CHAPTER II

LITERATURE REVIEW

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CHAPTER II

LITERATURE REVIEW

This chapter deals with literature review of the related studies. An attempt is made to present available research studies on major health related problems, available services, socio-economic conditions, availability, accessibility and utilization of health care services and traditional medicines and religious practices. The literature has been collected from books, journals, thesis and dissertation to cover the health related issues.

2.1 Utilization of Health Services

"Health Behaviour of Rural Populations: Impact of rural health services" is the work done by Banerji (1973) highlighted that villagers were not satisfied with the health care services because the health care providers could not meet the medical demands of the villagers due to shortage of health care institution in the villages. Thus they hardly utilized the health care services except when they had serious health issues arise with them. In such cases quacks become popular and played important role in giving the services to the villagers.

"Rural Health" is a book by Kamble (1984) attempted to link between social and economic factors with morbidity in rural areas. The work is mainly focussed on one district of Karnataka namely Tumkur district for the easy accessibility and availability. The study mentioned that there are 2245 inhabited villages in Tumkur district, out of which 150 villages are not connected with surface road. Majority of the patients took treatment within the district and few of the patients took treatment from outside the district. The researcher remarks that there is a gap in providing health

services between the rural and urban areas. Further it is seen that there is strong social inequalities in distributing health services between the weaker section and the stronger section of the society, this indicates stronger section received better health care services than the weaker section of the society. The researcher explains that there is problem of transportation and communication for the villages in attending treatment and also negligence from the doctor, so this makes the villages to opt for quacks of their treatment.

"Health for All by 2000 A.D." is a book of Balan (1989) who intended to create health consciousness among the people and inspire them to start a dynamic health movement to support and supplement the efforts of government and voluntary organizations for achieving the goal of health for all by 2000 A.D. It creates awareness among the people not only about their own health problems and needs but also to community as a whole in order to help them in acquainting with the various aspects of diseases encircling them for prevention and eradication of diseases.

"Utilization of maternal and child health services in rural areas of Jammu and Kashmir" is a study taken up by Kaul (1991). The study was carried out on the utilization of maternal and child health care services in rural areas of Jammu and Kashmir. The researcher had taken sample size of 100 women who are at the age of 14-45 years and has (the last) child 0-3 years for the study. It had stated that majority of the women had registered and visited for at least four times during pregnancy. Around 30 percent of the pregnant mothers were found to be registered during their second trimester and majority of the pregnant mothers had received immunization, iron/folic acid tablets. The study had indicated that utilization of health care services by the pregnant mothers had shown positive aspect in the study area.

“Utilization of maternal health-care services in Peru: the role of women's education” is a work of Elo (1992) explained that socio-economic status and formal education of women influence in utilization of maternal health care services in Peru. A total of 4,999 women were surveyed through the Peruvian Demographic and Health Survey conducted in 1986. The researcher have argued that educated mothers are more likely accessed to health care services than uneducated women, because education changes the mothers’ knowledge and perceptions on the importance of modern medicine. Moreover the availability of modern health care services had increased in recent years, younger mother had accessed more on modern medicines than older women at the time of childbearing, since older women were less comfortable with modern medicines, because their age losses the significance for pre-natal care and also more reluctant to take advantage of available services than younger women. Women who have utilized the formal health-care sector are more seen among the better socio-economic conditions of women in compared to women with poor socio-economic conditions.

“Satisfaction and Utilisation of Primary Health Care Services Facilities in Karnataka” is the study carried out by Samuel *et al.,* (1992) examined the level of satisfaction and the reasons for not utilizing the health care services from primary health centres in rural Karnataka during the period between January 1989 and March 1990. It was observed that over one-third of households did not utilize the public health care services; this is because of improper functioning of the health care system, where doctors were not available or had not attended in time. Moreover doctors gave only prescriptions rather than medicines where medicines were not easily available in the public health centre. Thus, public health care had failed to give satisfaction services to the people.

“Administration of Primary Health Centre in India” is a work of Rao (1993). The researcher had examined the administrative organizations for rural health and medical services at different levels of government such as state and district, where doctors are reluctant to work in rural areas, because of mode of transportation and non-availability of equipments or facilities. Drugs are in short supply and often not of good quality. Health is no longer considered to be a local or a national problem. Disease has no respect for national boundaries and does not discriminate between rich and the poor nor does any considerations for sex, religion, caste or community. The researcher has further given the statement that there is a yawning gap of available of health and medical services between rural and urban areas.

“Health Care Utilization, Family Context, and Adaptation Among Immigrants to the United States” is a work of Leclere *et al.,* (1994) analysed the 1990 National Health Interview Survey (NHIS). The study used multivariate analyses which are based on adult members of the household who are 18 years of age or older. It highlights the health care utilization patterns of immigrant and native born adults in United States. Utilization of health care services was observed through the duration of residence living in the States and their number of contacts with physician for their health problems. It had stated that access to services is not only an economic problem for an individual immigrant, but also for the community of residence. Limited education and language problems or lack of cognitive resources had prevented individuals from understanding the importance of medical intervention and the nature of the medical care system. The researchers stated that utilization of health services is much lower among the immigrant than the native born people. The immigrants have higher morbidity because of differences in disease prevalence at the place of origin; the psychological and physical stress of moving and the adaptation to new social and

physical environments. The financial barrier which includes poverty and unemployment often limits the use of preventive care, which then creates higher levels of utilization at later stages. Although immigrants of all durations are significantly different than the native born, this result suggests that the longer an immigrant remains in the United States, the more their use of formal medical care resembles that of the native born.

"Maternal Morbidity in India: Estimates from a Regression Model" is a work of Bhat *et al.,* (1995) have estimated maternal mortality ratio by using data from Sample Registration System (SRS). According to Sample Registration System, the maternal mortality ratio in India is estimated to be 580 deaths per 100,000 live births during 1982-1986 periods. The maternal mortality ratio was estimated to be higher in rural than in urban areas. It has observed that there are also regional variations where Assam has an estimated ratio of 1068 and Punjab has 207 maternal deaths per 100,000 live births for the same period. The study concluded that health infrastructure/facilities are more accessible in urban areas as compared with rural. Thus maternal mortality was estimated to be higher in rural than in urban areas.

"Women's Health in India Risk and Vulnerability" is a book written by Gupta *et al.,* (1995) contributed towards a systematic documentation of the extent and nature of health risk during the reproductive years, which included not only the risks associated with pregnancy and childbirth but also sexually transmitted diseases and AIDS. It presents the data of Ludhiana district during 1957-1959 that the district was found with 114.6 male deaths as compared to 168.4 female deaths per 1000 live births before the age of one year. The researchers further stated that reproductive health of women were affected at various stages of their life cycle, this was because of lack of

awareness in their health practices, strong seclusion norms, large family size norms, frequent and closely spaced pregnancy and long periods of physical activity.

"Obstetric Morbidity in South India: Results form a Community Survey" is the study carried out by Bhatia and John (1996) in northern part of rural Karnataka. Same percent of the women had experienced some or other obstetric morbidity during their last pregnancy period. Few percent of women had experienced life threatening morbidity in both antenatal and post-partum period such as swelling, fits, convulsions, hypertension, bleeding, high fever and loss of consciousness. Even during delivery, they had experienced of long labour, excessive bleeding, loss of consciousness, ruptured uterus, torn vagina or cervix and convulsions. Urban women and Hindus of higher social strata are more likely to report at least one problem during pregnancy than rural women, middle and lower status women. The study had also observed that women who received antenatal care were more likely to report ante-natal problems than women who did not receive antenatal care. The reason is that rural women went unreported of their problems as they did not visit health centre during their pregnancy.

"Determinants of health care service utilization in Kerala clinical and epodemiological" is a work of Shenoy (1997) attempts to examine the utilization patterns and factors of health care services in both public and private sector through cross sectional study in Thiruvananthapuram district of Kerala. Majority of the community people had utilized health care services from the private health centre and only few of them had utilized from public health centre; this was due to overcrowding, in timely and unavailability of doctors and lack of facilities had made them preferred private health services. The study thus concluded that in order to improve the accessibility and utilization of public health care services, better strategies should be made in the public health sector.

"Health care systems in transition III. India, Part II. The current status of HIV–AIDS in India" is a work of Maniar (1999). The study stated that the rapid spread of HIV/AIDS across the country has been attributed by labour migration and mobility of people in search of employment. About 80 percent of transmission occurs through sexual activity, both heterosexual and homosexual activity, 8 percent through blood transfusions with infected blood, 8 percent through injecting drug use and the route for the remaining 4 percent is unknown. There is lack of information about the mode of transmission through sexual interaction that causes the virus to spread to the maximum numbers of the population. Large numbers of HIV positive individuals develop tuberculosis (TB) in India due to the problem of HIV–TB co-infection. Nearly 60 percent of reported AIDS cases had past or present history of tuberculosis disease. The researcher further mentioned that AIDS patients refused to take admission to both government and private hospitals and nursing homes, because of fear in discrimination. Thus, they hardly utilize the services and hide their diseases from the community. Therefore discrimination had lead to increase in spreading of HIV/AIDS.

"Accessibility and Attainment in Education and Health Care: A Comparative Study of Two Vil1ages of Tamil Nadu" is a work of Sunder (1999) stated that health care infrastructure is poor in some parts of Tamil Nadu. The health care centres such as PHCs are located at a distance of 21 km from the community and the poor cannot afford to utilize the services because of the poor transportation facilities. Though people are willing to go to hospital for deliveries, they are unable to access the facilities due to lack of poor transport facility. Thus deliveries were mostly taken place in the village itself by family members, relatives and traditional dais.

“Women’s Reproductive Health in India” is an edited book of Ramasubban & Jejeebhoy (2000) described the poor reproductive health situation in the country. The study further drew attention to the socio-cultural factors that had acted to impede women’s attainment of reproductive health and informed reproductive choice. Maternal mortality and morbidity are extremely high: some 437 of 100000 pregnant women die each year of pregnancy related causes. Within the global prospective, India accounts for 19 percent of all live birth worldwide and 27 percent of all maternal deaths. The researchers explored women’s perceptions and experiences of gynaecological illness through qualitative method. It explained of how women described their symptoms and its causes and their experiences of illness within the limited socio-economic and cultural aspects in which they lived. It also stated that women are not utilizing the services because of financial constraints, non-availability of transportations and their religious practices which made them to confine at home.

“Prevalence and Correlates of Morbidity in Pregnant Women in an Urban Slum of New Delhi” is the study taken up by Mayank *et al.,* (2001) interviewed 1,396 pregnant women during April 1997 to December 1997. During the interview, women had shared their experiences in regards to their health problems. Almost same percent of the women had complaints that they had faced some or other complicated problems during pregnancy, and only few of them reported symptoms of serious morbidities such as anaemia and reproductive tract infections and nearly two-thirds or more sought appropriate treatment for bleeding and high blood pressure.

“Better health systems for India’s poor: finding, analysis and options” is a book of Peters *et al.,* (2002) examined the private health sector in India of their characteristics and performance in the market in Andhra Pradesh and Uttar Pradesh. The researchers stated that Indian health system had shown a significant gap in

consumers' protection and satisfaction. One of the main problems in health care system is due to lack of people's participation in planning, implementation and evaluation. It also indicates that the poor appear to be at disadvantage in all aspects, since the poor hardly seek medical care when they are ill, because medical facilities are not available in the area. The researcher further advocated that the countries had invested little in health systems and thus health delivery services were unable to deliver fully to the needy people.

"Exploring the "Tangkhul Naga" Women's Life Situation: Implication for Health is a dissertation of Tungshang (2002). The researcher used qualitative method and systematic random sampling for the study. Women who were above 15 years were selected and a total of 36 households were considered for the study. The researcher explored the economic life of people, the level of development, social institutions and services provided by government with regard to health care services in Chingai village of Ukhrul District. It looked at the implications of how health care had influenced the health conditions of women in the absence of doctors in Chingai Primary Health Centre. The study indicated that due to financial constraints and poor transportation system, woman hardly visited to doctor for health check up until her problems became serious. So in such conditions women tend to take treatment from traditional practitioners and thus the roles of traditional practitioners are quite visible in the study area.

"Reported Gynaecological Problems from Twenty Three Districts of India (An ICMR Task Force Study)" is a work of Kambo *et al.,* (2003) studied self reported gynaecological problems among rural married women in 23 districts from 14 major states/union territories of India during January 1996 to February 1997. A total of 93,356 married women in the age group of 15-45 years were covered in this

survey. It was found that 24.4 percent of married women reported some gynaecological illnesses during the six months preceding the survey. The common problems were backache followed by low abdominal pain, menstrual disorders, and vaginal discharge. Among the women who reported gynaecological problems, about 15 percent sought treatment and only 10 percent of women were satisfied with the services. The reasons for not seeking health care were time consuming in getting the treatment from doctors, loss of wages, inability to go alone.

"Health Care Delivery in Rural Rajasthan" is a work of Banerjee *et al.,* (2004) studied the health care services and its impact on the poor of Rural Rajasthan. The study highlighted that the rich often accessed the health care services from both private and public health centres. But in case of the poor, they hardly accessed the modern health care services because of inaccessibility and poor communications; rather they accessed the services from the traditional healers (Bhoopas). It had viewed that there is irregularity of staff in many health care centres like Sub Centres and Primary Health Centres, but the reason of the irregularity could not be ascertained. The people had of now avoided visiting the primary health centre as they were often closed; these had made the patients inconvenient and wastage of time and resources.

"Health Care of Female Outpatients in South Central India Public and Private Sector Provision" is a work of Bhatia and Cleland (2004) tried to compare between the quality of health care among the female outpatients provided by private and public practitioners in Karnataka. Majority of women had utilized and accessed the services from health centres for obstetrics and gynaecology related health problems. Most of the women preferred private health care centres, as they received proper treatment from specialised doctors with best equipments; timely available of doctors and easy access without wasting time in queue and easy accessibility and

communication to private health centres than public health centres. In case of public health centres, the doctors give minimum time in examining, due to overcrowding of the people.

"NACO Annual Report" (2004) gives a comprehensive picture of the epidemic in India. It had divided the states of India into high, moderate and low prevalence states and brought out a clear scenario of the disease in each of these states. The report finds out that AIDS is increasingly affecting among young people who are sexually active age group. Majority of HIV infections are in the age group of 15-44 years. The mode of transmission of HIV infection is through heterosexual contacts, injecting drug uses, blood transfusions and blood product infusions, Parent to Child transmission and others. It had observed that there were 73.5 cases of male and 26.5 percent of female of AIDS.

"Influence of Socio-Economic and Demographic Factors on Post Delivery Complications and Treatment Seeking Behaviour among Young Women in India", is a paper presentation of Paul and Chellan (2004) analysed prevalence of post-delivery complications and treatment seeking behaviour among young women in India by using the data from RHS-RCH 1 and 2 in 1998-1999. The study sample was 73,309 who were married young women. It revealed that majority of the young women suffered from some post-delivery complications during the first week of the delivery. Among the various complications that women experienced are abdominal pains, high fever, dizziness, severe headache, excessive bleeding, and smelling of vaginal discharge. Further it has opined that the place of residence, educational and economic level, place of delivery, full ANC checkups have significant effect on post delivery complications. The results showed that 31.4 percent of women were suffering from post-delivery complications and among them 50.3 percent had sought

treatment. It also indicated that women with high education, high age at marriage and urban residence were more likely to seek treatment among those who had complications.

“Utilization of health services in Urban Kerala: A socio economic study” is a book of Gangadharan (2005). The study stated that the socio-economic status of household was found to be an important determinant in examining the utilization of health services. Most of the well-to-do families utilized more of private health care services than that of low socio-economic classes mainly living in slum area. Only few percent of the lower socio-economic classes utilized the health care services i.e., Public health, when they are ill. When the socio-economic status improved among the lower classes, the proportion of utilizing the private health care services also increased. In regards to the satisfaction level in utilizing the services, the study had discovered that 92 percent of slum households and 78 percent of well-to-do families were totally dissatisfied about the services rendered by the government hospitals.

“**Measuring health equity in small areas – finding from demographic surveillance systems**” is a book of Savigny *et al.,* (2005) used the demographic surveillance systems survey methods to determine the relationship between socio-economic factors at multiple levels and inequities of both access to health services, health outcomes and regional disparity in utilization of reproductive health services in Bangladesh. A total of 1,182 respondents are selected randomly among the women who gave birth in 2001. The utilization of reproductive health services was measured by using the antenatal and postnatal care, maternal immunization. About 36.5 percent pregnant women had received antenatal care while only 18.2 percent of them had accessed the postnatal care. The researchers presented that maternal immunization coverage appeared to be very high, while health facilities such as hospital or clinic for

the delivery, on the other hand was very low. The finding of the study revealed significant of socio-economic and regional differentials in use of reproductive health services. The use of services was much lower among the extreme poor than the non-poor and among the ethnic minorities in the hill and rural under-served than the other regions. The study concludes that much of these inequalities are social constructs that can be reduced by prioritizing the needs of the disadvantaged and adopting appropriate policy change option.

"Health Sector Reforms in India" is a book written by Bir (2006) discussed the concepts and principles of health sector reforms in order to understand the process and contents of reforms initiatives in India. Health sectors reform has become imperative in India due to its socio-economic changes, political, demographic and epidemiological transitions. In order to achieve effective, efficient, equitable and quality health care, international organizations like the World Bank and World Health organization have started demonstration of India's health sector reform by providing knowledge and information. Moreover in order to meet the costs of good quality diagnostic and curative health care services, it makes the people to pay for health care services, especially those who can effort it. Further it had examined the relationship between the Primary Health Centre and Panchayati Raj Institution systems-especially its organizational structures and functioning patterns in terms of working together to improve health status and quality of life of the people. Thus the study concluded that health reformation should be taken up effectively, so that number of problems encountered in providing health care services to poor people, who lived in villages and in mushrooming urban slums could also be benefited.

"Antenatal and maternal health care utilization: Evidence from North eastern states of India" is the study carried out by Chakrabarti and Chaudhuri (2007)

examined the socio-economic factors that determined the utilization of antenatal care and maternal health care in the North East India. The study had used the NFHS-II (1998-99) data. The study stated that utilization of health care services in the villages is influenced by the availability of health care facilities in the area. It has also observed that occupation, economic condition, autonomy in the household significantly affects the woman's decision in choosing for institutional delivery. Moreover, husband's education, income and facilities for transportation are also important indicators in deciding the place of delivery and utilizing the health services.

"Perceptions of Gender and Tuberculosis in a South Indian Urban Community" is the study carried out by Ganapathy *et al.,* (2007). The study used qualitative and focus group discussions (FGDs) with sixteen groups to obtain information on perception, vulnerability and access to health care of TB centre in Chennai. The study highlighted that both men and women had aware of Tuberculosis disease. Most of them had attributed that smoking and drinking were the main causes for TB and some attributed that eating stall food, inhaling polluted air, sharing of utensils, clothes and food and contact with other TB patients. With regard to taking treatment, majority of them had taken treatment from private health care providers during their initial stage of TB illness. But during serious illnesses which required hospitalization and prolonged treatment they preferred government health facilities. The reason for preference was not uncertain. With regard to regularity for treatment, women were more regular in taking treatment than men as they had the responsibility of taking care of the family, especially children but men due to pressure of work and dependence on alcohol made them irregular in availing the treatment services.

"Patient Adherence to Tuberculosis Treatment: A Systematic Review of Qualitative Research" is a work carried out by Munro *et al.,* (2007) aimed to

understand the factors contributing to TB medication by patients. Qualitative method along with 44 published articles between 1969 and 2006 were considered for the study. Most of the patients, in regards to accessing the health care services depended on distance and availability of transportations as well as their physical conditions. The study reported that patients experienced difficulty in accessing the treatment from health centres because of inconvenient opening hours, long waiting times, queues, inconvenient appointment, lack of privacy, absenteeism of health care providers and poor TB medications. The study also indicated that a large number of patients missed appointments with the health care providers due to poor follow-up from patients. In other case, patients became tired of taking medicines and thus discontinued because of the lengthy process of treatment and fear of painful injections or drugs. The study also highlighted that patients prioritised between work and treatment by hiding their diseases from the employers to secure their jobs; they presumed that if the employers discovered their sicknesses they might lose their jobs or might not give any leave. It is difficult for them to choose whether they have to earn for their living or to take treatment from the clinic. Patients who have no choice often abandon treatment but prefer for earning.

Some of the researchers such as (Sharma, 2007; Nembiakkim, 2008; Singh & Singh, 2009; Rajput, 2011) examined on the utilization of maternal health care services in the state of West Bengal, Manipur, Uttar Pradesh, Uttaranchal and Assam. The study revealed that significant number of mothers had awareness and negative attitudes regarding antenatal check-ups, deliveries in sub-centres, because of non-availability of trained staff. It also explained the difficulties of women belonging to low socio-economic groups in attending antenatal clinic as they faced loss of wages whenever they attended clinic.

“References in acceptability and use of emergency contraception among the married women in Bangalore, India” is the study carried out by Kapoor *et al.,* (2008) about the awareness of HIV/AIDS among rural youth in India. The study was based on cross-sectional study with a sample size of 1,237. The study highlighted that majority of youth were aware of the modes of transmission and prevention of HIV/AIDS and only few of them had misconceptions in relation to HIV/AIDS. It also explained that age, education level, occupation, and mass media exposure played a major role in determinants of knowledge with regards to HIV/AIDS. The study thus concluded that despite many decades of family welfare programme in the country, awareness about the use and side-effects of various contraceptives remains to be low. Moreover the uses of condom for prevention of HIV and STD were unknown by the youths.

“Quality of life in HIV/AIDS patients: A cross-sectional study in south India” is the study carried out by Nirmal *et al.,* (2008) aimed to examine the quality of life of HIV/AIDS patients at anti-retroviral therapy (ART) clinic in a tertiary health-care centre in Chennai. A total of 60 HIV/AIDS patients attending the ART clinic at a tertiary health hospital were taken for the study. The quality of life was evaluated by using WHO quality of life Field trial version instrument using 26 items grouped under 4 domains, namely physical health, psychological well-being, social relationships and environment. The quality of life scores were higher (healthier) among the persons who had higher CD4 count and better educational background than that of the person who had lower CD4 count and uneducated. The study also compared between men and women about their CD4 count and the quality of life where it indicated that women had better CD4 counts as compared to their male counterparts. But they had lower quality of life scores because of their work activities

at home and thus they had to postpone their treatment. The study concludes that the ultimate goal for treatment is not only to promote longevity but also to enhance the quality of life. Strategies developed to foster communication with a good healthcare support system, especially for women, might result in potentially higher quality of life.

"Tribal Heath in North East India: A Study of socio-cultural Dimensions of health care practices" is a book by Singh (2008) presented the health care system of Rabha, Karbi, Khasi and Jaintia tribes inhabiting in North Eastern region of India. The study was empirical in nature with 600 sample size and the data were collected randomly through interview schedules and questionnaire. The researcher discussed that the health of the society is intimately related to its value system; its philosophical and cultural traditions, its social, economic and political organization. The study highlighted that full ANC treatment were very low in North East India, i.e. the lowest falls in Nagaland with 0.5 percent and highest in Assam with 10.7 percent. Moreover, the institutional deliveries were again low in Nagaland with 25.1 percent while safe deliveries were reportedly quite satisfactory in Mizoram with 63 percent. The study have claimed that large proportion of tribal has been reported to be unaware regarding availability of RCH services, so it is found that accessibility towards health services have been poor.

"Access to medicines in Public Health Care: Lessons from Tamil Nadu" is a book of Lalitha (2009) focused on the efforts of Tamil Nadu government in adopting a rational drugs approach to government support health care system. The WHO recommendation cited that any government efforts in providing medicines has to take care of four crucial factors, Sustainable finance; affordable prices; rational selection of drugs and use; and reliable system of medicine supply. From the study, it had

stated that supplies did not arrive on time; all this resulted in acute shortage of medicines in government health services. In order to meet the demand, drugs were brought from the open market at higher prices and hospitals themselves placed orders directly with the suppliers. It also further described that due to lack of identification of appropriate drugs and lack of quantification, there were problems in government medicine supplies in Tamil Nadu.

"Utilization patterns of antenatal services among pregnant women: A longitudinal study in rural area of North Karnataka" is the work of Metgud *et al.,* (2009) carried out a longitudinal study among 130 pregnant mothers in Shindholi Village of Belgaum district. The study described that majority of the pregnant mothers had registered for antenatal care, but majority of them had visited only during second and third trimester for more than one time. It is also seen that accessing of antenatal care is found to be higher among the pregnant mothers who belong to higher social classes and have higher level of education as they are regular in accessing the services of medical check up and immunization.

"Making of a Primary Health Centre: The SEWA Rural's Experiment of NGO-GO Partnership" is a book of Shah *et al.,* (2009) described about the work of SEWA in collaboration with government of India in health sector. The organisation has initiated Community Health Project (CHP) in ten villages in order to provide curative health services to Tuberculosis patients, mothers and children through maternal and child care. The services included, Ante-natal care (ANC), Post-natal care (PNC), immunization, family planning, health education, control of communicable diseases like tuberculosis. The availability and utilization of health care services by patients for treatment and other services from the organisation had increased like Antenatal care from 25 percent in 1982 to 1983 to over 90 percent in

1998 to 1999. During post natal care, 90 percent of mothers received supplement of vitamin A and nutrition at the time of pregnancy and delivery in 1998 to 1999. Likewise, the coverage for all primary vaccination was less than 10 percent, but in 1989 to 1999, it reached to 100 percent. Moreover there is increased of TB patients who completed their treatment from 48 percent to 62 percent respectively. The study had shown the important roles taken by Government and Non-Governmental Organisation partnership in order to make people accessed the maternal and child care and tuberculosis services.

"Health Care System in India: Towards Measuring Efficiency in Delivery of Services" is a book of Purohit (2010) highlighted on five year plan and its emphasis on health sector. The study stated that state financing of health care in India has been inadequate resulting in an unsatisfactory distribution of infrastructure and resources in the health care sector. The overall low spending in public sector has adversely affected the availability and quality of health care in the public sector. It further emphasised on poor investment on medicines and drugs for patients care; and inequity distribution at hospitals, primary health centres (PHCs), sub-centres (SCs), community health centres (CHCs) which made the government health sector suffered from quality infrastructure.

"Utilization of Maternal Health Care Services in Kancheepuram District Tamil Nadu" by Ranjit *et al.,* (2010) used community-based, cross-sectional survey using the WHO 30 cluster technique in Kattankulathur of Kancheepuram district. Utilization of health care services is good in Tamil Nadu, since most of pregnant mothers were found fully immunized with Tetanus Toxoid, consumed Iron Folic Acid (IFA) tablets and received the required minimum ante natal visit. More than 99 percent deliveries were held in health institutions and which were assisted by health

personnel. Thus the study had indicated that women were aware of and had accessed the health care services.

"A Study on coverage, utilization and quality of maternal care services" is the study done by Agarwal *et al.,* (2011) used a predesigned pretested questionnaire for collecting the desired information about utilization of the specific components of antenatal and postnatal care. The study shows that 80 percent of mothers have received postnatal check up within a week of their deliveries whereas 74 percent of mothers who have non-institutional deliveries hardly come or receive postnatal check up within two months of their deliveries. The reason for non-institutional delivery was that majority of them stated that delivery could also take place at home and it was not necessary to deliver their babies in hospitals. The institutional delivery mothers are more advanced or regular than that of the non-institutional delivery in case of the postnatal check up services. During the postnatal check up they were examined their abdominal and also got advices of family planning from the health care providers. The study recommended that there should be provision for improvement of competence; confidence and motivation of ANM's, health workers to ensure full range of antenatal care activities specified under NRHM programme. Attention should also be given to regular and sustained contact between health workers and antenatal mothers particularly through home visits to develop mutual confidence and thereby would help in removing the prevailing misconceptions of mothers, women and other barriers in utilization of antenatal care services. It further suggested that awareness should be generated among the community members by holding mothers' meeting and inviting opinions and suggestions from the clients and encouraging enhanced community participation for bringing about a quantitative and qualitative change in the coverage of reproductive health programme; Support should also be obtained from local NGOs.

"**Entitlements to Health Care: Why There is Preference For Private Facilities Among Poorer Residents of Chennai, India"** is the study done by Ergler *et al.,* (2011) carried out field based study among the poor residents of Chennai. The researcher had compared the distance between private health care and public health care from community people; as it had observed that public health care centre were much closer than that of the private health centre. Still people preferred private health care services than public health care services because of better quality of services in private health care institutes. The study mentions that public health care system provides poor quality of services as they use out-dated equipments. Thus people hardly visit to public health institute even if they do so they go only for the purpose of family planning and pregnancy related issues. The people with higher income utilize 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. Unfortunately poor are left out of place as no proper diagnosis is done as doctors don't listen to them. Hence it becomes obvious from the study that the way of functioning of health institutes and emotions do play a prominent role in accessing and utilizing of health Care.

"**A Study on Utilization of Maternal Health Care Services in Rural Area of Aurangabad District, Maharashtra"** was carried out by Dabade *et al.,* (2013). It was a descriptive and cross sectional study which was undertaken in four villages of Aurangabad district. Simple random sampling was used for selection of villages of Paithan Taluka of Aurangabad district. The study pointed out that socio-economic factors lead to poor access and utilization of antenatal and other health services that contributed to high maternal mortality rate. In the study, only 40.8 percent of women had their first antenatal visit in first trimester and most of them did not pay any post

natal visits to health facility after their delivery due to geographical and social-economical conditions. Majority of women with 90.3 percent had institutional delivery and only few received financial benefits through JSY. Sometimes deliveries were assisted by untrained person where they cut umbilical cord with unsterile instrument and applied cow dung to umbilical stump. The researchers had remarked that awareness regarding three or more antenatal visits and registration of pregnancy in first trimester should be emphasized through health education campaign. Moreover importance of post natal visit to health facility after delivery should be advocated to women group as these visits might give opportunity to the health care providers in examining the mother and newborn.

"**Women's Use of Healthcare Services and Their Perspective on Healthcare Utilization during Pregnancy and Childbirth in a Small Village in Northern India"** is a work of Joyce *et al.,* (2013) used descriptive and qualitative in the study. A snowball technique was used for the sample population and open-ended questionnaire was used to elicit the information. Ten women who had given birth within the last year and who were 18 years old or older livings in a rural community in northern India were selected. The study showed that lack of educational resources, distance, cost and transportation, cultural, religious and family influences had an impact on women in utilizing the healthcare services. In some religion, it is their customary that God is the best doctor; nothing can happen without His will. Sometimes women are not allowed to go to the clinic or see a doctor. Many women thought that their ancestors had babies and delivered without any help, and own their faith, they would be okay too. Most women feel childbirth is a natural process and rely on their mothers or mother-in-laws. The study concluded that infrastructure and healthcare facilities should be widespread in the rural areas in order to reduce

disparities in the use of maternal healthcare services. Moreover for effective management of pregnancy and childbirth, it is imperative that the ANMs are educated to provide skilled attendance to detect and manage obstetric complications and be provided with the necessary supplies to accomplish that task. Further it emphasises that government must take the necessary steps to improve maternal child health, including the provision of information and education campaigns, and sending dedicated health personnel to remote and inaccessible rural areas in order to reduce both maternal and child mortality.

"Utilization of antenatal care services in a rural area of Bareilly" is a work of Singh *et al.,* (2014) carried out through hospital based cross-sectional study at rural health training centre Dhaura, Bareilly to find out the utilization of antenatal care services among pregnant females registered from May to October 2013. Data were collected on pre-designed and pre-tested questionnaire. The utilization of antenatal services was defined with the comprising of at least three or more antenatal check-ups, two doses/a booster of T.T. The researcher highlighted that out of a total of 566 antenatal females registered in this study, 37.1 percent had received at least three or more antenatal check-ups; 54.2 percent were found to be fully-immunized with two doses/ a booster of T.T Overall, 24.7 percent of the total pregnant female received full antenatal care. The utilization of full ANC services at health centre was low, this is due to financial constraint, unawareness about ANC services, unavailability of suitable accompanying person, unavailability of transport facilities, etc.

"Determinants of Inter and Intra caste Differences in Utilization of Maternal Health Care Services in India: Evidence from DLHS-3 Survey" is a study done by Kumar and Gupta (2015) used the data from the third round of Districts Level Household Survey (DLHS-3) covering 601 districts from 34 states and Union

Territories in India. The data were collected from 720320 households from 34 states and Union Territories of India. The study had stated that utilization of maternal health care services was measured through full antenatal care, safe delivery and postnatal care. There is a significant difference in the utilization of maternal health care services by caste, woman's age at first birth, educational attainment, place of residence, economic status and region. The utilizing of maternal health care services are worsen among the married women of Scheduled Tribe and Scheduled Caste leading them to higher rate of maternal and child mortality. Women from lower social ladder are more deprived of utilizing these services due to their lower social and economic status. Moreover education level has showed rise in utilizing the maternal health services among the OBC and 'other' caste women. Moreover women who had educated husband utilized two times more likely post natal care services in compared to women whose husband were uneducated.

"Equity in utilization of health care services: Perspective of pregnant women in southern Odisha, India" is a work of Mahapatro (2015) used qualitative and in-depth interviews to the women having less than five year old child in Gajam district, rural region of south Odhisa. A total of 120 respondents were included in the study using in-depth interview and focus group discussions. The study identified various equity issues at individual and community levels that influenced women's choice affecting the utilization of maternal health services. In Southern Odisha, the health indicators remained low as compared to the state and national level. The main obstacle for using healthcare facilities was due to geographical accessibility and transportation: the transport situation was perceived difficult by every woman, there was no public transport system linked with the hospital. The single vehicle Janani Express was stationed at the community health centre 17 km away from the village.

Thus most of the women used private vehicle mostly auto rickshaw for institutional delivery. The health workers at the hospital were also biased against poor rural illiterate women and preferential treatment was given to people with higher social and economic status, either due to their higher castes or ability to pay. The researcher has suggested that to increase the utilization of health care services, the grass root health workers should be made aware of specific social determinants of risk, perceptions and preferences and also more attention should be given to the transportation system and its operational feasibility.

"Utilization of Primary Health Centre Services in Rural Areas In The Interest of Public Health and Human Rights" is a work of Vijayalakshmi & Thippeswamy (2015) stated that Primary Health Care is the first level of contact of the individuals, family and the community with public health system, which brings health care as close as possible to where the common people live and work. There were poor infrastructures like lack of equipments, poor or absence of repairs, lack of specialists' physicians or lack of prenatal and psychological care services, improper functioning, or lack of complementary facilities such as 24-hour running water, electricity back-ups could not provide proper health care services to the community. Moreover only few percent of rural people have accessed to quality health care due to transportation barrier. The study further mentioned positive aspects like launching of various Health schemes under National Rural Health Mission (NRHM) help in providing health care services to the poorest. The researchers have also emphasised on education for improvement in accessing to rural health.

"Utilization of Maternal and Child Health Care Service: A Case Study in Jorhat District" by Khound (2016) is based on case study of rural areas of Jorhat district. The study used multi stage design; and two development blocks namely

Jorhat block and Titabor block had been selected for field study mainly on the basis of highest proportion of rural population. The total sample size of the study is 242 households. Utilization of health care services is very important for health and health outcomes of mother and child and in reducing MMR and IMR. In Jorhat, majority of the mother have availed ante-natal care services for two to four times from the modern health care services. Moreover majority of them had also delivered their babies in hospitals and only few of them had delivered at home, this is due to no time to go to hospitals and not necessary to go to hospitals because of economic constrained and lack of awareness. It is seen that there is still socio-economic barriers impeding women's utilization of maternal health care services.

"Reproductive and Child Health Care Services: Examining its Utilization in Northeast India" is a study of Loganathan and Huirem (2016) conducted in four north-eastern states of Assam, Manipur, Meghalaya and Sikkim. The researchers had adopted descriptive design and quota sampling in order to understand the various levels of health facilities that provided reproductive child health services and the factors that influenced the accessibility and utilization. RCH programme under the aegis of NHM has taken positive strides towards promoting mother and child health. With regards to pregnancy status, ANC provides women and their families with appropriate information and advice for a healthy pregnancy, safe childbirth and postnatal recovery including care of the new born and assistance with planning for future pregnancies. 91 percent women stated that they came to know of their status within the first trimester. Only few came to know later on about their pregnancy, this could be because of irregular menstruation or missed menstrual cycles. Another reason also could be of expectant mothers would have been very young to comprehend pregnancy at its very initial stages. During the last pregnancy, Assam and

Meghalaya had recorded a slight better performance in terms of ANC care among the four states; Manipur and Sikkim were lagging behind. It had observed that Assam was lagging behind in terms of government delivery with 35 percent where Meghalaya with 71 percent and Sikkim with 56 percent showed higher government delivery as private sector were almost non-functional. Regarding JSY performance, Assam placed the highest and Manipur was the worst performer. The researchers had recommended that SCs, STs and BPL families opted more for government care services. Thus, it is pertinent that services in this sector must be improved which will give equitable access to quality healthcare. They further suggested that although pregnancy registration was found to be quite high, 100 percent compliance could still be achieved by improving the facilities, namely, PHSCs and PHCs too. The rules and regulation related to implementation of JSY and JSSK can be improvised in order to ensure that the needy actually get these benefits.

2.2 Utilization of traditional medicines and religious practices

Some of the researchers (Khan, 1986; Sundar, 2001) stated that Santhals are unwelcoming the modern medical sciences, instead showing more interest in continued adopting their traditional practices partly because of their poor economic conditions. It revealed that traditional method of delivery is less expensive in compared to the modern health practices. It also revealed that poor environment, living conditions and underutilized the health care services had given rise to high incidence of diseases like tuberculosis. It also explained that poor health status of population was mainly due to ignorance and a greater reliance on traditional practices and not because of lack of purchasing power and non-availability of health services.

"Social Beliefs, Cultural Practices in Health and Disease" is a book written by Pokarna (1994) analyzed the medical care and health behaviour of people of rural

community in two villages of Manchwa and Begas which was situated in Rajasthan, focusing upon the modern and traditional structural and cultural dimensions of health, disease and medical care as they existed and operated in rural areas. It emphasised on the basis of sociology in medicine, health and rural medical care. It has provided some issues which are related with the medical organizations, medical personnel-their recruitment and behaviour, roles and relations, i.e. organisational aspects of medical care, belief and practices related with health and illness along with society's responses to these issues.

"Voluntary action in health and population" is a book of Misra (2000) stated about the people relying to traditional and religious practitioners. The indigenous practitioner uses plants and herbs for making medicines and other purposes for treatment. They usually provide curative services to the people through different types of method and techniques, like meditation, relaxation, induction of trances, rituals involving dancing, prayers, sacrifices and application of herbal and other remedies. The authority of the traditional healer might be derived solely from his recognition by the community in terms of his competence to provide health care system such as ayurveda.

"Why women still prefer Home Delivery" is an edited book by Chanu & Keithellakpam (2015) described why women still prefer home delivery in Saikhul town of Manipur. The data consist of 200 married women who are in the age group of 15-45 years. The researchers used simple random sampling for selecting the respondents and structural questionnaire for collecting the data. The study stated that majority of the women preferred home delivery rather than institutional (hospitals); this was because of the influential of traditional attitude or culture of the community or availability of trained and untrained traditional birth attendance in the villages,

despite of the availability of health care services in time. It also revealed that maternal educational status and economic conditions of the family did not have much affect with the accessing/utilization of health care services. Further it also mentioned some of the reports of Manipur that 61.1 percent of the women had institutional deliveries with 52.3 percent in rural and 78.6 percent in urban areas. On the other hand, home deliveries among the women were found to be 37.4 percent in the state with 45.8 percent and 21percent in rural and urban areas respectively. But after implementation of National Rural Health Mission (NRHM) in the state, the rate of institutional delivery has risen than before.

"Comparative Health Care Practices based on Religion among the Rongmeis of Thenjang and Kokadan Villages, Churachandpur District, Manipur" is an edited book by Devi (2015) carried out empirically study at two villages of the Rongmei- Thenjang and Kokadan villages of Churachandpur district, Manipur, to discuss the health care practices in relation to their belief system. Thenjang is a Christian village whereas Kokadan is partially Christianized village. It comprises of 83 samples and used household census survey, observation, in-depth interview and case study for collecting the data. The study has indicated that villages are still utilizing the services from traditional practitioners and still practices indigenous magico-religions health care in the present era of modern education like, sacrificing of cock or hen to predict the duration of the illness, prediction through signs and symptoms are done on the egg after propitiation and offering of banana and black puppy, etc. It further described that there was gradual declined in using of traditional medicines among the villages; this was due to non-availability of essential ingredients for specific medicines or loss of associated faith. In case of health care practices of childbirth, majority of the women are commonly entrusted to the traditional

practitioners even though the concern religious ceremonies have been performed according to their different faiths.

2.3 Research Gap

The above literature review confirmed that a number of studies were done in the area of utilization, availability and accessibility of health care services at national level as well as at state levels irrespective of type of health care centre. However, very few studies compared the utilization, availability and accessibility of health care service in rural and urban areas especially in Indian context; where inequality of health care services in rural areas was a serious issue in all the fields i.e., in development, infrastructure, socio-economic status and so on. It has seen from the review of literatures that there have been overcrowding in the district hospital which results basically failures of sub-centres, PHCs, and CHCs to play their primary health care and first referral roles. There are some literatures relating to the health service in the district, however, there is no in-depth study regarding with utilization, availability and accessibility of health care services in Ukhrul district of Manipur. Moreover very few studies were conducted focussing on the importance of traditional and religious practices, but no study was seen highlighting the issues of socio-cultural and economic factors which make the traditional and religious practitioners important in the study area. Thus this study will help in understanding the issues pertaining to the utilization, availability and accessibility of health care services of both government and private hospitals; and the importance of traditional and religious practitioners in the context of socio-economic and cultural conditions of people of Ukhrul district.

The above reviews carry significance with regard to this study. Thus, the above reviews are quoted as a help to study in Ukhrul District of Manipur and in the context of these reviews, the present study is justifiable.