CHAPTER-VII

SUMMARY AND CONCLUSION

Medical Geography is emerging and fast growing braches in the human geography; it has its own importance in the economy of the region. Today, the concept of health care is playing an important role in providing and seeking the services. Health plays an important role not only in the socio-economic development but also in region development by satisfy the requirements of population, on a sustainable basis through utilization of health resources. Healthcare resources and accessibility vary from one region to another region. Thus the study discussed the gaps in requirements’ and utilization patterns of healthcare facilities in the study region.

Here an attempted has been made to summarize the thesis and gives a brief conclusion drawn from the study “Accessibility of HealthCare Services and Its Utilization in Mysore District” tries to understand the various aspects in health care services of the study region and their requirements. The study has been divided into seven chapters. The data and information regards the second to sixth chapters were collected by Primary and secondary sources. The following are the conclusions drawn from the analysis and discussions of the data collected through field investigation.

The introductory chapter of this study begins with a brief note of the concept of healthcare, statement of the problem followed by objectives, methodology and limitations.

In the second chapter, shows the detailed review of literature on the techniques used by different scholars in healthcare resources. Which provide a strong theoretical background for this study, Review of literature has been done globally, nationally and local levels.

A detailed note on the study area has been given in the third chapter. Geographical settings like location, Physiographic, drainage, climate and temperature, rainfall, land utilization, soils, natural vegetation, agriculture, irrigation; socio-economic
and cultural settings like Demographic, Growth and Density of population, Literacy and education, Industries, Transportation were discussed in the study area.

In the fourth chapter, an attempt has been made to study the spatial distribution of existing health centres and pattern of healthcare resources in the district. The structural and functional organization set up of public health care institutions is revealed in this study area, and they are in a hierarchical order in order to optimize the use of resource available. Here, mapping of healthcare centres are done using GPS and also various analysis is done using GIS for examining the health distribution. Simple statistical method has been used to identify the percentage of health resources and population ratios are drawn to find out the gap/requirements’. It has been identified these health institutions of different hierarchies are inadequate in proportion to population, though the population health centres ratio is within the NRHM norms except mysore taluk. Therefore, the analysis reveals that the number of health centres, workforce and also infrastructure are not increasing in the same proportion as the population is increasing, which results the overload of population on the existing health centres, workforce and infrastructure facilities. In the study area, there is a shortfall not only in terms of physical infrastructure but also health workforce, measured against the norms prescribed by the government.

To find out the spatial distribution pattern of public health centres in the district, Nearest Neighbour techniques has been used. The Public health care centres of all the taluk are randomly distributed (Table No: 4.18). The Rn value of the health centres in the district is 1.3941. In this chapter it has analyzed that, the structure and examine the existing health care facilities in Mysore district, based on the information collected through the survey. The first and second objective determining the spatial distribution pattern of healthcare resources is fulfilled.

In the fifth chapter, Physical Accessibility of health care centres in mysore district is analyzed. Various methods attempted in this present study bring out a fact that, healthcare services in an area must be evaluated in relation to the actual population. Actual Service Area is a limit or border of a geographic area under the jurisdiction of
Primary Health Centre. The area of each health centre has been delineated to provide the better service to the people and also to utilize the health services in an efficient way. Based on population the PHC actual service area has been categorized into three categories namely Low, Medium and High population served health centres. It has found that, Out of the 143 PHC’s 33 are serving below 9751 population each and it serves (8.30%) of population. while as, in the medium category (9751 - 25025) 77 PHC’s are serving the population of 1185668 which accounts (39.62 %) population of the study area. The highest percentage of population (52.09 %) i.e. in high category is served by 33 Primary Health Centres. Buffer analysis is used for identifying areas surrounding geographic features it also used to show the served and unserved area for PHC’s in the study area. The result depicts that, 91.06 percent of the population is being served within the buffer of 5 kilometers and 7.08 percent of population is being served by PHC’s. Beyond the buffer of 5 kilometers up to 7 Kilometers i.e. (within 2 Km) 7.08 population is being served by PHC’s of the study area. The unserved area accounts the population of 1.85 percent of the total population of the study area.

The study reveals that, there exists the spatial variation in the distribution of PHC’s which were not distributed across the study area. A large proportion of the residents have to travel a long way to access the health care facilities, most importantly in south and south western part of Heggadadevanakote and western part of Periyapatna taluk. In this chapter, the study is focused on spatial accessibility of healthcare, based on population and transportation, infrastructure and the health care facilities in the region. This study is mainly based on travel distance and time to measure the spatial accessibility to health care centres from Centroids. The study reveals that, 69.15% of population have to travel the distance to health centres is 5 kms, 28.83 % of population have to travel the distance of 5 to 10 kms, similarly 1.17 % of population has to travel the distance of 10 to 15 kms and 0.26% of population have to travel above 15 kms (Table:5.6). The health care centres within the taluks, in fact only accessible for a limited number of population will go by walk. Travel time is also important to show the accessibility, in the district 81.61% of population travel for less than 15 minutes to reach the health centres. 17.36 % of population travelling time is 15 to 30minutes. Similarly, the population of 0.07% travel
above 45 minutes to reach health centre. Thus, the third objectives of this study are fulfilled in this chapter.

Sixth chapter is the important chapter and it is considered has core chapter. The study has aimed to analyze the utilization patterns of health care services by the respondents in mysore district. For this study, the health care centres of all the hierarchy excluding sub centres has randomly selected. Out of 150 health centres, 29 health centres have been selected from all taluks of the district. Among the 29 health centres 350 patients are surveyed through questionnaire to known the service satisfaction from the patients. Utilization of health services by the people is not influenced by one factors alone, there are many factors that influence the health and health care seekers. In this chapter Anderson model helps in identifying various factors that influence the utilization of health care services, namely socio-demographic and economic factors of the individual’s seekers. Anderson health care utilization model depicts the various determinants that influence the utilization of services, namely societal determinants, system determinants and individual determinants. An individual determinant of Model includes 3 groups of explanatory factors. The first group refers to “Predisposing factors”, second group “enabling factors” and third group “need factors” refers to the illness level. The entire factor act one or other way to determine the quality of health services utilized and these factors interact with one another among different socio demographic and economic groups to understand the different patterns of utilization.

The utilization of health service depends on the availability of quality of health care services at a reasonable and the ability of people to utilize the services. Sufficient facilities are required for utilization, many factors like, socio-demographic and economic are important and affect the access the health care facilities. There is a difference among people choosing of health centres, based on location, resources, quality and distance etc., in mysore district, Here an attempt has been made to identified the utilization pattern of health services. The study reveals that, the health service Utilizers 43.4% of the health seekers are belongs to the age group of 20 to 40 years and it is also observed that females 68% are utilizing more health services than the males. It is observed that, three major religions are utilizing health services in study area, 90.9% respondents were Hindus, 8.9
% were Muslims and 0.3% was Christians. It is observed that, 74.6% of respondents who are visiting the public health centres are educated and 63.4% are not working and 28.3% are in the agriculture. Total 59.4% of were living in joint family, 40.6% living in nuclear family. 2.9% earn an income of below 2000, 37.1% people earn an income between 2000 to 5000 thousand rupees and there are people who have income less than 8000 to 10000 rupees in a month is 0.9%. Only 2.9% of the respondents were having health insurance but majority of the respondents are not having health insurance. It was observed that, 46.9% were OBC, 23.4% others and 22.9% of Sc category utilize the Public health services.

Access to transportation is important for utilization of health care services. The mode of transportation which prefer by the respondents, 47.1% of patients accessed the public health service by public transportation and 33.4% of respondents had visited health centre by walk, 0.9% respondents reach the health centre by auto rickshaw, tempo and other mode of transportation, where 18.6% of respondents reach the health centre through their own vehicle. Majority 87.4% of the patient have to travel a distance of less than 10 Kilometers, 7.4% have to travel 10 to 20 kilometers and 5.1% of respondents are traveling at the distance of 20 and above kilometers for treatment. The result shows that, substantial variation in travel distances and very few 5.1% of respondents are traveling long distances. Majority of respondents 41.7% easily reach the health centre by walk, 34.3% of patient spend 10 rupees and 14% of the respondents spend a 10 to 30 rupees, whereas, 10% of respondents spend 30 to 50 and above 50 rupees to reach the health centre. The 90.3% of respondents take 30 minutes to reach the health centre, whereas, 5.7% and 4% of the respondents takes 30 to 60 minutes and more than 60 minutes respectively.

61.1% of patients health status is poor, 33.1% patient health status is fair. Among them, 44.9% of people came for ailments fever, 11.7% of the respondents came for delivery, 8.3% of patient for infectious diseases and 10% for hospitalization. 30% of patient the cause fever is by bad quality of water and 14.6% of patient’s cause of diseases is for weather variation. 47.4% respondents opines that primary health centre is nearest to them and 23.7% opines Community health Centre are closest for them. 62.9% of patient
chose the Public health centre because free and concession treatment and 33% of patient chose the hospital because they get specified treatment. The study found that, only 34.3% are inpatient and 65.7% are outpatients seek the health services, among them 56% of people have observed the good quality of health care who sought care obtained it from a health facility is satisfied; 44% of people were not satisfied with the available quality of service, indicating poor infrastructure and performance of health centres. Totally, 22% of patient faced a problem like delay in checkup, chagrining more for treatment in health centre. 70.9% of the health workers counseling very well, 3.4% were kind and friendly and 25.7 % were casual behavior with patient in the health centre. The 56% of the patients of the study area are satisfied with the service availability and service rendered by the public health centre and remaining 44% of the patients are not satisfied with facilities and services in the hospitals.

The taluk wise study on the degree of interaction with various factors, one way Anova analysis was worked out. The result revealed that patients from different age, religion, caste, occupation, family type, health insurance, transport facilities, service facilities, doctor visiting time, medicine affordability, utilization of health centres, are among the taluks have statistically significant (p-value=<0.05). The remaining factors like Gender, education, income, nearest health centre, mode of transport, cost, travel time, distance, prevailing and causes of diseases, availability of free medicine, reason for choosing particular hospitals are not statistically significant.

The overall analyses of utilization patterns of health care services among different socio-economic groups have revealed that, the inequalities in socio-demographic and economic conditions are responsible for variations in the utilization of health services in the study area. The findings of the study clearly reveal that all middle and low class people utilize the health services in the rural areas. As per the study it’s observed that, the respondents belongs to Mysore (74 %), T.Narsipura (62%) and K.R.Nagar(61%) taluks are satisfied with the services of the health centres. While, the remaining taluks like Hunsur (91%), Najangud (49%), Periyapatna (35.9%) and H.D.Kote (27%) respondents were not satisfied with the utilization of health services like transport
facilities, mode of transport, distance, quality of health services, sanitation and drinking water facilities.

7.1 Problems:

The public health institutions are having different types of problems in different hierarchical levels, there as follows:

1. There is a significant lack of adequately trained staff in the public health centres.

2. Shortage of diagnostic and medical equipments was greatly noticed.

3. The public health centres are facing financial shortage for maintenance of equipments during field survey it is noticed that most of the equipments are not in working condition. This is due to improper maintenance.

4. Majority of the patients have expressed their dissatisfaction (as indicated by the patients in the questionnaire) about the poor management of dietary services. Many patients want to carry their food from their home that they do not like hospital food.

5. Wide spread corruption (as indicated by the patients in the questionnaire) practices to providing immediate treatment, bed facilities, quick scheduling of operations and self-interested workers seem to be in the staff more in public health care centres.

6. Majority of the doctors have expressed their dissatisfaction (as indicated by the doctors in the questionnaire about 40%) regarding the supply of drugs from the government. The drugs and medicines like snake bite and anti-poison drugs are not supplied to PHC’s sufficiently.

7. Majority of the Doctors and health staffs have expressed their dissatisfaction (as indicated by them in the questionnaire) regarding availability of infrastructure facilities like surgical equipment in the health centres.

8. Majority of the doctors and other workforce have expressed their dissatisfaction (as indicated by the doctors in the questionnaire) regarding the salary from the government hospitals. Thus, there is a general tendency among medical and
nursing graduates are dislike the government employment and willing to prefer employment in private centre.

9. Transport facilities are not satisfactory to patients (as indicated by the patients in the questionnaire and personally I observed it).

10. The patients are dissatisfied for the service of the health institutions mainly for waiting long time in the outpatient departments because of the poor planning and management of health institutions.

11. Many doctors are not willing to serve in rural areas due to lack of facilities like transport, staff quarters etc., and infrastructures are inadequacy even if they are paid high salaries.

7.2 Findings:

The main findings of the present research work are:

1. The distribution pattern of the public health care centres in the study area has been increased in number over the decade, but it is unevenly distributed.

2. The facilities like health workforce and health infrastructure are irregularly distributed in the district.

3. By the spatial analysis it has been found that, though the numbers of facilities appear to be enough but they are inadequate.

4. Even though number of public health centres exists, the health infrastructure and work force are required to provide the service is inadequate in many taluks like H.D.Kote, Periyapatna and Hunsur.

5. Inadequate qualified medical and technicians’ staffs were reported in the health centres of H.D.Kote, T.Narsipura, Hunsur, and Periya Patna taluks. This suggests that the staffs i.e., laboratory technicians, X-ray technicians and ophthalmologists etc., were in greater demand.

6. There are some spatial gaps and functional deficit in the health centres and accessibility in the study area, showing that the existing health centres are unable to serve the area and population properly.
7. The results of the buffer analysis indicate that, in the study area 1.85% of the population is falls under unserved.

8. The primary health centres are more utilized by the local residents than the outsiders in all the taluks of the study area.

9. The effect of distance in medical care utilization forms an important only in rural areas, where, 5.1% have to travel for a distance of more than 20 kilometers, 7.4% patients distance from 10 to 20 kilometers and 87.4% of the respondents travel a distance of less than 10 kilometers.

10. Majority of the primary health centres in the study area are lack with proper spacing building planning. These are not established as per the infrastructure norms of the NRHM. Especially, poor maintenance of sanitation, electricity and drinking water.

11. Lack of affordable and accessible of public transport was a main disadvantage of utilization of existing health care services.

12. Majority of the people in the early days don’t seek the health care because they had less aware of the service provided by the hospital.

13. There are some NGO’s are helping a few members of the society to get good health care.

14. The rural health care institutions essentially deal in the primary health care and thus their operational size is small. Further, on account of rural poverty, people are also not able to pay for health services. Thus, the private health entrepreneur do not prefer rural location to set up their hospitals or clinics.

15. It is found that, surgeon’s specialists and medical officers as we as nurses working in District and Taluk Hospitals, are treating a large number of inpatient as well as outpatient per day. In this sense, the physician, surgeons and specialists and nurses working in public hospitals are overburden with work. This is because of the serious illness cases are referred from PHCs and CHCs, into the public hospitals at taluk and district level. The efficiency of doctors, surgeons and
specialists and nurses is found constrained by shortage of health infrastructure in Mysore district.

On account of such inadequacy and deficiency, it has been very difficult to provide the required level and range of services to the needy people in these public health care institutions.

7.3 Recommendations:

Population varies in time and space it is necessary to make new recommendations. This helps for researchers, planners, Government and Private bodies. The main aim of the public health care institution is to provide appropriate services at appropriate places and time according to the different types of health care seekers of the vast population. This study helps for proper planning of the health care services in the district and study is done as per the norms laid by NRHM. Based on the findings from the research and also observation in the field survey the follow suggestions are given.

1. To reduce the imbalance in the distribution of public health centres, the establishment of new health care centres should be based on structured criteria and geographical aspects.

2. For better service of the health centres in the district and the health workforce should be in accordance with population criteria as per the NRHM guidelines.

3. The General/Taluk hospitals are lacking with the proper medical infrastructure facilities and also the basic infrastructure facilities, which are essential. It should have all the modern infrastructure facilities.

4. Some of the health seekers choose other health facilities apart from government hospitals mainly because of cleanliness and availability of good infrastructure facilities. But, poor patients not in a position to afford private hospital charges. So, government should take proper steps to improve the basic infrastructure in the government hospitals.

5. Majority of the government health centres are not having clean portable water. So, the study recommends that, to provide clean water for health seekers. In fact,
health institutions are dissemination of education of cleanliness but the institutions itself are not having the facility of portable drinking water.

6. For making health care service more effective, there is a greater need to reduce the jurisdiction of the health centres for effective physical accessibility. So it’s easy to maintain good ratio to enable both by the health workforce and health infrastructure are expected to cover the number of villages and population of the area.

7. Proper steps should be taken from the government keeping the present and future trend of population. There is a need, to enhance the health workforce in all the hospitals of the district.

8. There is a need of more number of mobile health units to the taluks like H.D.Kote, Periyapatna and Hunsur. Because most of these regions are cover with forest area and the average distance between the existing health centres in these taluks is more. So that all the poor and needy rural people will use this facilities in their door step.

9. Availability and affordability of means of transport is important factor for utilizing the health services. So, there is a need to give more importance on the development of transport network in rural area of mysore district, especially in H.D.Kote and Periyapatna taluk

10. In each PHC’s and CHC’s residential accommodation along with necessary infrastructure should be provided to the entire working health workforce in the health centre.