SUMMARY OF CONCLUSIONS

The study concentrates on three major aspects of distribution, accessibility and utilization of health care facilities.

In the first chapter the study introduces the concept of health care in the light of distribution, accessibility and utilization. The major objectives of the study was to examine the organisational setup of the health care facilities and its spatial distribution regarding public and private. Secondly, to examine the way health needs are perceived by different segments of urban population and how such needs are met by them.

Thirdly, to study the nature of differential use of health care facilities across various socio-economic categories of population; and to examine as to how socio-cultural, economic and demographic factors tend to use utilizing different kinds of health care facilities.

The hypothesis of the study were
1. utilization tends to increase towards preventive health care facilities in non-slum areas and decrease in slum areas.
2. utilization of government facilities increases in slum areas and decreases in non-slum areas where as utilization of private facilities increases in non-slum areas while decreases in slum areas.
3. The rate of utilization of health care facilities increase with increase in the level of education and vice versa.

In the second chapter, the literature review and the theoretical issues and related concepts have been discussed.

The literature on various aspects associated with distribution and utilization of health care facilities in the context of its overall organisation and public policy have been discussed.

The studies on the relevant theme have been grouped into three categories:
(a) Distribution and organisational setup of health care facilities;
(b) Socio-economic characteristics affecting utilization.
(c) Planing and policy on health care.
In the light of the literature reviewed, it was observed that many studies have focused on socio-economic characteristics and public policy and organisational setup. The studies pertaining to distribution though are there by Rais Akhtar, Izhar, A.Ramesh, Phillips it nevertheless requires further depicted research on several relevent issues have been taken up by the present researcher.

The third chapter attempts to provide a socio-economic profile of the sample households surveyed.

The main findings of this chapter were the population in the age-group of less than 14 years in higher in slum areas 43 per cent. In the age-group of 55 and above in non-slum the population is 13 per cent while in slum areas it is 5 per cent.

Fatehpuri-non-slum area has the higher rate of high caste households 91 per cent while Ashok Vihar slum area the highest rate of very low caste households 57 per cent.

About 3 per cent of the households in the non-slum areas single member family while slum areas does not have any single member family. In the non-slum areas 73 per cent of the household belong to the household size of (2-5) members while in slum areas 56 per cent of the households belong o this particular size. The family size of 6-8, 19 per cent of the households of non-slum area,while 36 per cent of the households of slum areas. In the family size of 9-11, 5 per cent of the households of non-slum belong to this particular family size group, while 6 per cent of the households in the slum area belong to this size group. In the non-slum ares Safdarjung Enclarve have the highest average family size (5.83) and lowest in Rajinder Nagar (4.24). In the slum areas Shahdara Shows the highest average family size (6.03) while in the Janak Puri slum it is the lowest (4.5). In the non-slum areas 86 per cent of the population is illiterate while in slum areas 65 per cent of population are illiterate.

Educational level shows that Ashok Vihar non-slum area has the highest rate of masters degree holders with Phd. degrees. In the slum areas, Shahdara indicates a better educational level where one person was a master degree holder. The highest rate of white collar 1 job war 81 per cent reported from Ashok Vihar non-slum area while from Shahdara non-slum are only 49 per cent of the earning population was engaged as white
collar I workers while is the lowest. Janak Puri Slum area reported the lowest rate of the population engaged as Blue Collar II workers (59 per cent while in Shahdara 84 per cent of the working population were Blue collar I (Skilled) workers.

Ashok Vihar non-slum (52 per cent) and Janak Puri non-slum (53 per cent) had highest rate of SES I households. Janak Puri Slum had the highest rate of SEB V households (58 per cent), which is the lowest socio-economic status group.

In the fourth chapter it was found that a number of agencies provides for health care services is urban Delhi. This rates some about of duplication is so far as certain services are concerned. MOSU of the agencies imparting health whereas the people working in the informal sector mat is laboured etc. have to depend on the general hospitals where the people of organised sector also do visit. It becomes all the none difficult for the people of the unorganized sector who generally comprise the slum population.

While studying the distribution of various private, government and voluntary facilities it was found that MCD where 95 per cent of the population resides remain under served while NDMC where 40 per cent population resides is over served by all government facilities.

The zone wise distribution pattern shows that zone 'D' which again belongs to the NDMC area in terms of administration is over served with facilities while the risk of the zone excepting zone ‘F’ which covers South Delhi is mostly under-seemed by government facilities. The private nursing homes have grown largely in these zones while zone ‘D’ has 1 or 2 private nursing homes Zone ‘F’ which is well seemed big government services, also is served by large member of private nursing homes. This is mainly because the South Delhi is mostly occupied by the affiancing section of the population and the two major hospitals AIIMS and Safdarjung are located. The private sector has also set up their nursing homes mainly because they may receive a good number of patients who could not be treated in these two hospitals because of the over crowded situation.

While analyzing the sample hospitals and private nursing homes, the various department were listed in these hospitals. Then are a set of necessary departments in each
hospital which are available both in private and government hospital. Along with the necessary departments, the private nursing homes and voluntary organisations have shown a tendency towards providing department like health chart in Sir Ganga Ram, Fat Loss in Holy Angels etc. and the various schemes for periodic health check ups specially for senior executive and businessmen working under stress and strain.

It reflects upon the fact that government hospitals are limited to the specialised necessary departments but private apart from necessary departments provide with other such departments as Fat Loss, Physiotherapy etc. which have a demand in the market for only rich section of the society

The following section presents review of a few facts. The non-slum areas reported very high rates of degenerative diseases (61.22) compared to slum areas. At the same time one cannot say that the slum areas are totally free from degenerative diseases as (38.78) are reported from slum areas.

There is an interesting trend observed in the communicable diseases in the slum areas along with the cardiovascular problem-diseases or rich. Although there is an effort from the rich to adopt their food habits to a low cholesterol diet, the poor cannot afford a balanced diet where they either suffer from malnutrition and diseases of heart, blood pressure too. For eg. the drivers or people engaged in blue collared job and unskilled labourers take highly greasy unbalanced food from the roadside dhabas.

The major characteristics observed from the above study reveal that (i) Degenerative diseases are higher in the non-slum areas. (ii) Degenerative diseases are higher among the old age group.

Degenerative diseases are higher among the highly qualified people and while collar I job and Status I and II, while 90 per cent communicable diseases are common in slum areas.

The sixth chapter which discusses accessibility and utilization shows that regarding preventive care, there is high utilization of private facilities among the non-slum dwellers where as in the slum areas there is 65 per cent non-utilization. Among the 35 per cent going for preventive care, 95 per cent uses government facilities. So regarding preventive
care government facilities are preferred which also process that government facilities are better.

Regarding the preventive health care, utilization is higher among non-slum dwellers and it is lower among slum dwellers. The situation gets talked with the hypothesis put forward in this regard.

Regarding curative health care, in general there is high utilization towards private facilities. This trend is also prevalent among the slum dwellers. The hypothesis was the utilization of private facilities increases in the non-slum areas and decreases in the slum areas, while utilization of government facilities increases in the slum areas and decreases in the non-slum areas. The utilization pattern shows a different picture where utilization of Private facilities is very high in slum areas.

The area wise utilization pattern show that the areas which are well provided with government facilities for eg. Fatehpuri, Safdarjung Enclave and Shahadra Show a higher utilization of government facilities while area far away from them come up in large number show higher utilization of the private facilities. Proximity is a major factor in determining the utilization pattern here.

The utilization of private facilities is higher mainly because they are available in large numbers. There is a higher utilization of government facilities in those localities which are nearly the hospitals.

It was already been discussed in chapter IV that there is no lack of facilities or equipments in government hospitals. The major and best departments are all available in government hospitals. In fact the reason behind overcrowding also proves that there is demand for these hospitals. Probably the fear in a man specially who is a slum dweller is that of the psychological belief that since its government treatment would not be good and since private will take money it would definitely look into the matter seriously. This very concept should be questioned and judged in a different way. Perhaps then one may see that there are some problems within the management or organisation which if could be changed things would have been better. If requires only to look into some of the area where there is a requirement for some modification which could improve the government
hospitals which have already so much potential which requires a proper organization. The large number of cases of non-treatment in the slum areas is mainly due to the lack of information or awareness which could be rectified by one window system.

The following paragraph would present the finding of the 7th chapter studying the utilization pattern in the non-slum areas.

The utilization of Private facilities increases with higher education level. The utilization of government facilities increases in lower educational level regarding the Preventive health care.

In case of curative health care there is an increase in utilization of private facilities with increase in educational level.

There is large utilization of voluntary organisation by very highly educated group mainly because of their awareness about the proper facilities with moderate amount of money and the provision of the reimbursement schemes etc.

The utilization of Private facilities increases among higher paid occupational groups like white collar I workers. The lowering of the occupational group to white collar II worker who are generally receptionist, typist etc., the utilization of government facilities is higher among them.

The main reason is the lower income which prohibits them to use private facilities.

The utilisation of Private facilities is higher among the SES I category. With the lowering of the SES group the utilization of government facilities increase.

The chi square test indicates there is relationship between occupational and SES and the utilization of Private facilities for total illness curative that with the increase in occupational status and SES the utilization of private facilities increases.

The immunization shows a strong relationship between education, occupational and SES and utilization of government facilities.

Regarding non-utilization all the reporting were from the slum areas regarding curative health care. In case of preventive health care these was high rates almost 65 per cent non-utilization cases were reported from the slum areas.
There are some gaps which have been observed in the study regarding the existing health care system.

First of all the distribution shows so much disparity within Delhi that all the major government facilities are pouring in NDMC area with such less population while the rest of the urban Delhi the MCD area has large percentage of population where, facilities provided are comparatively less. The shows that in West Delhi there is scarcity of government facilities. The government should look into this fact and provide facilities in the new areas coming up in the periphery according to the population size and needs.

Secondly, the world Bank Report '93 have recommended strengthening of preventive health care. The curative aspect have been totally ignored. The data in the utilization chapter show that there is higher utilization of government facilities regarding preventive care both in non-slum and slum areas. The fifth chapter on diseases show that 66.43 per cent of non-slum dwellers and 33.59 per cent of slum dwellers are suffering from degenerative diseases. So in slum areas too, there is a large section of population suffering from degenerative diseases as 33.59 per cent cannot be ignored. The government should also take initiative to strengthen the curative health care so that the slum dwellers do not have to go to the private facilities. It is the government hospitals, which have the best facilities and best departments and that's the reason behind over crowding. The government facilities require some modification in its organization and functioning like there should be one window system for its registration so that the major complaint of the slum dwellers about confusion and problem in looking for the right place for admission can be avoided. The admission system should be simple.

There were large number of non-utilization of degenerative cases in slum areas show that this is mainly because of the resource crunch. The basic issue in front of a slum dweller is food and not heath. He first of all would spend on food and secondly on health. For example, the reporting mainly from the older people suffering from degenerative diseases. The family is careless about the old man as they have so such resource crunch and to meet all the needs they tend to ignore this important aspect.
The government hospitals should therefore provide free treatment and medication for the older age-group people in the slum areas.

The slum areas could be provided with the local health centre or government service to meet up the demand which at times they are fulfilling depending upon the accessibility and proximity to the private clinics or quacks. Many a times there people, due to lack of financial and information resource cannot avail of any medical facilities revealing the scenario of non-utilization.