CHAPTER -7

CONCLUSION AND SUMMARY
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NGO's in Belgaum District are giving wide variety of services. Some of them are providing specific services like maternal health care, child health care, family planning services, AIDS awareness, drugs de-addiction, old age health care etc. And some of them are giving general health services in the study area.

Some of these NGO's are not giving any health services to the people at a particular place only. It means these are not working at any health centre. They are going to the community level and are giving health services, and they believe in the principle, "prevention is better than cure". Therefore, they are mainly working for creating health awareness in the community by putting more focus on health counselling.

The availability of NGO’s health services plays a vital role in providing basic health amenities to the rural people. This study has observed that there are some NGOs health institutions in urban area like, district town, taluka town and other urban places and there is no health institution centre in the studied rural area. But NGO’s are giving health services like awareness, medicine, treatment and other laboratory services through the help of Government projects like, awareness programmes, mobile health clinic under National Rural Health Mission (NRHM) project and from the Government and other private health institutions.

Mainly the NGO’s are giving primary health services and they are suggesting to respondents to go to Government health institutions. Large number of respondents said that in rural area/village there are no NGOs health centre, but all those respondents got the NGO’s services from the urban areas health institutions and mobile health clinic services. This shows that the urban NGO’s are giving more service to the rural people.

The present study was undertaken to know about the role of NGO’s in Rural Health Care in Belgaum District of Karnataka State. The major findings of the study are as follows:
7.1. HEALTH INFRASTRUCTURE FACILITIES IN INDIA:

- In the year 2011 there were 4,809 CHC’s in India. Among these Andhra Pradesh, Gujarat, Kerala, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu and West Bengal states had provided 5.84 per cent, 6.34 per cent, 4.66 per cent, 6.92 per cent, 7.59 per cent, 7.84 per cent, 7.82 per cent, 8.01 per cent and 7.24 per cent CHC’s respectively. And Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Goa, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka. Manipur, Meghalaya, Mizoram, Nagaland, Punjab, Sikkim, Tripura, Uttara Khand states provided 1.00 per cent, 2.25 per cent, 1.46 per cent, 3.08 per cent, 0.10 per cent, 2.23 percent, 1.58 percent, 1.73 percent, 3.91 percent, 3.74 percent, 0.33 percent, 0.60 percent, 0.19 percent, 0.44 percent, 2.68 percent, 0.23 percent, 1.14 percent CHC’s respectively.

- While observing the above data, it is found that in India Community Health Centres are not equally distributed in all states.

- During the year 1985 to 1990 there is an increase in the number of PHC’s from 9718 to 18981, and in the year 1995 there were 21536 PHC’s, in the year 2001 there were 22,842 PHC’s and in the year 2005 there were 23,236 PHC’s and in the year 2011 there were 23,887 PHC’s in India.

- During the year 2011, Uttar Pradesh had provided highest number of PHC’s i.e., 15.46 per cent and Goa had provided less number of PHC’s i.e., 0.08 per cent only.

- Karnataka and Madhya Pradesh have provided 5.99 per cent sub-centres separately and Meghalaya and Nagaland had provided 0.27 per cent sub-centres separately. During the above mentioned year Uttar Pradesh had provided highest number of sub-centres i.e., 13.85 per cent and Sikkim had provided less number of sub-centres i.e., 0.10 per cent.

7.2. HEALTH INFRASTRUCTURE FACILITIES IN KARNATAKA:

- The status of primary health centers from the year 1992-93 to 2009-10 was from, 1297 to 2193 PHC’s in Karnataka out of this Bangalore division share had increased from 27.14 to 31.92 per cent followed by Mysore in the same period, Mysore divisions share had decreased during above mentioned period
i.e., 31.53 to 31.05 per cent, Belgaum and Gulbarga division share also decreased i.e., 24.60 per cent to 21.39 per cent and 16.73 per cent to 15.64 per cent respectively.

- The study analysis expresses that except Bangalore division percent of PHC’s has decreased. But the Number of PHC’s have increased in all divisions. But during the year 2000-01 to 2005-06 there is again a fall in percent and number also that is 30.32 per cent to 30.26 per cent of Mysore and 24.75 per cent to 24.54 per cent of Belgaum division respectively.

- Thus, it is profound that, the number of PHC’s had been increased to some extent year by year, but they are not equally distributed in all divisions of Karnataka State. It expresses that Bangalore division had highest number of PHC’s and Gulbarga had least number of PHC’s.

- Followed by South Karnataka and North Karnataka, South Karnataka had more number of PHC’s and North Karnataka had least number of PHC’s. It shows that North Karnataka is backward as compared to South Karnataka in the number and percent of PHC’s.

- In the state of Karnataka their was an increase in the number of beds in primary health centres from 11,111 to 17,828 starting from the year 1992-93 to 2005-06, but compared to 2009-10 it again decreased in number i.e., only 10,639.

- Despite the provision of Bangalore division percentage of beds also decreased i.e., 31.34 to 29.32 during the year 1992-93 to 2009-10. During the same year their other divisions share of beds also got a little bit increase i.e., 33.05 per cent to 33.12 per cent of Mysore, 21.20 per cent to 22.23 per cent of Belgaum and 14.41 per cent to 15.33 per cent of Gulbarga division.

- During the same period 1992-93 to 2009-10, Mysore division possessed the highest number of beds and Gulbarga division possessed the least number of beds as well as it shows that there was not equal distribution of beds among the divisions of Karnataka State.

- In between 1992-93 and 2005-06, there was not much rise in the number of hospitals. Out of 177 hospitals during 2000-01 and 2005-06 there is no change in numbers, out of that Bangalore division had 25.42 per cent, Mysore division had 25.99 per cent, Belgaum division had more number of hospitals i.e. 27.69 per cent and Gulbarga division had smallest number of hospitals i.e., 20.99 per cent only.
Thus the information shows that, Belgaum division had the highest number of State Government Hospitals and the Gulbarga division had a very least number of hospitals. In the same way some of the hospitals are not functioning properly, the service offered by these health centres is not satisfactory.

There were 8552 family welfare centres in the year 1995-96, out of that, Bangalore division had provided 25.59 per cent family welfare centres, Mysore division had provided 33.17 per cent, Belgaum division had provided 24.26 per cent and Gulbarga division share of establishment was 16.98 per cent.

In the same way during the year 2000-01 and 2009-10 Bangalore division had provided highest number of family welfare centres i.e., 25.57 per cent and 28.86 per cent and in the same year Gulbarga division had provided less number of family welfare centres i.e., 17.05 and 15.51 per cent. But the comparison of the decadal data shows that number of family welfare centres declined from 8602 to 8143 during the year 2000-01 to 2009-10. The study shows that during the year 1995-96 to 2009-10, division wise family welfare centres increased in percent in the Bangalore and Mysore division and declined in Belgaum and Gulbarga divisions.

As it is shown during the years starting from 1990-91 to 2009-10, there was an increase in the number of sterilisation beneficiaries i.e., from 3,337 to 3,88,959. Out of that during the year 1990-91, 37.19 per cent, 26.04 per cent, 22.57 per cent and 14.20 per cent of Bangalore, Mysore, Belgaum and Gulbarga divisions underwent sterilization and became the beneficiaries respectively.

In the same way during the year 2009-10, Bangalore division had the provided the sterilization programme to the beneficiaries i.e., 32.62 per cent, and 18.08 per cent, 28.56 per cent and 20.74 per cent belonging to Mysore, Belgaum and Gulbarga division got sterilization benefit.

The study also predicts the information on availability of drug shops in Karnataka. As it is shown there was an increase in the number of drug shops from 9875 to 18684 during the year 1992-93 to 2009-10. Among these Bangalore division was provided highest number of drug shops i.e., 46.21 per cent, Mysore division provided 19.20 per cent drug shops, Belgaum division had provided 22.04 per cent drug shops and Gulbarga division had provided the least number of drugs shops i.e., 12.55 per cent only.
During the year 2009-10 Bangalore division had provided the 45.24 per cent drugs shops, Mysore division had provided the least number of drugs shops i.e., 16.03 per cent, and Belgaum and Gulbarga division had provided the 21.60 per cent and 17.13 per cent drug shops.

This study shows that during the year 1992-93 to 2009-10 the number of drug shops increased except for Gulbarga where drug shops decreased. Thus, in spite of increase in number Bangalore division has the highest number of drugs shops and Gulbarga division had the least number of drugs shops during the mentioned periods.

7.3. HEALTH INFRASTRUCTURE FACILITIES IN BELGAUM DISTRICT:

Taluka-wise distribution of private hospitals in Belgaum district, during the period 2008-09, shows that Athani, Bailhongal, Belgaum, Chikkodi, Gokak, Hukkeri, Khanapur, Raibag, Ramdurg and Soundatti taluka had 10.30 per cent, 4.81 per cent, 35.01 per cent, 12.81 per cent, 13.73 per cent, 7.32 per cent, 2.29 per cent, 3.43 per cent, 6.18 per cent and 4.12 per cent private hospitals respectively.

In the year 2008-09, Athani taluka had provided 6.53 per cent beds Bailhongal taluka had provided 2.88 per cent, Belgaum taluka had provided 34.02 per cent, Chikkodi taluka had provided 16.90 per cent, Gokak taluka had provided 24.00 per cent, Hukkeri taluka had provided 3.22 per cent, Khanapur taluka had provided 0.88 per cent, Raibag taluka had provided 2.74 per cent, Ramdurg taluka had provided 3.95 per cent and Soundatti taluka had provided 4.90 per cent beds in private hospitals.

The study indicates that during the year 2005-06 there were 6.25 per cent community health centers in Athani, Belgaum, Gokak, Khanapur and Ramdurg separately. In the same period Bailhongal, Hukkeri, Raibag and Soundatti talukas had 12.50 per cent CHC’s separately. And Chikkodi taluka had 18.75 per cent CHC’s in Belgaum district.

Further, the data shows that during the year 2008-09 Chikkodi taluka had 23.53 per cent CHC’s. But during the year 2011-12 in the same taluka CHC’s declined to 17.65 per cent. And during 2008-09 period Raibag had 11.76 per cent CHC’s and it increased in the year 2011-12 i.e., 17.65 per cent CHC’s.
Further, the data shows the declining number of beds during the year 2005-06 to 2008-09 and 2011-12 i.e., 576 to 510. In this way, during the year 2011-12 there were 510 beds, out of which, Athani, Belgaum, Gokak, Khanapur, Ramdurg and Soundatti talukas had provided 5.88 per cent beds in CHC’s separately and Bailhongal, Chikkodi and and Raibag talukas had provided 17.65 per cent beds separately. And Hukkeri taluka had provided 11.76 per cent beds in community health centres of Belgaum district.

During the year 2011-12, out of 140 PHC’s, Athani and Chikkodi talukas had 12.86 per cent PHC’s separately and Bailhongal, Belgaum, Hukkeri, Khanapur, Raibag and Soundatti talukas had 9.29 per cent, 10.71 per cent, 11.43 per cent, 6.43 per cent, 5.71 per cent and 12.14 per cent PHC’s respectively. And Gokak taluka had 14.29 percent i.e., highest number of PHC’s and Ramdurg taluka had very least number of PHC’s i.e., 4.29 per cent.

The study shows that, during the year 2011-12, Belgaum district had provided 840 beds in PHC’s. Out of which, Athani and Chikkodi talukas had provided the 12.86 per cent beds in PHC’s separately. And Bailhongal, Belgaum, Gokak, Hukkeri, Khanapur, Raibag, Ramdurg and Soundatti talukas had provided the 9.29 per cent, 10.71 per cent, 14.29 per cent, 11.43 per cent, 6.43 per cent, 5.71 per cent, 4.29 per cent and 12.14 per cent beds respectively in PHC’s.

7.4. SOCIO-ECONOMIC PROFILE OF THE RESPONDENTS IN STUDY AREA:

A total of 540 respondents were selected in Belgaum district, out of which 204 respondents belonged to Khanapur taluka, 175 belonged to Gokak taluka and 161 belonged to Athani taluka.

The study gives the information of Gender-wise selection of respondents from each taluka. Out of 204 respondents, in Khanapur 71 are males and 133 are females, which is about 34.80 per cent and 65.20 per cent respectively. Out of 175 respondents in Gokak taluka the number of male and female respondents are 53 and 122, and their percentage is 30.29 and 69.71 respectively.

In Athani taluka, there are 161 respondents, out of which 44 are male and 117 consist of the female respondents and their percentage is 27.33 and 72.67 per cent respectively. Thus, out of the total 540 respondents, 31.11 per cent are males and 68.89 are females.
Generally, in all talukas the number of female respondents is found to be more than the male population during study period. Further, this study shows that more number of female respondents are getting all type of health services from the NGO’s like, awareness of maternal health, family planning, delivery services, nutrition etc.

The study shows that, out of total 540 respondents, a total of 475 i.e., 87.96 per cent are Hindus which is highest among all. Whereas 4.45 per cent respondents are Muslims, 4.26 percent respondents are Christians and least number of respondents i.e., 3.33 per cent belong to other religious groups.

In this study the caste wise break up is shown presents that of the 540 respondents, 22.78 per cent belong to upper caste, 31.66 per cent belong to OBC (Other Backward Caste), 33.52 per cent belong to SC/ST (Scheduled Caste/ Scheduled Tribs) and 12.04 per cent respondents belong to minorities.

The study reveals that after a comparative examination of caste structure of both talukas, that in Khanapur and Athani taluka, majority of respondents belong to OBC, SC/STs, in Gokak taluka least number of respondents belong to minorities.

The study shows that OBC and SC/ST category of respondents are economically backward and NGO’s are playing a vital role by providing financial aid to these categories. Therefore, here higher number of OBC and SC/ST are getting NGOs health services who are chosen for the study.

The study shows the distribution of respondents as per the educational qualification. In the total sample of 540 respondents, 33.15 per cent are illiterates, 26.11 per cent have primary education, 25.74 per cent have high school education, 9.08 per cent have PUC level education, 3.33 per cent have degree level education and only 2.59 per cent have professional course to their credit.

The study results reveal that, the highest number of respondents were found with High School level education in Khanapur taluka and highest Illiterates are found in Gokak and Athani taluka, where as least number of degree respondents are found in Khanapur taluka, and in the field of professional courses Gokak and Athani talukas are found in least number during the study period.
Observing the study among taluka wise occupation status of sample respondents it is seen that, out of total 540 respondents, 30.74 per cent i.e., highest number are agricultural labourers, 11.67 per cent are self employed, 13.70 per cent are private employees, very few numbers of respondents i.e., 4.82 per cent are government employees, 24.07 per cent are farmers and 15.00 per cent are house wives and aged persons.

Of the total respondents 25.37 per cent belong to below Rs. 1000 income group, 41.85 per cent belong to Rs. 1001 to Rs.2500 income group, 17.22 per cent belong to Rs.2501 to Rs.5000 income group, 0.56 per cent belong to Rs.5001 to Rs.10000 income group and 15.00 per cent respondents belong to no earning group, because these respondents are house wives and belong to aged group, and they are dependent on other members income in the family.

In this study more number of respondents are earning Rs.1001 to Rs.2500 income and least number of respondents earning Rs.5001 to Rs.10000 income which focuses on the economic status of respondents.

Out of the total respondents, highest number of respondents i.e., 79.63 per cent belong to the married group, 16.85 per cent belong to widow group, and 0.93 per cent belong to the divorced group and 2.59 per cent belong to the separated group.

Here, those who are married and living with a family such respondents do not have any difficulties. But, widows, divorced and separated respondents do not have good health and they have poor socio-economic conditions. In this study it is found that, in each taluka more number of respondents are married and less number of respondents belong to divorced and separated groups. It does not cover unmarried candidates/respondents.

The study also reveal the respondents age group of marriage, out of total 540 respondents, 21.30 per cent belongs to up to 15 years marriage age group, 59.44 per cent respondents belong to 16 to 20 years of marriage age group, 15.35 per cent and 2.22 per cent of respondents belong to 21 to 25 and 26 to 30 years of marriage age group and only 1.67 per cent belong to 31 and above years of marriage age group. Here, more number of respondents are married in the age group of between 16 to 20 years and less numbers are in the age between 31 and above years.
Out of the total respondents, 44.26 per cent respondents are having joint families and 55.74 per cent belong to nuclear families.

From the study it is clear that a majority of respondents belong to nuclear family and least number of respondents are from joint family. But in Khanapur talukas the highest number of respondents are from joint family and least number of respondents belongs to nuclear family.

As data shows, out of the total respondents, 9.26 per cent respondents belong to family size below 3, i.e., 40.55 per cent belong to 3 to 5, 28.15 per cent belong to 6 to 8, and 22.04 per cent belong to 9 and above family size.

It is concluded that the highest number of families belongs to 3 to 5 size of and least number of respondents have been below-3 family members.

7.5. NGO'S AND RURAL HEALTH CARE SERVICES IN STUDY AREA:

Present study shows the, total availability and non-availability of NGO's in the study area. Totally, 540 respondents are taken from three talukas namely Khanapur, Gokak and Athani. Overall 88.52 per cent, respondents have opined that NGO's are not available in their native places. Rest i.e., 11.48 per cent respondents have opined that NGO’s are available in their native places.

The study clears states the location-wise NGO’s health services provided to the respondents in the study area. Majority of respondents said that the NGO’s are located in District places 46.11 per cent followed by taluka place 42.41 per cent and in villages 11.48 per cent who are working in villages in Athani taluka, followed by 71.43 per cent respondents who said that NGO’s are working in taluka place in Gokak aluka and 78.92 per cent of respondents said that the NGO’s are located in district/town in Khanapur taluka.

Observing the data it is clear that there is an unequal distribution of NGO’s in different talukas in the study area. Maximum respondents have given the statement that most of the NGO’s are located in district and taluka place and very less respondents have opined that NGO’s are situated in rural areas.

Overall 86.11 percent respondents visited as out patient and 13.89 per cent respondents were admitted as in-patients. Highest respondents 34.80 per cent were admitted as in-patients in Khanapur taluka as well as 98.86 per cent respondents visited as out-patients in Gokak taluka.
However, very less respondents were admitted as in-patients in Gokak and Athani taluka which is 1.14 percent and 1.24 per cent respectively. Remaining all respondents have got the health services as out-patients in the study area.

The study expresses that there are very less number of respondents in Gokak and Athani talukas who got the health services of NGO's and NGO's suggested hospitals as inpatients. In Khanapur taluka average number of women respondents got a health services as inpatients.

Majority of NGO's do not have their own hospitals to provide health facilities like Allopathic, Homeopathic and Ayurvedic medicines. But, they are also providing such type of services with the support of Government and private hospitals. Therefore, NGO's may directly or indirectly involve in giving health services and they take responsibility of respondents for successfully recovery rehabilitation of respondents health care.

Further, the study reveals the different reasons to prefer the respondents NGO's health services. 34.45 per cent respondents have given the reason of free treatment (treatment is free), 9.26 per cent respondents revealed as a alternative source (as the first alternative), 17.22 per cent mentioned it as a convenient one. 2.96 per cent, 8.33 per cent, 19.82 per cent, 7.41 per cent and 0.55 per cent respondents mentioned that it is because of availability of medical facility, skilled doctors, good service, less expensive and others as valid reasons.

In the present study, 40.74 per cent respondents out of the total, have enjoyed the NGO's reimbursed health expenditure and 59.26 per cent respondents did not enjoy the NGO's reimbursed health expenditure.

During the study period Khanapur talukas, 10.00 per cent respondents have got reimbursed proportion fully and 90.00 per cent respondents have got partially. However, all respondents of Gokak taluka 100 per cent and Athani taluka have obtained proportion of health expenditure reimbursed by NGO’s. Due to ignorance and lack of information it is not possible to get reimbursed health expenditure from NGO’s.

Taluka-wise availability of NGO's health workers in Khanapur 53.43 per cent, Gokak 66.86 per cent and Athani 77.64 per cent on the other hand highest 46.57 per cent respondents have opined non-availability of NGO’s health workers in Khanapur taluka, followed by Gokak 33.14 per cent and Athani
22.36 per cent respondents who have respectively revealed that NGO’s health workers were not available in their study area.

- The present study indicates the type of available service of NGO’s health workers in the study area. 19.66 per cent respondents out of total said that the available were of doctors, 16.52 per cent, 59.55 per cent and 4.27 per cent respondents respectively about the said availability of ANMs, field workers and other health workers who worked efficiently.

- This study predicts that the usually in NGOs working population consists of more number of workers i.e., field workers and less number of other health workers. The study tells about the available type of health workers in the study area.

- The study shows that highest numbers of respondents gave negative opinion regarding availability of NGO’s transport facilities in the study area. But transport facilities are most necessary to the patient. Therefore, NGO’s must give priority to provide the transport facilities and so on.

- The study shows that, 72.60 per cent respondents from Khanapur, 100.00 per cent respondents from Gokak and 87.50 per cent respondents from Athani taluka have said that NGO’s Ambulance facilities is available in study area, and 28.00 per cent respondents of Kanapur and 12.50 per cent respondents of Athani taluka go to hospital by bus.

- 33.77 per cent respondents stated that health workers visited their houses only once in a month. Further, 26.05 per cent, 19.20 per cent, 10.82 per cent respondents respectively said that, the NGO’s health workers visited their houses, two times, three times, four time respectively, and 7.73 per cent and 2.43 per cent respondents said that NGO’s health workers visited more than four times and it depended on necessity.

- In this study the highest number of 33.77 per cent respondents stated that NGO’s health workers visited one time and less number of 2.43 per cent respondents said that NGO’s health workers visit depended on necessity.

- Of the total only 37.78 per cent respondents have obtained the benefits from government health policies and programmes and rest of 62.22 per cent respondents are out of these services.

- Further, taluka-wise data shows that, 59.80 per cent, 21.71 per cent and 27.33 per cent respondents of Khanapur, Gokak and Athani talukas benefited
Government health programmes supported by NGO’s and 40.20 per cent, 78.29 per cent and 72.67 per cent respondents of Khanapur, Gokak and Athani talukas respondents said that they have not taken benefit of Government health programmes supported by NGO’s respectively.

- Further, taluka-wise data shows that, Khanapur 67.16 per cent, Gokak 74.29 per cent and Athani 75.78 per cent taluka respondents have got the nutritional food respectively from NGO’s. Similarly 32.84 per cent, 25.71 per cent and 24.22 per cent respondents of Khanapur, Gokak and Athani talukas respondents have said that, they did not get the nutrition food from NGO’s.

- Thus, nutritional food is very important indicator of health. Therefore, NGO’s should make an effort to provide nutritional food for all respondents. NGO’s should provide adequate information about the essentialness of nutritional food for human beings.

- Observing the taluka-wise benefited respondents, in case of Khanapur taluka 56.20 percent, 16.06 per cent and 14.60 per cent respondents have enjoyed nutritional food, nutrition liquid and fruits respectively. While in Gokak taluka 29.23 per cent and 26.15 per cent respondents have availed fruits, nutrition liquid and nutrition powder respectively. In case of Athani taluka 30.33 per cent respondents have obtained nutrition liquid and 28.69 per cent respondents have enjoyed fruits.

7.5.1. MATERNAL AND CHILD HEALTH CARE SERVICES THROUGH NGO’S:

- Married women respondents received the ANC care services from the NGOs. Out of the total, 24.73 per cent women respondents have got the ANC care services from NGO’s in the study area, and 75.27 per cent women respondents have not got ANC care services from the any NGO’s.

- It is evident from the present study that there are 32.61 per cent, 19.57 per cent, 5.43 per cent, 39.13 per cent and 3.26 per cent respondents who have obtained the ANC care services like counselling, motivation, calling health personnel, referred to health centres and attended health meetings respectively.

- Present study reveals that 35.29 per cent respondents of Khanapur, 50.00 per cent respondents of Gokak and 57.90 per cent respondents of Athani taluka i.e.,
more number of respondents have got the ANC care service of the help of NGO's counselling services and very less number of respondents have participated in health meetings, which is 2.94 per cent and 5.26 per cent in Khanapur and Athani talukas.

- Present study clears that, a majority of the respondents of the total i.e., 39.13 per cent have got the help of being referred to health centres and less number of respondents i.e., 3.26 per cent have got the help to attend health meetings conducted by NGOs period of ANC care services.

- The study presents that, the out of the total, 24.73 per cent women respondents have been benefited from PNC care services from NGO's and 75.27 per cent women respondents have been not benefited from the PNC care services from any NGO's.

- When we observe taluka-wise respondents of PNC care services Athani taluka has highest benefited respondents, which is 32.48 per cent followed by Khanapur taluka 25.56 per cent and Gokak taluka has 16.39 per cent only.

- Present study has found out that due to lack of information and awareness about PNC care services majority of the respondents are out of such type of services. So, NGO's should provide necessary information and awareness about PNC care services to the people.

- The study expresses that a number of respondents have got the nutrition food at the time of pregnancy and delivery from NGOs. The study also clears that, the out of the total, 46.51 per cent respondents have got the nutrition food and 53.49 per cent respondents haven't got the nutrition food from any NGO's at the time of pregnancy and delivery.

- The study states that, the out of the total, 9.25 per cent, 34.10 per cent, 30.64 per cent, 3.47 per cent and 22.54 per cent respondents have got the benefit of milk, nutrition liquid, the nutrition powder, curd and fruits provided by NGO's during the period of pregnancy and delivery respectively.

- In case of Khanapur taluka, 5.46 per cent respondents have got the milk, 20.00 per cent respondents have been benefited from the nutritious liquid, 49.09 per cent respondents have been benefited from the nutritious powder and 25.45 per cent respondents have got fruits through NGO's during the time of pregnancy and delivery.
Similarly, in Gokak taluka, 17.86 per cent respondents have got milk, 21.43 per cent respondents have got nutritious liquid, 28.57 per cent respondents have got the nutritious powder, 10.71 per cent respondents have got curd and 21.43 per cent respondents have got fruits from NGO’s during the time of pregnancy and delivery.

Further, the study clearly shows that, in Athani taluka, 4.84 per cent, 58.06 per cent, 16.13 per cent and 20.97 per cent respondents have got the milk, nutritious liquid, nutritious powder and fruits from NGO’s during the period of pregnancy and delivery.

The study reveals that, out of the total, 22.53 per cent respondents have faced the problem of non availability of medicines, 7.04 per cent, 19.72 per cent, 2.82 per cent, 9.86 per cent, 21.13 and 16.90 per cent respondents have faced the problem of non availability of staff, rude behaviours of NGO’s staff, too much waiting time, costly service, service centres situated in a far place and timing of the health centre was not suitable one.

Present study has found out that the highest number of respondents have faced the problem of non availability of medicines and less number of respondents have faced the problem of too much waiting time. It is the need of the hour to provide better services despite of all these problems.

As it is evident, 23.53 per cent of Khanapur, 11.43 per cent of Gokak and 16.15 per cent of Athani taluka respondents have been provided with Measles (Dadar) components to their children with the help of NGO’s and 76.47 per cent, 88.57 per cent and 83.85 per cent respondents haven’t been provided with these services to their children.

7.5.2. FAMILY PLANNING SERVICES THROUGH NGO’S:

Observing the overall respondents, it is observed that 31.56 per cent respondents have obtained contraceptive methods. 23.24 per cent being negligible are found in the study area, and 21.11 per cent respondents did get laboratory services and counselling respectively other services were also made available. The study presents that, out of the total, 21.11 per cent respondents have got services from counselling, 31.56 per cent have got the contraceptive methods, 4.48 per cent respondents have got service of Gynaecology problems,
14.28 per cent respondents have received service for breast examination, 2.98 per cent respondents have got the service for reproductive tract infection, 2.35 per cent respondents have got service for male sexual reproductive health problems and 23.24 per cent respondents have got the service of laboratory from the NGO’s and NGO’s suggested hospitals.

Present study indicates that, the highest number from Khanapur and Gokak talukas i.e., 38.54 per cent and 26.87 per cent respondents have got the contraceptive family planning methods respectively, and in Athani taluka 30.00 per cent respondents have got the counselling benefit. However, less number from Khanapur and Gokak talukas i.e., 1.12 percent respondents have got the treatment for reproductive tract infection and male sexual reproductive health problems separately and in Gokak taluka 1.88 per cent respondents have got the treatment for Gynaecology problems, and in Athani taluka 1.54 per cent respondents have got the treatment for male sexual reproductive health problems.

The study reveals that, out of the total, 17.96 per cent respondents have got the sterilization operation through NGO’s and NGO’s suggested health centres and 82.04 per cent respondents haven’t got the benefit of sterilization operation from NGO’s.

Out of the total, beneficiaries of sterilization services, 31.04 per cent respondents availed the Maternity allowance, 46.55 per cent respondents have got the Nutrition food and 22.41 per cent respondents have got the Ambulance services being through NGO’s.

Present study has found out that no respondents got the benefit of maternity allowance and nutrition food in Athani taluka. But, in case of Gokak and Khanapur taluka, more number of respondents have enjoyed with nutrition food followed by maternity allowance and ambulance services. All the respondents have obtained ambulance services in Athani taluka.

7.5.3. ROLE OF NGO’S IN RURAL HEALTH CARE AND HARMFUL DRUGS:

Observing the overall data it is seen that, 11.83 per cent, 24.73 per cent, 19.89 per cent, 14.52 percent, 29.03 percent of respondents were found consuming
harmful drugs one time, two times, three times, more than three times and occasionally respectively in the study area.

- The present study finds that in Khanapur and Gokak talukas highest numbers of respondents used harmful drugs occasionally and less number of respondents used more than three times in Khanapur taluka, in Gokak and Athani taluka least number of respondents used the harmful drugs only one time in a day. But in the Athani taluka the highest numbers of respondents used two times.

- As per the present study, out of the total, 18.82 per cent respondents have used harmful drugs under 10 to 15 age group, 38.71 per cent respondents have used harmful drugs under 16 to 20 age group, 23.12 per cent have used harmful drugs under 21 to 25 age group and 19.35 per cent respondents have used harmful drugs after 25 years age.

- The study has found out that the highest number of respondents have used harmful drugs between the age group, 16 to 20 and least number of respondents have used harmful drugs in 10 to 15 age group. So, it is necessary to conduct awareness programme about evils effects of harmful drugs for respondents under age group of 16 to 20.

- Observing the overall, data it is observed that 45.70 per cent respondents have been addicted to harmful habits. Rest i.e., 19.36 per cent, 12.90 per cent 22.04 per cent respondents have been addicted for the purpose of avoiding monotony, pressure from friends and pleasure respectively.

- Only 8.06 per cent respondents out of the total do not spend any amount on harmful drugs. Observing the taluka-wise data it is found that 2.78 per cent, 11.43 per cent and 11.36 percent respondents did not spend anything on harmful drugs among all talukas. There are 27.78 per cent respondents in Khanapur taluka, whose expense is less than 10 Rs. on harmful drugs and 2.78 per cent respondents did not spend any amount. Like-wise, highest respondents in Gokak taluka spent Rs. 10 to Rs.20 on harmful drugs per day. Which is 20 per cent followed by 36.37 per cent in Athani taluka. 11.43 per cent and 11.36 per cent respondents of Gokak and Athani taluka did not spend any amount on harmful drugs.

- Present study, throws light by demonstrating that out of the total, 45.74 per cent respondents stated harmful drugs as being responsible for Cancer, 20.56 per cent respondents opined that, the harmful drugs are responsible for Heart
problems, 11.48 per cent and 22.22 per cent of respondents reported harmful drugs as responsible to respiratory and dental health problem respectively.

➢ The study reveals that the highest number of respondents are aware of the harmful drugs which are responsible for Cancer and less number of respondents reported that harmful drugs are responsible to the respiratory complications.

➢ The study reveals that 37.91 per cent, 24.18 per cent, 1.79 per cent, 8.66 per cent, 5.08 per cent, 5.97 per cent, 7.16 per cent and 9.25 per cent respondents reported that NGO’s have performed street plays, jatha, orientation programme, meetings, speech/lecture, personal visit, counselling and case study respectively.

➢ The highest number of respondents i.e., 48.18 per cent in Khanapur, 28.46 per cent of Gokak and 38.95 per cent of Athani talukas respondents stated that NGO’s are conducted the street plays respectively and least number of respondents i.e., 1.82 per cent, 3.08 per cent and 3.16 per cent of all talukas respondents opined that NGO’s have provided awareness services like, personal visit and provided awareness through speech respectively.

➢ The present study clears that in all talukas highest number of respondents i.e., 42.05 per cent of Khanapur, 31.11 per cent of Gokak and 37.14 per cent of Athani talukas respondents expressed their opinion that NGO’s services are helpful to enhance their knowledge, while 4.55 per cent, 7.78 per cent, 4.29 per cent of Khanapur, Gokak and Athani talukas respondents stated about these services of NGO’s and after this awareness programme they gave up the use of harmful drugs.

➢ Taluka-wise data shows that in Khanapur, Gokak and Athani talukas 14.71 per cent 22.86 per cent and 22.98 per cent of respondents respectively stated that the NGO’s have conducted health camps on harmful drugs de-addiction and rehabilitation and 85.29 per cent, 77.14 per cent and 77.02 per cent of respondents reported that NGO’s have not conducted these services.

➢ When we observing the data it is found that, benefited sample respondents from de-addiction and rehabilitation services are very negligible, which is only 19.81 per cent. Remaining 80.19 per cent respondents are out of these services.

➢ Further, taluka-wise data shows that in Khanapur, Gokak and Athani talukas, 56.67 per cent, 72.50 per cent and 67.57 per cent of respondents availed the
benefit of NGO’s conducted camps for one day and 43.33 per cent, 27.50 per cent and 32.43 per cent respondents have stated that, NGO’s conducted two days camp on harmful drugs de-addiction and rehabilitation programme respectively.

- Observing the taluka-wise benefited respondents, highest respondents of Gokak Taluka obtained health education, which is 59.38 percent, followed by 56.00 percent respondents in Athani taluka and 55.56 per cent respondents in Khanapur taluka 29.63 per cent respondents obtained advice service by the NGO’s. However, 21.87 per cent respondents in Gokak taluka and 16.00 per cent respondents in Athani taluka have got such type of services. Majority of the respondents have obtained health check up service in Athani taluka, which is 28.00 per cent, followed by 18.75 per cent in Gokak and 14.81 per cent in Athani taluka.

- The findings of the present study stated that majority of the respondents have obtained health education services by NGO’s and very less number of respondents have got health check up services among all talukas.

7.6. SUGGESTIONS:

The study has found out that NGO’s services are not distributed equally and sufficiently in all regions and people of the study area. On the basis of these findings there are so many solutions to fulfill the absences of NGO’s services and many suggestions have to be taken into consideration for improvement of NGOs health care services in rural areas.

- The Government of India should make proper distribution of CHC’s throughout the nation which would promote the health of common people at large.

- Government must give the priority to set-up Government Hospitals in the each divisions wherever it is necessary.

- Government has give correct guidance to health workers.

- NGO’s should collect the information about all aspect of health sector and should provide needy facilities to beneficiaries.

- People should be informed about health schemes.

- NGO’s workers may go to the field and take the help of their people and other societies members in the working area and collect the information about the number of patients and needy people.
➢ NGO’s should give awareness and proper guidance of health schemes to the people.
➢ Therefore, NGO and Government should try to give better services for rural people.
➢ NGO’s staff members and doctors have to behave properly with the beneficiaries.
➢ NGO’s should try to bridge the gap between the respondents. Every body should get the benefits of all health care components which are provided through NGO’s.
➢ Therefore, NGO’s should give importance to setup offices in rural areas for the overall development of rural community. NGO’s main motto should become servicing the poor, disabled, SC/ST and other backward classes.
➢ NGO’s should give priority to professionalism for better services
➢ NGO’s besides conducting experiments should find out low cost delivery systems, especially in rural health care.
➢ Government should has to help NGO’s in service sector.
➢ Government should financially support NGO’s for the purpose of health care.