

SOCIO-MEDICAL ORIENTATION VARIATIONS AMONG URBAN AND RURAL POPULATION

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ABSTRACT

This study examined the relationship between some socio-demographic variables, medical orientations and utilization of health services of urban in comparison with rural head of households. The data for this study were obtained as part of 1975 Health Survey of the southern provinces of Iran.

The finding revealed a significant relationship between the indices used in this study, particularly in the urban sample. Favorable attitudes toward modern medicine were more likely to occur in the urban population, where more formal and informal education help to create new habits, and consequently the acquisition of a new health attitude.

INTRODUCTION

Contemporary societies' effort toward innovations and expansion of health services for improvement of the coverage of their total population, particularly in developing countries, bring to the light the question of utilization of these services by the people⁽¹⁾.

Besides, consideration about health status, health needs, and the degree of the availability of health services, utilization of health services is more likely related to medical orientations of population.

The relationship between demographic variable, socio-cultural variables, and medical orientations have been established by the late Edward Shelman⁽²⁾. In this study, the orientations toward modern medicine, and its consequent effect on the utilization of health services is examined in terms of age, educational attainment, and

locality (urban and rural) of the population of the southern provinces of Iran.

METHOD AND MATERIALS

The data for this study were obtained as part of 1975 Health Survey of Southern Provinces of Iran, namely the cities of Bandar Abbas, Minab, Bandars Lengeh and Boushehr.

A multi-stage area probability sample of 2,200 head of households was selected. According to the National Census data of 1966, the total households in the area under the study was reported as 127,555⁽³⁾.

The following procedures were applied for the selection of households sample:

- first the urban and rural population of the area under the study were designated,
- by using the area cluster sampling technique, urban blocks, and villages were selected,
- with the application of simple random sampling procedure, 1100 households in the urban, and the same size in the rural areas were selected. The total size of the sample was 2,200, from which 1,965 male head of households were interviewed during the three months, beginning in September, 1975.

The non-respondents were those that either the entire family have been migrated or the head of households were female, while the study was designed to interview only male head of households. The rationale for the selection of male head of households is based on the assumption that in traditional societies such as Iran, male dominant behavior have influences on the attitude of their members of the family.

The data was collected by trained interviewers, and statistical technique was applied to find the relationship between the variables under the study.

FINDINGS

A. Socio-demographic characteristics of the sample:

Age – at the time of survey the majority of the head of households (both in urban and rural areas) were in the age group of 25–44. The

average age for the rural sample was 43.2 (Sd=13.7), in comparison with 40.3 (Sd=16.4) for the urban sample.

Marital Status – approximately 96.0 per cent of the rural sample, and 94.0 per cent of the urban head of households were married at the time of study.

Educational Status – approximately 95.0 per cent of the rural head of households were illiterate, in comparison with nearly 50.0 per cent of the urban sample. In terms of the amount of educational attainment, only 4.6 per cent of the rural sample have completed primary, and 1.3 per cent secondary school. Comparative data for the urban head of households were 24.2 per cent and 6.2 per cent respectively. Only 1.4 per cent of the urban sample had B.S. and more education, while none of the rural head of households had such an educational background.

Occupational Status – As expected the occupation of the majority (52.0 per cent) of the rural sample was farming. Nearly 30.0 per cent agricultural and non-agricultural laborers; and approximately 5.0 per cent retailers. While over 30.0 per cent of urban head of households' occupation were clerical and secretarial; and over 28.0 per cent non-agricultural laborers; and 5.0 per cent administrative and managerial positions.

B. Medical orientations of the head of households and its relations to the indices of age, literacy and educational attainment and locality (urban-rural), are measured on the number of questions (A to E), Table 2, and the key to the indicators is presented following the table.

The data shows a significant relation between the age and the attitudes of the population under the study toward modern medicine. This relationship is particularly more significant for the urban sample (Value of 4 out of 5 indices are at the 0.001, using X^2 test), in comparison with the rural head of households.

For example, the relation of age and the question about the selection of dentist rather than the traditional means in case of dental problems, for urban sample is more significant ($P < 0.001$), in comparison with the rural head of households.

The data also shows very significant relationship between the education and attitudes toward modern medicine. In this case, the relation is also significant for the rural sample in comparison with the urban.

C. Utilization of health services. The relationship between the indices of age, education and the locality (urban and rural), and the utilization of health services are measured by the questions of E to I (Table 2). According to these data, the age factor does not have a great influence on the utilization of health services, particularly for the rural population. The education, however, does have a significant relation to the

utilization of health services for urban sample ($P < 0.001$), in comparison with the rural.

CONCLUSION

The findings of this study revealed the differential variations of medical orientations and the utilization of health services, between the urban and rural head of households in the study. Although the socio-demographic variables, and the indices of medical orientations and the utilization of health services were not exclusive, nevertheless, the findings are in harmony with other studies in different populations(4).

The data indicates to more favorable attitudes of the urban head of households toward modern medicine, and the utilization of health services, in comparison with the rural sample.

Favorable attitudes toward modern medicine are more likely to occur in urban population where there exists more formal educational facilities and channels of communication, in comparison with the rural communities.

For more effective utilization of health services, it is not only necessary to expand and improve available health facilities, but also it requires a formal and informal teaching of new health habits, which ultimately brings about the new health attitudes. This is particularly important for the majority of developing societies presently in the process of expanding their health services.

Table 1
Selected Socio-Demographic Variables of Population
of Persian Gulf Areas (Southern Parts of Iran) Sample

Variables	Urban (N=1085)		Rural (N=871)	
	%	N.	%	N.
Age:				
15-24	9.7	(105)	8.5	(74)
25-34	29.9	(325)	21.6	(188)
35-44	26.1	(283)	25.6	(223)
45-54	20.5	(223)	23.5	(205)
55-64	8.6	(93)	14.6	(127)
65 +	5.2	(65)	6.2	(54)
Average age	40.3		43.2	
Sd	16.4		13.7	
Marital Status:				
Married	93.6	(1016)	95.4	(831)
Non-married	4.3	(47)	1.7	(15)
Divorced	2.1	(22)	2.2	(19)
Not specified	—	—	0.7	(6)
Education:				
Illiterate	47.9	(520)	74.8	(652)
Primary schooling	12.2	(132)	18.3	(159)
Primary Diploma	24.2	(263)	4.6	(40)
Secondary school.	8.1	(88)	1.0	(9)
Secondary Dipl.	6.2	(67)	1.3	(11)
B.S. and more	1.4	(15)	—	—
Occupation:				
Adm. & managerial	5.0	(55)	—	—
Sec. & clerical	30.2	(328)	4.4	(38)
Business	0.7	(8)	—	—
Retailer	22.3	(242)	4.9	(138)
Agriculture	—	—	51.8	(138)
Manual workers	28.4	(308)	29.8	(260)
Unemployed	4.7	(50)	3.1	(27)
Not known	8.7	(94)	6.0	(32)

Table 2
 χ^2 Value of Selected Indicators in
 Urban and Rural Households Sample

Indicators of Medical Orientation	Urban (N = 1085)		Rural (N = 871)		Locality (Urban and Rural)
	Age	Education	Age	Education	
A	10,431	22,016 ^b	49,716 ^a	11,440 ^c	250,797
B	51,486 ^b	85,499 ^a	28,113	38,323 ^a	503,463 ^a
C	69,994 ^a	52,134 ^a	117,136 ^a	13,524	78,078 ^a
D	20,019	50,241 ^a	34,956 ^a	30,346 ^a	435 ^a
E	61,461 ^a	86,725 ^a	31,338	43,107 ^a	411,316 ^a
F	19,213 ^b	76,033 ^a	7,171	9,489 ^c	7,259 ^a
G	8,260	4,978	5,583	1,626	0,146
H	28,404	21,783 ^b	23,337 ^a	1,991	2,474
I	13,763	168,203 ^a	23,437	5,709	70,895 ^a

a = $P < 0.01$

b = $0.001 < P < 0.01$

c = $0.01 < P < 0.05$

Key for Indicators

- A Opinion about the availability of physician to the family
- B Kind of action taken during the illness
- C Priority of the members of the family regarding medical
- D Decision toward the selection of proper drugs
- E Kind of action taken during tooth ache
- F Visit with dentist, during the last year
- G Visits with the physician, during the last year
- H Tooth extraction
- I Kind of persons for tooth extraction been selected

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