

RURAL HEALTH CARES IN ASSAM- THE PERCEPTION OF COMMUNITY

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ABSTRACT

In Development of a rural area, Health care plays an important role. The term “Health care” embraces a multitude of services provided to individuals or communities by the health service providers for the purpose of promoting, maintaining and monitoring the health. The purpose of health care services is to improve the health status of the community and to deliver quality health services. In accessing health services in rural area certain social determinants such as income, education, environment, etc have an important role. In the context of Assam in rural health care systems, the first contact point of the community is ASHA (Accredited Social Health Activist) as a health service provider and SC (Sub Center) as health facility, following this nearest primary health center and community health center come. In accessing health services in a rural area many a time due to lack of empathic approach of some service providers, their insensitivity towards the need of the public, lack of articulation skill of ASHAs in providing health-related information at community level create some issues. These issues in later part shape the perception of community towards health institutions and health service providers.

The aim of this research article is to look into these aspects from the perspective of the community. The findings of this article have important implications because it would highlight the cause and instances that construct the perception of community towards the rural health care system.

KEYWORDS: *Health, Development, Community, ASHA, Social Determinants*

INTRODUCTION

Objectives

This research article intends to examine the Rural health care in Assam from the perspective of community and put insight into the role of health service providers by taking account of various determinants of health.

Methodology

This article is based on a combination of primary and secondary source of materials and data. Analytical and descriptive methods have been used for the study. The fieldwork was conducted in Dhubri, Nagaon & Kamrup district of Assam from the year 2014 to 2017. By adopting the survey method, information on the general health pattern of the community has been taken. Likewise, details on the community's views and perception on the health aspect, their immediate health institutions and about health care providers were collected through sampling, interview and focus group discussion method. By applying snowball sampling method, case studies were also conducted for this purpose from health

service providers and the general public.

In a Society, Health is measured in terms of life expectancy, mortality rate, fertility rate, the prevalence of communicable and non-communicable diseases, etc. Health is influenced by a number of factors, such as adequate food, housing, basic sanitation, diet & nutrition income, education, medical care facilities. These all have a significant role in promoting effective human development. The health care delivery system in India comprises of health facilities or individual providers through the government sector, private sector or the non-governmental sector. As a whole, it is a mixed one. The public health system in our country is designed as a three-tier health care system which is well defined in the rural area. It comprises of District Hospital 101-500 bedded-1 in every district, Sub-divisional Hospital 31-50/51-100 bedded for a population 5-6 lakhs, /CHC 30 bedded-for a population of 80,000 in hilly, tribal and difficult areas and 1,20,000 in plain areas/PHC 6 bedded – for a population of 20,000 in hilly tribal and difficult areas and 30,000 in plain areas. And Health Sub-centre for a population of 3,000 in the hilly tribal area and difficult area and 5,000 in the plain area. (Source:- RKS guidelines, 2015)

The Constitution of India has made Health care largely a responsibility of the state and thus, it primarily becomes the responsibility of the state government to provide health care to all the people in equal measure. Primary health care is the backbone of the rural health system. Singh (2013:18) have advocated that due to insufficient delivery of basic amenities such as safe drinking water, sanitation, drainage system rural area have to witness disease the burden of diseases. Hazra (2012:3) is of the view that in India, health care focuses on decentralized service delivery to meet the demand of rural communities. According to him in the rural area need assessment to identify the factors that affecting the quality of service delivery and culture-specific behavior change communication techniques for imparting health-related information is need of the hour. Das (2012:8) has spoken in favor of empowering the existing health practitioners, nurses, and pharmacists by giving them updated skill training to handle additional tasks for quality health service delivery to the community. Bhuyan (2002:22) stated that Health is an integral part of human development, so it cannot be isolated from social and cultural context.

In Rural Society, people are influenced by their immediate socio-cultural environment which has a significant impact on their health-seeking behavior and developmental aspect. As the health aspect and development prospect are interconnected. Due to poverty, lack of basic amenities, uneven development has created many health-related issues in a rural area. In keeping the mind of these, to tackle these health issues of rural area, the government of India had launched the National Rural Health Mission on 12th April 2005 which is now known as the National Health Mission. Like other states of the country, it is also being implemented in Assam. The prime objective of this mission is to establish a decentralized health service network which focuses on providing accessible, affordable, equitable and quality health care. In order to improve the rural health care, numbers of schemes under NRHM were been initiated by the Central and State Government. In Assam also there are numbers of health Welfare Schemes and programme that aimed mainly for the benefit of rural masses. Among these schemes, some prominent schemes & programmes are namely Universal immunization programme (UIP) for vaccination of children, Janani Suraksha Yojana (JSY) a scheme that encourages pregnant women to visit government health facilities for safe delivery and to mitigate the risk of maternal deaths. Besides monetary incentive under JSY provision is made to reduce Out-of-pocket expenditure of patient. Others schemes like Janani Sishu Suraksha karyakram (JSSK) a scheme that aimed for providing quality Antenatal and postnatal services to the

mother and child. Under this scheme, all women delivering in government health facilities avails free of cost services including medicines, diagnostic, transport, etc. Other schemes and programme like NVBDCP (National vector Borne Disease Control programme) for controlling of a communicable disease like Malaria, Dengue etc, NCD (Non-Communicable disease) control programme for management of Non-communicable disease like Diabetes, Blood pressure, Cancer, etc, Chief Minister's Free Diagnostic Services, Free Ambulance services and many more. Apart from these in Health care system, there are health facility and community interface platform such as Village Health Nutrition Day (VHND), Village Health Sanitation and Nutrition Committee (VHSNC). These are Community-based platform in the rural area for creating awareness on maternal health, child health, Family Planning, Nutrition, sanitation in a routine manner at Village level under the leadership of ASHA. Apart from these at health facility level, there are institutions like RKS (Rogi Kalyan Samiti or Hospital management committee that hold the hospital administration accountable for ensuring quality health services to the beneficiaries. It plays a supportive role in the health facility in confirming proper services for patient welfare. At institution level, RKS can serve as a consultative body to enable active Community participation for ensuring patient welfare and improvement of the health institutions.

In the context of Assam, in the Rural Health Care system, Sub-centre is the most peripheral and first contact point between community and health system followed by Primary health center, Community health center and District hospital. In the rural area, a sub-center is expected to provide services on maternal health, child health, family planning, immunization, awareness on communicable and non-communicable disease, etc. Apart from these, a Sub-center should also focus on Interpersonal communication with patient and public in order to bring their behavioral change. Field level observation in the study area shows that most of the sub-center hardly pays interest on such aspect. It was found that at sub center level poor coordination among its staffs, irregular group discussion on vital health indicators, poor rapport building with the management committee of the institution and public are some issue that later shapes the perception of community towards health institution. Observations have revealed that clash and in cordial relation among ASHAs and ANMs, and beneficiaries also create a negative impression of health institution before the public. In the course of field work, it was found that in many cases the personal issue of health service providers precedes over their professional ethics. In the study area, it has been reported that sometime bias media reporting, highlighting small incident exaggeratedly in electronic and print media also create negative impression towards health institutions at public domain. In some health institution, lack of share responsibility of work as per assigned guidelines, scant regard for participatory planning and decision making induce power concentration on few that some way arise vested interest in implementing the process of schemes and programme. Apart from this the so called political and locality dominance in rural area also makes administration of health facilities at the back foot.

In Rural Health care though good numbers of health schemes are been implemented for the welfare of people yet the execution process of some of these schemes reported to be unsatisfactory due to the communication gap between community health activists and community people. On the aspect of health schemes implementation, in the study area, it was found that due to lack of time, manpower and resources many at times implementing official have to look after diverse schemes simultaneously. This has brought hurdles in quality execution of the scheme. Apart from these, delay in supply of form, medicine, and other necessary items, the fund also impacts on the smooth functioning of various routine health programmes and schemes. In terms of awareness generation on health aspect in rural area, the government has initiated numbers of the awareness programme, orientation, training on various health programmes. But the irony is that it has not

touched the backward area and marginalized communities to some extent due to poor transport and communication. Field level observation in the study area has revealed that among some community people there is no readiness and enthusiasms in participating health awareness meeting and programme. The reason for the same reported as time constrain of people, the impact of day to day social vibes, etc. Respondents have stated that monetary benefit becomes the vibes of the day hence the interest of some section of people largely confine on that, they hardly bother about the benefit of health education and information that are shared on meetings and programme.

Perception of Community towards Rural Health Care

Perception is the process of attaining awareness or understanding of sensory information from seeing, hearing, smelling, touching and orienting. In primary health care system, health institution and community have a co-relation. In order to understand the perception of community towards health care in the study area, it is pertinent to look into various instances where people access health care facilities. General observations have revealed that due to lack of a clean bathroom, toilet facilities, inadequate medicines, lack of some testing facilities at laboratory, unavailability blood bank in some government health institutions, patient and attendant reported witnessing unsatisfactory experience. Apart from this negligence of some health service providers in treating patients, lack of enough seating arrangement, restroom, drinking water facilities for the patient also create a negative impression. It was observed that in accessing immunization services many a times parent does not show interest in getting immunized their child due to prolong crying because mother has to spare a long time to make the child relax. It has somehow hampered their household activities. In such situation, mother who has limited knowledge on the benefit of immunization might show reluctances. Moreover, minor illness following immunization which is considered as a normal medical phenomenon also made some parent worried in the study area. Observation has revealed that many at time excessive emotional attachment of some parents and grandparent bring hurdles in the immunization process of children. Apart from this rumor spreading through print media, electronic media, popular social networking sites, among common masses and their superstitions also reported creating some problem in the immunization process. On the aspect of institutional delivery, in the study area, number of caesarian delivery reported increasing due to the growing tendency of people towards painless and quick delivery. Moreover, it was also found that some people have a perception that experienced Gynecologist can only conduct safe delivery, (Skill Birth Attendant) trained Nurses and Non-Gynecologist cannot conduct the delivery. In the course of fieldwork respondents reported that female patients felt embarrassed when examining in a room without privacy and sometime in the presence of male doctor if a female doctor examines they felt uncomfortable. In such situation, the gender of treating doctor also makes some difference. In facilitating family planning services it was observed that many at times while motivating beneficiaries for various methods of family planning gender issue become evident. In the study area parents especially mothers reported showing a low level of interest in letting their son to undergo Non-Scale Vasectomy operation rather prefer their daughter in law to undergo Laparoscopic Sterilization. In the course of conversation, some mother reported that their son is the bread earner of the family, so if he undergoes any operation then it might affect their livelihood. On acceptance of family planning methods, some religious belief and rituals bind some social group a bit selective in adopting such methods. Field level observation has revealed that among some section of minority community family planning methods are not encouraged to a large extent due to lack of education in such society, illiterate people are easily influenced by the speech of so-called religious elite whose illogical interpretation of religious scripture without taking accounts of present social context at times spread fear, orthodoxy, and superstitions. Apart from these on many occasion some aged people own

experience also bring difficulties for health personnel in convincing beneficiaries for various health services.

Table 1: Preference and Non-Preference of Nearest Government Health Institution

| Reason | Nos. | Percentage |
|---|------|------------|
| Not paid home visit by ANM | 12 | (17.14%) |
| Lack of response from GNM & other Staff | 4 | (5.71%) |
| Rude behavior of Staff | 5 | (7.14%) |
| Lack of Experienced Gynecologist & other Specialist | 2 | (2.86%) |
| Inadequate medicine & other Equipment | 5 | (7.14%) |
| Refer to other Hospital | 17 | (24.29%) |
| Self Choice to Prefer Private Health Institution | 2 | (2.86%) |
| Good Response at nearest Govt. Health Institution | 24 | (34.29%) |
| Total | 70 | (100%) |

Source: - field work

In Table 1 it has been shown that out of total respondents 17.14% respondent stated that ANM not visited the home of Pregnant Women and delivered mother. 5.1% respondent stated about lack of response from GNMs and other staffs at the time of delivery and on the treatment of other cases in a health institution. 7.14% respondent reported behavior of health staff to be rude. 2.86% respondent stated about lack of experienced gynecologist and specialists in health institutions, 7.14% respondent reported about inadequacy of medicine and other equipments at health institutions, 24.29% respondent stated that after patient been admitted in government health institutions in pregnancy-related cases, or in other cases, the cases were referred to other health institutions without looking into the cases very seriously, 2.86% respondents reported to prefer private health institutions by self choice. 34.29% of respondents reported choosing nearest government health institutions due to the minimum expense and easy accessibility.

In the study area, respondents have reported that in some government health institutions in many instances the pregnancy-related cases refer to a higher level health institution without looking into the cases seriously. It brought a negative impression on the health service providers of that institution. As a result, people reported not choose such health institution in the future. In the course of the study informants opined that these types of occurrence not only influence the decision of the particular family but its impact touches their immediate neighbors and friend circle. Apart from this on the base of ethnic and class identity also some patients were reported to be neglected by some health service providers.

In the course of fieldwork, it has been found that some families think it a matter of prestige to deliver in private health institutions which are largely back by the improved economic condition of the family, accessible transport and communication to city or town, an intrusion of Self Help Group under Assam State Rural Livelihood Mission, Bandhan Bank, etc. As a result of these poor families has been able to avail the temporary loan for medical purpose. These things help them to prefer private health institutions in some medical emergency. Apart from this due to a location adjacent to the city or town some people have frequent interaction with city dwellers. It also influences their behavior and attitude. In a medical emergency, people do not want to take risk of the life of their near and dear one. In such situations, money becomes less absolute than the value of life. It has been reported by some informants that they prefer over private health institutions due to quick services, good ambiance, amiable behavior of staffs, cleanliness, etc. On this aspect, Roymedhi (2017) has argued that "patients have to pay for every service that is offered to them in private health institutions, nobody can deny from paying money if they are provided with satisfactory services". Unlike private institution in government

health institution that level of satisfaction is not guaranteed. Barooah (2019) is of the opinion that people prefer private hospital than a government hospital not just because of quality care rather due to its aesthetics aspect. Better nursing services, support staff facility and well-maintained housekeeping make people throng to private hospitals.

Role of Health Professional and Service Providers in Rural Health Care

The role of health professional and service providers is pivotal in building the confidence of patient and attendants on health care services. Barooah (2019) has stated that government health institutions although offer better services than earlier yet it lacks personalized attention which one can find in private sector health institutions. In a government health institution to done various diagnostic tests people have to wait for a long time and it also requires few attendants to assist in every task. In comparison to that in private hospital, most of the tasks of the patient are been assisted by hospital staff.

In the study area respondents has reported that empathy of health service providers in treating a patient is vital in building their trust over health institutions. In the course of fieldwork, some respondents reported that rude behaviors of some health professional and service providers sometimes malice the impression of the health institution in the public sphere. While the good behaviors of the same spread the fame of the institution far and wide. It definitely helps in increasing the numbers of patients, delivery cases, etc in that particular health institution. It was noted that patients who receive satisfactory services from health professionals and service providers in earlier hospitalization reported preferring the same health institutions in subsequent times. In the study area, respondents have revealed that in many cases health professional advice patients on the basis of suspension to do unnecessary test and diagnosis in the laboratory which cost much of their Out of pocket expenditures. This has primarily affected the economy of the poor family. In Rural health care system lack of empathetic approach of some health official towards Community-level health activist by undermining their concern and contribution in the health sector, treating them as very subordinate demotivate many of them in pursuing their routine health activities. Apart from this, it has also been noted that in rural area ignorance of some ASHAs, their inability to motivate people well is also a point of concern. Limited education of ASHA, their age factor, insufficient knowledge on various schemes, their poor articulation skill with the public are the cause that creates chaos like situation in rural society on the credibility of ASHA. Observations have revealed that educated people of society donot decide instantly by listening to the words of ASHA. Apart from this, it has been reported that in some government health institution some Nurses not give enough attention to quality pre-delivery check up and in postnatal home visit. As a result, these health service providers are not well aware of the health problems of their beneficiaries and thus communication gaps prevail between health service providers and community.

Policy Implications

The findings of this research article have suggested that Social management of health care in rural society is a very challenging task where onedoes not only need to win the heart of patient but also their attendants. Providing quick and satisfactory service to the community can bring back their trust in the rural health care system. In enhancing the quality of rural health services the employer of health institution have a crucial role. They need to keep their employee pleased by treating them well and extending due recognitions for their excellent performance. Apart from this poor implementation of various health schemes in a rural area have to counters through effective execution and improved public relations at the community level.

CONCLUSIONS

The foregoing discussion in this research article has revealed that there is no dearth of schemes & facilities for improvement of the health condition of rural area, but the need of the hour is that the schemes must be executed with honesty for the welfare of rural people. In spite of the availability of schemes and facilities in many occasions communities have to suffer from denial of services such as a patient not been attended on time, insulting and discriminatory behavior of some health staffs, compel community people to think that some health institutions are insensitive towards the need of common masses. To overcome these, dedications of health staffs are must enhance the socio-cultural environment of health institutions so that perception carries by the community can be wiped away. The findings of this article has brought into notice that due to lack of empathic approach of some health staffs, poor level of participatory planning, poor communication and articulation skill of ASHA, poor level of teamwork, lack of transparency and innovative strategy among the health service providers have limited the impact of rural health care system.

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