people preferred public health facilities. Though in the section of review of literature we did not find any specific study in the direction of finding reasons behind choosing public or private type of health facility, we get availability or unavailability of any care or medical personnel or drugs, geographical accessibility, cost aspects of care, etc. as important areas of households' concern. The findings of the present study are thus consistent with those of the previous ones, and in addition to that it provides us with some precise estimates regarding respondents' opinions in favour of utilising a care.

Table 2 shows importance or salience of each opinion in people's mind. Salience of 'availability' came to be 0.315. It conveys that more than 31 per cent space of respondents' mind is occupied by the feeling that they have utilised care from public sources, as those were available to them. Salience of 'cheap' is 0.297. We can check that frequency of 'cheap' is higher than that of 'availability'. From this result it will not be plausible to make any inference about importance of these opinions. When we take into account frequency of an opinion with its rank in different individual lists, we get the true picture. Salience of other items declines gradually according to their over all frequency and ranks in individual free-lists.

6.1.2. Preference for Public Type of Care – Urban: Urban dwellers are quite precise than their rural counterparts on the question of choosing public type of care. They have pointed towards price of care (cheap) and their income or financial ability (affordability) as shown in table 3. We know that in the urban areas particularly in Cooch Behar and Jalpaiguri towns, specialised public and private sources of care are available. However, all these are not attainable to all potential patients. Households take into consideration price

Table 1: Cross tabulation of opinions and ranks for public type of care - Rural

Opinion	*Rank & Frequency*				*Total*
	1st	*2nd*	*3rd*	*4th*	
Cheap	21	12	7	4	44
Available, No other option	13	6	8	2	29
Reliable	7	4	-	7	18
Better treatment	11	-	1	-	12
Total	52	22	16	13	103

n=52

Table 2: Salience of opinions in favour of public type of care - Rural

Opinion	*Salience*
Available, No other option	0.315
Cheap	0.297
Better treatment, Authentic treatment	0.215
Reliable	0.174
Total (Σ Salience)	1.000

of a care as well as their affordability, i.e., income. Price of a care is acceptable to someone only when she or he has affordability.

Table 3: Cross tabulation of opinions and ranks for public type of care - Urban

Opinion	*Rank & Frequency*		*Total*
	1st	*2nd*	
Cheap	6	3	9
Affordable	3	-	3
Total	9	3	12

n = 9

Salience values of the two opinions appear in table 4. We see that salience of inexpensiveness of public type of care (cheap) is two times higher than that of affordability. It conveys that households' immediate response to a care is associated with its price only.

Table 4: Salience of opinions in favour of public type of care - Urban

Opinion	*Salience*
Cheap	0.667
Affordable	0.333
Total (Ó Salience)	1.000

n = 56

6.1.3. Preference for Private Type of Care-Rural: There are 56 respondents and 3 opinions in this category as shown in table 5. The first two are related to quality of care. By and large rural respondents perceive private health facilities as sources of quality care as compared to the public ones. Also a large number of persons have been influenced by some other (referral cases) towards utilisation of private care.

Table 5: Cross tabulation of opinions and ranks for private type of care - Rural

Opinion	*Rank & Frequency*			*Total*
	1st	*2nd*	*3rd*	
Better treatment	26	17	4	47
Doctors pay attention	21	8	12	41
Referred by some one (relatives, friends, chemists of medicine shops, etc.)	9	15	9	33
Total	56	40	25	121

n = 56

Table 6 shows salience values in this category. The most important one is 'better treatment' with salience value of 0.348. The other 2 are almost equally important as they have almost same salience.

Table 6: Salience of opinions in favour of private type of care - Rural

Opinion	*Salience*
Better treatment	0.348
Doctors pay attention	0.277
Referred by some one (relatives, friends, Chemists of medicine shops, etc.)	0.275
Total (Ó Salience)	1.000

6.1.4. Preference for Private Type of Care – Urban: The reasons behind choosing private type of care by the urban dwellers are nothing but quality aspects of care. There are 8 categories of opinions, most of which are to specify good quality of care of the private health facilities or malfunctioning of the public hospitals as appear in table 7. Respondents have clearly put importance on 'doctor-patient information exchange' (Donabedian, 1980), and attractiveness of health facility (Kroeger, 1983), which are thought very important determinants of utilisation of a care. In the above review of literature also we found that very unflattering image of the Primary Health Centres in rural India, which lead people to go to the private practitioners (Banerjee, 1981). The present study gives clue of similar situation in urban health centres also. It is true that public health care institutions, particularly the Sub-divisional and District Hospitals (District Hospitals in our study area) remain overcrowded throughout the year. Doctors or medical specialists are believed to pay very less attention or spend very less time to discuss the issues with the patient or accompanied persons. It is also true that public hospitals have not enough capacity to accommodate all patients. As a result patients are seen to share beds with others or occupying floors, corridors, etc. However, one does not expect such inconveniences in private health facilities. These are the main reasons (as reflected from patients' opinions) behind choosing private health facilities by the urban dwellers. Two persons have mentioned that they have sought care from private sources as they had health insurance coverage. One person mentioned about working of family member in favour of utilisation of private health facility.

Table 8 shows salience values of opinions in favour of private type of care in the urban category. Of the 8 categories of items, those related to time have been found very important. Respondents give priority to waiting time as well as time for therapeutic discussion.

Table 7: Cross tabulation of opinions and ranks for private type of care - Urban

Opinion	*Rank & Frequency*								*Total*
	1st	*2nd*	*3rd*	*4th*	*5th*	*6th*	*7th*	*8th*	
Better treatment, Quality treatment, authentic treatment, right diagnosis	12	4	1	5	5	-	2	-	29
Enough time to discuss	7	11	4	1	-	1	1	1	26
Bed available, no sharing of bed	6	-	7	-	-	2	2	-	17
No queue, No waiting time, less crowd	9	2	2	3	1	-	-	-	17
Cleanliness	3	5	1	2	1	2	1	-	15
Malfunctioning of the public hospitals	2	1	-	1	1	2	1	-	8
Have Mediclaim (Health insurance)	1	-	-	-	-	1	-	-	2
Family member works in nursing home	1	-	-	-	-	-	-	-	1
Total	41	23	15	12	8	8	7	1	115

n=41

Table 8: Salience of opinions in favour of private type of care - Urban

Opinion	*Salience*
No queue, No waiting time, less crowd	0.273
Enough time to discuss	0.179
Bed available, no sharing of bed	0.156
Better treatment, quality treatment, authentic treatment, right diagnosis	0.138
Cleanliness	0.128
Malfunctioning of the public hospitals	0.072
Have Mediclaim (Health insurance)	0.027
Family member works in a Nursing Home	0.026
Total (Ó Salience)	1.000

6.2. Patient's Preference for Different Systems of Medicine

6.2.1. Preference for Allopathy – Rural: Table 9 shows preference for Allopathy among rural residents. Reasons for choosing Allopathy in this category are many. There are 16 categories of opinions, many of which have been mentioned by respondents frequently. Twenty-three out of 54 respondents have mentioned that they preferred Allopathy for quick relief or instant relief. Fifteen of them begin their individual free-

Table 9: Cross tabulation of opinions and ranks for Allopathy - Rural

Opinion	*Rank & Frequency*								*Total*
	1st	*2nd*	*3rd*	*4th*	*5th*	*6th*	*7th*	*8th*	
Quick relief, Instant relief	15	5	3	-	-	-	-	-	23
Effective, Permanent relief / cure	9	6	-	-	-	-	-	-	15
Tried Kabiraji (traditional) / Homeopathy earlier	8	-	-	2	-	-	-	-	10
Available free at hospitals	4	2	5	-	-	1	-	1	13
Reliable, less tension	2	3	-	2	-	-	-	-	7
Qualified doctors are available	4	-	-	-	-	-	-	-	4
First preference, Everybody in our family prefers it, No other option	2	-	-	-	1	-	-	-	3
For infectious disease Allopathy is good	1	-	-	-	-	-	1	-	2
Scientific, Good treatment	2	-	-	-	-	-	-	-	2
Drugs for common diseases are known, One can take drug without consulting doctor also	1	-	-	-	1	-	-	-	2
When my son goes to market place brings drugs for me, Easily available	1	1	-	-	-	-	-	-	2
Chances of better treatment in nursing homes	1	-	-	-	-	-	-	-	1
If need saline can be given	1	-	-	-	-	-	-	-	1
School teacher advised	1	-	-	-	-	-	-	-	1
In old age Allopathy is effective	1	-	-	-	-	-	-	-	1
Drugs can be stored and used later	1	-	-	-	-	-	-	-	1
Total	54	17	8	4	2	1	1	1	88

n=59

Table 10: Salience of opinions in favour of Allopathy – Rural

Opinion	*Salience*
Effective, Permanent relief, Permanent cure	0.190
Quick relief, Instant relief	0.186
Tried Kabiraji (traditional) earlier, tried Homeopathy earlier	0.155
Available free at hospitals	0.104
Reliable, less tension	0.059
First preference, Everybody in our family prefers it, No other option	0.039
Scientific, Good treatment	0.037
Qualified doctors are available	0.025
When my son goes to market place brings drugs for me, Easily available	0.025
Drugs for common diseases are known, One can take drug without consulting doctor also	0.022
For infectious disease Allopathy is good	0.019
In old age Allopathy is effective	0.018
Chances of better treatment in nursing homes	0.018
If need saline can be given	0.018
School teacher advised	0.018
Drugs can be stored and used later	0.018
Total (Ó Salience)	1.000

lists with this point. Five of them rank it second; remaining 3 mentioned it as third item. The second most important item in terms of frequency is 'permanent cure'. Thirteen respondents have mentioned that they utilised Allopathic care as those were available at free of cost at hospitals. Ten respondents have mentioned that they had tried Kabiraji (traditional) or Homeopathy earlier. There are also many opinions, which reflect purely individual preferences or point towards diversified issues.

We have reviewed studies in favour of Allopathy, which highlights some reasons behind choosing of it, such as 'lasting cure', 'greater efficacy', etc. The present study also confirms that most of the people prefer Allopathy as it gives quick relief, also as it is available free at hospitals. A good percentage of respondents mentioned that they tried alternative systems of medicine earlier. So, we see that individual or household behaviour regarding the specific action of choosing a particular type of care towards healing a disease is guided mainly by some specific considerations as mentioned above.

The salience values are shown in table 10. 'Permanent cure' has the highest salience value of 0.190. Nineteen per cent space of respondent's mind is occupied by the feeling of effectiveness of Allopathy. In other words 19 per cent of respondents' mind is full by the feeling that Allopathy is the effective system of medicine, which provides permanent relief or cure from pain. 'Quick relief' or 'instant relief' also occupies almost same space. Two persons have mentioned that they preferred Allopathy as they knew drugs or they did not need doctor's advice for common types of diseases. This indicates chances of self-treatment or family treatment among the potential patients. However, salience of such opinions is as low as 0.022.

6.2.2. Preference for Allopathy – Urban: In urban areas people prefer Allopathy mostly for 'quick relief', 'permanent cure', and reliability (reliable) of the system. Three respondents in this category also mentioned that they did not need doctors to solve their problems. This again exposes chances of self-treatment or family-treatment in case of Allopathy among the urban dwellers. Frequencies of opinions and salience values are shown in tables 11 and 12.

Table 11: Cross tabulation of opinions and ranks for Allopathy - Urban

Opinion	*Rank & Frequency*				*Total*
	1st	*2nd*	*3rd*	*4th*	
Quick relief	8	3	-	-	11
Permanent cure	6	-	-	-	6
Reliable	3	2	-	-	5
For common problems no need of consulting doctors	1	-	2	-	3
Surgical problems	1	-	-	2	3
Don't want to do experiment with others	1	-	1	-	2
Being government servant	1	-	-	-	1
Mediclaim (Health insurance)	-	1	-	-	1
Total	21	6	3	2	32

n=21

Table 12: Salience of opinions in favour of Allopathy - Urban

Reasons	*Salience*
Quick relief	0.299
Permanent cure	0.288
Reliable	0.176
For common problems no need of consulting doctors	0.067
Surgical problems	0.058
Don't want to do experiment with others	0.048
Being government servant	0.048
Mediclaim (Health insurance)	0.016
Total (Ó Salience)	1.000

6.2.3. Preference for Homeopathy – Rural: Thirty-two respondents expressed their opinions in favour of Homeopathy in the rural category. Most of them preferred Homeopathy as it is 'cheap' and as it has been perceived 'good for children', and also for 'permanent cure'. 'Removal of the cause of the disease' is also an important factor as it has been mentioned by 10 respondents. They believe that consumption of Homeopathic drugs helps by removing the causes of the disease from body and gives permanent relief from it. If we look back to the findings highlighted in the section of review of literature, we see that important reasons behind choosing alternative systems of medicine were: 'lasting cure', 'no ill effects', 'more effective', and 'tried Allopathy earlier', etc. If compare present findings with those of the previous ones, we see that by and large people have similar understanding about Homeopathy. Though in strict sense the opinion of 'removal of the cause of disease' and that of 'permanent cure' are similar, the former conveys an appeal towards Homeopathy with deeper understanding of the system.

Salience values are shown in table 14. We see that nearly 60 per cent space of respondent's mind is occupied by the feelings that Homeopathy is good for children and cheap, followed by 'permanent cure', 'no side effect', etc.

***6.2.4. Preference for Homeopathy – Urban*:** Urban dwellers' preference for Homeopathy is pointed to their understanding that homeopathic drugs have 'no side effect'. Other important opinions are: 'slow but effective', 'good for children', and 'less cost'. Among these, respondents' understanding of no side effect of Homeopathic drugs occupies most of the space of their minds. Frequencies of different opinions and salience values are shown in tables 15 and 16.

Table 13: Cross tabulation of opinions and ranks for Homeopathy - Rural

Opinion	*Rank & Frequency*				*Total*
	1st	2nd	3rd	4th	
Cheap	18	3	1	-	22
Drugs are mild, No side effect	-	8	3	-	11
Easy to take	-	-	-	1	1
Good for children	11	7	2	-	20
Good in fever, cough & cold	-	3	2	-	5
Good in preliminary stage of the disease	-	-	1	1	2
No cost of pathological test	-	1	-	2	3
Permanent cure	3	8	1	2	14
Removal of the cause of the disease	-	2	4	4	10
Slow but effective	-	-	2	-	2
Total	32	32	16	10	90

n=32

Table 14: Salience of opinions in favour of Homeopathy - Rural

Opinion	*Salience*
Good for children	0.308
Cheap	0.282
Permanent cure	0.157
Drugs are mild, No side effect	0.115
Removal of the cause of the disease	0.058
Good in fever, cough & cold	0.042
No cost of pathological test	0.017
Slow but effective	0.010
Good in preliminary stage of the disease	0.008
Easy to take	0.003
Total (Ó Salience)	1.000

Table 15: Cross tabulation of opinions and ranks for Homeopathy - Urban

Opinion	*Rank & Frequency*				*Total*
	1st	2nd	3rd	4th	
No side effect	7	-	-	-	7
Slow but effective	-	3	1	1	5
Good for children	-	2	-	-	2
Less cost	-	-	2	-	2
Total	7	5	3	1	16

n=7

Table 16: Salience of opinions in favour of Homeopathy – Urban

Opinion	*Salience*
No side effect	0.676
Slow but effective	0.181
Good for children	0.095
Less cost	0.048
Total (Ó Salience)	1.000

SUMMARY AND CONCLUSION

The study indicates that in rural areas people utilised public health facilities mostly because of their availability in local areas or no other option was available to them or inexpensiveness of those as compared to the private ones. People in the urban areas preferred public health facilities for financial reasons: either price of a care or affordability of households. The main reason behind choosing private type of care both in rural and urban areas has been quality of care. Both rural and urban dwellers prefer Allopathy for quick relief, permanent cure, reliability, etc. and Homeopathy as it is cheap, good for children, and as it is assumed to have no side effect. The study thus provided us with a very good idea and precise measures on opinions and attitudes towards a type of care or system of medicine in this region of North Bengal. These measures can hopefully be used for policy prescriptions for this particular region. For example, patients' or households' appeal towards Homeopathy or opinions in favour of that can be honoured by introducing it in the primary health care institutions of this region. However, it is to be mentioned that results of such qualitative studies are not generalised the way researchers do in case of quantitative studies. It is also to be noted that one disadvantage of quantitative studies is that though they tell very preciously about 'what' or 'how much', they do not explain 'why'. Usually researchers try to find the clue (of 'why') from out side the models or studies. As a part of positive body of thought, though econometric models provide value-free predictions, their meaningful interpretations very often incorporate prejudice or some sort of imagination of the researchers. The present study feel that one framework of scientific study is to be designed to have both quantitative and qualitative sections, so that the former will give reliable estimates on 'what' and 'how much' and the latter will explain 'why'. One section will be the true complement of the other.

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