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A STUDY OF HEALTH CARE SERVICES IN HILLY AREA- WITH SPECIAL REFERNCE TO TAMENGLONG DISTRICT, MANIPUR

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ABSTRACT

In India, after the recommendation of the Bhore Committee Report 1946, a formal set up of health centres have taken place with the aim to provide preventive, curative, accessible and universal healthcare. After a long span of more than 70 years also, the healthcare sector has yet to achieve the set goals. The remote villages and the hilly areas of the states of India are in a miserable state regarding health care services. This is due to the non-accessibility of health care services in the remote areas. Many barriers are to be rectified with the active involvement of both the Government and the society. The paper aims to overview the health care services in the Tamenglong district, a hilly area of Manipur. The study has been conducted by collecting data directly from field interviews with the sample size of 100 randomly selected individuals residing in the study area.

KEYWORDS: *Health Centres, Remote Hilly Areas, Barriers, Accessibility, Manipur*

INTRODUCTION

Tamenglong, a hilly district, occupies the northwestern part of Manipur.It is an outlying district bordering Nagaland in the north and Assam in the west, on the other side; this district is surrounded by other parts of the districts, i.e. Senapati district in the north-east, Churachanpur district in the south, and Jiribam sub-division of Imphal district in the south-west. Tamenglong district is considered as one of the most beautiful districts of Manipur. The district Headquarters is 150 km away from Imphal and the Tamenglong head-quarter is at the latitude of 1,280 m. above sea level. The district is inhabited predominantly by the tribal population with full of cultural and traditional uniqueness and it is one of the most backward areas in the state of Manipur.

The status of health care system in the district is in a miserable state. Not only the health care system but also the district is poor in all the developmental fields. Singh (2008) also reported that access to health services in the northeastern become difficult due to problems in physical accessibility due to the difficult terrain. The presence of a vast network of healthcare facilities was also found to be ineffective. However, due to the less population, the number of population served per health center was reported to be high in the state.

According to Department of Health and Family Welfare, Government of Manipur, Tamenglong has one District Allopathic hospital, one Community Health Centres, six Primary Health Centres, 30 Primary Health Sub-Centres. According to 2011 census, there are 213 villages; therefore, approximately one Primary Health Sub-Centres caters seven

villages. This is not a very encouraging figure in a hilly terrain region where the distance between one village and another village is huge and also there is the absence of proper transport facility.

Tamenglong district is still lacking the basic health facilities. In fact most of the rural areas and far off hilly areas mainly the northeastern region of India has poor health infrastructure. It has been observed that the rural health infrastructure in the northeastern states is said to be one of the poorest among the regions of the country (Saikia and Das, 2012). The major problem faced by the people regarding the health care is the non-availability of doctors, medicines and other related healthcare infrastructure. The local Primary Health Center and Sub-Centres with limited nurses, doctors, and medicines could not cater to the needs of the suffering patients in a satisfactory manner. There is deficient in testing centers, technicians and emergency handling units in the health centers. Although there is no official records but local community witnesses death of women during delivery due to lack of medical facilities in the Primary Health Centres and Sub-Centres.

The majority of the population in the district comprises of tribal communities which have their own distinct culture and tradition. Therefore the village community through representatives needs to be involved in the supervision and planning of providing health care system which is available, accessible and affordable. The provision of health care should be adopted after considering both the quality and quantity aspects in such areas. Goel (2009) proposed that since health is a basic universal and fundamental right, the distribution of health resources is also important both in terms of quality and quantity. Therefore the need for the hour is prioritizing health care particularly from the prevention, promotion; curative and rehabilitative aspect is to be considered.

OBJECTIVES

- To study the common health problem in the study area
- To highlight the choice of health care provider
- To analyze the satisfaction level of the existing health care facility

METHODOLOGY

A household survey was conducted during November 2016 to January 2017 in Tamenglong district of Manipur with a sample size of 100 people. The inclusion criterion was the samples were taken from the individuals above 20 years of age and who were willing to participate and have the knowledge about the health sector. The selection of the sample was based on random sampling method through structured interviews with a well organize and pre-tested questionnaire. The collected data are arranged in tabular form and appropriate statistical tools have been used.

RESULTS AND DISCUSSIONS

The socio-demographic profile of the respondents was analyzed with the help of frequency and percentages. Out of the 100 samples selected for the study, 54 per cent were male and 46 per cent were female. Most of the respondents were literate only four per cent were uneducated, the occupational status of the respondents were mixed, 27 per cent were government servants, 20 per cent were cultivators,18 per cent were doing business and the remaining were housewives, private employees and unemployed. In terms of drinking water availability, 44 per cent per cent opined that there was no

pure drinking water facility in the area, only 4 per cent agreed that there was pure drinking water facility. 50 per cent of the population did not have good toilet facilities.

Table 1: Morbidity Pattern of the Study Area (Non-Communicable Disease) in Percentage

Sl. No	Particulars	Very Common	Common	Sometimes	Rare	Very Rare
1	Heart Disease	-	2	59	19	20
2	Hypertension	11	25	25	20	19
3	Kidney problem	2	6	38	37	17
4	Diabetes	6	40	38	10	6
5	Cancer	-	3	16	61	20
6	Ortho problem	23	8	10	27	32

Source: Primary Data

The table 1 showed the morbidity pattern of the study area in case of non-communicable diseases. Heart disease and cancer were not very common in the study area, only 2 per cent of respondents opined that kidney problem was very common and 6 per cent stated that Diabetes was very common. It was cleared from the table 1 that Hypertension and Ortho problem were comparatively very common in Tamenglong district. There was a mixed result though heart disease was not very common but maximum percentage of respondents i.e. 59 per cent revealed that sometimes heart disease occurred among the people in the study area. The most common non-communicable diseases were Diabetes (40 per cent), followed by hypertension (25 percent). It could be concluded that there was a gradual but slow changes in the pattern of morbidity was taking place. The lifestyle diseases started attacking people even to this places where there was more physical activities, fresh environment and subsistence living is still prevailing. In-depth studies were needed on this evolving issue.

Table 2: Morbidity Pattern of the People in the Study Area (Communicable DISEASE) in percentage

Sl. No	Particulars	Very Common	Common	Sometimes	Rare	Very Rare
1	Malaria	14	48	23	10	5
2	Tuberculosis	3	6	51	26	14
3	Chicken Pox	13	47	23	11	6
4	Hepatitis	-	17	46	25	12
5	HIV/AIDS	-	-	40	26	34
6	Common Cold	35	52	5	7	1

Source: Primary data

From the study, it was found out that common cold (52%), Chicken Pox (47%), Malaria (48%) were the most common communicablediseases in the study area. Hepatitis and HIV/AIDS were not very common unlike the previous diseases but it was prevalent in the area according to the respondents. Tuberculosis (51%) happened sometimes. The result indicated that unlike before in 1990s, where epidemic was the main issues now the incidence of the communicable had decreased somewhat but still the figure was of great concern with the level of health care facilities available.

In most of the remote hilly areas all over India, the traditional way of healing is still prevalent and commonly operating; mostly the women and children depend on home-made remedies for minor health problem like a cough, fever, diarrhea, dysentery, etc. In some areas, even the delivery cases have been taken place at home with the help of village elderly women because to reach the health centers they need to travel 20-30 km by foot which is not possible for a woman with labor pain. According to National Family Health Survey-4, 2015-16, institutional delivery accounts for only 28 per cent which is too low in these areas.

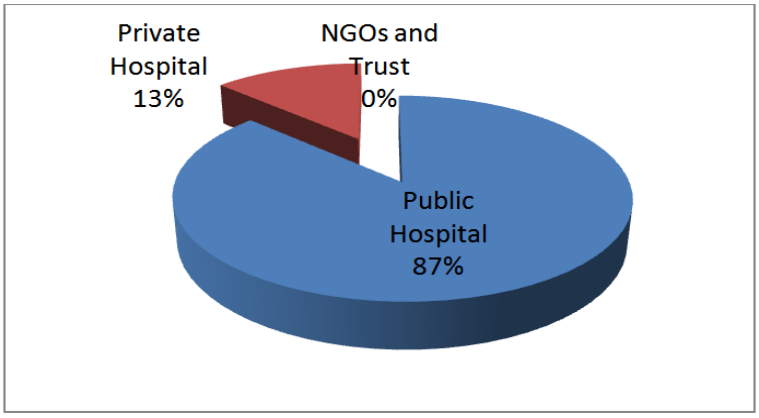

Figure 1: Choice of Health Care Provider

From the figure 1, it was seen that majority of the respondents i.e. 87 per cent depended on the public health care services while only 13 per cent depend on public health care services. No respondent went to NGO or Trust for health care services. This result was not very surprising because the only health care provider in the hilly remote areas was the public service provider. Those who were availing the private sector services were the one who had to migrate to the Imphal City or the nearby towns for the treatment. There was no private provider in the Tamenglong district as per the Census data, 2011.

Table 3: Respondents' Opinion on Health Care Services in Percentage

Sl. No	Particular	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Sufficient Health centre	-	5	2	33	60
2	Physician availability	-	1	3	43	53
3	Staff are helpful	2	31	51	14	2
4	Free Delivery service	1	19	70	8	3
5	Timely vaccination	-	30	51	16	3
6	Regular health check up	-	17	62	19	2
7	Awareness program	5	31	24	23	17
8	Good communication	-	5	22	31	42
9	Location convenience	-	3	15	63	19
10	Convenient office hour	5	4	15	34	42
11	Clean toilet facility	-	6	34	21	39
12	Advance equipments	-	2	30	28	40
13	Free medicine	5	11	37	14	33
14	Proper building	-	12	21	52	15
15	Emergency services	2	32	24	25	17

Source: Primary data

The table 3 revealed the opinion about the available facilities in the healthcare sector in the study area. It could be concluded that 60 per cent and 53 per cent of respondent strongly disagreed with the sufficiency of health centres and physician maximum respectively. 33 per cent of the respondent agreed that free delivery in the public health care centres, 70 per cent were neutral and 11 percent of the respondent gave negative opinion. Regarding the vaccination program and health check-up program most of the respondents i.e. 51 per cent and 62 per cent respectively had no knowledge whether it was conducted timely or not, this showed the need for awareness and also lack of communication. Maximum percentage of respondents i.e., 82 percent opined disagreement on the location of the healthcare centre, this was because in the hilly areas the distance between one village and another village was not less and also travelling was a problem due to difficult terrain,

so they found it difficult to visit the health centres. Most of the respondents were not happy with the working time as sometimes the centres remain closed during office hour; there was no punctuality in opening and closing of the centres.

It was evident from the table 3 that the overall health care services in the study area were plagued with inadequate infrastructure resulting in inadequate health care services to the people. These problems are not only prevalent in the hilly areas only but they are common in Indian health care system across the nation. Chaudhury et al. (2006) also reported that high absenteeism, poor quality health services, accompanied by low satisfaction levels of patients and corruption in the system were some of the major drawbacks of the Indian healthcare system. In such situation, not only the sufficiency but the adequacy of the health care centers became a big concerned. The respondents had not given good response in case of toilet facility, physical infrastructure and also advanced equipment in the health centers.

CONCLUSIONS

In India the problem of health care in urban and rural areas are not of the same type. The rural areas are facing problems in every sphere of development but more importantly in health and education. The outcomes of special disparities in health services is found particularly in rural areas (Kathuria and Sankar, 2005).The study reveals that there is an urgent need for addressing the problems of unavailability, inaccessibility and lack of basic infrastructure in the district. The most acute problem is the lack of manpower in the existing centres as Sankar and Kathuria (2004) also rightly pointed out that one of the foremost problems plaguing the Indian health systems were the persistent gaps in manpower and infrastructure.The study also shows that most of the people in the study area depends upon public HealthCare Service. Therefore Govt. should take up immediate action to fulfill the needs. More numbers of healthcare units with advanced facility, proper physical infrastructure, more physicians must be provided to the study area to bridge the gap of demand and supply. The facilities should be provided by considering its unique culture and tradition along with the difficult terrain.

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