ABSTRACT

TITLE OF THE THESIS: “A Comparative Economic Study of Public and Private Health Care Services with Special Reference to Bijapur District”

INTRODUCTION:

Over the years plan priorities have changed. In the beginning they were growth-centric. Now theses have become human-centric. Human development is accorded a prime place. It depends upon Education, Health and Sanitation.

According to World Development Report (1993), good health, as people know from their own experience, is a crucial part of well-being, but spending on health can also be justified on purely economic grounds. Improved health contributes to economic growth in four ways: it reduces production losses caused by worker illness; it permits the use of natural resources that had been totally or nearly inaccessible because of disease; it increases the enrollment of children in school and makes them better able to learn; and it frees for alternative uses resources that would otherwise have to be spent on treating illness. The economic gains are relatively greater for poor people, who are typically most handicapped by ill health and who stand to gain the most from the development of underutilized natural resources.

A healthcare system is the organization by which healthcare is provided. Although some view healthcare from an economic perspective as being no different from other products or services, others believe it has many characteristics that encourage government intervention or regulation. (i) The provision of critical healthcare treatment is often regarded as a basic human right, regardless of whether the individual has the means to pay—some treatments cost more than a typical family's life savings. (ii) Healthcare professionals are bound by law and their oaths of service to provide lifesaving treatment. (iii) Healthcare professionals are monopolists in various respects like surgery, gynecology, prescribing, etc. (iv) Consumers often lack the information or understanding to be able to choose rationally between competing healthcare providers when they need treatment, particularly in the event of the need of urgent or emergency treatment. The three major healthcare providers are: 1) Public 2) Private 3) Public Private Partnership.

The Indian constitution charges the states with "the raising of the level of nutrition and the standard of living of its people and the improvement of public health". However, many critics of India's National Health Policy, endorsed by Parliament in 1983, point out that the policy lacks specific measures to achieve broad stated goals. Particular problems include the failure to integrate health services with
wider economic and social development, the lack of nutritional support and sanitation, and the poor participatory involvement at the local level.

**OBJECTIVES OF THE RESEARCH:**

i. To examine the status of healthcare system in India and Karnataka.

ii. To study the healthcare systems in Bijapur District.

iii. To make a comparative study of public and private healthcare systems in Bijapur District.

iv. To find out the deficiencies if any in healthcare facilities in the study area.

v. To provide suggestions to improve existing healthcare systems in Bijapur District.

**HYPOTHESES:**

H-1 Over the years, awareness amongst people pertaining to health has improved significantly.

H-2 Private hospitals provide better healthcare facilities than the public hospitals.

H-3 Higher revenue earning is the major motive of private hospitals.

Using different statistical tools it was found that H-1 & H-2 hypotheses hold good. However H-3 is partially true.

**RESEARCH METHODOLOGY AND ANALYSIS OF DATA:**

**Data Collection:**

For the purpose of data collection, both primary and secondary sources were utilized. Primary data was gathered using the questionnaire and interview method a suitable questionnaire was designed to collect the information for the comparison of public and private healthcare service providers. The questions focused to know the existing availability of healthcare facilities and services in public, private and charitable hospitals. The researcher has designed two separate questionnaires - one for the ‘Administrators / superintendents / stakeholders / heads’ of research hospitals for collecting hospital profiles and other for the ‘IPD patients’ at the time of discharge from research hospitals with their feedback.

Along with the collection of the data using questionnaire and interview, the researcher has personally visited the research hospitals and interacted with the managers/ stakeholders and
IPD patients to gather more information. This helped to collect relevant information from the maximum number of respondents.

The researcher has designed two separate questionnaires, the first questionnaire was prepared for Administrators / superintendents / stakeholders etc., with their interview which covered the information about the type of hospital, number of beds, availability of specialities, super specialty, supportive services, critical care services, ICU units, special rooms, academic facilities, special diagnostic facilities, infrastructure, availability of government and private healthcare schemes and charges of various diagnostic tests etc. The other questionnaire was designed to get personal information and feedback about the concerned hospitals from IPD patient at the time of discharge. It covered information about patient details, demography, education, income, employment, reason for admission, treatment & management satisfaction, patient’s outcome and final remarks from the patients concerning the research hospitals etc. This helped for collecting the relevant information from the required number of respondents for the present research work.


**Sample Size:**

For the purpose of present study 12 hospitals were covered from city and Taluka level. Eight hospitals from Bijapur City (District Place) and four Taluka government hospitals which exist since 10 years with multi-specialty in nature and having minimum 50 beds, the breakup is as under:

i. Data of 5 public hospitals is collected, (Bijapur District Hospital and 4 Taluka Hospitals of Bijapur District).

ii. Data of 6 private multispecialty hospitals of Bijapur City is collected.

iii. Data of 1 charitable Hospital is collected.

The sample size of hospitals is 12 where the data with hospital profile has been collected. Further, the sample size of the IPD patients is 200, which is 25 percent of the total admissions per month in concerned hospitals. The information was collected randomly in the study period from IPD patients with close ended questions at the time of discharge. The breakup of IPD patients is as under:

i. Data of 15 Patients each in 4 Taluka public hospitals with 100 beds each and its total is 60 patients.
ii. Data of 30 patients each in hospitals with more than 300 beds of Bijapur City which consists of 1 Public hospital, 1 private hospital and 1 charitable hospital with total of 90 patients.

iii. Data of 10 patients each in 5 private hospitals with 50-100 beds of Bijapur City with total of 50 patients.

**Sampling Technique:**

The research is carried out using simple random sampling. All the data has helped in formulating a very comprehensive case study. All sample units are personally contacted and interviewed.

**Data Analysis:**

The present research work, which is comparative in nature, has adopted statistical Z-Test with P-values to understand the significant differences of facilities and services in public and private hospitals, opinion about the hospitals, treatment satisfaction, staff cooperation, outcome of the patient and study of charges of different services. Further pie & multiple bar charts are used for illustration.

**STRUCTURE OF THE THESIS:**

The present study is spread over seven chapters. The brief outline of each chapter is as follows:

**Chapter-I: Introduction:** This chapter provides introduction, statement of the problem, need for the study and objectives, including hypotheses, scope, limitations, methods and techniques used for collection of data, interpretation of data analysis and findings. This chapter also covers the summary of present study with discussions and conclusions.

**Chapter-II: Review of Literature:** Second chapter illustrates a detailed review of related literature. The thematic and chronological approach has been used for the review. The sub-themes are broadly categorized into five headings viz. Health and its significance, nature and scope; Public healthcare services; Private healthcare services; Public Private Partnership in healthcare services and other sectors involved in healthcare services.

**Chapter-III: An Overview of Healthcare Services in India and Karnataka:** This chapter explains the details of the public health policies and plans in India. Further it covers the availability of schemes and the subsidies from government and private healthcare in Karnataka.
Chapter IV: A Study of Public and Private Healthcare Services in Bijapur District: This chapter describes general profile and health profile of the district such as, total hospitals available in Bijapur District consisting of all government, private nursing homes and clinics including the bed strength with the availability of facilities, implementation of schemes etc. Furthermore this chapter covers the assessment of rural and urban hospitals of the district.

Chapter V: Comparison of Public and Private Hospitals in Bijapur District:

In this chapter an attempt is made for comparing public and private hospitals, with the facilities available in the selected hospitals, patient’s profile at the time of discharge and economic study of charges for OPD, admission, treatment and diagnostic tests etc. For the purpose of comparison and analysis various statistical tools like percent, Z-test, with p-values are applied.

Chapter-VI: Major Findings, Suggestions and Conclusion: This chapter covers the summary of major findings, conclusion and suggestions of the research work.

LIMITATIONS OF THE STUDY:

The present study has the following limitations
1. The research is limited to Bijapur District only.
2. The period of study is 2000-01 to 2010-11.
3. Only multi-specialty hospitals are covered for present study with minimum bed strength of 50 or above.
4. Patients profile has been collected from admitted patients in research hospitals at the time of discharge.
5. The comparison is made only between public and private hospitals whereas charitable hospital with more than 400 beds has also been studied to know the overall availability of facilities and services in Bijapur district.

FINDINGS:

Healthy population leads to healthy nation, better health is central to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more which leads to development of the nation.
Many of the researchers have focused education, water supply, sanitation etc but more stress is not given to healthcare services under social sector.

Very few studies are based on national comparison of health sector. But no studies are found of public and private comparison in healthcare.

None of the studies found conducted at the Bijapur District Level.

Health is the major asset of all the individuals and countries, health of the population depends upon the system of healthcare which is in practice in different countries. Different countries have different types of healthcare systems.

Fifth chapter covers the assessment of rural and urban hospitals of the district and it is noticed that Government has tried its level best to improve the availability and accessibility of healthcare facilities and services through CHCs, PHCs and Taluka hospitals in various rural areas.

Rural public hospitals are deficient in some of the specialties, super specialties, supportive, ICU, Critical care services etc. because of lack of these services patients are forced to approach district hospital and all the schemes are accessed in district hospital because of the availability of good healthcare facilities and services. Study suggests such facilities should be extended to rural hospitals also.

A. **Hospital Profiles of Research Hospitals:**

Certain important findings of the present work are as follows:

1. The mean score of bed strength of public hospital is 130 with standard deviation 134 while mean score of bed strength in private hospital is 125 with standard deviation 103.13, so non-significant difference is found between public and private hospital with respect to their bed strength hence P=0.610

2. It is found that significantly higher proportion of private hospitals had specialities rather than private, its details are discussed as under:

   Pathology is found more in public hospital (20%) as compared to private hospital (100%), so it is found to be extremely statistically significant (P<0.001), microbiology and ophthalmology are also found more in public hospital (20%) than in private hospital (66%), this also shows extremely statistically significant (P<0.001). Similarly, pediatrics is available only in 60% of public hospitals whereas the same facility is available in all the private research hospitals (100%), this again shows extremely statistically significant (P<0.001), correspondingly neonatology is also found in only 20% of public hospitals and 50% of private hospitals this again prove to extremely statistically significant (P<0.001), radio
diagnosis is available in 20% of public hospitals and 66% of private hospitals this again shows extremely statistically significant (P<0.001), orthopedic surgery is available in 40% of public hospitals and 66% of private hospitals so it shows to be extremely statistically significant (P<0.0004). In the area of social and preventive medicine, it is available more in public hospitals (60%) compared to private hospitals (33%), this shows extremely statistically significant (P<0.0002), maternal & child health is available in all the public hospitals (100%) and less in (66%) private hospitals so, this shows to be extremely statistically significant (P<0.0001).

Similarly forensic medicine is available in 20% of public and 16% of private hospitals, this is not statistically significant (P=0.581). General medicine is available in all the research hospitals, so this is also not statistically significant (P=1.000). Psychiatry is available in 20% of public hospitals and in 33% of private hospitals so it confirms to be not statistically significant (P=0.054). Anesthesia, General surgery, Obstetrics & gynecology are universally available in both the types of hospitals, hence it is not statistically significant (P=1.000). Dermatology is available in 40% of public hospitals and in 50% of private hospitals which proves to be not statistically significant (P=0.200).

Similarly significant differences are found in the availability of super speciality services like, cardiology is available only in 20% of public hospitals and in 66% of private hospitals which proves as extremely statistically significant (P<0.0001). Similarly nephrology is available in 20% of public hospitals and in 83% of private hospitals which clarifies about to be extremely statistically significant (P<0.0001). However the services like neurology (50%), gastroenterology (66%), medical oncology (33%), plastic surgery (33%), pediatric surgery (66%), neurosurgery (16%), urology (83%) and surgical gastroenterology (50%) are available only in private hospitals and not available in any of the public hospitals, this proves to be extremely statistically significant (P<0.001).

3. Supportive services like clinical laboratory and radiology are equally available in all the public and private research hospitals, this proves to be not statistically significant (P=1.000). Pathology is available in 20% of public hospitals and in all the private hospitals (100%), this shows extremely statistically significant (P<0.0001), similarly biochemistry is available in 40% of public hospitals and in 66% of private hospitals this again shows to be extremely statistically significant (P=0.0004), microbiology is available in only 66% of private hospitals but not in any of the public hospital (0%), this shows to be extremely statistically significant.
Blood bank and telemedicine are found in 20% public hospitals and in 16% of private hospitals this proves to be not statistically significant (P=0.581). Ultrasonography is available in 20% of public hospitals and in all the private hospitals (100%), this shows extremely statistically significant (P<0.0001), echocardiography is also found in 20% of public hospitals and in 66% of private hospitals which again shows extremely statistically significant (P<0.0001), similarly TMT is found in 20% of public hospitals and in 33% of private hospitals and this is not quite statistically significant with (P=0.053).

4. All the surgical services such as anesthesia, major & minor operation theater, post operative ward and labour room are universally available in both the type of research hospitals (P=1.00)

5. It is noticed that critical care facilities like monitor, defibrillator and ventilator are available more in private hospitals than in public hospitals, which shows significant difference (P<0.001), but suction, oxygen, emergency medicine are universally available in all the public and private hospitals, this shows to be not statistically significant (P=1.00).

Monitor is available in 40% of public hospitals and in all the private hospitals (100%), similarly defibrillator is also found in 20% of public hospitals and in all the private hospitals (100%), in the same way ventilator is available only in 40% of public hospitals and in 83% of private hospitals so, this shows extremely statistically significant (P<0.0001). NIBP is found in 60% of public hospitals and in 50% of private hospitals, this is not statistically significant (P=0.200).

6. Lot of significant difference is also seen in the availability of ICU facilities. NICU and ICU are available in 20% of public and in 83% of private hospitals, this reveals extremely statistically significant (P<0.0001). PICU facility is available in 20% of public and in 33% of private hospitals, this shows quite statistically significant (P=0.053), but ICCU facility is available in 66% of private hospitals and not in any of the public hospital, this again proves to extremely statistically significant (P<0.0001).

7. Special rooms are available in only 20% of public hospital and in all the private hospitals (100%), this demonstrates of extremely statistically significant (P<0.001).

8. Academic facilities like nursing is available in 20% of public and in 66% of private hospitals, this shows to be extremely statistically significant (P<0.001), medical and paramedical facilities are available in 16% and in 33% of respectively in private hospitals only but not in any of the public hospital, this illustrates extremely statistically significant (P<0.001).

Special diagnostic facilities such as bronchoscope and endoscope are available in 50% of private hospitals and public hospitals are lack of these facilities, whereas laparoscopy
is available in (20%) of public and (83%) of private hospitals which is extremely statistically significant (P<0.001).

9. It is interesting to notice that, accessibility of government healthcare schemes is more in private hospitals than in public hospitals (P<0.001). Yeshasvini is accessed in 40% of public and in 66% of private hospitals extremely statistically significant (P=0.004). Similarly, Thayee Bhagya and Central Government Employee Scheme are accessed in 20% of public hospitals and in 66% of private hospitals which again proves to be extremely statistically significant (P<0.001), likewise Vajpayee Arogya Shree is accessed in 74% public and in 33% of private hospitals, which proves extremely statistically significant (P<0.001). Correspondingly, Arogya Bhagya Yojane is accessed in 60% of public and 33% of private hospitals which is extremely statistically significant (P<0.002). In the same way, State Government Employee Scheme is accessed in all the public hospitals (100%) and in 33% of private hospitals with extreme statistical significance (P<0.001). RSBY is accessed in 20% of public hospitals and in 50% of private hospitals which is extremely statistically significant (P<0.001). On the contrary, Stree Shakti and Bal-Sanjeevini are accessed only in 16% of private hospital not in any of the public hospital so it is extremely statistically significant (P<0.001).

10. Empanelment of private health insurance companies is also seen more in private hospitals rather than in public hospitals, wherein ICICI is empanelled in 60% of public hospitals and in 50% of private hospitals which is not statistically significant (P=0.200). LIC is empanelled in 20% of public and in 33% of private hospitals, this is not quite statistically significant (P=0.053). On the contrary Star Health and SBI Life is empanelled in only 50% of private hospitals and HDFC is empanelled only in 33% of private hospitals and not in any of the public hospital, extremely statistically significant (P<0.001).

11. It is also observed that infrastructural facilities such as parking, common toilet, security, 24x7 power-backup and public transportation are universally available in all the public and private hospitals, this shows not statistically significant (P=1.000). But facilities like canteen & kitchen are available in all the public hospitals (100%) and in 66% of private hospitals this proves to be extremely statistically significant (P<0.001). Patient’s locker are available in 20% of public hospitals and in 50% of private hospitals this shows extremely statistically significant (P<0.001). Accommodation for attendees are available in 20% of public and in 66% of private hospitals again this also proves to be extremely statistically significant (P<0.001).
B. **Data of Patients Admitted in Public and Private Hospitals.**

1. Number of males admitted in public hospital is 29% and in private hospital is 24% this is not statistically significant (P=0.521). Total number of females admitted in public hospital is 24% and in private hospital is 23% this also shows not statistically significant (P=1.000). Hence male to female ratio of admitted patients was similar in both the types of hospitals.

2. Patients from rural region were mostly visited public hospitals (44%) as compared to private hospitals (22%), which shows very statistically significant (P=0.001). Whereas those from urban visited private hospitals more (25%) as compared to public hospitals (09%) this again shows to be very statistically significant (P=0.004).

3. General category patients admitted in public hospitals were 9% whereas in private hospitals were 16%, which is not statistically significant (P=0.198). OBC category patients admitted in public hospitals were 24% and in private hospitals were 17% this proves to be not statistically significant (P=0.293). SC/ST category patients admitted in public hospitals were (21%) and in private hospitals were (13%) this is also not statistically significant (P=0.187). Hence it is proved that no such differences are noticed in the category of patients in public and private hospitals (P>0.05).

4. In the same way, age distribution of public and private hospital patients were also not statistically significant (P>0.05), because maximum age of male patient is 74 years and female patient is 70 years in public hospital which is not statistically significant (P=0.636), in private hospitals maximum age of male is 80 years and female is 70 years, this shows to be not statistically significant (P=0.141).

5. The literacy level of the patients or the parents of patients below 6 years is discussed below.
   
   a. Our study show that illiterate patients were seen more in public hospitals (34%) than in private hospitals (29%), which shows not statistically significant (P=0.542), but patients with primary education were 40% in public and 25% in private hospitals which is considered to be statistically significant (P=0.034).

   b. Patients with high school education were 21% in public and 27% in private hospitals which is considered to be not statistically significant (P=0.409). Patients with under graduation were 4% in public and 13% in private hospitals is considered to be statistically significant (P=0.039).

   c. Patients with graduation or above were 1% in public and 6% in private hospitals is not statistically significant (P=0.118). We did not find much difference in educational status of patients between the two groups of hospitals though higher proportion of
those educated primary and above visited more to private hospitals compared to public hospitals.

6. Patients of private hospitals had significantly higher monthly income of Rs.25,000/- than those of the public hospitals Rs.15,000/- this shows to be statistically highly significant (P<0.001). Hence, the income level of patients decides the selection of hospital for healthcare and treatment and the study has proved high income level patients approach private hospitals more.

7. Recent development in the area of public healthcare system is introduction of health insurance cards and such cards are miracle for poor and underprivileged section of the society. Government health insurance cards are found more with (72%) public hospital patients compared to (46%) private hospital patients, proves to be extremely statistically significant (P<0.001). Private health insurance cards are not found in any of the public hospitals at the time of data collection but it was found in 5% of private hospitals this is to be not quite not statistically significant (P=0.059), whereas the non card holders were 28% in public and 49% in private hospitals which is very statistically significant (P=0.003). This proves that the people believe that the quality healthcare is found in private hospitals compared to public hospitals irrespective of cost.

8. There were no significant differences found for the reason of admissions between both the types of hospitals (P<0.001). Patients admitted for emergency care were 46% in public and 41% in private hospitals so, it is not statistically significant (P=0.568). Likewise patients admitted for treatment continuation were 32% in public and 30% in private hospitals so is also not statistically significant (P=0.878). Similarly patients admitted for hospitalization for further care were 22% in public and 29% in private hospitals so this again is not statistically significant (P=0.330).

9. Correspondingly there were no differences noticed in the method of treatment between the two types of hospitals. Surgical patients in public hospitals were 23% and in private hospitals were 31%, so it is not statistically significant (P=0.264) and non-surgical patients in public hospitals were 77% and in private hospitals were 69% which shows not statistically significant (P=0.199).

10. Duration of stay was noticed to be longer in private hospitals i.e.30 days than in public hospitals i.e.15 days which shows to be very statistically significant (P=0.004).

11. Stratification of patients on outcome basis was done and no difference was seen in the outcome of patients between both the types of hospitals (P>0.05). Admitted patients were improved in 71% of public and 78% of private hospitals this shows to be not statistically
significant (P=0.33), admitted patients not improved were 7% in public and 6% in private hospitals this is not statistically significant (P=1.000). Patients opted for higher center were 21% in public and 14% in private hospitals this also shows to be not statistically significant (P=0.264) and expired patients were 1% in public and 2% in private hospitals this again proves to be not statistically significant (P=1.000).

12. Friends recommended 14% of patients in private hospitals and it was interesting to notice that no friend has recommended for public hospital because it is belief that private hospitals are better compared to public so it is extremely statistically significant (P<0.001), whereas the health professionals recommended patients equally in both the types of hospitals depending upon the economic condition of patients, hence it is not statistically significant (P=1.000), while recommendations by relatives was more towards public hospitals (47%) compared to private (32%) so, it is statistically just significant (P=0.042). Patient admitted with their own decision were slightly more in private hospitals 40% compared to public 39% hence, it is not statistically significant (P=1.000).

13. Treatment satisfaction of patients was significantly higher in private hospitals (99%) compared to public hospital (88%), this specifies people are satisfied of the quality healthcare provided by private hospitals, so this shows to be very statistically significant (P=0.003). More satisfaction of treatment was noticed in public hospitals i.e. 12% and none in private (0%), this indicates extremely statistically significant (P<0.001). The major reason for this is public healthcare insurance cards for BPL people which reduces economic burden towards healthcare with minimum charges or free of cost. Hence people are more satisfied in public hospitals rather than in private. Non-satisfaction of the treatment in private it is just 1% whereas this is not found in public hospitals (0%), this is not statistically significant (P=1.000) this proves that all the patients with their economic status are satisfied towards the treatment they get in respective hospitals.

14. Staff cooperation was satisfactory in both the types of hospitals, so it is not statistically significant (P=0.621).

C. Various Charges Applied in Public and Private Hospitals

We found that overall for OPD, admission and Investigation charges were significantly higher in private hospitals as compared to the public hospitals this proves extremely statistically significant (P<0.001).

SUGGESTIONS AND RECOMMENDATIONS:
1. India has achieved a high growth rate trajectory of 9 percent. This high rate of growth is not accompanied by a high level of social development. The social sectors particularly health and education have been accorded a very low priority in terms of the allocation of resources. Total plan outlay for health sector during first five year plan was 3.4 percent with certain ups and downs was increased to 4.9 percent during ninth five year plan and again increased to 6.49 percent during eleventh plan, present study suggests that the public expenditure should still more increase to as per the requirement of the country.

2. To increase public health expenditure it is felt of increased community participation from grass root level, so that actual demand will be supplied.

3. The quality of healthcare service differs at public and private levels. The present study has noticed that public hospitals are lacking behind in quality services as compared to private hospitals. So the present study suggests that the efforts should be made towards improvement in quality of public hospitals.

4. It is found that all most all the diagnostic facilities are available in private hospitals and with higher charges. Such facilities should also be put into operation in public hospitals with less charges, sufficient manpower and round the clock availability, which will help all the types of patients requiring special diagnostic services.

5. Amendments should be made by Indian constitution to regulate hospitalization and service charges of private hospitals to ensure equity in healthcare, so that economic burden of charges can be reduced.

6. Government efforts towards improving the healthcare conditions of poor section of the society through various healthcare schemes such as, Thayee Bhagya, Vajpayee Arogyasri and RSBY etc. similarly central and state governments also have certain healthcare schemes for its employees and they are successful. But no such schemes are available for lower middle class, so the present study suggests to launch such schemes for lower middle class population.

7. Already government is providing free immunization in all the public hospitals, similarly few private hospitals are also providing the same. The similar facility should be extended to all the private hospitals with free supply of vaccines by the Government. So policies should be made by government for entire immunization for the community in national level should be made free of cost and no hospital or clinic should charge for the same. Hence, vaccination preventable disease eradication will help to build a disease free nation.

8. The present study has also observed that many of the NGOs, trusts, and state governments are conducting healthcare camps to reduce economic burden of poor, such camps should be centralized and encouraged.
9. Rural healthcare lack in shortages, imbalances, low productivity composite of insufficient investment, training and salaries, so these gaps of the existing infrastructure and services at public level should be improved as per the actual demand.

10. For improving the quality of health services the government on priority basis should fill all the vacant posts of medical employees particularly doctors, nurses and should improve the quality of infrastructure and availability of medicines in public hospitals.

11. Present study has found that few of the private hospitals are networked with public hospitals and such hospitals are improving health status especially of poor people. Hence it is suggested that efforts should be made for all the private hospitals as networking hospitals to improve health status of the country with the help government funding.

12. To reduce the burden in states and to avoid complication in government hospitals the best way is to deal with quality aspects of healthcare delivery changes and the best way is to welcome public and private participation in healthcare services.

CONCLUSION:

It is realized that health plays a significant role in the process of growth and development of the country. So, Government has taken various steps through the establishment of various hospitals from community level to district level, many of the healthcare schemes have been introduced to improve the health condition of its citizens.

The present study was carried out with certain guiding principles in the form of hypotheses and these hypotheses are demonstrated through the analysis of the data collected during the survey.

1. Over the years, awareness amongst people pertaining to health has improved significantly.
   The present research work has observed that ‘people are more aware towards health’ in the olden days people were depending on homemade and ayurvedic medicines but now people are more concerned, aware towards health and want to avoid health related risks, so health status of the district has improved significantly, where sex ratio is 954 which is more than national sex ratio (940), birth rate of the district is 27.19 compared to Indian birth rate i.e. 22.10 and death rate stands at 6.85 which is again better than the national level i.e.7.20, IMR is 21.74 and MMR is 84.40 in district, this is relatively significant as compared to national level i.e 47 and 212 respectively.
2. *Private hospitals provide better healthcare facilities than the public hospitals.* Present study has noticed that life saving equipments is found more with private hospitals such as specialty, super specialty, critical care, special diagnostic facilities compared to public hospitals.

3. *Higher revenue earning is the major motive of private hospitals.*

It was believed that higher revenue earning is the major motive of private hospitals but this is partially true because some of the private research hospitals are network hospitals in which government health insurance cards were accessed. Public hospitals provide free and universal healthcare facilities to all its citizens and with the help of BPL cards poor community can also afford expensive treatment in private hospitals with PPP model and the required funds are paid by Government through their respective schemes.

There are many single specialties, super specialty and multi-specialty hospitals in Bijapur city which caters towards the care of patients with all the expertise needed for every particular requirement like pediatrics, pediatric surgery, obstetrics & gynecology, orthopedics, neurology, urology, ENT (ear, nose and throat) ophthalmology, cardiology and nephrology, gastro-enterology etc.

Therefore the present study points out that, good healthcare facilities are available in Bijapur District in public as well as in private Hospitals. BPL cards and Health Insurance Schemes have helped the poor section of the society to get expensive treatments free of cost which are available easily in the private network hospitals.