

Health Consciousness and Use of Health Facilities among Women in Jammu and Kashmir: Empirical Evidences from District Kulgam

Asma Farooq

*MPhil Scholar, Department of Economics,
Babasaheb Bhimrao Ambedkar University,
Lucknow, India.*

Firdous Ahmad Malik

*Doctoral Fellow, Department of Economics
Babasaheb Bhimrao Ambedkar University,
Lucknow, India.*

Abstract: This study is an attempt to explore the Health Consciousness and Use of Health Facilities in Jammu and Kashmir: Empirical Evidences from Women in District Kulgam. The objective of the study was to analysis health awareness and health utilization in Jammu and Kashmir illustrative study of District Kulgam. The Hypothetic assumption was that all of the demographic variables are significantly associated with health awareness and health utilization like gender, education, income etc. The methods utilized for the analysis is chi square test and binary logistic regression Models. The findings of these models showed that Area, Gender and Education are insignificant, but the individual contribution of all the three variables are negatively significant, which means the differences of Area, Gender and Education does not have impact in utilizing the Health Facilities, where people are unaware, having regional problems i.e., lack of Health facilities and Education becomes negligible before the limited available health facilities

Keywords: Health System, Women Awareness, Utilization, RHP, GHP, ORP District, and Kulgam

INTRODUCTION

Utilization of available health services by its residents is the prime goal for the government of any country which depends on its demand and supply. The demand for health services is determined to a large extent by the patient's need. Need and demand are not synonymous. Need tends to be self-defined and thus represents unconstrained desire, whereas demand is based on willingness to Pay, it does not ignore need completely. Consumer theory cannot be implemented successfully to analyse health care demand under the usual assumption that, income and money prices are the main factors affecting health care decisions because the effects of information and the time prices are also important in decision making process. Utilization of health services is an essential indicator, reflecting the quality of services and health status of women in particular. Demand and Supply of health facilities depends upon consumer choice, economics of information, incentive structure and the channels through which health inputs affect utilization of health facilities by women.

Increased awareness among women, who have health related problems and those women who have health problems but hesitate to spend on it, will aid policy makers and health care providers in developing services for these specific population of women. Supply of health services increases the utilization of

health services. In the previous chapter, factors were discussed in the form of availability of health facilities which represent the supply conditions of health facilities in Kulgam district. It is true that increase in utilization of health services results in better health status of women. If there is any constraint from demand or supply of both sides, it results in low utilization of health services and health of women is adversely affected. It is true that some more factors that affect the health status of women include: age of marriage, age of women at child birth, understanding about own body and its requirements, lifestyle, socio-cultural trends, economic development, environmental pollution, technological development, government policies etc. utilization of health services at the time of motherhood which is not a health problem but requires some medical services like vaccination, ANC, delivery, PNC etc. are dependent on the culture and tradition of society of which they are an important part. There is need to improve the health of women in general. In Kulgam district, there still exists the 'carelessness' and 'shyness' especially involving certain parts of the body and women are not habitual to utilize health facilities other than related to motherhood.

LITERATURE REVIEW

Spatial Pattern of Health and Health Care Facilities in District Anantnag of South Kashmir (J&K, India) - A Geo Medical Analysis". The study was carried out across four altitudinal zones (Zone A, Zone B, Zone C and Zone D) among different medical blocks. In his study he uses Kendal's ranking coefficient method and the result found was that there is a greater variation in the distribution of health care amenities and intensity of diseases across different altitudinal zones. The impact of this regional disparity was reflected in the intensity of diseases which was found corresponding with the availability of health care facilities. Due to these imbalances in the availability of health care facilities and incidence of diseases in different altitudinal zones, therefore there should be a proper coordination between availability of health care facilities and disease intensity in order to formulate a successful plan for improvement in the existing health care delivery system in the study area. (SherazA.lone and Manzor A. wani in (2017). Health Care Services of Jammu and Kashmir: A study Hospitals of Jammu and Kashmir", studied that safe and good healthcare service for good health of people is the sign of progress and growth of nation. The Government hospitals make the health care possible with an ease and relatively manageable manner particularly for those who could not afford to pay the bills of private hospitals. Her study shows a good level of satisfaction of services as reflected from the survey of the hospitals. However, the Poor condition of Government hospitals, the negligence of doctors there, lack of beds, lack of hygiene makes it worse and the patient's family is nearly afraid of admitting their patients in Government hospitals. The study although reflects the positive and satisfactory level of patients with regard to the basic parameters of health and care, still defines about the improvement in the hygienic and infrastructure level of hospitals. Her suggestion is that Government must take measures to ensure that the hospitals not only provide cost effective treatment but also provide better care and facilities to the ailing patients. (IrmJalaliBodha (2017)

In a research article "Health status of the Indian women- a brief report" given by Raju Kowsalya and Shanmugam Manoharan in 2017 states that the poor nutrition and unawareness on the utilization of health facilities during their childhood and reproductive age are the major factors responsible for the high maternal mortality. Healthy lifestyle and high intake of nutritious food can provide good health throughout life to the humans. A good health is a key criterion, which contributes to human wellbeing and economic growth. Proper nutrition for women would help them to serve as productive members of the society to

develop the consequent health generations. The government should take necessary and compulsory policies to improve the literacy rate and quality education as well as to provide adequate employment opportunities for women, which might explore positive impact on the women's health concerns. The author also suggests that the government can improve the health status of women by strengthening and expanding essential health services as well as by frequent counselling on safe sex, awareness on educational and nutritional needs and gender-based violence.

Women's Use of Healthcare Services and Their Perspective on Healthcare Utilization during Pregnancy and Childbirth in a Small Village in Northern India", examines women's perspectives and utilization of health care services during pregnancy and childbirth. He examined that Women in rural India have little access to health care resources. His study showed that lack of educational resources, distance, cost and transportation, cultural, religious, and family influences all had an impact on women utilizing healthcare services. (Joyce A. Bredesen, (2013). A Cross Sectional Study to identify the existing gaps in implementation Indian Public Health Standards in Primary Health Centres of South Kashmir" they analysed the data of Primary Health Centres of South Kashmir and find the gap which was existing in the Primary Health Centres of south Kashmir through implementation of recommendations of Indian Public Health Standards. A cross sectional study was conducted in randomly selected PHCs of 5 districts of South Kashmir. Checklist from IPHS draft was used to interview in-charge medical officers of the Primary Health Centres. There was shortage of essential human resources, especially medical officer (MBBS) and laboratory technicians in PHCs. Wide gap was found in availability of various services especially in terms of availability of diagnostic facilities and services for health promotion and disease prevention and monitoring of sub-centres affiliated with concerned Primary health Centres. In the end the author suggested that, the gap which was identified should be addressed on priority bases and services at PHCs should be enhanced through adequate manpower and infrastructure. (Dr. Ghulam Hassan Khatana and Dr. S.M. Salim Khan (2016). The poor health status of women in general, particularly in the laggard states, still remains a matter of grave concern. Poverty, unemployment and wide spread gender discrimination have remained core impediments to women's general well-being. Recent revelation of the census report on rapidly declining gender ratio further points to the seriousness of the situation. Presently the health care system, both in the government and nongovernment sector is not generally sensitive to specific health needs of women. Apart from providing the usual antenatal and post-natal care, we need to sensitize and train all categories of health profession to respond to women's health needs with greater empathy. A healthy and disciplined dialogue between indigenous systems of medicine and the western system is also necessary to ensure a more holistic approach to women's health. (The Voluntary Health Association of India (2001).

An Exploratory Analysis of Public Healthcare Data: A Case Study of Jammu & Kashmir State" conducted an exploratory secondary data analysis of facility level data of Jammu and Kashmir. They analysed data to identify various patterns by exploring the structure of public healthcare institutions prevalent in Jammu and Kashmir along with the distribution of patients in different districts. In their study they found that there is a high variation and significant differences among districts in the distribution of healthcare facility. Instead of these significant relationships among public healthcare institutions which are available in each district of Jammu and Kashmir and also, they observed that there is significant distribution of healthcare but distribution pattern still is not uniform. Lastly, they concluded by recommended suggestions for the

improvement of patient services and overall performance of public healthcare institution. (Anand Sharma, VibhakarMansotra and Sourabh Shastri (2015)

Gender, Health and Availability of Health Services in Jammu and Kashmir” concluded that in spite of the widespread agreement on the importance of health in general and women’s health in particular, many people, most of them women are deprived of this privilege. Gender discrimination is found in many aspects of health such as; declining female population, higher female IMR, low consumption of protein rich diet by women, suffer from malnutrition, anaemia, diabetes, goiter and asthma. In addition to this women are vulnerable to reproductive tract infections and problems related to menstruation. Despite the fact that State government in collaboration with Central government has introduced so many programmes and policies but it has failed to deliver what it promised for providing health care facilities to all, especially women. Though there has been substantial expansion of healthcare infrastructure and facilities by the state government along the private sector, but it has been unable to fulfil the growing demand owing to several factors viz., topography, armed conflict, deficit of healthcare infrastructure in terms of both quality and quantity. The general health problems of women are aggravated further by the ongoing conflict in the state as they become victims of direct or indirect violence. There is therefore need for further expansion of healthcare infrastructure keeping in mind the gender specific health needs not only in terms of quantity but also in quality by government as well as by private sector. He further discussed that involvement of the third sector, i.e., non-governmental organisations is also very important in generating awareness among masses regarding the importance of women’s health, highlighting gender specific health problems and assisting people especially women how to make full use of healthcare facilities so as to achieve the value of ‘being healthy’ because health is what the Noble Laureate Amartya Sen has called “an important condition of human life and a critically significant constituent of human capabilities that we have reason to value. (Fayaz Ahmad Bhat et al. (2014).

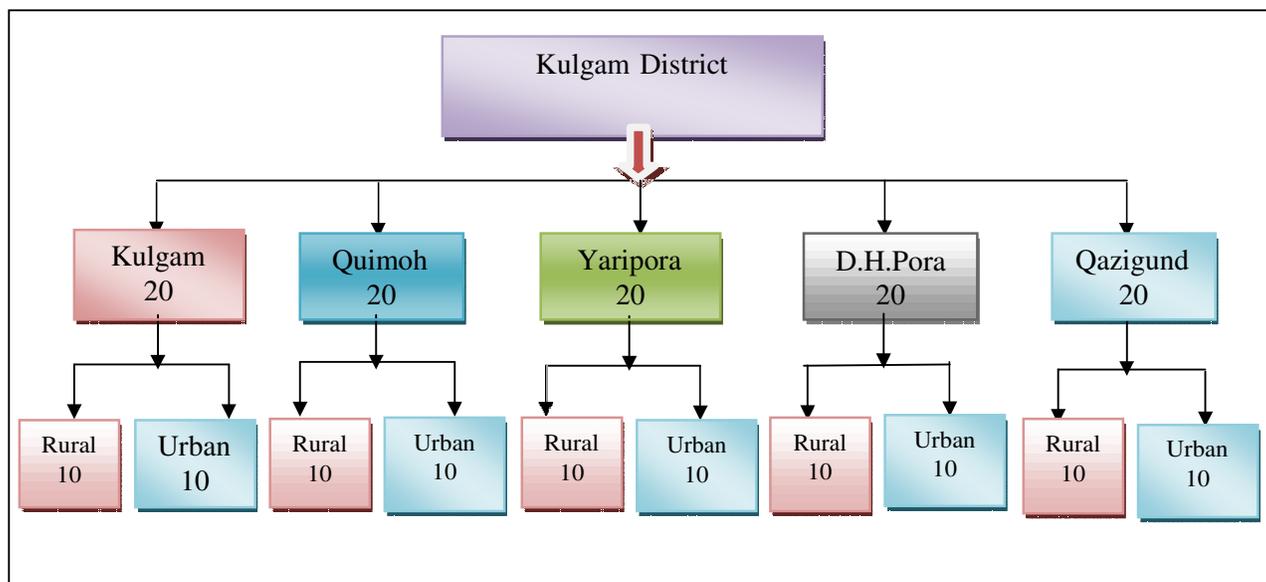
METHODOLOGY OF THE STUDY

This study is descriptive cum exploratory. The study is based on mixed method. The investigator throw light on some determinants of women’s health status such as age, area, education, household size, marital status, education and awareness of women regarding government availability and utilization of health facilities in Kulgam district of Jammu and Kashmir. The present study is based mainly on both primary data. The secondary data is taken from

However, in collection of primary data, multi-stage-cum-stratified random sampling method has been used. The interview schedule was developed to collect the primary data in which 100 samples were taken. Among 100 samples, 50 samples were taken from women and 50 samples from men respondents within the age group of 15-49 years for women and in men within the age group of 15-54 years were collected, who are the users of the available health facilities. Moreover, Multi Stage Cluster sampling method was used for data collection. The Study area was divided into 5 clusters which were sub divided into 10 sub clusters. The total of 100 samples were taken from 5 medical blocks of Kulgam district namely Kulgam, Quimoh, D.H.Pora, Qazigund and Yaripora. 20 samples were taken from each block. Which were further sub-divided into rural and urban areas and 10 samples were taken from each area. The below figure 1.1 shows

clearly the whole areas of district Kulgam in which samples were collected. Methods Regression Modelling

Fig. 1.1 Flow Chart of sample collection from Kulgam district



RESULTS AND DISCUSSIONS

Health Profile of Respondents in District Kulgam

The data which was collected during survey shows health problems of reproductive aged Men and Women. In this chapter, the subsequent paragraphs show the health profile which represents utilization and non-utilization of health facilities, awareness and attitude about health facilities in district Kulgam. The data is collected from 5 Rural and 5 Urban areas of 5 medical blocks of Kulgam district by gender (men and women) and on basis of suffering from different health problems. Researcher had collected data from 100 households in which only one member is taken from each household. The total 100 respondents' responses are taken into consideration in which 50 are Men and 50 are Women. The researcher had collected data from the respondents on self-reported health problems by 100 ailing cases that are divided in three broad categories which are as follows

the three broad categories of health problems which are; Reproductive Health Problem (particularly seen in women), General Health Problem (which is for short duration period) and Other Health problem (which is for long duration period). The health problems which are Included in Reproductive Health Problems (RHPs) are as; white or any type of discharge, menstruation related problems, pregnancy complications, DNC/infertility/miscarriage, maternal malnutrition. Pregnancy is also included in this category but is not viewed as a health problem. It has been done to analyse the awareness and utilization of health facilities which are equally required in pregnancy and as well as in other RHPs. The General Health Problems (GHPs) includes problems which are of short duration like; gastro intestinal problem, febrile illnesses or fever of any type, diarrhoea, dysentery, cold, jaundice, accident/injuries/fractures, skin disease, eye ailment, disease of urinary system, headache, toothache, anaemic and undiagnosed health problems.

Similarly in the category of Other Health Problems (OHPs), those ailments are considered which are of long duration such as; disease of joints and bones, diabetes mellitus, blood pressure, psychiatric disorder, tuberculosis, cardiovascular disease and respiratory disease. There are more than 50 cases where they have more than one health problem. Out of total 100 respondents 86 respondents are there who are suffering from health problems and 14 lefts are healthy.

1.4. 2 HYPOTHESIS TESTING

Association between Area and utilization/non-utilization of health facilities for different categories of Health Problems.

Core Hypothesis: Women do not utilize much and do not have much awareness regarding the public health service.

1. H0: There is no difference between Area and awareness of RHP treatment among women.
H1: Area and RHP disease are associated with each other.

2. H0: There is no difference between area and awareness of GHP among women.
H1: Area and GHP disease are associated with each other.

3. H0: There is no difference between area and awareness of RHP among women.
H1: Area and RHP disease are associated with each other.

Association between gender (Male and Female) and utilization/non-utilization of health facilities for different categories of health problems

4. H0: There is no difference between gender (Male and Female) with respect to awareness in Utilisation/non-utilisation of health facilities for RHP.
H1: Gender and RHP disease are associated with each other

5. H0: There is no difference between gender (Male and Female) with respect to awareness in Utilisation/non-utilisation of health facilities for GHP.
H1: Gender and GHP disease are associated with each other.

6. H0: There is no difference between gender (Male and Female) with respect to awareness in Utilisation/non-utilisation of health facilities for OHP.
H1: Gender and OHP disease are associated with each other

Association between Education and utilization/non-utilization of health facilities.

7. H0: There is no difference between education and awareness of RHP disease among women
H1: Education and RHP are associated with each other

8. H0: There is no difference between education and awareness of GHP disease among women
H1: Education and GHP are associated with each other

9. H0: There is no difference between education and awareness of OHP disease among women
H1: Education and OHP are associated with each other

Results of Chi Square Test

S. No	Variable	Pearson chi2	DF	Pr	Results
Area					
1.	RHP	1.5069	1	0.220	Accept
2.	GHP	10.5090	1	0.001	Reject
3.	OHP	1.9992	1	0.157	Accept
Gender					
4.	RHP	26.5823	1	0.000	Reject
5.	GHP	0.6568	1	0.418	Accept
6.	OHP	6.8951	1	0.009	Reject
Education					
7.	RHP	4.6703	5	0.457	Accept
8.	GHP	4.9296	5	0.425	Accept
9.	OHP	8.1682	5	0.147	Accept

Source: Estimate from Field Survey

Note: Figures in Parenthesis Are Percentage of Total

- From table given below, the tabulation of Area and RHP treatment taken by women in district Kulgam, with 1 degree of freedom at 0.05% level of significance, our tabulated value is 3.84 and calculated value is 1.5069 which is lesser than tabulated value (chi-square cal=1.5069 < chi-square tab=3.84 df =1), therefore we accept null hypothesis which means that there is no difference of Area in utilizing RHP related services
- From table given below, the tabulation of Area and RHP treatment taken by women in district Kulgam, with 1 degree of freedom at 0.05% level of significance, our tabulated value is 3.84 and calculated value is 10.9050 which is Greater than tabulated value (chi-square cal=10.5090 > chi-square tab=3.84 df =1), therefore we reject null hypothesis which means there is a difference between area in utilizing GHP related services.
- From table given below, the tabulation of Area and RHP treatment taken by women in district Kulgam, with 1 degree of freedom at 0.05% level of significance, our tabulated value is 3.84 and calculated value is 1.9992 which is lesser than tabulated value (chi-square cal=1.9992 < chi-square tab=3.84 df =1), therefore we accept null hypothesis which means that there is no difference of area in utilizing OHP related services.
- From table given below, the tabulation of Area and RHP treatment taken by women in district Kulgam, with 1 degree of freedom. The value of calculated chi-square has been estimated as 26.5823 and the tabulated value of chi-square at 0.05% level of significance is 3.84 (chi-square cal = 26.5823 > chi-square tab = 3.84 df =1) which is greater than the calculated value of chi-square and is statistically significant. Thus, the null hypothesis has been rejected, showing that there is no statistically significant difference between gender and utilization of health facilities for RHP. It

has been found that gender has a significant effect on awareness of utilization of health facilities for RHP.

5. From table given below, the tabulation of Area and GHP treatment taken by women in district Kulgam, with 1 degree of freedom. The value of calculated chi-square has been estimated as 0.6568 and the tabulated value of chi-square at 0.05% level of significance is 3.84 (chi-square cal = 0.6568 < chi-square tab = 3.84 df = 1) which is lesser than the calculated value of chi-square and is statistically significant. Thus, the null hypothesis has been accepted, showing that there is no statistically significant difference between gender (Male and Female) with respect to utilization of health facilities. It has been found that gender has not a significant effect on utilization or non-utilization of health facilities for GHP.
6. From table given below, the tabulation of Area and RHP treatment taken by women in district Kulgam, with 1 degree of freedom. The value of calculated chi-square has been estimated as 6.8951 and the tabulated value of chi-square at 0.05% level of significance is 3.84 (chi-square cal = 6.8951 > chi-square tab = 3.84 df = 1) which is greater than the calculated value of chi-square and is statistically significant. Thus, the null hypothesis has been rejected, showing that there is no statistically significant difference between gender and utilization of health facilities for OHP. It has been found that gender has a significant effect on awareness of utilization of health facilities for OHP.
7. From the table given below which shows tabulation of education and RHP treatment taken in district Kulgam, with 1 degree of freedom at 0.05% level of significance. Our tabulated value is 11.07 and calculated value is 4.6703 which is lesser than tabulated value (chi-square cal = 4.6703 < chi-square tab = 11.07 df = 1), therefore we accept null hypothesis which means that there is no difference between education in utilizing RHP related services.
8. From the table given below which shows tabulation of education and GHP treatment taken in district Kulgam, with 1 degree of freedom at 0.05% level of significance. Our tabulated value is 11.07 and calculated value is 4.9296 which is lesser than tabulated value (chi-square cal = 4.9296 < chi-square tab = 11.07 df = 1), therefore we accept null hypothesis which means that there is no difference between education in utilizing GHP related services.
9. From the table given below which shows tabulation of education and OHP treatment taken in district Kulgam, with 1 degree of freedom at 0.05% level of significance. Our tabulated value is 11.07 and calculated value is 8.1682 which is lesser than tabulated value (chi-square cal = 8.1682 < chi-square tab = 11.07 df = 1), therefore we accept null hypothesis which means that there is no difference between education in utilizing RHP related services.

Modelling{Binary Logistic Regression model}

The econometric model Specification

$$Y_i = \beta_0 * X_i + \epsilon_i \dots \dots \dots 5.1$$

Y_i = is the dependent Variable.

(This is a dichotomous variable 1=Treatment taken and 0= no Treatment)

β₀=is the vector of explanatory variables.

X_i = is the associated vector of parameter to be estimated and

E_i= error Term.

Binary Logistic

Regression ModelThe following equations of Binary Logistic

Regression model are

$$\text{logit}(p) = \frac{P}{(1-P)} = \beta_0 + \beta_1 * X_1 + \beta_2 * X_2 + \beta_3 * X_3 \dots + \beta_k * x_k \dots \dots \dots (5.2)$$

$$\text{logit}(p) = \frac{p}{(1-p)} = \beta_0 + \beta_1 * \text{Area} + \beta_2 * \text{Gender} + \beta_3 * \text{Education} + Ei \dots \dots \dots (5.3)$$

Description of the study variables

Variable	Description
Model 1. RHP Treatment Taken Model 2. GHP Treatment Taken Model 3. OHP Treatment Taken	{1=Treatment Taken, 0=No Treatment}
Area	1= Rural, 0=Urban
Gender	1=Male, 0=Female
Education	1=Up to 10th, 0=Higher Education

In our study, we have used dependent variables RHP Treatment Taken, GHP Treatment Taken and OHP Treatment Taken, to check the probabilities of taking treatment or utilizing the health facilities for different categories of health problems among respondents of district Kulgam. Our dependent variables are dichotomous (1= Treatment Taken and 0= No Treatment). We have used Binary Logistic Regression Model to investigate or to check the determining factors responsible for taking treatment or utilizing health facilities. We have developed our econometric model to analyse the role of these variables in Taking Treatment for different categories of health problems. All explanatory variables are dichotomous, which

are Area (1=Rural, 0=Urban), Gender (1=Male, 0=Female) and Education (1= up to 10, 0=Higher Education). The reference category taken in our model is considered the dichotomous value '1'

The Binary Logistic Regression Model, we have calculated Odd Ratio with the help of Stata 14 Software. We have used the command logistic for Odd Ratio Results and we used logit command to calculate coefficients. We have interpreted our results on the basis of Odd Ratio. Therefore, results for our Model are as follows:

Therefore, from the output results of logistic regression model with respect Area (1=Rural, 0=Urban), keeping 'Rural' as reference category, as per Odds ratio in respect to our reference category there are 0.44% of chances to 'Urban' people as compared to Rural people to take treatment for RHP. However, it has been found statistically insignificant at 5% level of significance. Similarly, in case of Education (1= up to 10, 0=Higher Education) keeping 'up to 10th' as reference category, there are 0.26% of chances to higher education people as compared to education up to 10th people to take treatment for RHP. It has been found statistically significant at 5% level of significance.

Model 1

$$z_i = \beta_1 + L_1 + E_1 + u_i \dots\dots\dots(5.3)$$

Where, $Z_i = RHP$ as dependent variable

$\beta_1 = \text{constant}$

$L_1 = \text{Area}$

$E_1 = \text{Education}$

$u_i = \text{Error Term}$

RHP Treatment Taken		
1		
VARIABLES	Treatment Taken	Treatment Taken
	Dummy RHP { 1=Treatment taken, 0=No Treatment }	Dummy RHP { 1=Treatment taken, 0=No Treatment }
	Coefficients	Odd Ratios
Area	-0.803 (0.190)	0.447 (0.190)
Education	-1.357** (0.046)	0.257 (0.046)
Constant	0.506 (0.277)	1.658 (0.277)
Observations	50	50
R-Squared	0.951	0.951

Standard errors in parentheses
*** p<0.01, ** p<0.05, * p<0.1

The output results of logistic regression model with respect Area (1=Rural, 0=Urban), keeping 'Rural' as reference category, as per Odds ratio in respect to our reference category there are 0.22% of chances to 'Urban' people as compared to Rural people to take treatment for GHP. However, it has been found statistically significant at 5% level of significance. Similarly, in case of Gender (1= Male, 0= Female), keeping male as reference category, there are 0.73% chances for Female to take treatment for GHP, however it has been found statistically insignificant at 5% level of significance. Whereas, in case of Education (1= up to 10, 0=Higher Education) keeping 'up to 10th' as reference category, there are 2.12% of chances to higher education people as compared to education up to 10th people to take treatment for GHP. It has been found statistically insignificant at 5% level of significance.

Model 2

$$K_i = \beta_1 + A_1 + G_1 + E_1 + u_i \dots\dots\dots (5.4)$$

Where, K_i = GHP as dependent variable

β_1 =constant

A_1 =Area

G_1 =Gender

E_1 =Education

u_i = Error Term

GHP Treatment Taken

2		
VARIABLES	Treatment Taken	Treatment Taken
	Dummy GHP { 1=Treatment taken, 0=No Treatment}	Dummy GHP { 1=Treatment taken, 0=No Treatment}
	Coefficients	Odd Ratios
Area	-1.511*** (0.001)	0.221 (0.001)
Gender	-0.315 (0.471)	0.729 (0.471)
Education	0.748 (0.119)	2.11 (0.119)
Constant	0.301 (0.438)	1.351 (0.438)
Observations	100	100
R Square	0.1025	0.1025

Standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1

And lastly, the output results of logistic regression model with respect Area (1=Rural, 0=Urban), keeping 'Rural' as reference category, as per Odds ratio in respect to our reference category there are 0.51% of chances to 'Urban' people as compared to Rural people to take treatment for OHP. However, it has been found statistically insignificant at 5% level of significance. Similarly, in case of Gender (1= Male, 0= Female), keeping male as reference category, there are 0.34% chances for Female to take treatment for OHP, however it has been found statistically significant at 5% level of significance. Whereas, in case of Education (1= up to 10, 0=Higher Education) keeping 'up to 10th' as reference category, there are 1.56% of chances to higher education people as compared to education up to 10th people to take treatment for OHP. It has been found statistically insignificant at 5% level of significance.

Model 3

$$Q_i = \beta_1 + T_1 + R_1 + W_1 + u_i \dots\dots\dots (5.5)$$

Where, Q_i = OHP as dependent variable

β_1 =constant

T_1 =Area

R_1 =Gender

W_1 =Education

u_i = Error Term

OHP Treatment Taken

3		
VARIABLES	Treatment Taken	Treatment Taken
	Dummy OHP { 1=Treatment taken, 0=No Treatment }	Dummy OHP { 1=Treatment taken, 0=No Treatment }
	Coefficients	Odd Ratios
Area	-0.679 (0.116)	0.507 (0.116)
Gender	-1.088** (0.011)	0.337 (0.011)
Education	0.449 (0.329)	1.566 (0.329)
Constant	0.429 (0.266)	1.535 (0.266)
Observations	100	100
R Square	0.0739	0.0739

Standard errors in parentheses
 *** p<0.01, ** p<0.05, * p<0.1

CONCLUSIONS

The ailing cases of health found in district Kulgam by addressing RHP, GHP and OHP is 3%, 17% and 11%. Besides these some cases were found in collation in which both RHP and OHP is 7%, both RHP and GHP is 10%, both GHP and OHP is 19% and all the three RHP, GHP, OHP is 17% and the respondents without any health problem contains 16%. Area wise health problem was also investigated in which we find RHP 19 each case in Rural and Urban areas, GHP 29 and 35, OHP 29 and 29 cases respectively. Gender wise Health problems of RHP are 2.63% in Male and 97.37% among Females, GHP 40.63% Male and 59.36% Female, OHP 40.63% Male and 59.36% in Female. Education wise Health problems are RHP, GHP and OHP, for Illiterates 15.57%, 26.56% and 21.81%, for Primary 5.2%, 4.37%, 10.90%, for Middle mill, 6.25%, 3.63%, for High 5.26%, 7.81%, 18.18%, for intermediate 23.68%, 15.62% 21.81% and for Higher 42.10%, 34.37% and 23.63%.

Utilization/ non-utilization of Health facilities for different categories of Health problems to the respondents are RHP 38%, GHP 64% and OHP 55% and the treatment taken for these problems is 21%, 42% and 43%.

The statistical significance demonstrated by the help of chi-square test with the help of Stata software shows that all variables have significant impact on health utilization and awareness. Except gender wise RHP, GHP and education wise RHP. Therefore, we conclude that all the variables are defining health utilization. The binary logistic regression results of all these three models showed that Area, Gender and Education are insignificant, but the individual contribution of all the three variables are either negatively significant or significant, which means the differences of Area, Gender and Education does not have impact in utilizing the Health Facilities, where people are unaware, having regions problems i.e. lack of Health facilities and Education becomes negligible before the limited available health facilities

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