



An Analysis Of Health Care Service Usage In The Dantewada Tribal Area

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Abstract: The paper gives a study of health care facilities in the tribal regions of South Bastar Dantewada. The study area is one of the block i.e. Geedam, conducted through questionnaire which was asked to the health centres and also to the patients visiting the centre. The study concludes and further suggests the health infrastructure and other facilities of the Geedam block.

Index Terms - Ayushman yojana, Tribal health infrastructure, rural health.

I.INTRODUCTION

A vital component of human life is health. It is a comprehensive idea that has been acknowledged as a global objective. A fruitful existence in both the social and economic spheres depends heavily on one's health. Various professionals have varied definitions of what health is. However, the World Health Organisation's definition of health is the most thorough and generally recognised. The World Health Organisation (WHO), which was founded in 1948, defines health as a "State of complete physical, mental and social well-being and not merely absence of disease or infirmity".

A nation's development can only be fostered by healthy individuals. There are two ways in which the healthcare system may promote socioeconomic development.

- a) Improved healthcare raises people's standards of living, which positively impacts economic development.
- b) Enhanced labour efficiency and work capacity are benefited by better healthcare, which boosts economic growth by raising productivity.

Investments in healthcare services often cover all costs associated with longevity, vitality, strength, and other factors like education and job training. These expenditures on healthcare services are crucial because they have an impact on a nation's socioeconomic development. Therefore, the government needs to take the necessary action to provide healthcare services.

The main objective of healthcare is to

- 1) Boost an individual's total health-related well-being and the general health of society.
- 2) The distribution of the healthcare resources must be such that the greatest number of people can receive the highest quality of treatment.

Healthcare involves more than just paying less for prescription medications or other medical supplies. It includes information that will help with the appropriate distribution of healthcare resources as well as pharmaceutical studies and outcome research. The goal of health economics is to maximise the returns on the capital, labour, and money invested in healthcare.

These are some of the main areas of health economics: a) health care planning; b) sustainable use of scarce resources; c) financial flow within the health sector; d) health economics at the family level; e) health sector expenditures, which typically serve three purposes: i) financial planning information; ii) problem identification; and iii) efficiency investigation.

Target populations' healthcare requirements are taken into account when designing healthcare systems. Recognising the role that excellent health plays in a nation's socioeconomic growth, both developed and developing nations must take the necessary steps and make the necessary investments in the health sector.

Therefore, in order to preserve efficacy in this area and to allocate health resources fairly based on population needs, the government must take the initiative to set up various healthcare provisions and thereby support various healthcare services.

The current study "An Analysis of Health Care Service Usage in the Dantewada Tribal Area" looks at the issues surrounding the use of health care services against the backdrop of the growing importance of these services in India. This will aid policymakers in creating plans of action for improved health care services in rural tribal areas. The LEW affected population of the Geedam block in the South Bastar Dantewada district requires health and education in most of the rural places that are still not connected with the mainstream. The people residing in the distant rural area needs a proper health care in order to raise their living standard, so that they can also contribute to the development of the region.

II. THE OBJECTIVES OF THE STUDY :

This study focuses on assessing the goals for which primary and secondary data were used in the investigation. More precisely, the research aims to achieve the following, among other things:

- 1) To ascertain the kinds of health services that people in varying economic brackets look for and the kinds of health facilities that they contact in order to get the care they need in rural tribal area.
- 2) To identify the different kinds of health services that people from different socioeconomic classes obtain from various health centres to address their health needs and to learn about their perspectives on the health services they receive from various health facilities in the research region.
- 3) To gauge how various socioeconomic groups view the necessity of preventative care, curative treatment, and maternity and child health care.
- 4) To examine the issues that arise when medical professionals provide healthcare services.

III. HYPOTHESES OF THE STUDY:

Two hypotheses have been investigated in this study:

- 1) The kinds of healthcare services requested in Geedam block, Dantewada are not influenced by socioeconomic status.
- 2) There are differences in how different economic strata perceive the quality of healthcare treatments they receive.

IV DATA GATHERING :

Primary and secondary data constitute the foundation of the current healthcare study. The state and federal governments' published reports, e-resources, journal research publications, materials found in pertinent books, health institutes and departments, and research publications are some of the sources of secondary data related health indices for the entire economy, state, and study area. Examining the effectiveness of several government-sponsored health initiatives and highlighting the real state of the rural Geedam block healthcare system are the study's goals. Therefore, it has been determined that the secondary data that were gathered were helpful in examining the current state of the rural Geedam block healthcare system and comparing it to the rest of the nation.

To ascertain the current state of healthcare services in the chosen communities, interviews are also conducted with the physicians at various rural health institutions. For the purposes of this study, 4 primary health centres of the Geedam block, were questioned. The study's objectives are taken into consideration when interviewing the sample houses using a carefully thought-out, produced, and revised questionnaire. Regression analysis, chi-square testing, averages, and other statistical methods were used to tabulate, analyse, and interpret the data that were gathered.

IV. LIMITATIONS OF THE STUDY :-

All research study has some constraints of its own because it is impossible to address all factor linked to a research subject in a study, including time, area, and scope. Furthermore, this also applies to the current investigation. The following is a list of some of the study's limitations:

1. The current study places more focus on medical care than on spending money on healthy food.
2. The demand side of healthcare services receives a lot of attention, whereas the supply side—which includes healthcare funding and costs—gets less attention.
3. The study does not seek to investigate every indicator of health status; rather, it focuses solely on the elements that determine health status.
4. The researcher must rely on the information provided by the respondents because the primary data are gathered from them using carefully thought-out plans. There are no secondary data available to verify the accuracy of the information provided by the respondents. But great care was taken when gathering the data, and cross-checking confirmed that the information was accurate.
5. The healthcare services that are commonly provided in urban regions are not covered in this study.

V. SUMMARY OF FINDINGS:-

The present paper presents the survey conducted in two parts. The first part of the questionnaire was for the Health Facility which was given by the Primary health centres of Geedam Block (04 nos.) while the second part deals with the interview of the patients utilising the health facilities in the area. The interview was taken and the various findings of the same is tabulated as under:-

S.No.	Particulars	Availability
1	Building (owned)	Occupied
2	Staff Quarters	Half filled
3	Water supply	In service
4	Electricity	In service
5	Toilet	working
6	Vehicle/Ambulance	Working
7	Operation theatre	Needs power backup power supply
8	Basic Laboratory Service	Functioning for general tests
9	Staff position	Vacancy in all levels
10	General items	Xray machine not available

From the above findings it may be stated that most of the PHCs have their own building. They also have staff quarters though not in the full capacity, but at least some reside inside the campus for emergency. The basic needs i.e. water supply and electricity is available in all the centres. For the transportation of the patients, medical aids, etc the ambulance is available in all the centres. Although the operation theatre is not available in half of the centres yet the basic laboratory test facilities is there. The major vacancy is in the availability of staff and in some diagnostic machines viz X-ray, MTP suction, etc.

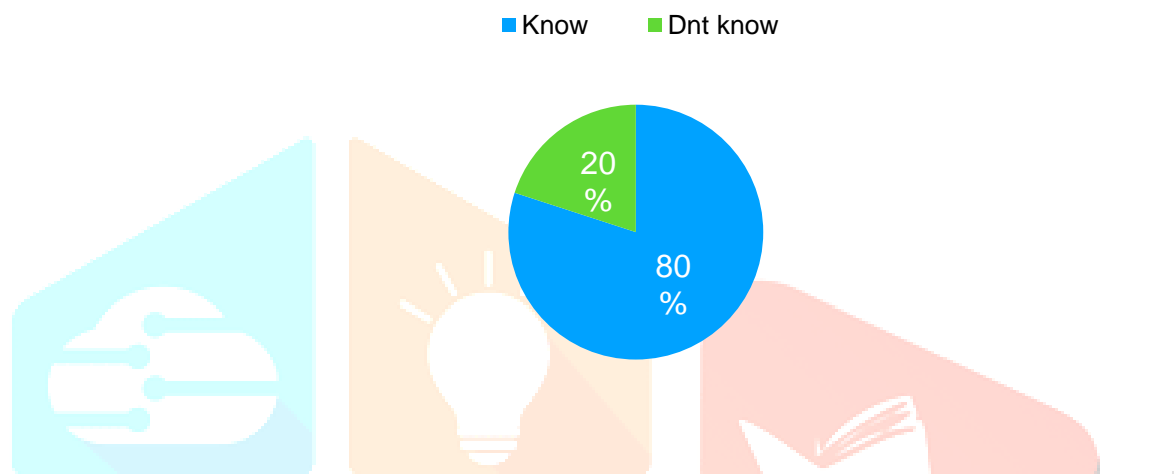
The people residing in the Geedam block were asked about the various facilities which they received from the PHCs. For the simplification of sample size, the use of The Cochran formula helps to determine an ideal sample size given a desired precision level, appropriate confidence level, and the estimated population.

$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

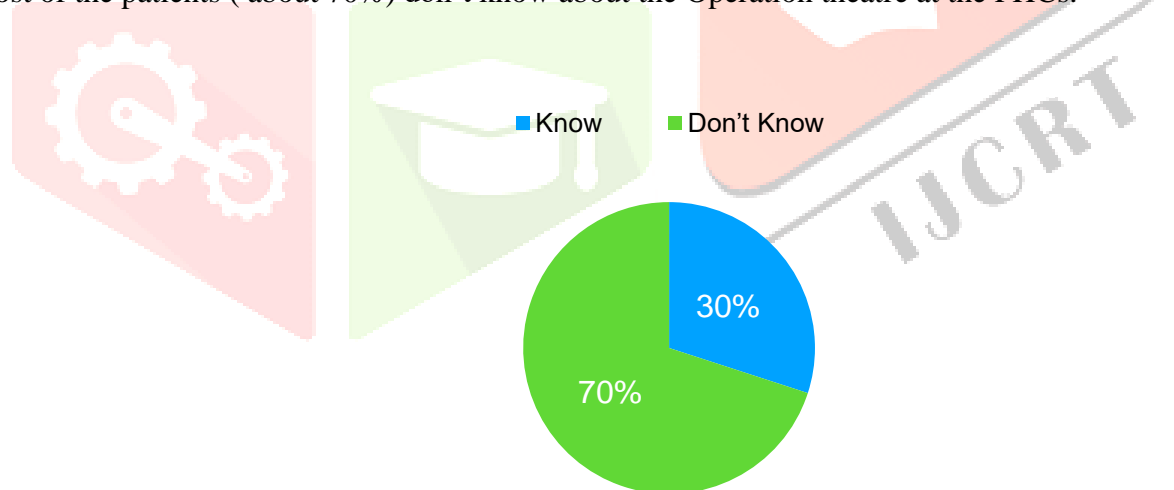
where: $n = \frac{z^2 pq}{e^2}$, p is the (estimated) fraction of the population that possesses the property in question, and q is equal to 1 – p, e is the allowable error, z is the confidence level, N is the population size. By assuming the Critical Value (95% confidence level) (Z) to be 1.96, Margin of Error (e) is 0.05, population of the Geedam Block to be 80552 (census 2011), the sample size from above formula is calculated. It was found to be 382.

So, based on the sample size calculated above the various households were questioned and the various findings are as follows:-

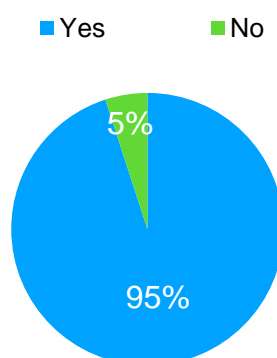
1. The availability of the Health infrastructure viz the display board, registration counter, OPD department, etc was found to be in all the PHCs, 20 percent patients are not aware about the waiting room.



2. Most of the patients (about 70%) don't know about the Operation theatre at the PHCs.

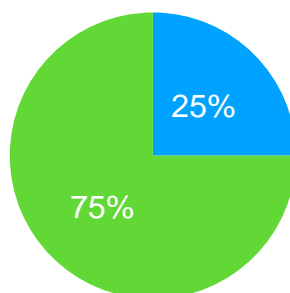


3. The delivery facilities and immunisation services availability was agreed by 95% of them.

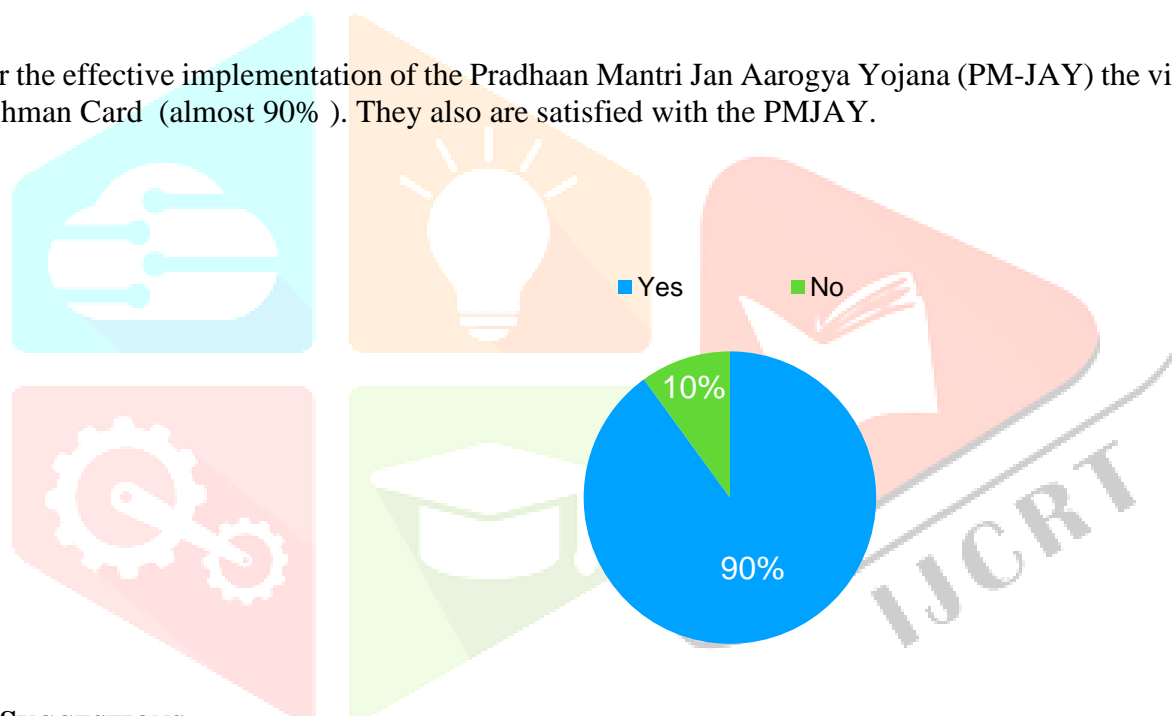


4. Mostly the patients (75%) are not satisfied with the number of medical staff available at the centres.

■ Satisfied ■ Not Satisfied



5. For the effective implementation of the Pradhan Mantri Jan Aarogya Yojana (PM-JAY) the villagers have Ayushman Card (almost 90%). They also are satisfied with the PMJAY.



VI.SUGGESTIONS:-

The various findings that was determined by the interview discussed above may have certain suggestive methods which can be adopted to make the system more efficient and beneficial to the patients. The various suggestions are as follows:-

1. The first and the foremost things is the availability of the medical staff at the centres. As per the population of the area concerned the medical team should be posted so that each and every patient may be cared in an effective manner.
2. The availability of infrastructure viz. waiting room, Operation theatre, etc should also be provided so that the beneficiaries get full advantages of the facilities.
3. The lab facilities and diagnostics which include X-ray machine, Natal care unit, etc may be provided so that early diagnose of the disease can be done in order to get the health benefits.
4. The extension to the coverage of the PMJAY to almost every individual may be accorded to fully utilise the scheme.

5. The most powerful thing in the awareness of the masses is the decimation of the information, so extensive mass information is to be done via camps, announcements in the important places, display boards, etc.

VII. CONCLUSIONS:-

The paper presents the study of health infrastructure and services in the rural areas of LWE affected Geedam block of the South Bastar Dantewada district. The study was conducted through the interview schedule in the form of the questionnaire. The various findings and the related suggestive measures have been shown above for the overview of the status of the health services.

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