

# **A Study of Utilization of Health Care Services in Ukhrul**

## **District of Manipur**

### **Abstract**

The health of both the individual and the general population is determined by social, biological, physical and behavioural factors. Health of the individual largely depends on the efficiency of health manpower, availability of good infrastructure and easy accessibility of the said services. It has been seen that utilization of health care services is influenced by the availability of health care facilities. The people with higher income have utilized the services from the private health care services, and low income go to pharmacy to take medicines without the advice of health care providers and people without any cash are left with home remedies. It has also been observed that maximum of pregnant mothers who stayed in far flung areas from the main town had hardly availed the modern health care services. They are not utilizing the services due to strong seclusion norms, long periods of physical activity, financial constraint and poor transportation system, thus women tend to take treatment from traditional practitioners. In Ukhrul district of Manipur, according to 2011 census, only 27 percent had attended full ANC and 33.7 percent had institutional deliveries. This shows that maximum of the pregnant mothers don't access the services. Likewise Tuberculosis had become societal issues where many people were not aware of the disease because of lack of information/awareness. As per the report from the tuberculosis centres in Ukhrul district hospital, in 2015, there were around 345 TB registered cases in the hospital. Moreover out of nine districts of Manipur, Ukhrul has the highest cases of HIV/AIDS

with 1285 cases. There are many people who are not aware of their health status; since they have refused to visit hospital for HIV/AIDS testing and take admission to hospitals because of fear in discrimination. There has been overcrowding in the district hospital which results basically from failure of sub-centres, PHCs, and CHCs to play their primary health care and first referral roles thus, people do not get proper treatment on time. The district run dispensaries and health centres are poorly equipped; doctors are not available or have not attended in time. Drugs are in short supply and often not of good quality. At the same time, doctors are reluctant to work in rural areas, because of mode of transportation and non-availability of equipments or facilities. There were times where patient who stayed in far flung villages faced serious health issues where there were no doctors. In such cases traditional and religious practitioners play the first referral point in providing health services, thus the roles of traditional practitioners are quite visible in the study area. People, who live in the rural villages especially in Ukhurul District, are the receiving end of the pockets of failed policies, bad governance, corruption, inappropriate regulation, unresponsive financial system. These factors add to the toll on people who are already deeply burdened and constraints in the utilization of health care services. Thus, the researcher tries to describe and analyze the socio-cultural and religious aspects of people of the community that affect the utilization of health services which are provided by hospitals in Ukhurul district of Manipur. In this study, the researcher also attempts to describe and analyze the major health problems like tuberculosis, HIV/AIDS and gynaecology (women health related problems) among the women.

## **Aim of the Study**

The aim of the study is to understand and analyze the availability, utilization and accessibility of health care services & difficulties faced by the people of Ukhrul district in Manipur.

## **Specific Objectives of the Study**

The proposed study is intended

- (1) To study the major health problems (HIV/AIDS, Tuberculosis and Women reproductive health related problem) faced by the people of Ukhrul district.
- (2) To examine the available health programs and policies provided by government, private hospitals and NGOs.
- (3) To assess the availability, accessibility and utilization of health services by people in the study area.
- (4) To study the traditional and religious practices affecting the utilization of health services.

## **Research Questions**

- (1) What are the major health problems (HIV/AIDS, Tuberculosis and Women reproductive health related problem) seen in Ukhrul district?
- (2) What are the health services available in hospitals and NGOs setting?
- (3) Are people utilizing the health services provided by private and government hospitals and NGOs?
- (4) What are the problems encountered by people in availing, accessing and utilizing the health services?

(5) Are the traditional and religious practices affecting the utilization of both government and private health services?

## **Research Design**

In this study, the researcher describes and analyzes the conditions of health care services in Ukhrul district of Manipur. It also studies the issues of socio-culture and religious practices that affect the people of the community in utilizing modern health care system. Thus, the study is both descriptive and analytical in nature.

The sample size was approximately 250, and was selected through simple random sampling from respondents (of Gynaecology department/centre, TB department/centre and HIV/AIDS department /centre); Key informants like doctors and nurses from primary health centres, community health centre, district (government) and private hospitals; project officer, counselors and field workers from NGOs; headman/chairman from the villages neighboring to health care centres and traditional and religious practitioners who provided services to the respondents. Three separate tools were used for respondents (of Gynaecology department/centre, TB department/centre and HIV/AIDS department /centre) and another three separate tools for key informants. Interview schedules were used for respondents and key informant of traditional & religious practitioners; whereas questionnaire were used for other key informants that include doctors, nurses, project officers, counselors and field workers headman/chairman.

## **Findings**

1. The respondents who were interviewed during the study were mostly farmers as their occupation. Since majority of them occupied farmers as their profession, their level of

income are also low. Moreover few percent of respondents are represented by business and employees of government and private as their occupation.

2. The respondents from Gyneacology, HIV/AIDS and TB have suffered different illnesses; and thus have shown different signs and symptoms like morning sickness, breathing problem, abdominal pain, headache, back pain, fever, cough, Pharyngitis, diarrhea, herpes zoster, lymphadenopathy, weight loss, chronic diarrhea etc, during the last one year.

3. There is shortage of manpower in both district government and private hospitals. In case of Ukhrul district hospital; there is supposed to be one specialized Gynaecology doctor in women reproductive health department but doctor from valley (Imphal) who is posted in the department (Gynaecology) never comes for her duty; this makes women face difficulties in availing services from Ukhrul district hospital.

4. The programmes and services related to women health related problems are not provided upto the expectation of community people due to irregularity of specialized gynaecologist who has been posted from Imphal (valley). It is further seen that majority of the respondents have preferred private hospital than the government, Ukhrul district hospital not only for getting cash incentives but because of positive attitudes of health care providers and timely availability of doctors.

5. Doctors who are posted in HIV/AIDS and TB departments hardly remain in the hospital; even if they remain, they will come only for five to six days in a month, this makes the conditions worsen and people face hurdles in accessing the specialised doctors.

6. ASHA are not performing well under the study area as many of the mothers are not aware of the presence of ASHA in their places. Thus, many mothers could not get cash assistance through JSY since mothers were supposed to be accompanied by ASHA personnel at the time of their deliveries.
7. Most of primary health centres (PHCs) are not functioning under the study area since there are no proper infrastructures and no services are provided by health care providers due to constant leave or absence.
8. There is also shortage of manpower and equipments in Community Health Centre (CHC), thus it is difficult to receive effective services.
9. Government's initiative to provide free medicines to rural poor who cannot afford has miserably failed in Ukhrul district as it is seen that due to shortage of medicines in Ukhrul district hospital, respondents are asked by health care providers to buy medicines at their own costs.
10. Due to poor quality of equipments like X-ray machines in district hospital, the respondents are needed to repeat the test from Imphal which is almost 80 kms away from the district. In the process of repeating the test, they have to spend more than Rs 3000 to Rs 4000 in travelling and lodging due to poor transport system from Ukhrul to Imphal and vice versa. Thus, they often neglect in consulting doctors as they avoid going to Imphal for further X-ray examination thus lead to complicate to their illnesses.
11. There is still shortage of ambulance services in the study area. Despite of shortage of ambulance, respondents were charged an amount of Rs. 1500-2000 for filling the ambulance fuel. Ambulance services are provided with the condition that the patients

must be in serious conditions (or are already admitted in the hospital) and who are needed for further referral to another hospital at Imphal.

12. There is public private partnership of certain programmes provided by National Health Mission (NHM) and National AIDS Control Programme (NACO). But the district government hospital, private and NGOs do not emphasis much in providing and conducting awareness programme for available government schemes and services like JSY, JSSK, HIV/AIDS, DOTS, etc. to the community including far flung villages of study area that lead to unaware among community people which thus neglect in accessing the said services.

13. There is still lack of awareness among HIV/AIDS and TB respondents about their illnesses due to poor or little information of the disease.

14. Due to bad road conditions during heavy rains, strikes, bandhs, etc. which are called by different organizations poor transportation, villagers who are staying in distant places mainly in hilly terrain have no access to vehicle services for around two to three months as the condition of the roads get worsened and washed out during rainy season, thus they have to depend more on traditional and religious practitioners than allopathy services.

15. Traditional and religious practitioners have played important roles in providing first referral point of health services in the area. They are available, easily accessible and affordable in utilizing their services.

16. Many women respondents have faith with the traditional and religious practitioners and thus have utilized their services for their pregnancy health related problems.

17. Respondents from HIV/AIDS and TB have also availed services from traditional and religious practitioners when there is any minor health related problems arise to them and thus the treatment give relief to their problems.