Chapter IV

Socio-economic background of Doctors and Patients

This chapter aims to discuss who are the doctors working in the Government hospitals and who are the patients visiting Government hospitals in context with their socio-economic backgrounds. According to Parsons, certainly by almost any definition, health was included in the functional needs of the individual member of the society so that from the point of view of functioning of the social system, too low a general level of health, too high and incidence of illness was dysfunctional. This was in the first instance because illness incapacitates for the effective performance of social roles. It could of course be that this incidence was completely uncontrollable by social action, an independently given condition of social life. But in so far as it was controllable, through rational action or otherwise, it was clear that there was a functional interest of the society in its control, broadly in the minimization of illness[1].

Socioeconomic status (SES) is a measure of social status that takes into accounts a person's educational attainment, income level, and occupational prestige. Nevertheless, Functionalist Theorists hold firmly that some degree of social inequality is necessary in order for society to function properly. The conflict theorists hold that such inequality is neither functional nor just, but rather is the result of the exploitation of those at the bottom by those at the top. Both functionalists and conflict theorists typically focus on occupation as the most

important measure of social position. Many sociologists have agreed that health is a basic determinant of life chances, and there is a very strong relationship between people's socio-economic status and the quality of their health and the length of their lives[2] . The same is also viewed by Advani. Health practices are affected by the socio-economic conditions of an individual and the environmental conditions around him[3] . S.R. Mehta stated that in the dynamics of social inequality, there was disparity in the health behaviour of individuals. The health behaviour of an individual to a large extent, would be determined by the attitude, motive and normative pattern often influenced by the social, psychological, cultural and economic factors operating within and without the social structure of the community or society. The notion of health, as perceived by people, would affect the motivational aspects related to the preventive or curative medical and health care. The delivery of health care system had to be determined by the health expectations of people and those were also influenced mostly by the social, cultural, economic and situational factors in the community[4] .

Many follow a 'lifestyle that is characteristic of the particular socioeconomic class to which they belong. The term 'culture of poverty' is sometimes used to refer to the ways of life of clients whose incomes approximate the level of public assistance or are even less – and many non-public –assistance families fall in this group, who have not finished high school, who are able to do only unskilled work, and who are, often, members of " female-based" families. It is frequently claimed that persons in this types of low-income family to lack motivation for self-improvement, to feel that their lives are controlled by fate rather than by their own

efforts, to prefer present to future gratification, and, therefore, to be uninterested in long-time planning. They are supposed to be "expressive" in the sense of acting out feelings and emotional needs rather than controlling them, to have a poor time sense, to project the blame for their troubles on external forces, to be unable to express feelings in language or to comprehend abstractions, to have no belief in the value of talking as a way of solving problems or straightening out feelings, and so to be inaccessible to what is called "traditional casework"[5].

According to WHO, Demographic and Socio Economic factors are major determinants of health. In WHO World Health Statistics, 2011, India has 09 hospital beds and 06 doctors per 10,000 populations where the global ratio is 29 and 14 respectively. Regions of the America have 24 and 22.5 and Africa Regions are yet to wake up with only 09 hospital beds and 2.3 doctors per 10,000 heads. South East Asian Regions have 24 and 22.5 ratio scales. The region is also high in Maternal deaths; 91,000 in the year 2008 where America has as low as 10,000[6]. It is worth mentioning that Bhutan was the first country in the world where the concept of Gross National Happiness (GNH) was introduced. GNH primarily rested on four pillars: good governance, good health, conservation of environment and sound economic development. It was stated that health services in Bhutan, even up to the tertiary level, were completely free. Even for patients who travelled abroad for specialized treatment, the government bore all the expenses. The government allocated around 10%-12% of its general budget to health, of which 25% was meant for medical education[7].

Looking through the lens of pluralism, Minocha detected fundamental anomalies in the assumptions regarding distribution of medical facilities. As she wrote, "Much ink has been spilled repeating that 80 per cent of the population lives in the rural areas and 20 per cent in the urban areas, and that the distribution of doctors is in the reverse order. Therefore, it is concluded, urban areas and the 'elite' are far better served than the rural areas and 'underprivileged' people[8].

**Table 4.1: Distribution of doctors by hospital**

Name of Hospital	No. of Doctors	Percent
JNIMS	17	53.1
District Hospital Bishnupur	5	15.6
District Hospital Churachandpur	10	31.3
Total	32	100.0

For the present study, altogether 32 doctors have been selected at random from three government hospitals of Manipur- one hospitlal attached to a medical college, one district hospital in the valley and one hospital in the hill. Out of the 32 doctors, 17 (53.1%) were from JNIMS hospital, 5 (15.6%) from District Hospital, Bishnupur and 10 (31.3%) doctors were from District Hospital, Churachandpur.
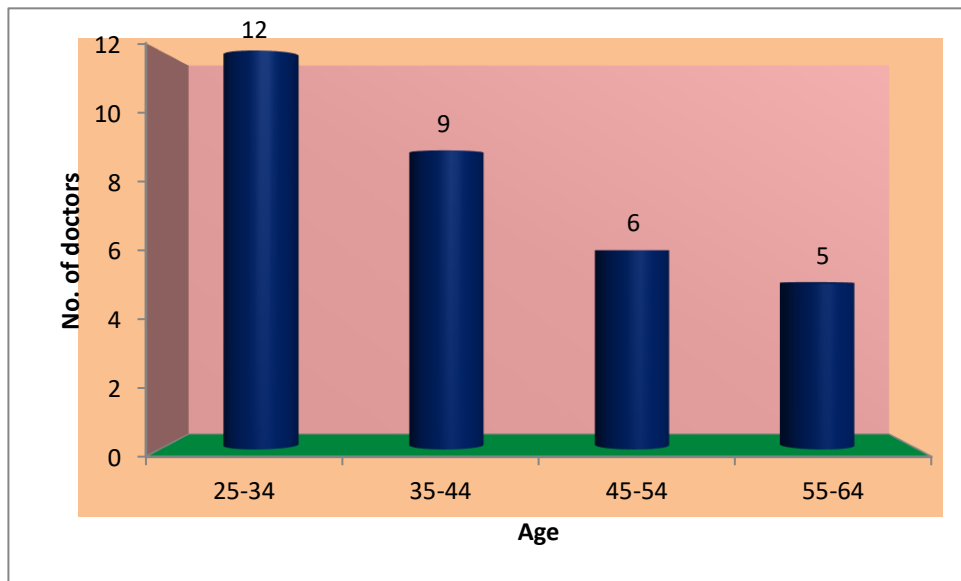
Figure 4.1: Age distribution of doctors; N=32

Age is an important variable in the study of socio-economic background of a studied group. Fig. 4.1 covers age wise distribution of doctors in the sample. Maximum number twelve, (37.5 percent) of doctors was in the age range of 25-34 year, nine (28 per cent.) were in the age range of 35-44 year, six (18.8 per cent) were in the age group of 45-54 year and only five (15.5 p.c.) are in the age range of 55-64 years. The mean age for the doctors in the sample is 40.34 years with standard deviation of 11.47 years. The youngest of the respondents was 25 year old.
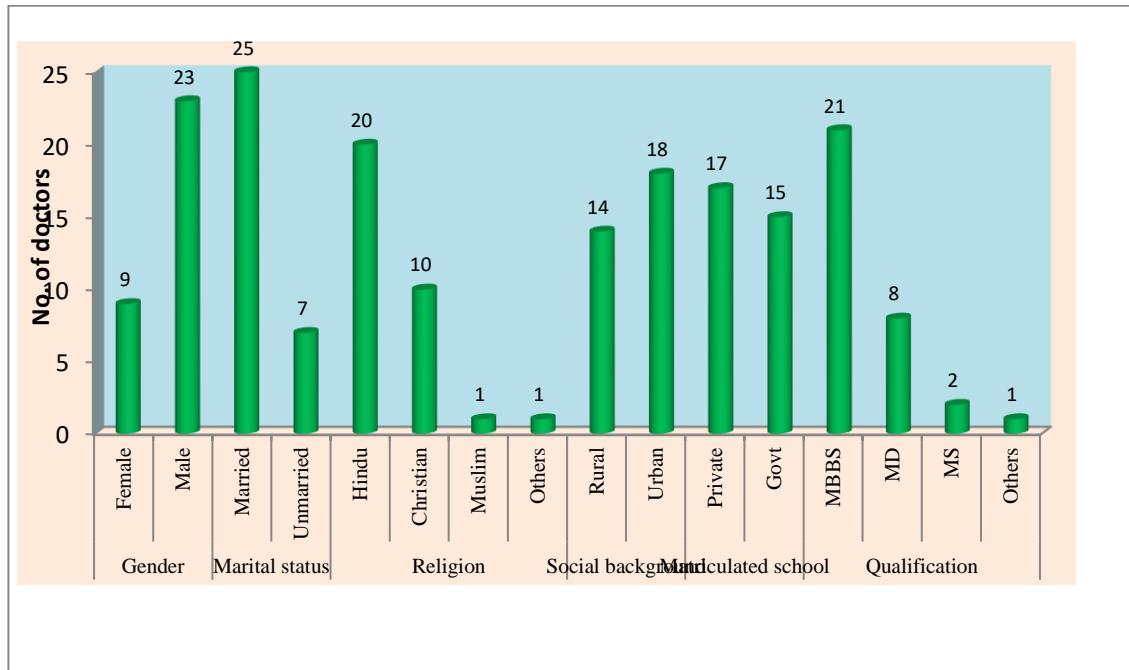
Figure 4.2: Socio-demographic characteristics of doctors; N=32

Fig. 4.2 shows Gender, Marital Status, Religion, Social Background, Matriculated school and Qualification of the doctors included in the sample. More than two third of the respondents were males with sex ratio 281:1000. Out of the thirty two doctors, majority (78.1 percent) are married. Among the 7 unmarried, only one was a female at her late twenties. Sixty three percent of the respondents were Hindu by religion and it is followed by Christian with thirty-one percent, Muslim and others 3.1 per cent each. Low representation of Muslim in the profession may be because of their lower general education level and socio-economic conditions, as also mentioned in one of the earlier studies. The doctors who were working in the selected hospitals were from mixed backgrounds, Urban (56.2 percent) and rural (43.8 per cent). Data revealed that both urban as well as rural background has equal influence on taking up a profession in medicine.

In Manipur, private schools run by various organizations and Christian missionaries are considered 'privileged' specifically for their standard and medium of instruction though they charge higher fees. From the data presented in fig.4.2 fifty three per cent of doctors were matriculated from private schools and 47 per cent from government schools. The maximum number (65.6%) of doctors had attained MBBS;, MS/MD (25 per cent); MHS (6.3 per cent) and others (3.1).

Table 4.2: Distribution of OPD patients by hospital

Name of hospital	No. of respondents	Percent
JNIMS	129	54.2
District Hospital Bishnupur	32	13.4
District hospital Churachandpur	77	32.4
Total	238	100.0

A sample of 238 OPD patients have been selected at random from three government hospitals of Manipur. Out of these, 129 patients were from JNIMS Hospital (54.2%), 32 patients from District Hospital Bishnupur (13.4%) and 77(32.4%) patients from District Hospital Churachandpur.
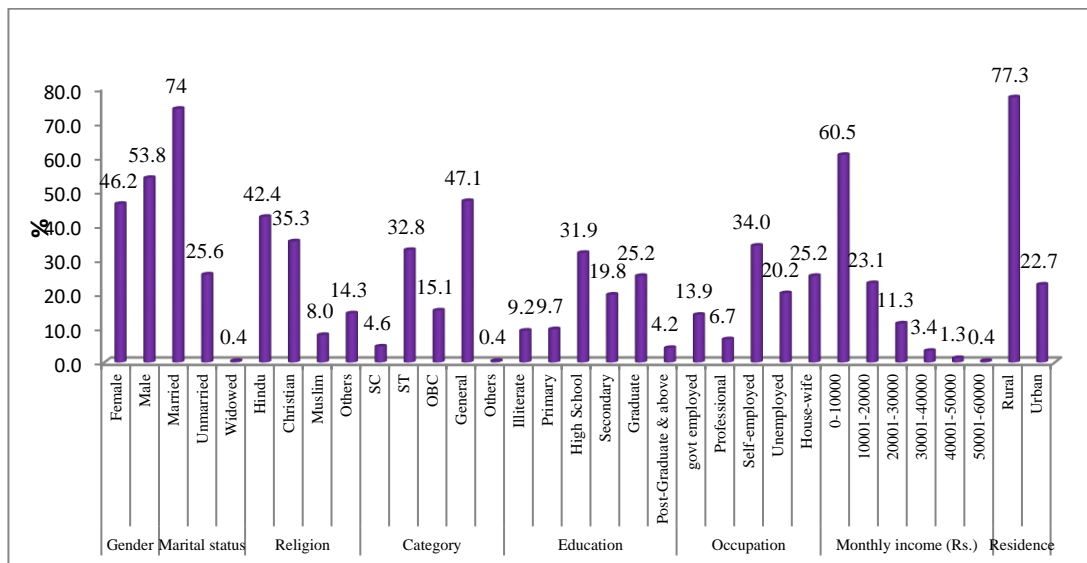
Figure 4.3: Socio-demographic characteristic of OPD patients; N=238

Fig. 4.3 shows the socio-demographic characteristics of OPD patients visiting the three Government hospitals. The number of male patients (53.8 per cent) was greater than female patients (46.2 per cent) including the sex ratio as 859:1000. The OPD patients who visited government hospitals were mostly married (74 per cent), followed by unmarried (25.6 per cent) and widowed (0.4 per cent). Concerning religion, maximum (42.4 per cent) patients are Hindus, followed by Christians (35.3 per cent. Muslims constituted only 8.0 per cent among the respondents and other religions including Meitie Sanamahi by 14.3 per cent.

The patients of general community (47.1%) were the largest number who visited the OPD of government hospitals and the second largest community visiting government hospitals is ST (scheduled tribe) with 32.8 percent. And least number of patients visiting government hospitals was Schedule Caste (4.6 percent). More than 50 percent of patients visiting OPD of government hospitals had high school level of education or below and 9.2 percent of patients were illiterate. Patients with

Graduates level of education with 25.2 percent where Secondary level educated patients comprise 19.8 per cent. The patients of post-graduate and above were the lowest in number who visited government hospitals. It indicates that the higher educated people were not willing to attend government hospitals. Further, 80 (34 per cent) patients visiting government hospitals were mostly self-employed, followed by unemployed (20.2 percent), housewife (25.2 percent), government employed (13.9 percent) and persons of professional occupation rarely visited the government hospitals (6.7 percent). The patients from low income (lowest income in the category) were the highest number who visited government hospitals and high income families were likely to be refused to visit government hospitals. The average monthly income of OPD patients in government hospitals was Rs. 12,779 with SD=Rs. 10,500. The majority (77.3 per cent) of patients visiting government hospitals were from rural where 22.7 percent of patients were from urban background. From the above finding it was likely to conclude that people of weaker section of the society take health care from government hospitals. Highly educated, government employees, professionals and patients from high income family were likely to go to other hospital for treatment.
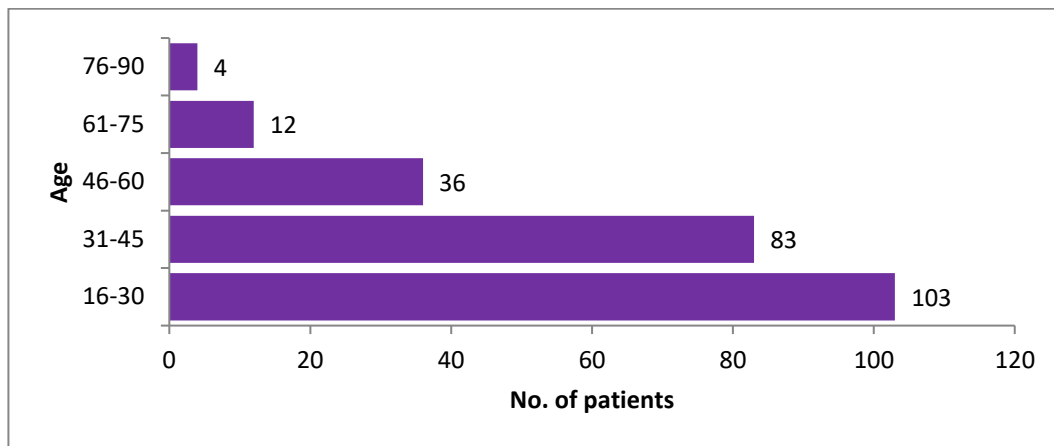
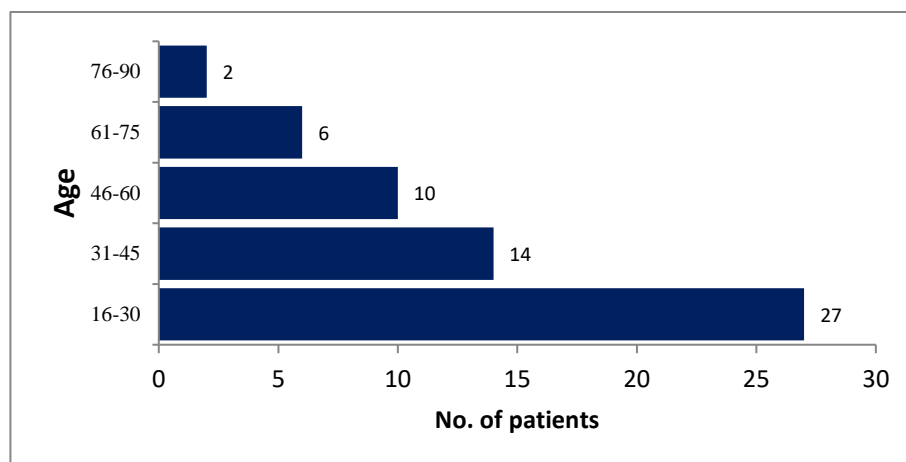***Figure 4.4: Bar Diagram showing Age Distribution of OPD Patients*; N=238**

The maximum number of patients who visited hospitals was in the age ranges from 16-30 years (43.3 percent) and next was age group of 31-45 years (34.9 percent), age group of 46-60 years (15.1 percent), age group of 61-75 (5.0 percent) and age group 76-90 years (1.7 percent). Thus, above 75 percent of patients visited hospitals were below 45 years of age and average age of patients is 36.21 years with standard deviation of 14.39 years.

Table 4.3: Distribution of In-patient by hospital

| Name of Hospital	No. of respondents	Percent
JNIMS	27	45.8
District Hospital Bishnupur	7	11.8
District Hospital Churachandpur	25	42.4
Total	59	100.0

A random sample of 59 In-patients in three selected government hospitals had been chosen for the study. Out of 59 patients, 27 (45.8 percent) patients were selected from JNIMS hospital, 7 patients (11.8 percent) were from District Hospital

Bishnupur and 25 patients (42.4 percent) were from District Hospital Churachandpur.

Figure 4.5: Bar diagram showing Age Distribution of In-Patients; N=59

The patients of age less than 16 were not included in the study. Fig. 4.5 shows the age distribution of in-patients. Majority (45.8 per cent) of patients were of less than 30 years of age. The number decreases after the age of 30 years followed by 23.7 per cent in the range of 31-45 years, 17 per cent in the age range of 46-60 years, 10 per cent in the age range of 61-75 years and only 3.4 per cent were in the age range of 76-90 years. The data indicated that the number decreases after the age of 30 years. The average age of patients in selected hospitals was 37.95 years with standard deviation of 18.78 years.
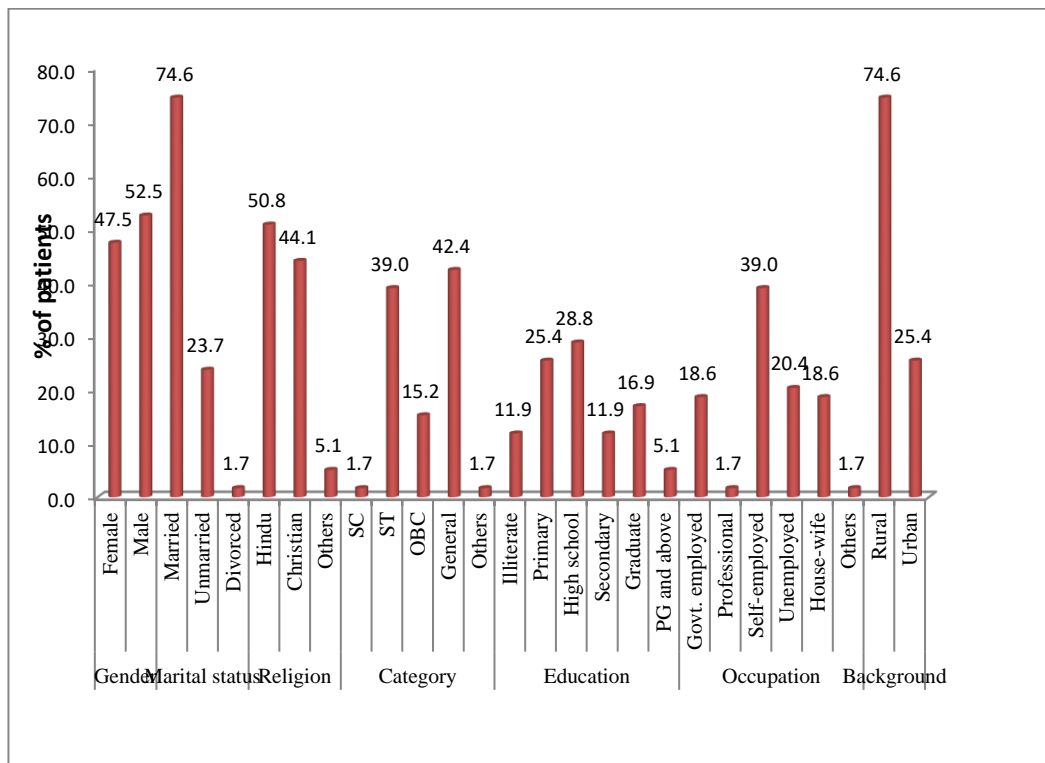
Figure 4.6: Personal Information of In-patients; N=59

The male population (52.5 per cent) admitted in government hospitals was higher than female population (47.5 per cent) as sex-ratio of in-patients was 905 female per 1000 male. Predominantly male dominant nature of our society was also reflected in the characteristic of hospital admission. Majority (74.6 percent) of patients admitted in government hospitals was married and only 23.7 percent were unmarried and 1.7 percent was divorced. More than half (50.8 per cent) of the patients admitted in government hospitals were Hindu in religion followed by Christian (44.1 per cent), only 5.1 per cent were from other religions. Surprisingly there was no patient who was Muslim by religion. Patients of general category (42.4 per cent) were the largest numbers among the 59 patients who were admitted in the hospitals and the second largest community admitted in the hospitals was ST

(Schedule Tribe) with 39 per cent. This was followed by OBC (Other Backward Class) with 15.2 per cent and SC (Schedule Caste) with 1.7 per cent.

Concerning the education level of the inpatients, majority (28.8 per cent) of patients had attained high school level of education closely followed by 25.4 per cent of patients who attained primary level of education. Few of the patients (16.9 per cent) were graduates. Percentage of patients who had attained secondary level of education is 11.9. Another 11.9 per cent of patients who were admitted in Government hospitals were illiterate, only 5.1 per cent of patients were post graduate. Occupation wise, majority (39 per cent) of the inpatients were self-employed followed by unemployed with 20.4 per cent of patients, government employed and housewives with 18.6 per cent each and 1.7 in-patients were from other occupations. Surprisingly, 1.7 per cent of patients admitted in Government hospitals were professionals. Majority (74.6 per cent) of patients who were admitted in Government hospitals were from rural background. Only 25.4 per cent of patients were from urban background.
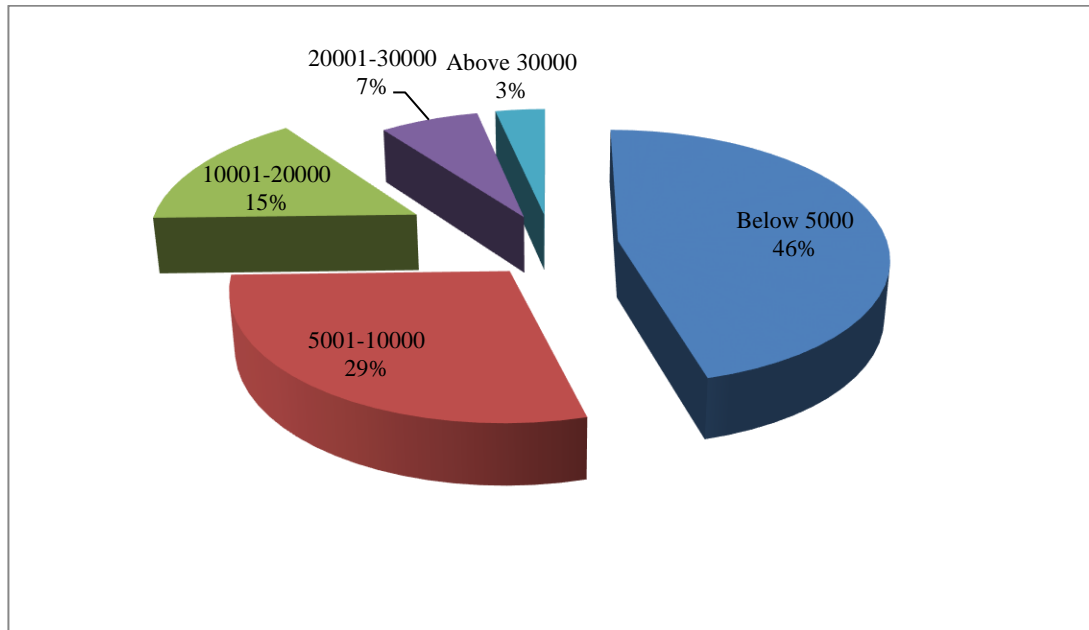
Figure 4.7: Pie-chart showing Monthly Family Income of In-Patients; N=59

Maximum number (46 per cent) of patients who were admitted in government hospitals was in monthly family income less than Rs.5000 followed by 29 percent of patients with family income of 5001-10,000, 15 per cent of patients were from family income range of 2001-30,000 and only 3 per cent of patients had family income above 30,000. The number of patients decreases with increase in family income. The average monthly family income of patients was found to be Rs.10259 with standard deviation of Rs.10309. It indicated that the poor people were generally admitted to government hospitals for treatment. This is a general tendency found in earlier researches all over the globe.

Summary

Socio-economic background is the social identification and the measure of social status taking into account a person's age, gender, marital status, religion, community, educational attainment, occupational prestige, income level and the social background. Of the 32 doctors who responded, maximum (50 per cent) attained MBBS followed by 40.6 per cent MD/MS by qualification. Majority (37.5 per cent) of the doctors were in the age group of 25-34 years. More than 2/3 rd of the doctors was males. This indicated the low representation of females among the medical professionals. Majority of the doctors (78 per cent) were married. Concerning religion, Hindu constitutes the majority (62.5 per cent) followed by 31.3 per cent Christian and Muslim constituted the least numbers (3.1 per cent). Low representation of Muslim in the profession may be because of their lower general education level and socio-economic condition. Doctors who were working in the Government hospitals were from mixed background, both urban and as well as rural.

Regarding the age of patients who seek treatment in the Government hospitals, maximum number of patients in both the cases (OPD and IPD) was below sixty year of age. It may be noted here that according to 2001 census, the age composition of India is as 37.3 per cent in the age range of 0-14 years, 55.4 per cent in the age range of 15-60 years, only 7.3 per cent of the population of India fails in the age range of 60 years and above. This indicates that majority (55.4 per cent) of the population is in the age range of 15-60 years. The number of male patients in

both the cases (OPD and IPD) was greater than the number of female patients. Studies had indicated that women themselves were neglecting their own health. Women were lagging behind men, in the ratio 1:3 which means one women taking medical help for every 3 men even in matters of availing of medical help. Patients who visited Government hospitals were mostly married. Hindus constituted majority among the patients. Maximum numbers of patients had attained High school level of education, were self-employed and from rural background in both the cases. Majority of the patients were from the lowest income groups given in the categories for the research. Hence, the results indicated that people of weaker section of the society took health care from Government hospitals which was a general tendency found in earlier researches all over the world.