CHAPTER – 6

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SUMMARY AND CONCLUSION

Utilisation of healthcare services of primary health centres reflects the accessibility and availability of healthcare services and the outlook of the society towards the awareness about their concern for healthcare. The district of Baksa is one of the relatively less developed districts, basically with regards to availability of healthcare facilities and its utilisation level. This study is a remarkable effort in this regard. This chapter has presented a summary and conclusion of the study and some suggestions and scope for further study. Findings of the study have been outlined as below:

Introduction and Research Methodology has been discussed in Chapter 1. The origin and concepts of primary health care, primary health care in India, significance of the study, rationale for selection of the study area, objectives, research questions, source of data, sample frame for the study, tools and technique for the study and limitation of the study have been thoroughly presented.

The review of all available literature on the related studies on utilisation of public healthcare services has been presented in Chapter - 2. The review of literature has been presented broadly in four sections: i) Availability of and Accessibility to the Health Facilities and Utilisation, ii) Distance, location and utilisation, iii) Socio-Economic Aspects and Utilisation and iv) Needs and Perception

Chapter - 3 deals with Healthcare Infrastructure scenario based on secondary data and information through interview with health officials of the selected PHCs. This chapter is divided into three sections- section one deals with the different concepts and definitions of technical terms of healthcare delivery system. Section two discusses the healthcare infrastructure in Assam and section

three deals with the overview on the socio-demographic profile of Baksa district and the availability of healthcare facilities and its utilisation of selected PHCs.

Chapter - 4 outlines the socio-economic profile of the sample households based on the collected primary data under the study area. It throws light on the different socio-economic, demographic profiles and healthcare facilities as reported by sample households. Information has been collected from sample households, particularly about the age, sex, level of education, occupation, consumption expenditure, basic amenities, availability and distribution of morbidity.

Chapter - 5 discusses the utilisation of health care services of Primary Health Centres by the households based on the primary data. This chapter has presented the estimated facts and figures on primary data by using the SPSS software version 25. The results obtained on descriptive statistics, bivariate analysis, and binary logistic regression have been analysed and interpreted accordingly.

6.1 Findings of the Study

Findings and conclusion have been drawn based the explored data about public health care facilities, extent of utilisation of healthcare services of PHCs and assessment on factors which are affecting the utilisation of PHCs among the Bodo community of Baksa District in Assam. Findings of the study have been presented in 3 sections - 6.1.1 on Socio-economic status of the sample households and distribution of illness, 6.1.2 Availability of healthcare facilities and Utilisation level, 6.1.2 Availability of healthcare facilities and Utilisation level, 6.1.3 Factors associated with the utilisation of healthcare services of Primary Health Centres.

Suggestions are provided in section 6.2 and the scope for future research has been presented in sections 6.3.

6.1.1 Socio-Economic Status of the Sample Households and Distribution of Illness

- Type of houses owned by the sample households under the study area found as 3.6% thatched houses, 76.3% Tin roofed houses, 7% Semi-Pucca houses, and 13.2% Pucca houses. Majority of the sample households have tin-roofed houses (76.3%), followed by pucca houses (13.2%).

- 92.6% of the total sample households of 502 households have a separate kitchen room/house, while 7.4% do not have a Separate Kitchen room/house in the study area.

- Fuel for cooking, 22.1% of households use LPG, 9.2% use firewood, and 68.7% use both LPG and firewood.

- 98.2% of households use an improved source of drinking water comprising 72.7% of tube wells and 25.5% of well. However, it has been found that a few households are using river as the drinking water source.

- Among the sample households of the study area, 78.7% of households use septic tanks, 15.5% of households use pits and 5.8 % households use open space.

- 90.2% of households have electricity connections, while 9.8 % do not have electricity connections.

- Of the 502 households, 83.0% of households have agricultural land, and 16.7% have not.

- Out of 502 households, 78.29% owned the machinery and equipment, whereas 21.71% did not have machinery equipment.

- 40.8% of households have TV sets, and 89.2% of households have mobile phones.

- Sub-centres are available in 9 villages, constituting 25% of the villages surveyed (36 villages).

- Out of 502 sample households, 436 households, constituting 86.85%, reported atleast one (01) illness during the reference period of the study.

- 837 illness cases have been reported from 436 sample households having illness family member(s).

- Illness cases are highest (25.6%) in the age group of 0-14 years and lowest (7.2%) in the age group of 60 years and above. However, it is worth mentioning that persons aged 60 years and above are relatively small in the total population.

- Percentage of Illness among females has been found higher in the age group of 25–34, 35–44 and 55-64 than respective male age groups. A higher percentage of illness has been found among males in the age group of 0-14 years, 15-24 years, and 65 years and above, respectively, than females in the corresponding age group.

- Majority of illness cases has been found among illiterate (27.11%) and Primary level (15.52%)

- 74% of illness cases are acute, while 26% are chronic

- 54.5% of households visited PHCs. On the other hand, 44.5% of households not visited the PHCs.

- By distance, 0-1 km, 2-3 km, and 4 km and above have been found 63.4%, 59.5% and 40.8%, respectively.

- A considerable size of respondents expressed difficulties in conversation other than mother tongue under the study.

- Many households prefer to visit the local medicine shop or quack doctors from the same community or who have working communication skills in local language so that their problems are understood for proper treatment.

6.1.2 Availability of Healthcare Facilities and Utilisation Level

- As of 31st March 2019, each Sub Centre, PHC and CHC covers 06 villages, 28 villages and CHC 149 villages, respectively, which are above the national level.

- As per the Statistical Handbook Assam 2019, 5,609 nos. of doctors combining the Allopathic, Ayurvedic and Homeopathic are available in the state.

- Baksa district has 464 nos. bed combining available beds in all types of public health institutions as per Statistical Handbook Assam, 2019.

- CAG Report (2017) based on records and information from selected health centres that many of the drugs in the enlisted EDL remained out of stock for a long time- minimum 30 days duration. So, patients were being deprived of medicines and affecting the health care services by the public health institutions due to non-supply/non-availability of drugs for prolonged periods.

- Utilisation of OPD and IPD has been found increasing continuously since 2015-16 till 2019-20 in the state

- A total of 214 public health institutions in Baksa district, comprising 1 DH, 36 PHCs, 14 SDs and 157 SCs are available in Baksa district.

- As of 27-05-2015, 145 nos. of doctors and 13 nos. of RHP serve 9,50,075 population in the district as per Manpower Details- Baksa District.

- Out of six selected PHCs under the study, two PHCs *viz.,* Katharbari SD and Koklabari SHC, have inadequate building sizes in proportion to visitors

- OPD rooms have been found in 100% of selected PHCs with adequate windows for light and air to provide healthcare services. However, waiting area for outpatient with the sitting arrangement is not sufficient in 33.33% PHCs.

- Only 2 PHCs constituting 33.33%, have inpatient ward facility and each of has been accommodated with 4 and 6 beds respectively.

- Residential accommodation for Medical Officers is available in all six PHCs under study. However, the occupancy percentage by them is 66.66%.

- Residential quarter for nursing staff, i.e. GNM/ANM, is available in all six PHCs, and the occupancy rate is 100%.

- Medical Officers, Pharmacists and Laboratory technicians have been found in position in all PHCs under study.

- Out of six selected PHCs, 50% PHCs does not have a doctor having an MBBS degree to provide allopaethic treatment or advice.

- 100% of selected PHCs are providing 24 hours Emergency service basically for delivery cases.

- Referral service to the higher health care institution is available in 83.3% PHCs through ambulance services.

- Ambulance car has gone out of order in one Primary Health Centre under the study.

- In-patient service has been found available in 50% PHCs only.

- 2 PHCs constituting 33.33%, have in-patient wards with facility with 4 and 6 beds each respectively.

- Laboratory services for diagnosis of Blood Sugar, Malaria parasite, Blood grouping and Rh typing facilities, and Rapid Testing of pregnancy are available in all PHCs.

- TB and Urine tests are done in 66.67% PHCs.

- Routine blood and stool tests have not been performed in any of the PHCs under the study

- In 2019-20, six selected PHCs share 18.42% of the total OPD service utilisation of 36 PHCs of the district

- Percentage share of six selected PHCs of utilisation of IPD has been continuously falling since 2013-14 (27.09%) and stood at 13.59 percent in 2019-20.

- Among the selected six PHCs, Kumarikata SD has shared maximum utilisation of both OPD (33,167) and IPD (1,281), while Golagaon PHC has recorded the lowest in both OPD (7,207) and IPD (83).

6.1.3 Factors Associated with Utilisation of Healthcare Services of Primary Health Centres

- Gender of the Household Head impacts the households visiting Primary Health Centres to utilise healthcare services in the study area. It found that 91.5% of household heads are male, of which 58.1% of male-headed households visited PHCs. On the other hand, 8.5% of household heads are female, of which 27% of female-headed households visited PHCs.

- Occupation of the household heads impacts the visit to Primary Health Centres. Visiting the PHCs is higher amongst the Farmers (60.4%) and casual labours (61.6%).

- 61.6% of households from low MPCE (less than ₹1500), 49.4% households from medium MPCE (₹1501-₹3000), and 21.1% households from High MPCE (Equal to or above ₹3001) have been found visited PHCs Monthly Per Capita Expenditure (MPCE) impacts the visit to PHCs under the study area as found in other relevant studies.

- 60.1% of households with low standard of living visited the PHCs, which is comparatively higher than medium standard living (16-27 score) 48.9%.

- 66.7% of households visited the PHCs as reported the Opening hour of the PHCs convenient for them. Conversely, among the households reported inconvenient, only 5.1% visited the PHCs.

- Among the households with severe illness, 23.0% of the households visited the PHCs whereas the households did not have severe illness, i.e., mild, 60.8% of the households visited the PHCs. The higher the severe illness cases, the lower the chances of visiting PHCs than the mild or somewhat severe. The severity of Illness also impacts highly of the households towards the visit to PHCs.

- The rate of visiting Primary Health Centres for primary healthcare services is comparatively higher among chronic illnesses. Out of 436 households having illness cases, 130 households reported chronic illness, of which 86 households constituting 66.2% visited the PHCs while 306 households reported no chronic illness, of which 150 households constituting 49.0% visited the PHCs.

- As reported by the sample households with illness, 63.8% expressed that the medicine supply has been found irregular.

- It has been reported that 436 sample households having illness cases, 18.56% heads of the households expressed their problems in conversation with doctors and medical staff other than Bodo language. The language barriers among the reported households may deter the use of healthcare services of the PHCs.

- 242 nos. ouseholds visited the PHCs, of which 12.8% could not consult or find a doctor during their visit to PHCs.

- 242 nos. households visited the PHCs, but amongst the households that visited the PHCs, 28% did not comment for their neighbours regarding the visit to PHCs for accessing health care services.

- ANM/GNM and pharmacist are available in all PHCs as reported during the visit of PHCs.

- The study has observed that 59.4% are not satisfied with the existing building infrastructure of the PHCs. More specifically, Koklabari SHC and Golagaon PHC under Golagaon Block PHC had poor and insufficient building infrastructure to deliver healthcare services.

6.2 Suggestions

Based on the information and observation during the survey, the following suggestions have been underlined to improve the healthcare delivery system for better utilisation of the PHCs.

1. Create more awareness programmes on health and healthcare services available in the nearest PHCs through village level workers such as ASHA, Anganwadi workers.

2. Banner and hoardings for availability of healthcare services and schemes at different health institutions should be available local language, particularly in Bodo for wide publicity of various healthcare.

3. Physical infrastructure of the PHCs is to be upgraded as many PHCs have space constraints to provide quality health care services. However, one PHCs has already been upgraded and merged with a newly set up model hospital. In contrast, another PHC, namely Koklabari SHC is already under construction in the attached area and likely to be upgraded very soon.

4. Set up Sub-Centre in every village to make available basic health care services among the villagers and increase awareness about healthcare. Further, SCs may function as an information centre and advise how to avail scientific health care services from different public health institutions.

5. Ensure free medicine to every patient visited PHC for treatment that would enhance the utilisation level of healthcare facilities among the rural masses.

6. Govt. should provide compulsory service tenure for all doctors, para-medical staff, and staff nurses to serve in rural areas.

7. Ensure the stay of doctors and other medical staff in residential quarters in the hospital compound. Accordingly, it may be possible to provide 24x7 hours healthcare services.

8. Specialist doctors should be made available in the PHCs to meet the need of the increasing number of patients having chronic diseases.

9. Knowledge of local language should be made one of the required criteria for appointment as health personnel for two way smooth communication between healthcare seekers and providers.

10. Create awareness to avoid quack doctors or unrecognised healthcare providers because rural illiterate people visit them for treatment which may have side effects at any time.

11. Make proper arrangement infrastructure facilities as well as adequate manpower in position for PHCs as per the IPHS norms.

12. Number of beds should be increased in the rural health centres to enhance In-patient services to facilitate 24 hours service.

13. Locked Complain box should be made available in every public health institution through which deficiency in availing existing healthcare services may be checked out.

14. Rogi Kalyan Samities/Hospital Management Committee should be more proactive to look after the smooth and better health care delivery system at PHCs level and create cordial communication between the healthcare seekers and service providers for ease of accessibility.

15. Provision should be made for emergency health care services to all necessary treatment 24x7 of every PHC so that health care services are accessible and affordable.

6.3 Scope of Future Study

The present study faces some limitations. It does not include private sector health care institutions, and the population covered by the study is one prominent tribe of Assam, i.e., Bodo. Further study in the district may be carried out covering other communities for comparative analysis and to evaluate the distribution of public healthcare facilities on geographical location and their level of utilisation. Moreover, the study may also be undertaken on the specific services or schemes available in the public health sector in the district of Baksa or in Assam. Further, an extensive cross-section study may also be conducted at district levels to explore differences in public healthcare sector.

Conclusion

It has been observed that visit to the PHCs in the study areas has been affected by has been influenced by educational level of the family, MPCE, SLI of the households, occupation of household, heads gender of household heads . Similarlry, distance to and the opening hours of PHCs are also influencing the utlisation of primary healthcare services in the study area. Likewise, it has been found that acute or chronic, and perceived or observed severity of illness also affect the utilisation of healthcare services of PHCs in the study. However, it has been observed that respondents have been equally concerned about the quality of primary health services in PHCs. On the contrary, the quality of healthcare services depends on the availability of quality facilities that include manpower, equipment, drugs, management, etc., in PHCs. The need for healthcare services on one side and the quality of health care services on the other significant influence the households whether they would use the primary healthcare services available in PHCs or not in the study area.

Further, it has been observed that healthcare infrastructure facilities are not available in most PHCs as per the IPHS guidelines. Therefore, the rural masses of the study area are being deprived of quality healthcare services, thereby leading to limited utilisation of primary healthcare services in the study area. Sustainable Development Goal (SDG)[1] by 2030 of the United Nations emphasised to “ensure healthy lives and promoting well-being for all at all ages”. Hence, it is necessary to address the problems associated with the utilisation of primary healthcare facilities available in rural health institutions through the proper management of healthcare delivery system.

Notes & Refereances:

[1] United Nations, *Transforming Our World: The 2030 Agenda for Sustainable Development*, A/RES/70/1, https://sdgs.un.org/goals