Original Article

A Study on Community needs, perceptions and demand regarding the use of the health services during COVID-19 pandemic in district Kathua, J and K

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Abstract

Introduction: The impact of the COVID-19 pandemic on essential health services is a source of great concern. Health gains made during the last 2-3 decades have been halted due to shifting of resources to fight the COVID-19 pandemic. **Aim and Objective:** This study was conducted to identify community needs, demands, and perceptions regarding the effectiveness of using health services during the pandemic. **Methodology:** This was a qualitative study which was conducted through focus group discussions. The participants comprised of three groups: community leaders, healthcare providers, and field workers. Discussion among the participants was conducted using the standardized World Health Organization community assessment tool. **Result:** In our study, it was reported that most of the essential health services were disrupted due to COVID-19 pandemic. The barriers to accessing essential health services have been exacerbated and the provision of community-based services is effected due to this. In regard to COVID-19 vaccination also, there remain individuals who are reluctant to be vaccinated. **Conclusion:** Our study shows that the community faced barriers in accessing and using health services during the pandemic. To ensure the public's access to health services and strengthen healthcare preparedness strategies like health budget allocation, manpower, infrastructure, trainings, integration with primary healthcare, etc., need to be carried out during and after the pandemic. Thus, participation and inter-sectoral coordination across levels are required to overcome these barriers.

Keywords: Barriers, community demands, community needs, community perception, COVID-19

Introduction

The spread of coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was declared as a pandemic by the World Health Organization (WHO) on March 11, 2020.[1] Since the outbreak was first identified in December 2019 in Wuhan, China, the public health and social impact of the disease has evolved to be enormous. It has affected every country, population, and person in the world, either directly or indirectly.[2]

The WHO Global Pulse Survey 2021 reported that the pandemic has caused disruption to at least one essential health service in 94% of the participating countries in the survey (WHO, 2021). In addition, the economic impact of the COVID-19 pandemic has also exacerbated existing barriers to accessing health services. This is partly because many households have lost their jobs, resulting in reduced household income or loss of health insurance.[3]

The arrival of COVID-19 in 2020 has created unprecedented challenges for the world. At the moment of writing this

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article (September 2022), there have been 600,366,479 confirmed cases of COVID-19, including 6,460,493 deaths, reported to WHO.[4] Following a surge in COVID-19 cases, measures like lockdown, isolation, quarantine, travel ban, mandated social distancing and health protection policies, and locked down of nonessential businesses were imposed by governments globally.[5] The pandemic has further exacerbated the barriers to accessing essential health services and the provision of community-based services. In regard to COVID-19 vaccination, there remain individuals who are reluctant to be vaccinated due to concerns over the side effects.[6] This stressful situation by causing anxiety, headache, insomnia, and depression can exert direct effects on physiological processes, behavioral patterns, and overall health.[7] Health seeking behaviour of an individual can be influenced by their perception of health. Thus, knowing about perceptions associated with COVID-19 can help to understand the anticipated need for health services and the expected logistics including financial. This knowledge would help to plan the future utilization of health services and mitigate barriers that could interfere with health-seeking behavior.

Globally, health systems have been challenged by the overwhelming demands of the COVID-19 pandemic. With the spread of COVID-19 pandemic in lower and middle class countries, the distribution of available healthcare supplies like hospital beds and healthcare professionals as well as logistics like personal protective equipment, diagnostic capacity, and critical care services were diverted for COVID-19–specific requirements and other health facilities.[8] Resources and staff were being diverted to test and provide treatment for people with presumed or diagnosed COVID-19. This has led partially or completely disrupted of health services in many countries. As per a newsletter published in WHO, more than half (53%) of the countries surveyed have partially or completely disrupted services for hypertension treatment; 49% for treatment for diabetes and diabetes-related complications, 42% for cancer treatment, and 31% for cardiovascular emergencies. Rehabilitation services have been disrupted in almost two-thirds (63%) of countries, although rehabilitation is key to a healthy recovery following severe illness from COVID-19.[9] Thus, it is quite evident that healthcare services are being compromised to meet the demands of caring for COVID-19 patients and many people fear accessing healthcare facilities due to fear of acquiring the virus.[6]

The COVID-19 pandemic has imposed a heavy burden on the healthcare system and exacerbate existing barriers for society in accessing healthcare. So, this study was conducted with the aim to provide an insight of healthcare professionals into the healthcare needs of different population groups and thus identify needs and perceptions of community regarding the effectiveness of using health services during the pandemic in the northern state of India using the WHO community assessment tool.[10]

Methodology

A qualitative study was conducted in the rural and urban health training centers of Department of Community Medicine GMC Kathua in J and K. The study was conducted for a period of 2 months (November to December 2021). An institutional ethical approval was taken before conducting the study.

This qualitative study was conducted through focus group discussions. Six focus group discussion rounds were carried in which each group consists of 7-8 participants. After informed consent, the discussion among the participants was conducted using the standardized WHO community assessment tool[10] which comprises of following sections: need for and use of essential health services in communities, barriers to seeking essential health services in communities, attitudes toward COVID-19 vaccine, community assets and vulnerabilities, and barriers to delivery of community-based services.

The respondents were selected from each village of rural area and each ward of urban area. The study participants were divided into three groups. First group comprised of community leaders (Sarpanches, Lambardars, Block Development Council Members, Municipal council members, Religious leaders, and Village elders), the second group consist of healthcare workers (Doctors, Pharmacists, Staff Nurses, and Laboratory Technicians), and the third group consist of field workers (Health Educators, Community Health Officers, AWWs, FMPHWs, ASHA workers, and Volunteers). Analyses of the study were done using themes which were obtained during the focus group discussions.

Results

The qualitative study was conducted among community leaders, healthcare workers, and field workers. The sociodemographic characteristics revealed that the maximum participants were in the age group of 40-49 years (35.71%) with an equal proportion of participants from both the rural and urban field areas of department of community medicine. Male participants were more than female participants [Table 1].

Main themes which were emerged from the narrations of the participants were as follows:

Need and use of essential health services in communities

Most of the participants described about the conditions of the health services which were availed by the community during the COVID time was effected. Participants (the healthcare workers and field workers) narrated that health services which were majorly effected during COVID times suspended were planned elective surgeries, mental health services, and long-term palliative care.

Table 1: Sociodemographic characteristics of study participants

Characteristics	*n* (%) (42)
Age group	
<30 years	2 (4.76%)
30-39 years	12 (28.57%)
40-49 years	15 (35.71%)
50-59 years	9 (21.42%)
≥60 years	4 (9.52%)
Residence	
Rural	21 (50%)
Urban	21 (50%)
Gender	
Male	28 (66.66%)
Female	14 (33.33%)
Not responded	-

Forty five-year-old field worker from the urban area narrated " *most common affected services were the antenatal services and immunization services."*

" *Because of COVID testing and contacting the disease, even the antenatal females were not receiving the essential health services during COVID time*." Narrated by the 55-year-old Sarpanch (community leader).

The unmet health service needs were due to limited access and health facilities in the respondent's area of residence, exacerbated by disruptions to healthcare providers during the second wave of COVID-19.

"*Heard the news about the corona pandemic and the deaths associated with it people did not avail the services from the hospital staff*" narrated by the 32-year-old female multipurpose worker from rural area.

Barriers to seeking essential health services in communities

In focus group discussions, most of the participants' described that the community had difficulty in accessing the health services they needed even before the COVID-19 pandemic. The main barriers included unawareness about available services, preference for traditional or folk medicines, the high cost of health services, distance to health facilities, limited transportation for health facilities, limited health personnel and equipment perceptions, and perceived lack of medicines at facilities.

The COVID-19 pandemic have exacerbated the community's access to health services. Several participants particularly mentioned that in the initial months of COVID-19, many patients were not accessing healthcare facilities due to reasons like fears of being diagnosed as COVID positive, being worried about being intentionally diagnosed with COVID-19 and/or taking a COVID-19 test or not being attended to by healthcare professionals, and getting infected by the healthcare professionals.

"*As I am a rural field worker, our work related to COVID care increased during the pandemic time because of surveillance and contact tracing but people experience in getting the other healthcare services except COVID strongly decreased*." Narrated by field worker in rural area.

"As I am an elderly man from the community, I lived in rural area so I faced many difficulties because of long distance. Since there is no transport access….A 59-year-old participant…."

"The turnout was very poor during the COVID times because community believe that anybody that came to hospital especially government hospital during the COVID period, we are going to diagnose them with COVID and all the COVID test done at the hospital are always positive" statement of a health worker.

Attitudes toward COVID-19 vaccine

During the start of COVID-19 vaccination, participants revealed that there was hesitancy to COVID vaccination among all sections of society. Concern about the side effects of the COVID-19 vaccine is the main reason for the rejection of vaccines in the community, both among adults and children. Lack of education and information about the COVID-19 vaccine and the massive spread of misinformation regarding vaccine side effects have contributed significantly to the rejection of COVID-19 vaccination in the community.

During the focus group discussions, main reasons which were described by the participants for those people not wanting a COVID-19 vaccine were uncertainty of effectiveness of COVID-19 vaccine, concern about side effects of the COVID-19 vaccine, fear of getting infected with COVID-19 if they go to healthcare facilities, and religious belief like becoming infertile on receiving the vaccine.

"*Most of the people were concerned about the spread of COVID both in the rural as well as in the urban areas except few people mostly pahadi Muslim people and in urban areas slum population were less concerned"*…….as narrated by healthcare workers from the rural as well as urban area.

Many participants told that with the passage of time, there has been a decrease in the vaccine hesitancy. On the contrary, most of the people are coming forward in getting COVID vaccine as per the Sarpanch from the community.

"Most parents now wanted the COVID-19 vaccine for their children", statement of a healthcare worker.

Community assets and vulnerabilities

The COVID-19 pandemic had a significant impact on the community's economic situation. The people most affected by the pandemic are daily wagers like labourers, street vendors, and local shop owners.

I think staying at home is very difficult for most people in our country because most people could not get their daily consumption rather the impact

will be worse than the disease…. Narrated by the community leader from the urban area.

Cultural and religious barriers are mostly prevalent as the people believe that the disease occurs in those who are nonvegetarians as compared to those who are religious and vegetarians …view of the community leader.

There has been an increase in initiatives in the socioeconomic, education, health, and environmental hygiene sectors initiated by the government and private sector. Cash assistance benefits and the provision of food/staple food packages are the types of socioeconomic and educational initiatives as well as the distribution of hygiene packages, health promotion activities, and the provision of hand washing facilities have increased in the community during the time of lockdown due to COVID.

Government-funded aids like provision of free ration and free medicine have helped laborers. Some NGOs have also come forward…statement of a healthcare worker.

Barriers to delivery of community-based services

Most participants agreed that during lockdown, some measures had a visible impact on all areas of health services delivery. Many services especially mother and child health, immunization, and some of the national programs activities were the most frequently reported to have decreased or been suspended compared to the period before the COVID-19 pandemic.

"People suffered a lot during this COVID time period. Minimum or even sometimes no services were available for initial months; many times general health services were not available at the center. Child, maternal, and reproductive health services were totally affected at the community center. Child immunization was maximum times halted" narrated by the community leader.

Noncommunicable diseases like hypertension, diabetes, cardiovascular diseases, etc., treatment compliance and adherence were also halted due to the nonavailability of the drugs at the center as well as at the pharmacies. Implementation of health protocols like lockdown as an effort to minimize the transmission of COVID-19 was the most often mentioned reason for the disruptions in the provision of community-based health services in the last 3 months.

"Senior citizens who were suffering from noncommunicable diseases like diabetes and hypertension had to go without medicine for maximum times and it was a very terrible situation for them. We could not even get iron and folic acid tablets for pregnant women and adolescents during the lockdown. Local private pharmacies remained closed for 2-3 months, they even did not care for any emergency situation, even if people were suffering from complications of long-term illness", as narrated by the field worker.

Discussion

The impact of the COVID-19 pandemic on essential health services is a source of great concern. Many countries around the world busy with an influx of COVID-19 patients over the past 2 years and use and availability of essential health services in both rural and urban areas faltered.

Our study has explored community stakeholders as well as healthcare workers perceptions of COVID-19 and experiences related to utilization of essential health services during the COVID-19 pandemic. Majority of stakeholders as well as field workers narrated that most of the essential health services suspended due to fear of being getting infected with COVID-19. Our results were similar to the study done at Nepal.[11] In our study, it was reported that health services related to mother and child were majorly affected. Similar findings were also observed in other studies.[12,13] Routine immunization both at the rural and urban areas were affected with similar findings observed in other studies also.[14] Other services which were reported to be disrupted were planned elective surgeries, Non Communicable disease (NCD) services, mental health services, and long-term palliative care. These findings of our study were consistent with other studies also.[15,16] WHO pulse survey 2020 almost every country (90%) experienced a disruption to some extent, with greater disruptions being reported in low-income and middle-income than in high-income countries. This survey also reported the most frequently disrupted services included routine immunization services, outreach services (70%), and facility-based services (61%) – noncommunicable disease diagnosis and treatment (69%), family planning and contraception (68%), treatment for mental health disorders (61%), antenatal care (56%), and cancer diagnosis and treatment (55%).[17] In another study performed on healthcare providers in Sub-Saharan countries, it was reported that more than half (56%) of essential health services were affected. Main services disrupted were child health services, HIV/surgical/other services, and maternal health services.[18]

The community faced barriers in accessing and using health services during the pandemic. In our study, barriers like fears of being diagnosed as COVID positive, being worried about being intentionally diagnosed with COVID-19 prevent people from accessing health services. These barriers were in addition to problems which were present even before pandemic like the high cost of health services, distance to health facilities, limited transportation for health facilities, limited health personnel and equipment perceptions, and perceived lack of medicines at facilities. Similar findings were also observed in other study done in North Carolina.[19] In a report published by World bank group in about one-third reported people COVID-19 pandemic had impaired their access to health services, due to lack of money, lockdown restrictions, facility closures, or fear of contracting the virus.[20]

In our study, it was reported that in the beginning there was vaccine hesitancy among the community. People were not going for vaccination due to reasons like uncertainty of effectiveness of COVID-19 vaccine, concern about side effects of the COVID-19 vaccine, fear of getting infected with COVID-19 if they go to healthcare facilities, and religious belief. Similar findings were

also observed in other study also.[21] Another study done in Egypt also revealed similar results where more than half of participants either refuse or were hesitant to COVID-19 vaccine.[22] In a similar study done in India, about 70% of the population had concerns regarding the vaccines.[23]

Conclusion

Our study has highlighted the reported changes and various determinants in the use of the healthcare services especially for non-COVID ailments by the community during the COVID-19 pandemic. This study has reported how the COVID-19 has led to disruptions in essential health services in a North India leading to discontinuation occurring on both the supply side and demand. Most of the studies conducted are focused mainly on the impact on specific conditions or population groups during the early stages of the pandemic. But in our study, we have used the qualitative tools of focus group discussion (FGD) to get the in-depth knowledge of the perception and needs related to healthcare in a community. Factors include cancelation of elective and preventive procedures, reductions in care-seeking driven by fear of contagion, pandemic-related movement restrictions with personnel, and supply shortages. Vulnerable population has serious adverse health effects due to the collapse of essential health services. Strategic measures and policy decisions like appropriate health budget allocation, manpower, infrastructure, capacity building, integration with primary healthcare, etc., need to be carried out during and after the pandemic.

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Conflicts of interest

There are no conflicts of interest.

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