Chapter VII

Summary, Finding and Conclusion

In this chapter I make a modest attempt to present summary of each chapter along with finding and implication of the study covering recommendation and conclusion.

In **First Chapter,** I put major focus to discuss concept and theory of health and illness in society. The chapter conceptualised and contextualised health in view of world health organisation (WHO), bio-medical concept and socio-cultural concept. Notable contributions of scholars of sociology like August Comte, Spencer, Durkheim, Marx, Weber, Parsons and Foucault and their propounded theories are also debated and discussed to understand and develop adequate knowledge about state of health in holistic sense. Usefulness or merit of introductory chapter is not merely familiarised concepts and theory, but possibly unraveled hidden data and fact of health in sociological study and research.

Second Chapter dealt with framework of study harping upon other important vis-à-vis integral aspects of work like rationale of study, review of literature, scope and significance of study, universe of study, research question, objectives and hypothesis with method of data collection. Major focus of the

chapter is given to develop the study with suitable yardstick best known to the student.

Chapter Third, bearing title health care in rural India, emphasized nature and structure of health care practice in different age and state in ancient-traditional, middle-medieval, British colonial, after independence and latest intervention of national rural health mission. Review of works and database, ought to be source, origin and development of health care practice, exemplified no proper mechanism ever existed or adopted in India to address to health care problem till now. Strength of the chapter lies in highlighting continuous vis-à-vis abrupt history of vicissitudes of health care practice in India.

Chapter Four vouched upon to configure past and present health care practice in Cachar district of Assam, and role of national rural health mission during recent time. The scheme, after its introduction, in 2005 in Barak valley and especially in Cachar district divided the district into eight block primary health centre, twenty seven primary health centre and two hundred sixty nine sub-centre to expedite process of health care, NRHM is felt to make some breakthrough in health care practice among people of the district.

Chapter Five titled national rural health mission and health care in Cachar, I observed NRHM consolidated rural health care practice in the district by augmenting three tier health care and strengthened additional support system to

bring change in earlier health care practice. Most people of the district realised and acknowledged national rural health mission's partial positive role and contribution in specific area like maternity care, child care and family planning.

Chapter Six focused on an important themehaving title health care and health seeking behaviour in Cachar to understand departure, if any, in present and past health care in the district and particularly aftermath of national rural health mission. Empirical and theoretical data combination revealed NRHM made a relative breakthrough and introduced modern health care practice among cross section of people in Cachar, but on the contrary, the mission/scheme is yet to overhaul or change traditional health seeking behaviour of large chunk of people in the district too. The Cachar society at large being highly complex and sharply divided on different historico-sociological issues and politico-economic problems could not develop minimum health care practice, including fund allocation and proper implementation of programmes and policies of NRHM. Whatever may be overt and covert matter, health disparity continued to be cancerous vis-a-vis health seeking behaviour or majority of people in Cachar remains alike or static even today.

Major finding of the study

1. Number of primary health centre is not adequate to provide primary care to people of Cachar.

2. Health care in district hospital and community health centre is not adequate due to non-availability of requisite number of specialist doctor and necessary equipment.
3. All health services are not fully and adequately operational in health centre in the district.
4. National rural health mission provides sufficient fund but it is not properly utilised in the district.
5. National rural health mission is yet to achieve its target as per IPHS norm in the district.
6. ANM and ASHA are properly deployed as per target in the district.
7. VHND and immunisation programme is regularly done in village
8. Institutional delivery, immunisation and family planning service is better than earlier period but other services are not up to mark in the district.
9. Supply and availability of essential-life saving drug is poor in the district.
10. Affordability of laboratory test prescribed by government or NRHM hospital is also beyond financial capacity of most people in Cachar.
11. People still consult quack, folk healer and drug seller in the district.
12. Folk medicine is mostly preferred by poor and less educated people in the district.

13. Traditional belief, value and attitude adherence cause major problem in health in the district.
14. Secondary and tertiary health care is beyond capacity of poor people.
15. National rural health mission could not achieve its holistic target for MMR, IMR and TFR in Cachar district.

Recommendation: National rural health mission is just a beginning and helping hand in the state as well as in Cachar district. Proper implementation of the programme solely depends upon the strategy taken by state government. In Cachar district the programme is successful only in few segments like maternity and child care, family planning and almost unsuccessful in other segments. This might have happened because of improper utilisation of fund. If fund is thriftily utilised by district health society, number of hospitals equipped with skill medical and paramedical manpower may be available in the district. May be buffer stock of essential drug and vaccine in hospitals of Cachar also be available if fund is properly utilised. Therefore, district health society should take full responsibility to utilise fund provided by national rural health mission. Apart from fund management regular monitoring and supervision is required in district health society.

Poverty, illiteracy and backwardness matter a lot to have good health. Rural people are not even aware about plan and policy of government. Till today

people are not aware of schemes introduced by central and state government for their health care. In this respect non-government organisation, intellectual and social activist should come forward to make rural people aware about their health right and benefit given by government.

Suggestion for further research: Present study focuses and highlights role of national rural health mission in health care of rural people of Cachar. This study opens vista to conduct further study and research on policy and programme taken by government for health. Indeed this is a holistic study which could not enquire any particular aspect of health of rural community, but this study may help students of sociology of health and illness to conduct further study toward particular health problem. Present study highlights little about epidemiological and social etiology of mortality and morbidity in Cachar district. This study may corroborate to further research on epidemiology and health in Cachar district in future.

Conclusion: National Rural Health Mission is slowly penetrating to improve health care in Cachar district. In some specific areas of health care like, maternity care and child care particularly immunisation of children, family planning and rural referral transport service of national rural health mission is significant. But overall qualitative improvement in health care is yet to be augmented by NRHM. People of Cachar district still have poor access to

modern health care practice. Owing to unavailability of modern health care with affordable price, people go back to their traditional system of medicine. Indeed a bulk of rural population is depended on quack, drug seller, folk healer and magico-religious practitioner, who take advantage of poverty, illiteracy and backwardness of people depending upon them.