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## DEVELOPMENT OF HEALTH SERVICE UTILISATION IN SELECTED VILLAGES OF RURAL TRIPURA

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### INTRODUCTION

Health is an inalienable human life. The well being of human life is largely depends on this “term”. Keeping in mind the importance of this term to make human life meaningful the right to good health and medical care is incorporated within the purview of article 21 of the Indian constitution which deals with “Right to LIFE and Personal Liberty.”

But it can be traced that exercise of this fundamental right is not equal in all states and all places due to several factors. In urban areas and private sectors health unit these health service utilization are much better than that of rural and public sector medical institution.

The gap in the standard of care in these areas and institutions results because of several factors like rural and government funded hospitals provide basic care only and often lack adequate infrastructure. They can also be crowded and waiting times can be long. Government hospitals are also often understaffed. Though the cost of care is less at these medical institutions, but the standard is inferior compared to private one. In this research paper endeavor is made to give a brief notion about the health care service utilization system prevailing in India with Special Reference to Rural Tripura., its provision, its actual limitation and suggestion to improve the system.

### OBJECTIVES OF THE STUDY

To find the kind of health services sought by different economic strata and the type of health centres approached by them to meet their health needs in rural Tripura.

### METHODOLOGY

There are eight districts in Tripura. From each district one village will be selected at random. Thus the present study covers eight villages. A listing of all the households in the all eight villages will be carried out and information regarding education and income of the households will be collected. Then the household will be stratified into three groups 1) High Income 2) Middle Income 3) Low Income. Out of that 20% of the population will be selected for the present study. Keeping in mind the objectives of the study interview schedule will be drafted and after pilot survey it will be administered among the selected samples.

**Scope of the Study:** The outcome of the study may be highly useful for improving health care service utilization in Tripura in particular and India in general with reference to quality health care services, which is the need of the hour. The study may pave the way for the policy maker for better decision in health sector. The study may also bring greater awareness across the section of society, particularly Tripura.

**Limitation of the Study:**

The main problems of the lower economic classes to utilize health services are –

- a) They are not fully aware of the available health services in rural areas
- b) They do not perceive the need for health services
- c) All health care facilities are not within the reach of the lower economic classes of the society

2. In rural areas also various specialized type of health services available for the low economic classes. But virtually these varieties of health services are not properly integrated. Each government hospitals are functioning independently and there is no proper referral system between them. Further the primary health centres which functions at the village level are no coordinated with the district level hospitals the lack of coordination leads to duplication of health services

**Sampling:**

Stratified random sampling was used to select the respondents for this study. This was found to be a more suitable sampling technique, because the study involved a comparison of three economic classes. If simple random sampling technique might have been used for this study, there was a possibility that some of the economic classes would have been under represented or over represented in the sample, and this would affect the study.

**Collection of Data**

An interview schedule was used to collect data from the respondents. The questions of the schedule were formulated in such a way to examine the objectives of the study. It was mostly a structured one consisting of different parts. The first section of the schedule had a list of questions dealing with the general characteristics of the respondents and their household members which included their sex, age education, marital status, occupation, and income and housing facilities. The next section of the schedule investigated the perception of symptom, disease and treatment. The final section of the schedule consisted of questions enquiring the income of the household, medical expenditure, available medical benefits and the priority set for medical expenditure along with other domestic expenditure. So this interview schedule had a wide range of questions formulated to suit the objectives of the study.

**Name of the Eight Districts and Selected Eight Villages**

Name of the Districts	Name of The sample village	No of Households
West Tripura	Badharghat	199
Shepahijala	Aralia	198
Khowai	Ramkrishna Pur Para	184
Gomati	Matabari	194
South Tripura	Rupaichari	184
Dhalai	Chawmanu	197
Unokati	Bhagaban Nagar	167
North Tripura	Kadamtala	177
<b>Total</b>		<b>1500</b>

Source: Information collected from Goan Panchayat Office

**Classification of Household as per income groups**

Income group	Total number of household	Sample household
<b>High</b>	<b>450</b>	<b>90</b>
<b>Middle</b>	<b>670</b>	<b>134</b>
<b>Low</b>	<b>380</b>	<b>76</b>
<b>Total</b>	<b>1500</b>	<b>300</b>

Source: Field Survey

**Classification of income group**

Income group	Family income
<b>High</b>	Above 1 lakh
<b>Middle</b>	25001 – 99999
<b>Low</b>	Upto 25000

**Table 1: Income group wise number respondents**

Annual Income group	Total
Above 1 lakh	90 (30.00)
25001 – 99999	134 (44.67)
Upto 25000	76 (25.33)
Total	300 (100.00)

Source: Field Survey

CIF IMPACT FACTOR: 4.465

Table 1 shows that out of classification of respondents based on their economic status. It is found that highest numbers of respondents are from the income group of 25001-99999. While it is lowest in case of income group up to 25000 annual incomes.

**Table 2 : Gender wise total respondents**

Male	Female	Total
166 (55.33)	134 (44.67)	300 (100.00)

Source: Field Survey

Table 2 show the total number of respondents of the study is 300. Out of 55.33 % are male while 44.67 % respondents belong to female category.

**Table 3: Types of health centers in Tripura**

Item	Required	In Position	Shortfall
Sub-centre	903	719	184
Primary Health Centre	135	79	56
Community Health Centre	33	12	21

(Source: RHS Bulletin, March 2011, M/O Health & F.W., GOI)

It is observed form the table 3 that there is a huge gap in the requirements of health centers in Tripura. Highest number of shortfall of health centers are sub-centers while it is lowest in case of Community Health Centre.

**Table 4: Kind of health services sought**

Name of medical services	Number of respondents
First Aid	243
Treatment of common diseases	298
Treatment to injuries caused by accidents	278
Basic Laboratory services	276
Provision of essential basic medicine	270
In patient ward services	267

Referral services	98
24*7 services	132
Surgery services (Operative)	211

Source: Field Survey

Table 4 shows the kinds of health services sought in the rural people of Tripura. Questions are asked to the respondents regarding requirement of different health services. Thus, it is observed that majority of the respondents raised the above mentioned services are most important.

**Table 5: Types of Health centers sought and approached by rural people**

Types of health centers	Number of respondents	Percentage
Allopathic	135	45.00
Ayurvedic	82	27.33
Homeopathic	53	17.67
Unani Medical care	30	10.00
Total	300	100.00

Source: Field Survey

Table 5 shows that types of health center sought and approached by the respondents. It is observed that highest number of respondents said that they required Allopathic health centers while only 10 percent of the respondents required Unani Medical care center.

**Table 6: Gender wise health center approached**

Allopathic		Ayurvedic		Homeopathic		Unani Medical care		Total
Male	Female	Male	Female	Male	Female	Male	Female	
91	44	43	39	20	33	12	18	
135		82		53		30		300

Source: Field Survey

Table 6 shows that gender wise number of respondents approached to different health centers. It is found that, in Allopathic and Ayurvedic categories of health care centers male respondents are more than female while in case of Homeopathic and Unani Medical care Female respondents are more.

**Table 7: Types of health centers approached according to income groups**

Annual Income group	Allopathic	Ayurvedic	Homeopathic	Unani Medical care	Total
Above 1 lakh	42	25	23	-	90
25001 – 99999	74	22	18	20	134
Upto 25000	35	17	16	10	76
Total	181	64	57	30	300

Source: Field Survey

Table 7 shows that income group wise number of respondents approached to different health care center. It is observed that highest number of respondents belonging to the income group of 25001-99999. While lowest numbers of respondents are from the income groups of Upto 25000. Among the Allopathic health center highest number of respondents are from 25001-99999. In case of Ayurvedic and Homeopathic the numbers of respondents are highest in case of Above 1 lakh. Lastly, in case of Unani Medical care the numbers of respondents are more from the income group of 25001-99999.

## CONCLUSIONS AND RECOMMENDATIONS

Due to concerted efforts made by Tripura government, there has been a positive change in the health scenario in recent years. However, the health care system in the state lack behind in terms of many parameters like doctors per lakh and shortage of appropriate health manpower in spite of all the above developments. It is evident that the state government is fully committed to deliver best possible health care services to the people with the limited financial resources, especially the primary health care services. State health service system is neither of the capitalist type nor socialist type but a mixture of the two. Public health service and private health service systems co-exist in the state. Though, the state have inadequate resources to provide health services to all the stakeholders, it has done better in terms of birth rate, death rate as well as infant mortality rate in comparison with national average. Setting up two Medical Colleges improve the quality treatment in Tripura since a good number of the patient are going outside the state for treatment. However, specialist healthcare services need to be augmented for quality life. Moreover, attempts should be made for providing safe drinking water, sanitation as well as proper disposal of water to reduce the infection diseases especially in rural and hilly areas. It may be appropriate to start District Health Knowledge Institutes in all the eight districts; so that it will enhance the quality of health workers education and training. These institutes should start with degree and diploma courses to gather detailed information regarding health status. Many posts including general doctors and specialists are vacant in public hospitals. The availability of human resource for health should be improved, why because, even if the vacant posts is fill up; availability of human resource for health in Tripura is low in comparison with the all India average. So, it may be suggested that number of doctors, nurses, community health workers should be increased in the State. The primary health centres and mini primary health centres including their sub centres located almost entirely in rural areas constitute this level of health care service in Tripura.



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