



PERCEPTION OF THE HEALTH CARE SEEKER TOWARDS ACCESSING HEALTH CARE SERVICE DURING COVID -19 PANDEMIC

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Background: Covid -19 was originated in Wuhan, China, has rapidly spread over the countries. It was a massive global health challenge and there was major cause of death and unfavorable socio-economic effects.

Objectives: The purpose of this study is to compare the perception of patients towards seeking medical help during the Covid-19 pandemic.

Methods: The data for this study is collected from both primary and secondary sources. Data is gathered via a Google form and imported to SPSS for statistical analysis. The survey variable includes demographics, factors that impact healthcare facility postponement among healthcare seekers during the Covid- 19 Pandemic.

Results:

The study reveals that there is no difference in the perception towards accessing healthcare service among Rural and Urban Healthcare seekers.

Index Terms - Covid-19 Pandemic, Healthcare seeker, Medical help, Socio-economic effects etc.

I. INTRODUCTION

Covid – 19 has been declared a pandemic by the World Health Organization (WHO) on March 11, 2020 (1). It had a longstanding experience of posing difficulties for healthcare providers in continuing to offer essential health assistance (2). The rapid spread of SARS- COV 2 combined with an unexpected lockdown, lack of appropriate healthcare infrastructure and human resources, severe supply chain disruption, shortage of testing centers, and widespread panic among patients, has put inpatient care and safety at risk and poses a significant threat to India. The resulting rationing of care has left patients feeling frustrated (3, 4).

Covid- 19 pandemic will take a significant time to resolve, so it needs to develop telemedicine service. However, how individuals from rural backgrounds will be able to interact with the new method of service delivery remains to be seen (5).

The present study will reveal how healthcare seekers experienced obtaining health-care services throughout the Covid – 19 epidemics. The study sought to investigate what factors influence access to healthcare remedies and why patients are postponing off getting them. The research contributes to a better understanding of the association between the pandemic environment and the use of telemedicine.

Statement of the problem:

The study will look at how patients in Mangalore city felt about getting health treatment during the pandemic. The study's key goal is to learn about the positive and negative aspects that influence people's decisions to seek medical help. The study will aim to fill the knowledge gap by demonstrating that the problem still warrants further investigation.

Review of literature:

L.S. Meena (2021) emphasized the actual situation and major factors associated with Covid – 19 pandemic, its significance, important findings, treatment and preventive measures taken by all nations to provide a better cure.

Moffat et.al., (2020) described the Dental Patient's perception of susceptibility and attitudes towards Covid -19 and necessary conditions for returning to regular visits.

Syed et.al. (2020) explored healthcare access of slum communities over pre- Covid 19 and during the lockdown. It was found that the ability to seek healthcare facilities by non- Covid condition has been reduced during lockdowns.

Objectives of the study:

The present study is conducted to achieve following objectives:

1. To list out the factors influencing the health seeker to postpone their healthcare needs.
2. To compare the perception of healthcare needs during Covid – 19 pandemic among Rural and Urban Community
3. To recommend suggestions on the basis of findings

Methodology:

Data for the study is collected from the respondents via Google form. The sample was limited to > 20-year-old and Urban and rural residents of Mangalore city. A total of 223 respondents completed the survey. Participants are asked to respond to demographic items and analysed the same with descriptive statistics. Questionnaire also includes different factors which postpone healthcare access by the healthcare seeker. These factors are finalized by a discussion with the experts. The purpose of the study is clearly explained to the respondents at the time of data collection. Chi-Square test is applied for data analysis.

Formulation of hypothesis:

The following hypothesis were formulated and tested with the data collected using appropriate statistical tools.

Hypothesis 1: There is no difference between awareness level toward Covid – 19 among Rural and Urban Communities.

Hypothesis 2: There is no difference between preferred healthcare among Rural and Urban Communities.

Hypothesis 3: There is no difference in the perception of different factors which influence in postponement of healthcare facility among Rural and Urban Community

Hypothesis 4: There is no difference between the perception regarding quarantine among rural and Urban Community.

Data analysis and interpretation:**Table 1.1: Table showing the Gender of the Respondents**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	126	56.5	56.5	56.5
Valid Female	97	43.5	43.5	100.0
Total	223	100.0	100.0	

Source: Survey Data

As per the Survey Data, 56.5 percent of the respondents are Male and reminder Female.

Table 1.2: Table showing the Age of the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 20	72	32.3	32.3	32.3
Valid 20-30	101	45.3	45.3	77.6
Valid 30-40	39	17.5	17.5	95.1
Valid More than 40	11	4.9	4.9	100.0
Total	223	100.0	100.0	

Source: Survey Data

The above table clarifies that majority of the respondents are between the ages of 20 and 30 years old.

Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Secondary level	41	18.4	18.4	18.4
Valid Graduate	98	43.9	43.9	62.3
Valid Post Graduate	65	29.1	29.1	91.5
Valid Others	19	8.5	8.5	100.0
Total	223	100.0	100.0	

Source: Survey Data

Above table shows that 98 out of 223 respondents graduates.

Monthly Income

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 10000	125	56.1	56.1	56.1
Valid 10000-20000	50	22.4	22.4	78.5
Valid 20000-30000	25	11.2	11.2	89.7
Valid 30000-40000	9	4.0	4.0	93.7
Valid Above 40000	14	6.3	6.3	100.0
Total	223	100.0	100.0	

Source: Survey Data

According to the table above, the majority of participants earn less than Rs.10000 a month.

Marital_status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Single	168	75.3	75.3	75.3
Married with Children	39	17.5	17.5	92.8
Married with no children	16	7.2	7.2	100.0
Total	223	100.0	100.0	

Source: Survey Data

According to the preceding analysis, 75.3 percent respondents were single.

Place of Resident

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Rural	112	50.2	50.2	50.2
Urban	111	49.8	49.8	100.0
Total	223	100.0	100.0	

Source: Survey Data

According to the table above, the majority of respondents (50.2 percent) live in rural areas rather than urban areas (49.8 percent).

Inferential statistics:**Hypothesis 1: There is no difference in the awareness level toward Covid – 19 among Rural and Urban Community****Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	9.356 ^a	4	.053
Likelihood Ratio	10.571	4	.032
Linear-by-Linear Association	4.938	1	.026
N of Valid Cases	223		

a. 6 cells (60.0%) have expected count less than 5. The minimum expected count is .50.

A chi-square test of independence was performed to examine the relationship between awareness level towards covid-19 between Rural and Urban Community. There is no difference between these variable, $X^2(4, N = 223) = 9.356, p = .053$.**Hypothesis 2: There is no difference in the preference towards healthcare among Rural and Urban Community.****Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.677 ^a	2	.432
Likelihood Ratio	1.682	2	.431
Linear-by-Linear Association	1.669	1	.196
N of Valid Cases	223		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.47.

A chi-square test was performed to study the difference between preferred mode of health care access among rural and urban community. There is no difference when it comes to healthcare, $X^2(2, N = 223) = 1.677, p > .05$.**Hypothesis 3: There is no difference in the perception of different factors which influence in postponement of healthcare facility among Rural and Urban Community****Test of Homogeneity of Variances**

	Levene Statistic	df1	df2	Sig.
Fear of contracting with Covid-19	2.984	1	221	.085
Follow-up RT-PCR testing & Quarantine Procedures	.617	1	221	.433
High Medical Expenses	1.109	1	221	.293

Weekend Lockdown	.202	1	221	.654
Transportation and Government Restrictions	1.685	1	221	.196
Shortage of beds in Hospital	1.998	1	221	.159
Non-availability of physicians on time	.516	1	221	.473
Introduction of Tele-medicine	1.671	1	221	.197
Not follow-up of Safety measures	.001	1	221	.969
vaccination purpose	.157	1	221	.692

Test of Homogeneity of Variance is run by the researcher to understand the perception of different factors which influence in postponement of healthcare facility among Rural and Urban Community. Since $p < .05$, there is no difference in the perception of different factors which influence in the postponement of healthcare facility among Rural and Urban Community.

Summary and future research:

The present study addressed a need in the current literature to understand the perception towards healthcare facility among the rural and urban healthcare community. According to the findings of the study, there is no distinction in the perception towards accessing healthcare service among Rural and Urban Healthcare seeker.

The results of the present study point a number of potential areas of the future research. It covers the perception of health seeker on the basis of demographics can be studied. It would be studied based on age factors. Geographically based Comparative studies would be carried out.

Reference:

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