CHAPTER – I
INTRODUCTION

1.1 Meaning and Principles of Health

Health is an inalienable part of human life. It is a holistic concept which has been accepted as international goal. Disease is just an element which causes malfunction in the balanced body and there by affects health of an individual. Health is one of the vital elements that determines human development and progress in a given time and space. Good health and long life are valued possessions. For many people, the realization of goals and ambitions depend on having a reasonable and healthy life span. This can in turn, provide an opportunity to develop abilities and use his innate potential in pursuit of personal goals that will bring indirect benefits to individuals as also to the society as a whole. Good health is thus a key factor for an individual in leading an economically meaningful life. Good health is of paramount importance 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. Medical professionals define health in terms of illness, which in turn has been expressed in terms of physical or mental disorders. For some health is co-relation between human body and environment. Some other opined that

maintenance of health is largely linked with social aspects like unemployment and wealth. 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."[1]Thus this definition encompasses all aspect of well-being of an individual in terms of physical, mental and spiritual side of life.

The importance of healthcare in modern arena can be comprehended from the fact that good health is well accepted as one of the universal fundamental human right, indispensable for the existence of human beings. The right to health is recognized by various international and regional institutions like Universal Declaration of Human Rights (UDHR) 1948,[2] 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. Universal Declaration of Human Rights reaffirms the right to health as universal and inalienable and seeks to promote an adequate standard of living consistence with health and wellbeing of the individual including medical care and social services. Article 25 of UDHR entitles special care and protection to women and children. Realizing the importance of good health in a country s social and economic development, in all most all the countries, some steps are taken and provisions are made

to provide good health care services to its people. Besides this various international health organization performed various functions to uplift the health standard of the people. Some of these are noted bellow

i) **World Health Organization (WHO):** This is a premier international health organization which aims at providing highest level of health to its people. The primary function of WHO is to direct and coordinate international health activities and supply technical assistance to the countries. It develops norms and standards promote research collect and analyses epidemiological data provides training in international health, monitoring and evaluating health program.

ii) **World Bank**: The World Bank is another international organization which is largely involved in international health. The bank provides loan for various project that will pave the way for economic growth in a country. Health components have been included in many of its projects. Projects for water supply, world food programme, population control etc. are notable instances of it.

iii) **United Nations International Children's Emergency Fund (UNICEF):** This is one of the specialized agencies of the United Nations which works in collaboration with WHO to solve urgent health related problems like malaria, venereal diseases, tuberculosis and so on. It has provided substantial assistance to

various nations in the field of maternal and child health, health education and programme, environmental sanitation health center, nutrition and so on.

iv) **United Nations Development Programme** (**UNDP)**: The United Nations Development Programme was setup to aid the poorer nations in development of their human and natural resources. The UNDP projects over areas like AIDS, maternal and child nutrition, excessive maternal mortality.

v) **UN Fund for Population Activity(UNFPA):** UNFPA since 1974 has been providing assistance to various national level schemes, area projects for development of health infrastructure and improvement in the availability of health services in the rural areas. It helps a nation in developing capability for manufacture of contraceptives; improve output of grass root level health workers and so on.

vi) **Food and Agriculture Organization (FAO)**: One of the primary objects of this organization is to improve nutritional level of the people of all countries with special emphasis in rural areas.

1.2 Healthcare and social economic development

Good health is of paramount importance for development of a nation. A strong correlation can be noticed between health and development. 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. According to former director general of WHO "Amongst the objectives of development are health and productivity. They are reciprocal and complementary. Without health productivity can hardly flourish on the other hand, productivity may increase means an opportunities for better health."[3] Thus healthy people of a nation can contribute much productivity. 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 development.

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 population. Health status of the people of a country is of equal importance like economic status. Thus the government must play an important role in providing adequate healthcare services to all sections of people.

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. Consequently the resources can be utilized for other productive work necessary for the development of an economy.

Earlier it was considered that investment in physical capital goods will yield greater returns to the economy. But now-a-day's situation has changed. Now it is considered that investments in healthcare services and education are the corner stone for human capital accumulation. 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.

1.3 Health Economy

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 phramaeconomic studies, outcome research and information which will guide in proper allocation of healthcare resources. Thus providing of better healthcare facilities has

become one of the important obligations of the government. Now a day's need for healthcare services is growing rapidly. Need generally implies as thing needed that is assessed by the individual. Need and demand differs from each other on the principal that demand reflects individuals wants, backed by a willingness to pay for them and thus healthcare services may be needed not demanded or vice versa. Greater demand for healthcare generally associated with higher income status, for example cosmetic surgery. Price contributes lot in determining healthcare demands. Price hiking healthcare products may reduce the demand of lower economic groups more than that of upper economic group. Poor physical assess may also reduce the demand for healthcare services. Quality of healthcare services also profoundly influence over the decision to demand care from any particular provider. Supply side of healthcare generally includes cost effectiveness and cost utility studies. Cost effectiveness studies measures outcome in natural units like years of life longevity, days without having symptoms and so on. Cost utility analysis measures incremental net cost of the programme in relation to health benefit. Some complications occur in the supply side of healthcare. Healthcare is not a simple product rather it includes services, products, institution, regulation, people, essential to achieve the object of improving health. Most of the cases these goods and services constitute joint products and the supply and cost of one are dependent on each other. Commercial, private nonprofit and public institutions are also supplying healthcare services in the market. Measuring of supply can be difficult as of measuring of demands. Behavior of supplier

may vary from one to another. In health economics market equilibrium generally denotes a condition where a market price is established so that the competition for instance the amount of goods or services bought by buyers is equal to the amount of goods or services produced by seller. When the price is above the equilibrium point there is surplus of supply whereas price is below the equilibrium point there is a shortage in supply. When in market production of same kind of product increases, competition also increase with it. This helps in the production of high quality products at low cost. In healthcare system demand is of high quality of care which reasonable cost. Emergence of new corporate sector healthcare facility is notable instance of it.

Health economics thus aims at providing maximum benefits for the money, masses and material invested in healthcare. Areas of health economy generally include those factors which can bring positive changes in healthcare system. Few major areas of health economics are cited below-

a) **Health care planning:** Health care planning refers to the quantum of money available for healthcare. Government must take initiative for funding on health issues of its masses. It may include funding on health related aspects like medical and nursing education, family planning, health research, nutrition promotion, immunization programme and so on.

b) **Sustainable use of limited resources:** Healthcare resources may be allocated in efficient way so that the target of good health for all can be achieved. Some profitable use of health investment are

   i) List of diseases prevailing in the community must be prepared, so that determined diseases need to be controlled on priority basis and allocate resource for it.

   ii) Fund must be allocated in those areas that need urgent services.

   iii) To ensure proper administration of the entire system for proper utilization of allocation of resources.

   iv) The health administrator must make budgetary allowance for satisfying health needs and demand.

c) **Financial flow within health sector:** For healthcare services generally state bears all expenses needed for healthcare projects within the state. However for national health programme the central government grants either 100% or at least 50% to carry out the activities for implementation of such programs within the state.

d) **Health economics at family level:** In a family health and welfare of its members can be safe guarded by effective use of resources available within the family. Family can obtain health insurance schemes for themselves, may follow healthy life styles, at the time of

ailment may seek consultation from a health service provider, and they go for routine immunization services.

1.4 Health Sector Expenditure

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.

The sources of health sector financing includes- general tax revenue, deficit financing, earmarked taxes, social insurance, lotteries and betting, private health insurance , employer financed schemes, charity and voluntary contribution, community financing and self-help and so on.

1.5 Need for Healthcare Services

Healthcare systems are designed to meet the healthcare needs of target population. It is widely recognized as a public good. A healthcare system around the world varies from each other in several aspects. In some countries, planning of healthcare system is distributed among the market participants, whereas in some other countries it is regulated centrally along governments, trade unions, charities, religious or other coordinated bodies. 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. A comparison of basic health indicators depicts that developed nations of the world accorded much better position in respect of health care provisions and its utilization than that of developing nations.

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. Thus it is one of the primary functions of the Government to provide good healthcare facilities to all its citizens.

In the words of Nobel Laureate, Amartya Sen, "Bad health is constitutive of poverty. Premature mortality, escapable morbidity, undernourishment are all manifestations of poverty. I believe that health deprivation is really the most central aspect of poverty."[4] As per World Health Statistics, released by WHO in 2012 that in India the Government shares only 30.3% of all national expenses made on health, which indicates that in India citizens faces huge financial burden as most of the medical expenses are borne out of their own pocket. The role of various healthcare service providers is vital in this regards as they can determine the implementations of provisions and can influence the pattern of utilization by its people. Basing on the characteristics of service providers, healthcare service can broadly be categorized into two types viz. Public and Private.

Public healthcare services are generally provided by Government owned and controlled entities whereas private healthcare services are provided by privately owned and controlled entities. Public healthcare services for being lower in expenditure provide affordable healthcare services to the people and thus have wider reach in terms of their geographic coverage. However

the role of private healthcare service in terms of nature and standard is remarkable compared to public one.

Healthcare is one of India's largest sectors, in terms of revenue and employment also and the sector is expanding rapidly. During the 1990s, Indian healthcare grew at a compound annual rate of 16%. Today the total value of the sector is more is worth around US$100 billion and it's expected to grow to US$ 280 billion by 2020. The private sector accounts for more than 80% of total healthcare investment in India.[5] Unless there is a decline in the combined central and state government deficit, which currently stands at roughly 9%, the opportunity for significantly higher public health investment will be limited. One driver of growth in the healthcare sector is India's booming population, currently 1.27 billion and increasing at a 1.6% annual rate. The physical infrastructure available is inadequate to cater today's healthcare demands. Of the 59,393 of Government hospitals in India, roughly two-thirds were public.[6] Even after so many years of independence, most of the public health facilities still provide only basic care, with a few exceptions, such as the All India Institute of Medical Studies (AIIMS). In most of the public sector health institutes health facilities are still inefficient, inadequately managed and staffed, and have poorly maintained medical equipment. In the North Eastern States of India (Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Sikkim, Nagaland, Tripura) there is a major variation in terms of healthcare service provided across the states, between urban and rural areas, in hilly terrains and so on. Further the scenario is much worsens in rural areas. To eradicate

the inequality prevailing in rural and urban areas in terms of healthcare service the government has launched a novel scheme called National Health Rural Mission (NRHM) and this was started to provide quality healthcare to the needy rural people. The scheme under NRHM aims at effective integration of health concerns and improving accessibility of healthcare by rural people. The government has taken several other steps to improve rural healthcare all over India, having low public health indicators or inadequate infrastructure. For instance all families below poverty line are to be covered under "RashtriyaSwasthyaBimaYojana".[7]

Thus several provisions are made from various Five year plans, coordinated with the state, introducing major health related programs. But enumerating such provisions will not suffice the purpose unless it is properly implemented. In India it can be traced that efficacy of implementation of health related provisions and utilization of health services are not uniform in all areas. In rural areas, the quality of health services provided is relatively poor due to various factors. In this present research paper efficacy of various existing health related provisions and its utilization in rural areas which special reference to rural Tripura is analyzed.

1.6 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 particulars 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.

1.7 Objectives of the study

The objective of the study isto evaluate the effectiveness of the utilizationof healthcare services in rural Tripura. 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.

1.8 Hypotheses

The following are the hypotheses tested for the present study.

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.

1.9 Methodology

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 method 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. The table 1.1 furnished below indicates the details of the sample ward.

Table 1.1: Name of the Eight Districts and Selected Eight Villages

Name of the Districts	Name of the sample village	Specified Ward of the Sample Villages	No of Sample Household	20% of the Sample Household Covered by Field Study
West Tripura	Badharghat	Ward no 8	314	63
Shepahijala	Aralia	Ward no 5	124	25
Khowai	RamkrishnaPur Para	Ward no 7	105	21
Gomati	Matabari	Ward no 3	159	32
South Tripura	Rupaichari	Ward no 6	125	25
Dhalai	Jarulchhara	Ward no 1	21	4
Unokati	Bhagaban Nagar	Ward no 2	181	36
North Tripura	Kadamtala	Ward no 9	471	94
Total			1500	300

Source: Information collected from GoanPanchayat Office

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. The income level, on the basis of which these households are classified into different economic strata, is tabulated here under.

Table 1.2: Classification of income group

Income group	Family income per Annum
High	Above 1 lakh
Middle	25001 – 99999
Low	Upto 25000

Source: Field Survey

At the final stage 20 per cent of the households have been selected from each stratum and thus 300 sample households are selected for collection of primary data.

Table 1.3: Income Group wise number of Respondents

Annual Income group	Number of total Households	20 per cent of the sample Household
Above 1 lakh	450	90(30%)
25001 – 99999	670	134(45%)
Upto 25000	380	76(25%)
Total	1500	300(100%)

Source: Field Survey

Table 1.3 reveals the number of various income group selected in the sample. 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 as collected have been tabulated, analyzed and interpreted by using various statistical tools like averages, chi-square test, and regression analysis and so on. Diagrams are added in order to data attractive.

1.10 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 has 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.

1.11 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 highlight 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 portraits 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 aliment, 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.