

Changes of Health Seeking Behavior of Rural Residents Induced by the Primary Health Care Project

Chul-Whan Cha, M.D., Ph.D.

*Department of Preventive Medicine & Institute for Environmental Health,
College of Medicine, Korea University Seoul, Korea*

One important goal in implementing primary health care (PHC) is to change health behavior of the target population toward health-oriented one. Traditionally, it was believed that farmers were less motivated for modern health care. Two factors of shortage of the provision of health services and cultural barriers to block the use of health services were regarded as causes of low motivation for health care among farmers. Thus, community medicine or PHC focused on solving these problems by providing basic health services and by promoting community participation into program implementation. Strategies and techniques to approach community and to motivate the target people were developed under the assumption that the society or community was less economically developed under which resources for health services would be not sufficient and traditional cultural factors would deter active participation of community people in the PHC programs. However, in such society like Korea in which economic and social changes were very rapid, the assumptions and strategies for PHC based on less developed countries

does not always fit to reality. Through four year implementation of PHC programs in a rural Korean area (Yeoju, Korea), we found some trends in health behavior.

One trend is that improvement in living conditions increased help-seeking both in the experimental and control areas. As we see in Table 1, the practice of antenatal care increased from 38.5% in 1982 to 60.9% in 1986. But the control area showed the slightly higher rate of practice in 1982, compared with the project area. The two areas had the similar situation in 1982.

Another important trend in health behavior is that change in knowledge and attitude took place rather easily, but this did not simultaneously lead to real practice. Table 2 shows this trend. Although the target population shows the statistically significant difference in attitude about the importance of antenatal and postnatal care from the control population, there was no significant difference in practice of antenatal and postnatal care.

However, in terms of quality of care, the project

Table 1. Comparison of the practice on the antenatal care between project and control area

	Project Area		Control Area
	1982(%)	1986(%)	1986(%)
Received	38.5	60.9	63.0
Not received	61.5	39.1	37.0
Total	100.0	100.0	100.0
(N)	(195)	(233)	(108)

Table 2. Statistical comparison of attitude and practice on maternal care between the project and control areas

Index	Results
Attitude about antenatal care	P<.05
Practice of antenatal care	not significant
Attitude about postnatal care	P<.05
Practice of postnatal care	not significant

area made a difference from the control area. The people in the project area sought for better quality of care, compared with those in the control area. In the project area 71.1% of the pregnant received prenatal care within four months after pregnancy in 1982. This rate increased to 82.3% in 1986(see Table 3).

Similar trends were found in other programs. Table 4 shows that in terms of the knowledge about the kind of vaccination, there was no systematic difference between two areas. However, in terms of when infants were vaccinated, there was the significant difference between two areas. The infants in the project area were vaccinated according to the recommended vaccination schedule with a higher rate than that in the control area(see Table 5).

One lesson from these results is that implementation of primary health care should adapt itself to the changing socioeconomic conditions of society. Expanding basic health services to farmers was one of the prime goals of the PHC movement in less developed countries. However, rapid economic growth and expanded health services render new conditions for the implementation of PHC. The critical problem, at least in Korea, is not absolute shortage

Table 4. Comparison on the knowledge about the kinds of vaccination between the project and control area in 1986(unit=percentage of knowing the respective kind)

	Project Area	Control Area
BCG	77.3	73.1
1st DPT	88.8	85.2
2nd DPT	55.3	63.9
3rd DPT	43.3	57.4
4th DPT	7.2	3.8
MMR	42.1	42.6

Table 5. Comparison of the practice of vaccination in terms of vaccination schedule between the project and control area

	Project Area	Control Area
Very well vaccinated	57.1%	46.3
Moderately vaccinated	26.2	37.0
Poorly vaccinated	16.7	16.7
Total	100.0	100.0
(N)	(233)	(108)

of health services but adequate use of health services. For instance, in the 1960s, the concept of prenatal care did not virtually exist among Koreans. But now, practice of prenatal care becomes a routine affair among pregnant, although such practice is not fully satisfactory for the standards used in developed countries. Traditional health education focused on the issue of how to teach the importance of prenatal care. However, such approach seems to lose its ground, because the majority of the people understand the significance of prenatal care. Based on our experience, the major problem at present is not the people, but the organizational structure

Table 3. Timepoint of the first prenatal care after pregnancy

	Project Area		Control Area
	1982(%)	1986(%)	1986(%)
Below 1st month	2.0	6.3	5.9
From 2nd to 4th month	69.1	76.0	67.6
Above 5th month	27.3	17.7	26.5
Total	100.0	100.0	100.0
(N)	(55)	(142)	(68)

of delivering health care. In Korea, over 80 percent of health facilities and health manpower is in the hand of the private sector. The private hospitals and clinics do not pay attention to primary health care. Although governmental facilities provides primary health care services, such services are inefficiently delivered and governmental health personnel are less motivated.

Thus our program now focus on developing a strategy for linking community hospitals and primary health care units. We expect that behavioral change among the people should be combined with the development of adequate organizational structure of health services to satisfy changing health care needs of the people. Thus, PHC programs should be redesigned toward adapting to these changing socioeconomic conditions and satisfying enhanced health care needs of farmers.

□ 국문초록 □

일차보건의료와 농촌주민의 보건형태의 변화

차 칠 환

최근의 경제성장과 생활수준의 향상은 농촌주민의 보건 형태에도 큰 변화를 유발하고 있다. 10여년전과 달리 산전관리나 영유아 예방접종은 거의 대부분의 농촌주민들도 자발적으로 시행하고 있다.

본 연구에 의하면 일차보건사업지역이나 대조 지역간에 이측면에서 큰 차이가 없다. 따라서 일차보건사업은 과거의 일차적인 보건서비스의 확대라는 고전적 목표에서 서비스의 향상과 서비스 조직의 개선으로의 새로운 사업전개가 필요하다.