

CHAPTER – VII

SUMMARY OF FINDINGS SUGGESTION AND CONCLUSIONS

Optimum level of development of an economy can be achieved when its deprived section of population has equal access to all kinds of economic and social support services. The notion of well-being is not confined to only consumption of goods and services but also includes accessibility of all sections of the population. Such a concept of well-being covers individual attainment in the fields like health and longevity, knowledge and education, social and physical environment of the people and so on.

Health is necessary for the realization of basic human needs and to secure a better quality of life. In India the accessibility of health care service is not uniform for all sections of the people. The same is the situation of Tripura. The existing literature on the availability, accessibility and utilization aspects of healthcare service is mostly confined and concentrated to theoretical aspects of healthcare service. In this study, emphasis has been laid down to discuss the existing scenario of utilization of healthcare services in rural Tripura. From the study it reveals that healthcare system in the state especially in rural areas suffers from certain lacunas. The findings of the study are summarized in the following points.

Summary of findings:

- 1) The survey reveals that for basic healthcare, majority of the rural households of Tripura depends on the network of public sector health centres. Reasons may be attributed to factors like a) cheap treatment and free medicine b) short distance from home. It is found in the study that among the high economic class, 65 per cent of respondents visit private clinic, while 33 per cent of the respondents prefer government hospitals for the treatment of any ailment, and rest of 2 per cent still rely on non-register practitioners. In case of middle economic class, 50 percent, 41 percent and 9 per cent of the respondents visited for their treatment at private clinic or hospitals, public hospitals and non-register practitioner respectively. The reasons of visiting private clinic as mentioned by them were better service and early recovery. However for lower economic class, situation is different. 74 per cent of the respondents rely on public hospitals while 24 per cent of the respondents depend on non-register practitioner and only 2 per cent of the respondents visit private clinics.
- 2) From the present study it reveals that 80 per cent respondents from high economic class depend on allopathic mode of treatment while 13 per cent of the respondents belonging to the same economic group depend on ayurvedic mode of treatment and rest

of 7 per cent prefer homeopathic services for the treatment of their ailments. Not a single person belonging to high economic group has found to depend on unani medical care. Large number of respondents from middle economic group which constitutes 54 per cent of its total respondents depends on allopathic mode of treatment. While 24 per cent, 13 per cent, 8 per cent have found to be relied on ayurvedic, homeopathic and allopathic mode of treatment respectively. In case of lower economic group it is found that 32 per cent of its total respondents gets often treated with allopathic mode of treatment, while 20 per cent, 16 per cent, 7 per cent depends on ayurvedic homeopathic and unani medical care respectively. From the above mentioned data it can be generalized that considerable numbers of respondents from all economic classes depend on allopathic mode of treatments. Whether they can afford to avail this service from public health centre or private clinic.

- 3) Economic and educational level of the people have also profoundly influence category of utilization of healthcare services. It is found that 65 per cent of high economic class of people expresses their positive opinion regarding utilization of healthcare service in private clinic. While only 2 per cent people from lower economic group can avail the health facilities in private clinic. People with better economic position can spent relatively higher amount of money than that of middle and lower economic

stratum of people. Poor people often neglect their diseases in the fear that it will create burden on their limited income.

- 4) There is shortage of medical practioners in rural Tripura. Many posts of government medical officer remain vacant months after month. It is seen that out of 67 sectioned medical practioner post in the sample villages, 48 are filled up and 19 are remain vacant.
- 5) Due to the shortage of medical prationers in the rural areas, the service gap is going to be filled up by unregistered medical practiones who charge comparatively much less than medical practioner when they are called in house. They developed a good relationship with the poor villagers, easily approachable and helpful also. It must be mentioned that about 11 per cent of total sample respondents still depends on Quacks/unregistered medical practioners.
- 6) There is shortage of medicines in the government hospitals. 141 respondents informed about non availability of prescribed medicine in the public hospitals most of the times. So they are to purchase medicines from the market. The reason of shortage as reported by officers of the rural health centres is supply of less percentage of total medicine demanded by them.
- 7) Immunization programme also constitutes an important component of primary healthcare. In rural areas considerable progress of this programme was noticed. 26 per cent of the

respondents have viewed that immunization programme available at their end is good in nature, while 41 per cent of the respondents have reported it to be of average quality. However the rest of 33 per cent of the respondents have complained about its poor nature.

- 8) The respondents also reported about various healthcare programme like National Malaria Eradication Programme, Immunization programme were held in their villages. 67 per cent of the respondents have exerted their level of satisfaction over such health related programme.
- 9) It is seen that the people from lower economic class are often not aware of availing of the pre natal healthcare services provided free of cost by the government due to their low level of awareness and ignorance regarding the need for these services. Only 25 per cent of the respondents have felt the need for pre natal care. But 81 per cent of the respondents of high income group prefer early pre natal care.
- 10) Regular periodic health checkup helps to prevent diseases at an early stage. But majority of the respondents are not aware of the need for regular health checkup. It is found that only 17 per cent respondents from high economic group go for routine health checkup while rest of 83 per cent does not feel the need of it. In case of middle economic class only 13 per cent respondents feel

the essence of regular health checkup while 87 per cent respondents of this class overlook the need for health checkup. However for lower income group only 9 per cent respondents visits public hospitals for routine health checkups and rest of 91 per cent ignored this. From above, it reveals that the situation of preventive healthcare is more pitiable in rural areas. A very meager number of respondents irrespective of income group feel the essence of regular health checkup for prevention of any ailment while a considerable proportion of them neglect the need of preventive healthcare service.

- 11) Utilization of maternal healthcare services in study area is not much satisfactory. It is found that only 49 per cent of the respondents feel the need of pre natal care while rest of 51 per cent does not consider pre natal care as necessary ailment. Factors like educational level and income level are responsible for it. It has been seen that people from lower economic group neglects the need for any of such pre natal care.
- 12) Among the respondents it has been seen that, for pre natal care 44 per cent of the total respondents irrespective of economic level prefer government hospital while total of 48 per cent of respondents which includes respondents from high and middle class only depends on private clinics/hospitals for pre natal care. The rest of 8 per cent of the respondents try to receive these benefits from voluntary organizations.

- 13) From the study it is found that economic level of respondents plays a vital role in determining the place of child delivery. 92 per cent of the expecting mothers of the high income group often go to private hospital for giving birth of a child while only 8 per cent of them prefer government hospitals. In case of middle economic class 73 per cent of their total respondents depends on governments hospitals while rest of 24 per cent prefer private nursing home. Surprisingly 3 per cent respondents of middle economic group still considered it safe to make arrangements for child delivery at home. In case of lower economic group 75 per cent of their total respondent' visits Government' hospitals and rest of 25 per cent rely on child birth at home. Not a single respondent from lower economic group has found to afford the cost of the service of private hospital.
- 14) In case of child healthcare it is found that 48 per cent of the respondents feel the need of child healthcare in schools and are also willing to pay for it. Total of 46 per cent of the respondents irrespective of economic group perceive the need of healthcare at school but unwilling to pay for it and the rest 6 per cent do not perceive the need for such health care programme at school. High and middle income group respondents are willing to pay for health checkup in schools. In Tripura regular health checkup is held at least once in a year. But one of the drawbacks of school health programme is that no report card is provided to the

children on the basis of which follow-up action can be taken by guardian.

- 15) Regarding mid-day-meal in the schools it is found that only 26 per cent of the respondents have expressed their satisfaction over the mid-day meal provided. The people who have exerted their satisfaction on such nutrition programme belong to middle and low economic groups. 20 per cent of the respondents have complained that students dislike the food provided in mid-day meal due to unhygienic service. While rest of 45 per cent and 9 per cent have alleged about its poor quality and poor quantity.

It is evident that network of rural healthcare services comprising of primary health centre, subcentres, community health centres have been playing an important role in implementation of various preventive health care programme like immunization in addition to providing primary healthcare services. In spite of some problems the following are the suggestions provided for the improvement of rural healthcare service in Tripura.

Suggestions

- 1) The network of primary healthcare centres must be expanded further to cover within its ambit interior villages also. The field survey shows that households located in relatively distant areas in the hilly region from the existing health centres. This compels them to rely too much on traditional, or unregistered medical

practioner. This purpose may be achieved either by establishing more health centres or by improving communication between the remote villages with existing health centres.

- 2) Steps must also be taken to popularize homeopathic, ayurvedic and unani system of medicines. Qualified medical practioners from these categories of health services must also be deployed to the rural areas.
- 3) In the absence of qualified and trained medical personnel people often get rely to the quacks, unregistered the traditional health professionals. They provide health services to the rural people which will not matches the standard of medicine actually needed. Thus action must be taken to fillup the vacancy at Government hospitals. So that people can be provided with adequate healthcare services.
- 4) The health centre's in rural areas suffers from the problem of sufficient quantity of medicine. Thus effort should be made to supply medicine in sufficient quantity. So that the rural people can happily utilize health services system.
- 5) Awareness must be created among the rural masses regarding the need for immunization programme by organizing different health awareness camps, workshop, and also by publicity. The parents must be explained of the diseases, its harmful effect on children and the role of immunization to combat the specified diseases.

- 6) Steps should be taken to create awareness among the people regarding the benefits of child delivery in public hospitals. 23 per cent of the child delivery took place at home. Thus they must be informed about the need for safe delivery and motivate them to go to the public hospitals. In these hospitals the mothers are provided various cash incentives including incentives for the girl child in addition to the free treatment and medicine.
- 7) Health checkup is an important aspect of preventive health care. If during health checkup in school any disease of children can be noticed than the guardian of the students must be informed and child must immediately be send to the government general hospital. So that, the disease or infirmity can be checked timely.
- 8) No report card is provided to the students after health checkup at schools. Report card must be issued so that on the basis of the report card parent can take appropriate measures in order to ensure the good health of their children.
- 9) The role of the health centre in providing maternal and child health services is remarkable. But sometimes, negligence can be noticed among the recipients while approaching to medical personnel for prenatal, natal, post natal care. Thus awareness must be generated among the rural mother and children so that effective utilization of these services is possible.

- 10) Child nutrition programme is another important aspect of child health programme. This programme can be taken up by the voluntary organization and protein enriched food should be supplied to the children.
- 11) From field survey it was found that all people of these sample villages are not aware of the health services available for them. Thus step should be taken to create awareness among them; thereby arrangements of various camps may be made by government and non-government entities.
- 12) The health services provided in these rural areas also lack in terms of quality and quantity. It lacks proper equipments and highly expert health professional. Thus effort should be made to deploy more and more number of qualified health personal in rural areas and modern equipments need to be supplied and medicine must be adequately be that rural people can also happily utilize health service system.

Conclusion

From the study it becomes clear that spreading of health education, development of rural infrastructure and establishment of more primary healthcare centres can play n important role for the improvement of people in rural area. As a result consequence of concerted efforts made by Tripura Government, there has been a positive change in the health scenario in recent years. However, the health care system in the state is lagging behind

in terms of many parameters. It is evident that the state government is fully committed to deliver best possible health care services to the rural people with the limited financial resources, through primary health centres and dispensaries. Special attention is being laid down on preventive and curative healthcare. In order to implement "Health for All" benefits are also given under Tripura State Illness Assurances Fund to the BPL patients for treatment of diseases related to heart, kidney, brain, neurological and eye diseases requiring surgical intervention outside the state. State health service system is neither of the capitalist type nor socialist type but a mixture of the two. Public health service and private health service systems co-exist in the state. Though, the state have inadequate resources to provide health services to all the stakeholders, it has done better in terms of birth rate, death rate as well as infant mortality rate in comparison with national average. Setting up of two Medical Colleges have improves the quality treatment in Tripura since a good number of the patient are going outside the state for treatment. However, specialist healthcare services need to be augmented for quality life. Moreover, attempts should be made for providing safe drinking water, sanitation as well as proper disposal of waste to reduce the infectious diseases especially in rural and hilly areas. It may be appropriate to start District Health Knowledge Institutes in all the eight districts; so that it will improve the quality of health education and training for the staff. Many posts including general doctors and specialists are vacant in public hospitals. The availability of human resource for health should be improved, because, even if the vacant posts is filled up;

availability of human resource for health in Tripura is low in comparison with the all India average. So, it may be suggested that number of doctors, nurses, community health workers should be increased in the State.

To conclude, it must be recognized that medical college, district hospitals, sub-division hospitals, not only provides highly specialized care, but also sustains primary health care as a part of a comprehensive national health system. At the intermediate level, more complex problems compared to primary health care are dealt with. The sub divisional and district hospitals usually constitute this second level. They provide support to the primary health care institutions. The primary health centres and sub centres located almost entirely in rural areas constitute this level of health care service in Tripura.