CHAPTER – V

SUMMARY AND CONCLUSION

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This chapter summarizes the finding of the study on utilization of health care services in government hospital, private hospitals and NGOs by the respondents (Women health related problems, HIV/AIDS, TB) and health care providers. It emphasizes important conclusions, limitations and suggestions for further study and intervention of social work.

5.1 The Study in Retrospect

The study of utilization of health care services in Ukhrul district of Manipur is undertaken to understand the present conditions of heath care services utilized by the respondents of Women reproductive health related problems, HIV/AIDS and TB.

As Justified in the methodology chapter, the researcher adopted descriptive and analytical in nature for the study. The sample size was approximately 250, and was selected through simple random sampling from patients 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 informants of traditional & religious practitioners and

headman/chairman; whereas questionnaire were used for other key informants that include doctors, nurses, project officers, counselors and field workers.

5.2 Summary of the Finding

This section summarized the finding of respondents that include profile, socio-economic aspects, socio-cultural health aspects, the availability, accessibility and utilization of health care services, Programs and Services available from government, private hospitals and NGOs.

5.2.1 Profile and Socio-Economic Aspects of the Respondents

A. Profile

Sex, age and marital status represent the brief profile of a person in which category/status they belong to. Sex, age and marital status are always interlinked with one another for identifying a person. In the study, women reproductive department is represented by female, since the title itself indicated women group only. It is seen that women who are at the age group of 26-35 represents the highest group with 60 percent, followed by 30 percent with the age group of 15-25. There is a mixed of both male and female respondents from HIV/AIDS centre and TB centre. During the course of data collection, it was found that the turnover of female respondents were more regular in availing ART from the ART centres in compared to the male counterpart, thus female respondents represented 60 percent followed by male with 40 percent. According to MACS (2014), 350 male and 314 female are alive on ART in Ukhrul district. Moreover one third of respondents who were suffering from AIDS were married couples and represented the highest groups with 84.6 percent while a small percent of 15.4 percent were represented by unmarried group. The data present

that respondents who are infected with HIV/AIDS are more common to married couples than unmarried ones. This might be due to respondents were active in Intra Drug uses, practiced unprotected sex and shied away in utilizing the ART services due to existing societal stigma among the unmarried respondents. And again in case of Tuberculosis (TB) male respondents represented majority with 74.3 percent followed by female with 25.7 percent. It had indicated that respondents in the age group of 26-35 represented the highest percentage with 37.1 percent followed by 15 - 25 with 28.6 percent, while age group of 45 years and above represented 25.7 percent. Respondents who are at the age group of 26-35 has the highest percent with tuberculosis disease. This could be because of their habits of drinking, smoking and chewing pan and lack of awareness among them about the disease. In support of the study, Govt. of India (2008) has stated that the age group 25-34 has the highest cases of TB, this is due to TB primarily affects people in their most productive years of life. According to AIDS Action, Asia-Pacific edition (1996) people who are infected with both tuberculosis and HIV are 25 to 30 times more likely to develop tuberculosis disease, than people infected only with tuberculosis.

B Education, Occupation & Income per annum

Education, occupation and income of a person represent important indicators of human status. It plays a major role for individual, family and community in every aspects of development. The living standard and their life style could be indicated through their educational, occupational and income level of a person. Majority of HIV/AIDS respondents were found to be illiterate (60 percent) and mainly engaged with agriculture as the main occupation and livelihood with annual income range Rs. 15000-50000, while 40 percent were literate who engaged in business with income of Rs. 50000-1 lakh, and in-services with annual income of more than Rs. 1 lakh

respectively. This inference indicated that respondents under the study area were more vulnerable to AIDS due to lack of knowledge/awareness of the disease. Thus, ignorance and illiteracy of the disease might have increased in indulging in drugs, sharing used needles, practicing of unprotected sex among different partners.

In case of tuberculosis, it was observed that literate respondents had highest infections with 54.3 percent, while illiterate respondents represented 45.7 percent. Majority of respondents were aware of available services in health centre, still they were not well acquainted of the main causes of TB. The data indicated that farmers' profession occupied the highest percent of TB cases with 57.1 percent with annual income ranges from Rs. 15000-50000 and Rs. 50000-1 lakh. This may be due to farmers (mainly male) usually taking cigarette excessively in their work place in order to get relief and relax from their tiresome. In addition to smoking, many of them were in habits of drinking and chewing tobacco. The respondents testified that even if they were sick with minor ailments (like cough, fever, headache, dysentery, etc.), they hardly visited doctors for treatment; instead they had taken treatment from traditional/religious practitioners. The finding shows that there is still ignorance and lack of knowledge/awareness among the farmers about the disease. Their ignorance can lead to further complications of developing drug-resistant cases (it is the prevalence of patient excreting tubercle bacilli resistant to anti-tuberculosis drugs).

Regarding women health related problems; literate women are more in availing the health services from hospitals than that of illiterate women. With 76 percent of the respondents testified that they could read and write and had attended at least high school (very few with graduation and master), while 24 percent were illiterate as they had not attended any formal schooling. According to 2011 census, the female literacy rate in the district was 77.47 percent, this revealed that majority of the female in this

district had known how to read and write. This further reflected that majority of women respondents were aware of and availing services of Antenatal Care (ANC) and Postnatal Care (PNC) from health centres. Though the data showed that majority of women were literate but they were mainly engaged with agricultural work (57 percent with annual income range from Rs 15000-50000) along with raring and selling of cattles, chickens, dogs, cats, etc. at home and 19 percent of women were engaged in private business who ran shops, vegetable vendors, etc. with an annual income ranged from Rs 50000-1 lakh respectively, and only 24 percent of respondents were in-service with annual income above 1 lakh.

C Common sicknesses faced by women during Ante-natal and Post natal period

Pregnancy related sicknesses are a natural cause due to physiological and hormonal changes in body. Each and every of women during their pregnancy have faced some or other sicknesses. Majority with 45 percent of the respondents had morning sickness, breathing problem and abdominal pain during ante-natal and post-natal period, followed by 37 percent having headache and back pain problems, while 18 percent of them had fever, cough and diarrhea. Each and every one of the respondents had suffered from some or other kinds of sicknesses during their ante-natal and post-natal period.

D. Mode of transmissions of HIV/AIDS and its signs & symptoms

The mode of transmissions of HIV/AIDS is associated with people indulging in unprotected sex and sharing of unsterilized syringes while injecting drugs. Unprotected sex has the highest level of infections of HIV with 67.7 percent which is followed by using of unsterilized syringes and injecting drugs as 32.3 percent. According to NACO (2011), HIV prevalence rate has been recorded among Female

Sex Workers at national level is 2.67 percent; among Men who have Sex with Men are 4.43 percent and Injecting Drug Users (7.14 percent) respectively. The findings show that the prevalent rate of injecting Drug Users is almost 4(four) times higher than the NACO report.

The signs and symptoms of HIVAIDS are associated with major and minor sicknesses. 81.5 percent of the respondents have major problems (like weight loss, chronic diarrhea for more than one month and prolong fever for more than one month), is followed by 18.5 percent having minor sicknesses (like, cough for more than one month, pharyngitis, herpes zoster and lymphadenopathy).

E. ***Mode of transmissions of TB and its signs & symptoms***

Tuberculosis is a social disease with medical aspects; it has also been described as a barometer of social welfare. The social factors include many non-medical factors such as poor quality of life, poor housing, and overcrowding, population explosion, under nutrition, smoking, alcohol abuse, lack of education, large families, early marriages, lack of awareness of causes of illness, etc. All these factors are interrelated and contributed to the occurrence and spread of tuberculosis (Park, 2015). Maximum of the respondents had stated that the main causes of their illnesses were by direct (droplet infection) and indirect (droplets nuclei) contacts. Few of the respondents stated that it was due to pre-disposing factors like taking alcohol, smoking & chewing pan. TB is spread by inhalation, that is by breathing in air loaded with tubercle bacilli; these may be sprayed directly from an infectious person's mouth while speaking or coughing, or from dust carrying the bacillus which can live for many weeks in dark places if undisturbed; dried infection sputum mingled with dust can be potent source of infection (Sheena &Buchanan, 1955). The signs and symptoms of TB consist of

four kinds; they are chest pain, haemoptysis, continuous coughing and continuous fever. 59.9 percent of respondents said that they had continuous coughing for more than three to four weeks, followed by 14.35 percent with chest pain and continuous fever, while 11.4 percent of the respondents had complained of haemoptysis while coughing.

5.2.2 Availability, Accessibility and Utilization of Health Care Services

A. Mode of communications

The mode of communications of respondents were either by own vehicles, taxi services, by foot or both (Vehicle and Foot). Majority of the respondents reached hospitals from their villages through taxi and their private vehicles. And few of them walked to the health centres, since it was a workable distance from their homes. Respondents who are accessing the services are mostly from the villages where their professions are farming or working in the field and have to travel for more than 10 kilometres for accessing, availing and utilizing the health services from their respective villages. There are times that it has become difficult for the respondents to access or avail the services due to bad road conditions during heavy rains, strikes, bandhs, etc. which are called by different organizations. Moreover, villagers 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.

B. Availing and accessing of medicines from the hospitals

Medicine brings relief and improvement to people. Adequate and timely available of medicines and health care providers' increases the satisfaction level of respondents. It had discussed of three different departments (Gynaecology Centre, TB Centre and

HIV/AIDS centre) in Ukhrul district hospital. Among women who had availed medicines from gynaecology department in Ukhrul District, maximum of women revealed that they had availed only Tetanus injections as they did not get any pregnancy related medicines like Iron table, Folic Acid tablets, Calcium, etc. And few of the respondents got medicines like Iron Folic Acid Tablets, calcium, etc. at free of cost. It is seen that due to shortage of medicines in Ukhrul district hospital, the essential drugs are not available, which is a serious lapse in the health system. Thus, respondents were asked by health care providers to buy medicines at their own costs.

In case of HIV/AIDS and TB patients, all respondents have availed ART and Multi-drug therapy through ART centre and DOTS centre respectively from Ukhrul district hospital. It is evident that Manipur government is trying to curb the problem of HIV/AIDS and TB by providing all the necessary medicines to patients in Ukhrul district. Further, maximum of the respondents had received ART services for more than two years, and few of them had received ART for few months and one to two years respectively. In the same case, maximum of TB respondents had received DOTS for 6-8 months and few of them for few months respectively.

C. Availability of doctors and equipments in hospitals

There is still shortage of manpower, poor working conditions and lack of transparency in posting especially in rural areas makes people unsatisfactory with the government hospital (Misra *et al,* 2003). Many respondents (women health related problems) have complained that there is no specialised doctor in women reproductive health (Gynaecology) department. The hospital is functioning with 12 medical officers (MOs), 14 staff nurses against the actual sanction post of 29. Thus, respondents mostly tend to avail the services from private hospitals. Likewise respondents from HIV/AIDS and TB departments complained that doctors who posted from valley

(Imphal) areas hardly came to the department. Even if they come, they remain only for five to six days in a month, this makes the conditions worsen and people face hurdles in accessing the specialised doctors.

Regarding the availability of equipments in District hospital, women respondents revealed that Ultra sound machine and ECG have been installed; however the machines lie unused due to shortage of trained technical staff. So respondents need to consult private hospitals for check-up which are again very expensive for them. Further the respondents from TB and HIV/AIDS department have expressed, there is still lack of equipments like (X-ray, Liver Functioning Test, Kidney Functioning Test and CD4 count) in Ukhrul district hospital. Often such equipments are damaged or non-functional.

D. Place & Reasons for Institutional delivery & home

The current policy of Government of India under National Health Mission (NHM) and Reproductive Child Health (RCH) is to encourage institutional delivery which is an important step in reducing maternal mortality rate. On other hand, the place of delivery is a crucial factor which affects health and well-being of mother and new born baby. Majority of women had taken their deliveries in hospitals and they were attended by doctors and nurses. The respondents preferred institutional delivery than home delivery for easy accessibility of doctors and support staff which would further prevent them from any complications or emergency.

E. Availability of separate minor and major operations theatre (OT)

Availability of operation theatre is essential for all the hospitals. Operation theatre is a place to operate and save the life of people who have required operations for their health problems. In government hospital, there is minor OT for minor injuries,

causalities. But in case of major operations, there is a room (mentioned OT) which is non-functional due to non-availability of surgeons, OT nurses, instruments, autoclave machine, etc. Thus, in case of serious illnesses or pregnant women who are in need of caesarean are referred to private hospitals in Ukhrul or hospitals at Imphal which is almost 84 Km far from Ukhrul.

F. Money spent during delivery

The amount differs according to the types of their deliveries. 65 percent of respondents had delivered from hospitals (private and government), out of which 28 percent and 14 percent who did caesarean had spent Rs 15001 & above and Rs 10001-15000 respectively and was followed by 23 percent who spent Rs 5001-10000 for normal delivery. Some of respondents who had spent higher amount excluding caesarean was due to the reasons that sometimes they (both the baby and mother) needed further observations for another 2-3 days, may be due to excessive bleeding and premature birth, etc. Moreover 35 percent had their deliveries at home, and out of which 25 percent were attended by traditional birth attendance and had spent Rs 501-5000, while 10 percent spent below Rs 500, this might be due to relatives and family members attended their deliveries.

5.2.3 Programs and Services Provided by Government, Private Hospitals and NGOs

A. Provision of cash assistance through JSY

JSY provides cash assistance to mothers after their deliveries and further encourage them for institutional deliveries. Maximum of the respondents (65 percent) expressed that they had received JSY services. But there is no uniformity in availing the incentives. Some of the reasons have been observed that relatives of some mothers who happen to be working in the health care institution are given more benefits (in

terms of money) of JSY than to those mothers who do not have relatives but have accessed the same services.

It is interesting to note that majority of the respondents who have delivered at private hospital have received cash incentives through JSY. It is further seen that majority of the respondents have preferred private hospital than the Ukhrul district hospital not only for getting cash incentives but because of positive attitudes of health care providers and timely availability of doctors. Thus, availability of health care facilities within the vicinity helps to receive services in time (Prakasam & Raju, 2006).

B. Availability of counseling services and its benefit to AIDS respondents

Counseling becomes important for a person who has problems or stress in the environment where they live or to their respective work place. It gives suggestions and guidance to solve problems of individuals for their proper social and emotional development. Certain principles for effective and meaningful counseling and guidance which will be of immense help to those involve in the care and also provides emotional support to the victims of HIV and their family members (Thomas, 1997). Majority of respondents have said that there are counseling centers available for them and they have got benefited in coping up with their illnesses and stresses through counseling (in terms of motivation, encouragement, information, awareness). They further mentioned that counseling helped their family members by providing information on the causes of HIV/AIDS and thus changed their mindsets. It is also seen that few of the respondents (23.1percent) have mentioned unsatisfactory with the counseling services in both Ukhrul district hospital and NGOs as counseling are done just for namesake.

C. Satisfaction/Effectiveness of HIV/AIDS and TB programme

Majority of the HIV/AIDS respondents (61.5 percent) expressed their satisfactions towards HIV/AIDS and TB Programme that the programme implemented were very effective and useful for them as it helped them gain more knowledge on the disease (through counseling) and its timely and easy accessible of ART. They further revealed that NGOs played important roles in providing awareness/information of the programme which had benefited in accessing the services. But, 38.5 percent of respondents showed their dissatisfaction of the services of programme due to unavailability of doctors on time, non-functional of equipments like, CD4 count, LFT, KFT, etc. and ineffectiveness of counseling services.

D. Measures taken by GO and NGOs for prevention and control of HIV/AIDS

Taking measures to prevent the disease is one of the most important tasks for government and NGOs. The fact is that, theoretically, everyone is at risk of HIV/AIDS. But everyone can also protect themselves and others from acquiring it through informed action (Ramasubhan & Rishyasringa, 2005). There are different measures taken by Ukhrul district hospital and NGOs in prevention and control of HIV/AIDS. The entire respondents (100 percent) shared that both Ukhrul district hospital (government) and NGOs provided awareness programme in the community, school, colleges through different programme medias, like publicity in All India Radios, providing leaflets, lectures in religious places, seminars, conferences, workshops, skits and dramas, etc. They further mentioned that besides the public awareness, they were given counseling services, ART, condom and syringes. Therefore government and NGOs have taken positive measures in order to reduce HIV among people in Ukhrul district.

E. Types of treatment and satisfaction level of TB respondents

In this sophisticated era in medical science, foremost requirement for the service providers are equipments which help in diagnosing and making customers satisfy with the treatment. If there are no adequate facilities available for the people, it is difficult to provide proper treatment. 54.3 percent of the respondents expressed their satisfactions with the treatment/services provided by DOTS centre of Ukhrul District hospital as they were given free medicines and X-ray services; whereas 45.7 percent of them expressed their unsatisfaction with the services. They further revealed that though they got free medicines, they still needed to pay Rs 50 for X-ray; however, the results of X-ray did not come clear. Thus, they needed to take another X-ray (as advised by the doctors to repeat the test) from private clinic or at Imphal (state capital). This becomes a burden for them as they have to travel for almost 80-85km to reach Imphal.

5.2.4 Socio-Cultural Health Aspects

A. Importance of traditional and religious practitioners under the study area

According to Kalla & Joshai (2004), to understand the meaning of tribal health, it is important to understand the people themselves, their social, economic and cultural aspects and their indigenous medicines. The health status of the tribal is marked by poverty, illiteracy, malnutrition, lack of personal hygiene, poor sanitation, poor mother and child health services, absence of health education, lack of national programmes and lack of available health services.

Maximum of the respondents (Gynaecology, HIV/AIDS and TB) (54.5 percent) were not apprehend in reflecting the importance of traditional and religious practices to their illness, since they did not utilize the services from the practitioners. It is seen that 45.5 percent have utilized the services from the practitioners, and expressed that their

roles are important in serving the society. The traditional and religious practitioners gave services to the community as the first point of contact or referral agent in the absence of doctor. They further expressed that their treatments are culturally accepted in the society and also less expensive and easily accessible. Therefore traditional and religious practitioners played an important role in rendering the services.

B. Availability and utilization of services from traditional and religious practitioners

Treatment of sicknesses took place in three steps, diagnosis of the cause, removal of the agent, to satisfy the psychological need and the clinical treatment to alleviate the physical need, the treatment include prayer, sacrifices, wearing armlets or charms (Gesler, 1984).

It is seen that majority of women (66 percent) revealed that they had consulted traditional and religious practitioners for their illnesses besides allopath medicines. They had taken treatment for more than one time in complaints of backache, changing of baby location, stomach problems, etc. They had also received treatment like massages, prayers and medication depending with the cases of their sicknesses and thus the treatment they received gave immediate relief. In addition, availability of birth attendance could help the villages in deliveries babies on time without complications. Whereas 34 percent of the respondents didn't consult any traditional and religious practitioners and were not aware of availability of traditional birth attendance in their villages so they preferred only medical (allopathy) doctors. Likewise, few HIV/AIDS respondents have consulted traditional and religious practitioners for more than one time for their illnesses such as loss of appetite, body pain, joint pain, etc. With believed that their illnesses of HIV/AIDS will be cured, they had availed medicines from traditional healers costing for Rs 1000 to 1500 per litre, however it did not cure their

illnesses. But in case of minor illnesses like loss of appetite, body pain, joint pain, etc. they have seen a sign of improvement to their health. The practitioners also provided massage to the affected area and did prayers for them. Sometimes, respondents felt relief and improvement in their health. Whereas maximum (76.9 percent) went for allopath medicines only as they believed that their illnesses were not at all related with traditional and religious practices.

It is similar with tuberculosis respondents that very few of them had availed treatment from traditional and religious practitioners on the issues of chest pain, loss of appetite, persisting cough and weaknesses. Majority have believed that in case of tuberculosis disease, doctors are the sole person who can cure their illnesses.

5.3 Important Conclusion of the Study

The following are the important conclusions that emerged from the present study:

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.

5.4 Suggestions for further Study

The present study confined only in three aspects of the diseases (i.e. Gynaecology, HIV/AIDS and TB), thus it encourages further studies or research in other health aspects.

1. A comparative study of government and private health care on effectiveness of health care services.
2. Role of government and Non-Governmental Organization (NGO) partnership in providing HIV/AIDS services.
3. Role of traditional health practices among Tangkhul district.

5.5 Social Work Theory and Intervention

5.5.1 Social work theory

The finding and observation of the present study reflects a need to apply for "structural social work" for the well-being of HIV/AIDS and TB patients. The life of HIV/AIDS and TB can only be enhanced when structural exploitation are reduced and applied for equal opportunities to everyone in the communities. Those people who oppressed are excluded from opportunities, participation and good quality of life. The finding of the study suggested a holistic approach of social work. The study showed that HIV/AIDS are a group of people who are disadvantage in every aspects of their work. Even in family, family members neglected and rejected them due to fairness with their sicknesses. Moreover even in society, people are not willing to help them due to discrimination and other negative attitudes towards them. Therefore structural social work is important to empower and enhance the quality of life for HIV/AIDS & TB patients. Thus, it seeks changes in the society, rather than simply dealing with the consequences of it. This approach will move from social relations to inequality to social relations based on equality with a collectiveness and support from social institutions.

Thus, successful application of Structural Social Work at family, society and institutional places will help in empowering and developing the life of HIV/AIDS people. Structural Social Work will help social workers and civil society to inspire in taking up strategies for reducing stigma and discrimination against HIV/AIDS & TB in community. So, Structural Social Work becomes one of the important areas to discuss in social work education.

5.5.2 Social work interventions and suggestions

Social worker can use different methods while dealing with patients in the study that include Social Case Work, Social Group Work, Community Organization, Social Welfare Administration, Social Research and Social Action, etc.

Following are some of the areas where social worker can intervene:

1. Social worker must give awareness to the individuals of the available programmes and services in health care settings.
2. Social worker can act as an advocate while collaborating with ASHA and health care services for giving proper awareness about the programmes of JSY, JSSK to the pregnant mothers.
3. Social worker can give awareness on the importance of ante-natal, pre-natal and post-natal check up for the mothers and also awaring them on the importance of spacing of child for healthy mothers and child/children.
4. Social worker can impart education to the mothers in regards with availability of services for family planning.
5. Counseling can be given to HIV/AIDS and TB at one to one level in order to face the challenges within self, individual and society.
6. Social worker can become negotiator and mediator to re-emergence of feeling of attachment among HIV/AIDS and TB patients.
7. Social worker can help People living with HIV/AIDS to control and handle internalize HIV/AIDS phobia.
8. Social worker can provide psycho-educational counseling to HIV/AIDS at the time of crisis such as family, partners, friends and society.

9. Social worker can channelize the local available resources such as support group and network, policies and programme for HIV/AIDS and TB and show the directions for accessing it.
10. It can help in forming support groups/collectives for People Living with HIV/AIDS. Support group will help People living with HIV/AIDS for mutual aid and assistance among each other.
11. Counseling can be given to family members in facing the challenges while looking after HIV/AIDS and TB patients.
12. It needs assistance to families experiencing cultural transition through using person-centered and group therapy approaches.
13. Social worker can motivate community members to fight against discrimination, prejudice and disempowerment.
14. Social worker also needs to involve actively in policy making, project planning, and designing programmes for addressing the issues of societal stigma related to HIV/AIDS and TB patients.
15. The social worker needs to develop networking with the health care providers, organization and community people for establishing effective relationship in utilizing the health care services available in the health care centre/institution.
16. Social worker needs to initiate by linking with government, private health care providers, NGOs in order to organize awareness programmes in village and block level, so that the illiterate and ignorant villages can access the available programmes which are provided for them.
17. Social worker can play the role of advocate by linking with the government for provision of financial assistance to the patients who are living Below Poverty Line (BPL)/rural areas, for improvement of their health status.

18. Social worker should influence the government to introduce Mobile health care units and 108 ambulance services in all the health care centers including Primary Health Centers (PHC), Community Health Centre (CHC) and district hospitals for easy availability of health services by the community people.
19. Social worker can act as a catalyst for proper implementation of health programmes and policies which are meant for patients and community as a whole.
20. Health related research should be encouraged in district level, state level and central level. Discussion, debates, seminars and publication on health issues must be encouraged in all levels.
21. Social worker must bridge the gap between government hospital, private hospitals and NGOs in fulfilling the requirements for the welfare of society.
22. Recognition and giving importance to traditional and religious practitioners by the modern health care providers, so that they can work together for the betterment of community health in future.
23. The social workers must use and utilize the different roles, techniques like, mobilizing, advocacy, empowering, listening, supporting, educating and advising while working with the people in the context of health care.

Everyone had faced health related problems during his/her life time. Among that Gynaecology, HIV/AIDS and TB are one of the major health problems seen in the society. The study concludes that there is a gap between the real needs of the patients and the services provided by government hospital, private hospital and NGOs in Ukhrul district of Manipur. Therefore there is a need to provide services which will be beneficial for the patients as well as for the community at large. Thus government, private institution/organization and NGOs need to intervene for proper implementation

of program and policy for the patients who are utilizing the services from them (Government and private hospitals and NGOs).