CHAPTER 7

SUMMARY, CONCLUSION & POLICY SUGGESTIONS

This study focuses on the health aspects of the rural women in Barak Valley. The study comprises mainly on three themes viz; rural health infrastructure, health scenario of the women and on the demand for health care. The main aim of this study is to overview the total scenario of both supply side and demand side of the women's health in the rural area of the country, where rural area of Barak Valley may be considered as a representative sample of the rural India. On the basis of the findings of the study mentioned in earlier chapters the conclusions and policy suggestions can be framed in this chapter. This chapter is divided into three following sub-sections. The section 7.1 emphasizes on the summary of the entire study which is followed by the conclusions and policy suggestions. Finally, in the last section (Section7.4) the limitations of the study and scope for further research are given.

7.1 Summary:

Health is the most important dimension for the development of a country. Without proper development of this dimension, a country can't develop properly. But, in most of the underdeveloped and developing countries, there is horrible picture of this dimension due to poor health infrastructure especially in the rural part of these countries. Within this poor infrastructural set up in the rural area and due to male dominated society or social constraints, rural women are deprived in getting the health care facilities from the medical institutions even sometimes they cannot expose their problems properly. So, women are affected mostly in the society. It is not also possible to develop the society with ignoring women. But in most of the time, they neglect their health problems due to financial problems in the family or due to their shyness.

Moreover, they are dependent on their male member of the family and so the attention of the earning member of the family is necessary for the medical treatment.

This study attempts to analyze the health infrastructure and health care facilities available especially for the women and the health status of rural women in different age group wise, disease wise and religion wise and to check whether the rural women are facing problems regarding their health. It also identifies the factors responsible for high mortality rate of both baby and mother in the reproductive period and for high morbidity rate for the aged women and explains the impact of their health problems on the family. Finally, this study analyzes the preventive measures what they are taking to avoid their health problems and attempts to examine the demand and the determinants of the demand for health care of the women.

To fulfill the above mentioned objectives the dissertation comprises with several chapters which are briefly mentioned in the following.

Chapter 2 reveals the review of literatures. Many literatures have been reviewed on the different aspects of health studies. These literatures are on both Indian perspectives and as well as other countries perspective.

Chapter 3 explains the theoretical and conceptual framework and methodology which applied in this study. The study is mainly based on the primary data. The primary data have been collected on the basis of three stage stratified random sampling method. Out of 27 blocks of three districts in Barak Valley, 11 blocks have selected proportionately from each district. Ten per cent villages have been selected from each selected from each block. The selection of blocks and villages is based on large demographic size. A total of 103 villages have been selected and six household have been selected at random from each selected village. Finally, a total of 618 households are the final number of 1223 women has been covered for this study. In this study,

women have been categorized into four groups viz; adolescent, reproductive, pre-menopause and menopause age group based on the biological changes of the women as per medical sciences. This categorization has been done in consultation with a registered medical practitioner. The health problems of different groups of rural women are different due to different nature and pattern of the diseases. In the study, dimension index is used to find out women's health status in Barak Valley. To analyze the availability of health infrastructure, secondary information has used. To examine the determinants of the demand for health care of the women, binomial logit model have been used through contingent valuation technique. The primary use of contingent valuation method is to elicit the women's willingness to pay for getting health care facilities. This approach has been used to check whether they are interested to pay or not. For the logit model, some quantitative explanatory variables and some qualitative explanatory variables has been considered. These quantitative explanatory variables are viz; distance of nearest health centre from home, area of the house (per sq. ft.). Several qualitative variable or dummy variable also have been considered as explanatory variables like purification of water facilities, toilet facilities, transportation facilities to move from home to health centre, BPL (Below Poverty Line) family. To identify the factors responsible for high infant mortality rate (IMR), a sub-sample has been taken for those households which report the infant death. A multiple regression equation has been considered for determining the responsible factors. The responsible factors are monthly per capita family income, monthly per capita calorie deficit, lactation problem, pucca toilet, interval to next birth, mother's contact to mass media, cooking fuel and mother age at the time of infant's birth. To identify the factors responsible for high maternal mortality rate (MMR), a sub-sample has been taken for those households who have a maternal death record. A multiple regression equation has been considered for

determining the responsible factors. The determining factors are stress problem, presence of health center, family income, vaccination during pregnancy period, age at the time of delivery, delivery at medical institution, kaccha toilet and monthly per capita calorie deficit. To identify the factors responsible for high morbidity rate of old aged women, a sub-sample has been taken for those households where at least one old aged woman is present. A multiple regression equation is taken for determining the responsible factors. The determining factors are distance of nearest health centre from home, family negligence, monthly per capita family income, monthly per capita calorie deficit, dependency ratio, presence of highly educated member and preventive care. Finally, to examine the impact of women's health on their families, a multiple regression has been used; where the monthly medical expenditure and monthly saving is considered as dependent variable and affected women in reproductive age group, affected women in pre-menopause age group and affected women in menopause age group are considered as explanatory variables.

Chapter 4 analyses the health infrastructure and health care facilities in Barak Valley. This chapter is discussed on the basis of both primary data and secondary data. The secondary data explains the availability of health centers and health care facilities in rural health institutions. Health infrastructural facilities are mostly present in urban areas, though most of the people of Barak Valley are staying in rural areas. There is a huge shortage of health centers and health care facilities in Barak Valley. In the rural areas, women are suffering from different types of health problems for which proper health care facilities are not available in the institutions. There are 87 per cent people belonging in the rural areas of Barak Valley depends on the rural health centre viz; sub-centre (SC), the Primary Health Centre (PHC) and Community Health Centers (CHC). The availability of health institutions and health infrastructural facilities in the three

districts of Barak Valley region is different. Especially for women's health problem, except reproductive health, no special facilities are available in the health centers. The respondents are not satisfied with the available services in the health centers.

In Chapter 5, women's health status in Barak Valley and the impact of their health problems on the family are discussed. The health status of rural women is analyzed in different age group wise, disease wise and religion wise. Out of total women, more than 80 per cent are affected by different types of diseases. The affected women of each group are suffering by multiple types of diseases. The women of menopause group are facing more health problems compare to the other age group. Total 40 types of diseases are considered in the study as per the consultation of the doctor. In the study area, most of the respondents are belonging to Hindu and Muslim community and only few are in Christian community. The study reveals that women of reproductive age group are mostly affected in both Hindu and Muslim religion than the other age group. But the numbers of affected Muslim women are more than the Hindu women. In the study special attention has given to the reproductive and menopause group because these are two crucial stages of life where most of the health problems occur. It is also observed that a significant number of women are died at the time of delivery i.e.; maternal mortality rate (MMR) and the infant mortality rate (IMR) is also very high which may be due to their mothers' health problem. A high morbidity rate is also followed in menopause age group. So, it is found that the responsible factors of high maternal mortality rate, infant mortality rate and high morbidity rate among the aged women. This chapter also analyses the affects of their health problems on the family.

Chapter 6 analyzes the preventive cares which they are taking to avoid the health problems are discussed. Though most of them are neglecting their health

problems but some of them are taking traditional preventives measures for most of the diseases. Due to shortages of medical institutions and lack of health infrastructure in their locality, most of them are going to the health centres which are far away from their village. So there is a demand for health care in their locality and in that case they are ready to pay for getting better service facilities. The survey result shows that 79.45 per cent households are willing to pay for getting better service or sharing of cost for the maintenance of existing health centre if any voluntary organization comes forward. This reflects the demand for health care. There are many factors responsible such as distance from home to the health center, sanitation facilities of households, method of purifying water, economic category, transportation facilities and area of housing.

7.2 Conclusion:

The conclusions are based on the findings mentioned in the earlier chapters. This is briefly explained in the following according to the hypotheses mentioned in the section 1.5 in Chapter 1.

The study reveals that women's health status is poor in Barak Valley due to different reasons. There are 87 per cent people belonging in the rural areas of Barak Valley depends on the rural health centre viz., SCs, PHCs and CHCs. Though there is a surplus of sub-centers in Barak Valley, but these sub-centers are mainly operated by one male and female worker. Excess numbers of sub-centers are present in Cachar and Karimganj districts, but there is a marginal shortfall of sub-centers in Hailakandi district. There is a huge shortage of PHCs and CHCs in all these districts of Barak Valley compare to the required number. The picture is slightly better in Hailakandi district than the other two districts.

The medical staffs in both PHC and CHC are insufficient in Barak Valley. Though almost in all the PHCs and CHCs of Barak Valley, pharmacists and laboratory technicians are present according to its requirement but there is a huge shortage of doctors, nurses and radiographers in community health centers and primary health centers.

The health infrastructural facilities in the health centers of Barak Valley are very poor. The facilities like availability of water, electricity, telephone, free medicines etc. are not present in any of the sub-centers of these three districts. The infrastructural conditions of the PHCs are not better. In the block PHCs, though there are some facilities like water, electricity, laboratory room, ambulance, labour room etc. available but these facilities are not sufficient enough. The infrastructural facilities in the CHCs of Barak Valley are still better equipped as compared to the PHCs. The facilities like water, electricity, generator, ambulance, laboratory room, operation theatre etc are present in the CHCs of these three districts. There is a lack of some basic facilities such as availability of blood, free medicines, telephone etc. in the health centers of Barak Valley. Though the infrastructural condition has improved recently, but lot of works need to be done in these centers. There are no special facilities are available for women both in PHCs and CHCs of these three districts. This information is also verified from the respondents' response. Most of the respondents also responded that doctors and nurses are not available in both PHCs and CHCs in the Barak Valley. Though most of the women responded that female health workers are available in sub-centers of Cachar district, but a large number of people of Karimganj district and Hailakandi district responded that health workers are not available in sub-center.

So, it is concluded that health infrastructure and health care facilities especially for women are not sufficient in rural areas of Barak Valley which implies that the first hypothesis is accepted.

There is a poor women's health status in Barak Valley. 80 per cent women are affected by multiple diseases. Women of different age group face different types of health problems. The study reveals that the percentage of affected women also increases as the age increases. The women of menopause age group (91 per cent) are facing more health problems compare to the other age groups. On an average each affected woman is suffering by more than three types of diseases. Among these four groups, the health conditions of adolescents are comparatively better than the other age group. It is also observed that the illness index of Barak Valley is high and especially it is very high in Cachar district.

The study also reveals that Muslim women are mostly affected compared to Hindu except pre-menopause age group. Reproductive women belong to Hindu and Muslim is the most affected group than the other age groups.

The nature and pattern of diseases are different according to different age groups. Adolescents are mainly suffering from the diseases like menstrual problem, skin problem, hair falling and gas. Most of the women belonging to reproductive age group are facing the diseases such as menstrual, anemia, calcium shortage, skin problem, gynecological, mental problem, breast problem, white discharge, hair falling, gas, eye problem and dental problem. A large number of women are affected by menstrual problem, anemia, gynecological problem and gas. The women of pre-menopause age group are suffering from the diseases like menstrual problem, anemia, calcium shortage, gynecological problem, mental or stress problem, white discharge, rheumatism, giddiness, heart problem, hair falling, gas, eye problem and dental

problems. It is also observed that most of the women of this age group are affected by anemia and weakness is the most common problem of these women. Women of menopause group are facing some crucial problems such as rheumatism, eye problem, menopause problem, mental or stress problem, dental problem, calcium shortage, giddiness, anemia, gas, white discharge etc. It is noticed that most of the women of this age group are affected by the problem of rheumatism.

Therefore, it is concluded that the health status of women in Barak Valley is not well and it varies due to different heterogeneous nature such as different age group-wise, religion-wise and disease-wise. The most common problem is gas for all the age groups. So, the second hypothesis is also accepted.

A significant number of women are died at the time of delivery and that implies maternal mortality rate (MMR) is very high due to several complications during pregnancy period. The significant responsible factors for MMR are women's age at the time of delivery, vaccination during pregnancy period, level of monthly family income, monthly per capita calorie deficit, delivery at medical institution and kaccha toilet. It is also noticed that the possibility of MMR will be less for a matured women.

A significant number of infants up to age one are died. The significant responsible factors of IMR are accessibility of pucca toilet in the house, type of cooking fuel (*chulla*), lactation problem, interval to next birth and mother's age at the time of infant's birth. IMR and mother's age at the time of pregnancy has a U-shape relationship and that implies early pregnancy and late pregnancy are more responsible for high IMR. The smoke of cooking fuel (*Chulla*) affects the pregnant women and due to this the baby lives within her become affected.

The old age morbidity rate is very high. The significant responsible factors for the high morbidity rate of old age women (OAMR) are mainly distance of nearest

health centre from home, family negligence, monthly per capita family income, monthly per capita calorie deficit, dependency ratio, presence of highly educated member and preventive care what they are taking.

On the basis of the findings, third hypothesis is also accepted i.e; there are many responsible factors for MMR, IMR and OAMR.

Women's health problem affects monthly income and expenditure of the family. The increase in medical expenditure creates extra burden on the family and then monthly saving will be affected. It is observed that monthly medical expenditure of the family increases with the increase in age. This impact is very high for menopause group. So, health problems have positive impact on monthly medical expenditure and have negative impact on the monthly saving. So, the fourth hypothesis is rejected i.e; family is affected due to the health problems of the women family member.

Most of the women in Barak Valley are taking traditional preventive cares suggested by the aged women and quack doctors when they face health problem. There are 2600 reported diseased women and out of that only 894 reported women are taking treatment from the medical institutions and rest of them are either taking traditional care or neglects their health problems. This study also reveals that only 34.39 per cent reported diseased women are treated in the medical institutions especially in private medical institutions. Therefore, fifth hypothesis is also rejected i.e; due to poor financial status of the family women depend on traditional preventive measures if problem arises.

Shortage of health infrastructure especially for women creates demand for health care in the locality. In Barak Valley region, most of the people (79.45 per cent) are willing to pay or willing to share cost for getting better health care facilities in their locality and that indicates that there is a high demand for health care facilities. Demand

for health care is positively influenced by distance of health center from their house. The people who are belonging far away from the health center have more willingness to pay to avoid distance problem. So, it is a highly significant and important factor for determining demand for health care. The probability of willingness to pay decreases if the people have a larger area of housing, people belonging to BPL category, accessing good transportation facilities and having purified drinking water facilities.

Finally, the last hypothesis is accepted, i.e. there is a high demand for health care facilities for women and this demand is affected by many factors.

7.3 Policy Suggestions:

On the basis of findings and conclusion some policy suggestions can be framed in the following:

- There is huge shortage of community health centers (CHC) and necessary health infrastructure in Barak Valley. Though Govt. has taken initiatives to improve the health infrastructure but still now it is not sufficient. So it is suggested that the Government should take more initiatives to increase the health infrastructure.
- The study reveals that due to absence of specialist doctors and especially lady doctor for the gynecological treatment in rural health centers the rural women are suffering badly. So, it is suggested that more specialist doctors and specially lady doctors should be appointed more in the rural health centers.
- Most of the doctors are not interested for treating patient in the rural area; Govt. should look after the matter seriously and take some policy in their service rule so that they are bound to provide their service in the rural area. There should be some mandatory health service policy for the doctors. Other-wise Govt. should announce some attractive pay package for the doctors serving in rural area.

- There is huge shortage of manpower in the health centres in Barak Valley. Government should appoint required numbers of manpower in the health centres.
- Though the government has introduced different health schemes for the women, but due to lack of proper monitoring by the local administration these are not properly implemented. So, the concerned authority should take appropriate steps for its successful implementation.
- Free medicines are not available in reality as per the information of the respondents, though it is available in the health centers' record book. So, close monitoring is needed in this regard and the local govt. should look after this matter seriously.
- There is a shortage of labor rooms in the PHCs and conditions of the labor rooms which are available are in pathetic condition. So the authorities should take necessary steps to improve the conditions of labor rooms. It is the common need for the reproductive women.
- There is a shortage of adequate numbers of beds, ambulance, supporting medical staffs in the health centers as per the information of the respondents. So the Government's should provide some beds to the health centers.
- Most of the women are not using contraceptives to control their pregnancy or to delay their pregnancy period. So the Ministry of Health & Family Welfare should organise some awareness campaign and programme to control the birth rate and family planning.
- Maternal deaths and infants' death are not recorded properly. Local Govt. should take necessary steps to entry in record book.
- The pregnant women and infant are not taking vaccination in proper time. So the Ministry of Health & Family Welfare should organise some awareness campaign and programme in these regards.

- Though the Government has appointed few health workers to provide necessary information to the pregnant women time to time, but most of the time pregnant women are not getting information in time. So, close monitoring in this matter is very urgent.
- The aged women are suffering from different types of diseases. There is a health scheme i.e., National Programme for Health Care of Elderly (NPHCE) for the aged women. But this scheme is applied in selected states. Assam is not under this category. So, the Central Government should implement this scheme in this area also.
- There should be some mobile medical services for the interior area where there is no health centre.
- Due to poor road condition and bad transportation facilities, most of the time it is difficult to move aged women from their home to health centre. These problems would be solved either by improving road condition and transportation facilities or establishing more health centres in the rural area.
- There is a high demand for health care facilities and the stakeholders are willing to pay for that. So a token amount (as they have poor financial condition) can be charged for maintain better health care.

7.4 Limitations of the Study and Scope of Further Research:

Though the study highlight many aspects but there are some limitations which are discussed in the following for pursuing further research in this field:

- For measuring the health status of women, Body Mass Index (BMI) could be used. BMI can be calculated by taking their weight (in Kg.) which can be divided by (height in meter)^2. This is an alternative measurement of health status.

- The mortality indicators like crude death rate (CDR), age specific death rate (ASDR) can be used to find the health status of women. This is another measurement of health status.
- The morbidity indicators like incidence rate, fatality rate could be used to find the health status of women.
- As per their response medical expenditure is recorded during survey period but there is a problem of authentication because it is hardly possible to memorize past medical expenditure. Similar problem is happened in case of calorie calculation. Information on weekly food consumption has been collected and that is converted to monthly. So there may be some problem in the accuracy.
- For the knowing the information of the diseases like blood pressure and diabetes and knowing the information of blood group some machinery help could be taken for the better picture.
- For contingent valuation no bidding has been done during survey period for knowing the absolute value of the willingness to pay. Absolute value of willingness could give the better picture of the demand for health care.