

ABSTRACT

Introduction

Health is an inalienable part of human life. It is a holistic concept which has been accepted as international goal. Good health is a key factor for a socially and economically productive life. In fact, the well-being of a State depends, to a great extent, on sound health of its people. The concept of health is defined by different professional in different ways. But the most comprehensive and widely accepted definition of health is given by World Health Organization. The Preamble of the charter of the World Health Organization (WHO) formed in 1948 defines Health as a, "State of complete physical, mental and social well-being and not merely absence of disease or infirmity." Thus this definition encompasses all aspect of well-being of an individual in terms of physical, mental and spiritual side of life. Realising the importance of good health, The right to health is recognized by various international and regional institutions like Universal Declaration of Human Rights (UDHR) 1948, The International Covenant on Economic, Social and Cultural Rights 1966, The International Convention on the Elimination of all forms of Discrimination against Women 1979 and The International Convention on the Rights of the Childs 1989. Various international health organizations were setup to perform various functions to uplift the health standard of the people. World Health Organization (WHO), World Bank, United Nations International Children's Emergency Fund (UNICEF), United Nations Development Programme (UNDP), UN Fund for Population Activity (UNFPA), Food and Agriculture Organization (FAO) etc. are instances of it. Good health is of paramount importance for development of a nation. Quality of the people of a nation

largely determines the progress of the society. Development generally implies growth with social change. Only healthy people can contribute towards the development of a nation. The healthcare can contribute to socio economic development in two ways

- a) Better healthcare improve living standard of people there by directly achieve the goal of economic developments.
- b) Better healthcare also have positive effect on ability to work and efficiency of labour thereby stimulate economic growth by means of improvement of productivity.

Thus government must undertake initiative to make various provisions of healthcare and thereby finance various healthcare services so that in this realm efficacy can be maintained and allocation of health resources can be made on equitable basis as per needs of the populations. People belong to poorer section of the population and people from rural areas are generally become vulnerable to various health hazards. Thus government must concentrate on improving health status of these masses so that fewer resources are required to be spent for curative healthcare. Investment in healthcare services generally includes all expenditure regarding life expectancy, strengths, vigor, job training, and education so on. These investments in healthcare services are essential as it influences socio economic development of a country. Thus appropriate measure must be taken by the government for healthcare service. The primary purpose of healthcare is to

- 1) Increase overall health related well-being of an individual and society as a whole.
- 2) The available healthcare resources need to be allocated in such a way so that maximum well-being can be provided to the masses.

Healthcare is not confined to only purchasing of drugs or other medical input at a lower rate. It embraces phrama-economic studies, outcome research and information which will guide in proper allocation of healthcare resources. Health economics aims at providing maximum benefits for the money, masses and material invested in healthcare. Few major areas of health economics are cited below

- a) Health care planning
- b) Sustainable use of limited resources
- c) Financial flow within health sector
- d) Health economics at family level
- e) Health sector expenditure generally has three manifolds purposes i) to provide information for financial planning and ii) to identify problems related to health sector and iii) investigate the efficiency of health sector.

Healthcare systems are designed to meet the healthcare needs of target populations. Realizing the importance of good health in countries socioeconomic development some appropriate measures need to be taken and provisions must be made in health sector, both in advanced and backward countries. Article 25 of UDHR entitled special care and protection to women and children. Further it reiterates duty to promote adequate standard of living

consistence with health and wellbeing. India is also no exception to this. India being a signatory to UDHR is obliged to uphold the convention. The responsibility of healthcare system in India is entrusted on the state and constituent territories of India. Healthcare is one of India's largest sectors, in terms of revenue and employment also and the sector is expanding rapidly.

Statement of the Problem

Earlier marketing of healthcare service was considered as a very controversial subject. However, in the last few decades significant increase in quantum of investment in health care sector in India for developing a network of health centers can be witnessed.

Health care Service implies combining all the personnel and community health services including medical care and related education directed towards protection and promotion of communities' health. Thus health care service can be classified into three groups-

- a) Medical Care (Which includes medical relief, hospital and dispensaries and so on)
- b) Public Health Service (Communicable disease control, water supply, sanitation etc.)
- c) Family welfare Services (Family planning, Maternal and child immunization etc.)

To promote proper utilization of health care service, marketing of health care service occupies an important role. It comprises product and services in which

most of the customers have shown great interest. To facilitate, the fundamentals of service marketing, health institutes like hospitals are of great importance. Realizing this, Government of India has made various provisions for development of health infrastructure throughout the country. As the government policy is "Health for All", thus to achieve this goal, efforts are made to increase the infrastructure steadily over the years and suitable policy measure could be evolved to provide all kinds of health services whether preventive, curative, promotive, or rehabilitative. At the same time, it is necessary to ensure that capabilities of health care service marketing and clinical information systems are fully exploited to reach those persons who are with the greatest need for health care services. Thus review programs can be designed to evaluate the effectiveness of its utilization; whereby in managed health care environment here hospitals will be rewarded best service providers of health care services. It will be necessary to fully exploit the capabilities of the health care service marketing and clinical information system to reach those consumers with the greatest need for health care services. Health institutes also take necessary strategies, tools to ensure that the utilization of health services is appropriate and economically efficient. Hence, it will be better to get the opinion for different health services short for a particular kind of health problem, because, higher the level of satisfaction better would be the brand name of the health institutes. But, we are aware that due to various factors, utilization of health care service is not uniform in all spheres. The standard of health care service available may be different in public and private sectors health institutes'. It may also be different in rural and urban areas. While utilization review programs are designed to evaluate the propriety in patient

care once initiated, hospitals will require additional tools to ensure that utilization of it is appropriate and economically efficient. Opinion of health services is revealed by the level of satisfaction of the health services. Hence, it is better to get the opinion for different health services sought for a particular kind of health problems. Higher the level of satisfaction, better would be the opinion regarding the health services rendered by a particular health centers for a particular kind of health problems.

In the backdrop of growing importance of health care services in India, the present study "A Study of Health Care Service Utilization in India: with Special Reference to Rural Tripura" examines the issues related to utilization of health care services, which will help the policy makers to formulate plan of action for better health care services, in rural Tripura and North East in particular and Rural India in general.

Objectives of the study

The present study concentrate on evaluating to find out the objectives the study is based on both primary and secondary data. More specifically, the study has inter alia, the following objectives:

- 1) To find the kind of health services sought by different economic strata and the type of health centres approached by them to meet their health needs in rural Tripura.
- 2) To find the various types of health services received from different health centres by different economic classes to meet their health

needs and to know the opinions of them regarding the health services received at different health centres in the study area.

- 3) To assess the perception about the need for preventive care, curative care and maternal and child health care of different economic classes.
- 4) To analyse the problems in providing health care services by the medical personnel.

Hypotheses of the Study

The present study has been tested by two hypotheses namely

- 1) Types of healthcare services sought in Tripura are independent of economic strata.
- 2) Perception about the quality of healthcare services received differs among the economic strata.

Data collection

The present study on healthcare is based on both primary and secondary data. Sources of secondary data regarding health indices for the whole economy, state and study area are partly compiled from published reports of the state and central government, e-sources, research publication in journal, materials available in relevant books, health institutes and departments. The objectives of the study is to examine efficacy of various health programs launched by the government and highlight the actual scenario of existing healthcare system in rural Tripura. Thus the secondary data as collected have been found useful for

analyzing the existing trend of healthcare system in rural Tripura and its comparison with all of the country. But to identify the efficacy of various provisions and problems associated with the actual implementation of different set of policies introduced by the government, collection of primary data becomes essential.

For collection of primary data multistage random sampling procedure have been adopted. There are eight districts in Tripura. At first stage, one village from each district of Tripura has been selected at random. Thereafter, from eight villages one ward has been selected. Thus 300 number of sample households have been selected for the present study. After selecting the ward, the households therein have been stratified on the basis of their economic level namely a) High Economic Class b) Middle Economic Class c) Lower Economic Class. On the basis of income level these households have been classified into different economic strata. At the final stage 20 per cent of the households were selected from each strata and 300 sample households were selected for collection of primary data. Out of 300 sample households 30 per cent belongs to the high income groups that is 90 households, 45 per cent belongs to middle income group that is 134 households and 25 per cent are belongs from low income group that is 76 households are respectively.

The medical practioners of various rural health centres are also interviewed to find out the existing status of healthcare service in the selected villages. Thus out of 48 medical practioners 50 per cent of medical practioners that is 24 medical practioners are interviewed for the present study.

Keeping in mind the objectives of the study the sample households are interrogated by means of a well prepared, drafted and re-drafted questionnaire. The data collected were tabulated, analyzed and interpreted by using various statistical tools like averages, chi-square test, and regression analysis and so on.

Limitations of the Study

Every research study suffers from certain own limitations in terms of area, time of coverage and scope as it is impossible to cover, in a study each and every aspect related to a research problem. The present study is also not an exception to this. Some of the limitations of the present study are enlisted below –

- a) The area of present study is confined to only eight wards of eight villages from eight different districts of Tripura as it is very difficult to include all districts of a state or country. Thus, the conclusion drawn from the findings may not be universal.
- b) The time period covered in this study is also very limited. It covers years from 2004 to 2016. Though secondary data related to the present study were collected for a long period, but source of primary data is confined to only the year of 2016.
- c) The present study gives much emphasis on medical treatment, rather expenditure on healthy food.
- d) Much concentration is given on demand side of the healthcare services and thus supply side of healthcare services like- healthcare financing, costs are less discussed.

- e) The study is oriented to only to the factors responsible to determine health status but does not make an attempt to explore all the indicators of health status.
- f) The primary data are collected from the respondents by means of well-prepared schedules, thus the researcher is compelled to rely on the information supplied by the respondents. There are no secondary data through which veracity of the information supplied by the respondents can be checked. However, utmost cares has been taken at the time of data collection and veracity of data was also verified by cross checking.
- g) The study merely deals with the utilization of allopathic medical healthcare system only a reference is made of other medical healthcare system.
- h) The present study only partially covers the impact of medical organization in utilization of healthcare service. Only a few data are collected from medical personnel where as large numbers of data are collected from beneficiary.
- i) The study does not cover all factors responsible for utilization of healthcare services.
- j) The present study does not cover healthcare service prevailing in urban area.

Organization of the study

The present study is divided into seven chapters

- a) **Chapter 1: Introduction-** In this chapter, a brief introduction about the research topic, statement of the problem, objectives of the study, hypotheses of the study, methodology and limitations of the study are analyzed.
- b) **Chapter 2: Review of Literature-** In this chapter, an endeavor is made to review the existing literature relevant to the present study. Here discussion is made on theoretical aspect of health services utilization and its implementation in the light of other related health studies made by different writers from time to time.
- c) **Chapter 3: Health Care Service in India: An Overview-** This chapter deals with overview of healthcare service exists in India.
- d) **Chapter 4: Existing Health Care Services in Tripura-** This chapter provides birds' eye-view of the study area and highlights various existing healthcare provisions, in the State.
- e) **Chapter 5: Utilization of Preventive and Curative Health Care Services-** This chapter along with subsequent chapters undertake field survey and data analysis which portrays socio economic conditions of respondents and narrates all matters concerning the present study. In this chapter the perception of the respondents about preventive and curative healthcare services, the type of healthcare services they receive

at the time of ailment, factors responsible for poor health status are broadly discussed.

- f) **Chapters 6: Maternal and Child Healthcare Services-** It analyses utilization of maternal and child healthcare services in study areas.
- g) **Chapter 7: Summary of Findings, Suggestion and Conclusions-** The last chapter present summary of entire study. It portraits findings of the field study, conclusions arrived at from these findings and suggestions put forward on the basis of insights gathered from the study.

Review of Literature and Research Gap

For the purpose of present study, review of various existing literature on the topic has been conducted but it has been found not a single field study has been designed to analyse the quality of healthcare services exist in selected rural villages of Tripura. Hence the present study is to find ever attempt to through light on the various health related issues in rural Tripura. The findings of the study will help the policy framers to suggest suitable policies to improve the inclusive healthcare services in the rural Tripura.

Healthcare Services in India: an Overview

In India healthcare is the responsibility of constituent states and union territories. The constitution of India charges every state with “rising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties”. In India several provisions are embedded in the Constitutions of India concerning the matter of health. There

after several committees were setups to formulate and recommend provisions to improve health status of people.

Present Health Care services in Tripura

This research work is oriented to provide an overview of the existing health care system and its utilization in India with special reference to Rural Tripura. Utilization is nothing but the satisfied demand. If at any given period of time, a part of population with a self-perceived medical problem thinks that the problem is worthy of treatment then they constitute a group with self-perceived need of care. Among those with a self-perceived need there will be some who will translate this need into the action of seeking care. Again part of those demanding will indeed obtain care. This group represents satisfied demand or utilization. In these two chapters an attempt has been made to analyse the utilization of health care facilities in rural Tripura.

Preventive and Curative Health Services

Preventive and curative health services are two stages of health services. Preventive stage aims to make a person free from disease whereas curative cure comes into existence when a person already suffers from a disease. It repairs the damages cost by the illness and restore health. This chapter attempts to analyse the extent of preventive and curative healthcare needs which are actually perceived by different economic classes.

Preventive Health Services:

Preventive health implies measures taken to prevent diseases rather than cure or treat the symptoms of diseases. Preventive health services can broadly be categorized into three tiers, namely primary, secondary and tertiary prevention.

Curative Health Services

Curative health services deal with all sorts of health services needed for different types of illness. In rural Tripura, the health service system is more oriented to provide curative health services and thus a good proportion of health resources is utilized on curative health services. The rural community perceives the importance of curative health care much better than that of preventive healthcare. But this perception changes with the change in nature of illness among the respondents from different categories.

Maternal health care services in rural Tripura

Women and children are generally considered as the vulnerable groups in the community. But in reality, they play a vital role in the development of the country. Quality of human resources available for development largely depends on women and child health. Thus special care needs to be adopted to deal with the health issues of women and children. Generally it is seen that women are subject to various types of diseases and the condition of rural women is more heart-rending. Specially, mothers are susceptible to certain health hazards to which other sections of the community are not exposed. During the period of pregnancy, women are exposed to various kinds of risks like miscarriage, difficult child birth. Maternal death is also an alarming issue in this

regard. Most of the maternal deaths are consequence of pregnancy complications during and after delivery. Thus health problems of women are to be dealt with specially. Though in urban areas people may find separate maternity hospitals but in rural areas these facilities are not available. Generally, in rural areas only one civil hospital is available, wherein all sorts of diseases are treated with.

Child health care services in rural Tripura

Children are the future of the nation. Childhood is an important stage where the child grows faster. Thus in this phase of life a child needs special nutrition to grow into a healthy person. The constitution of India under 39(f) entrust the state with the responsibility to provide opportunities and facilities to children to develop in a healthy manner and in conditions of freedom and dignity. India being a signatory of the United Nations Convention on the Rights of Child sets forth the basic rights of the children like Right to life, right to food, right to health, education and development. Various health programmes are therefore organized to take care of the special health problem of children. School health programme and Nutrition programme forms the major part of it. However, success of these programmes depends on proper utilization of these services.

Testing of Hypotheses

To test the validity of the assumptions, viz. Hypothesis-1: Types of healthcare services sought in Tripura are independent of economic strata and Hypotheses-2: Perception about the quality of healthcare services received differs among the economic strata. Data were collected from 300 number of sample households across the eight districts of the Tripura State.

To test (Hypothesis-1)

Let H_0 :Types of healthcare services sought in Tripura are independent of economic strata.

H_1 : Types of healthcare services sought in Tripura are dependent of economic strata.

From the analysis, it was found that the calculated chi-square statistic is 49.7197 and the p -value is 0.00001. The result is significant at 5% level of significance. Thus the Null Hypothesis is rejected. Hence we accept H_1 and to conclude that, the types of healthcare services sought in rural Tripura are dependent on the levels of income.

To test (Hypothesis-2)

Let H_0 : Perception about the quality of healthcare services received does not differ among the economic strata.

H_1 :Perception about the quality of healthcare services received differs among the economic strata.

From the analysis, it was found that the calculated chi-square statistic is 98.8158 and the p -value is 0.00001. The result is significant at 5% level of significance. Thus the Null Hypothesis is rejected. Hence we accept H_1 and to conclude that perception about the quality of healthcare services received in rural Tripura differs among the economic strata.

Summary of Findings, Suggestion and Conclusion

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 heath 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 practitioner. 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 practitioners 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 an 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 Assistances 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.