Access to Rural Health Care Services in Tlabung Rural Development Block, Lunglei District, Mizoram

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CERTIFICATE

This is to certify that the research in '**Access to Rural Health Care Services'** submitted by Lalrinfeli for the partial fulfilment of the Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for any award for any degree in this or any other university or institution of learning.

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CHAPTER-I

INTRODUCTION

The meaning of health has evolved over time. In keeping with the biomedical perspective, early definitions of health focused on the theme of the body's ability to function; health was seen as a state of normal function that could be disrupted from time to time by disease. According to WHO 1946. Health is a state of physical, mental, and social well-being and not merely the absence of disease or infirmity. According to Webster dictionary Health is defined as "the conditions of being sound in body, mind or soul especially freedom from physical diseases and pain". Health care is the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical, nursing, and allied health professions. According to Oxford Dictionary Health Care is defined as, "multitude of services rendered to individuals, families or communities by the agents of the health services or professions for the purpose of promoting, preventing, maintaining, monitoring or restoring health".

Health care system is sometimes referring to as the organization of people, institutions, and resources that deliver health care services to meet the health needs of target population. A health system consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health. India is home to one of the world's largest healthcare systems. Despite huge challenges, the country provides free, albeit basic, healthcare to over one billion people. That's no small accomplishment! It's also enjoyed significant triumphs, such as eradicating polio in 2011. Additionally, communicable diseases in India fell by a remarkable 50% between 1990 and 2016. These are tremendous feats for the world's second most populated country. However, behind these achievements are some harrowing statistics. The country ranks 112 out of 191 countries on the World Health Organization's ranking of global healthcare systems. Infant mortality remains unacceptably high, approximately seven times that of the United States. India's healthcare system presents many serious challenges for both residents and

visitors.

In theory, at least, India has universal healthcare. In some states, as much as 90% of the public relies on government-run hospitals, which are free. However, as critics quickly point out, India's universal healthcare is not exactly universal in nature. There are significant gaps in care based on gender, social class, and geography.

By law, providing healthcare services is a state responsibility. States are additionally charged with addressing public health, nutrition, and standards of living. Just how well they succeed in their undertakings varies tremendously. Corruption is widespread, both among government and healthcare officials. As a result, public facilities are underfunded. Standards of care are basic (at best) and sometimes abhorrent (at worst). Supplies that are supposed to be guaranteed, such as free medications, are often unavailable. Unsurprisingly, wait times are significant. Patients sometimes resort to bribery in an effort to receive timely care.

However, Indian patients have reason to be hopeful. Some 150,000 Health and Wellness Centers (HWCs) have been established to improve timely healthcare access. This has been achieved in part by transforming existing Sub Health Centers to deliver comprehensive primary health care. India has the largest private healthcare system in the world. India's healthcare system is funded through government taxation. In 2019, the government was spending $36 billion on healthcare annually, or roughly 1.23% of its GDP. When out-of-pocket costs that patients spend for private healthcare are taken into account, the country's total healthcare GDP equals 3.6%.

The modern (Allopathic) Healthcare Systems in India the modern (allopathic) health care system in India consists of a public sector, a private sector, and an informal network of care providers. The size, scale, and spread of the country hampered complete adherence to the number of well-intended guidelines and regulations. Although there are norms and guidelines, compliance is minimal. In reality, the sector operates in a largely unregulated environment, with minimal controls on what services can be provided, by whom, in what manner, and at what cost. Thus, wide disparities occur in access, cost, levels, and quality of health services provide across the country.

The Mizoram State Health Care Scheme (MSHCS) was launched by the Mizo National Front (MNF)government headed by Zoramthanga in October 2019.Under this scheme, the government provides health cover of up to Rs 2 lakh each to beneficiaries in a year.

According to official reports, the Mizoram State Health Care Scheme successfully enrolled 26,569 citizens during the fiscal year 2023-24. However, the MSHCS currently carries a debt of Rs 63.88 crore. The Mizoram State Health Care Scheme (MSHCS) is a health insurance scheme that provides social security to all enrolled residents of Mizoram. The scheme aims provide health insurance coverage up to ₹2,00,000 for outpatient and inpatient care to all enrolled families at a minimal user fee of ₹100 for BPL families and ₹1000 for APL families 123. The scheme is designed to promote the economic and social betterment of the people of Mizoram by providing functional autonomy and democratic functioning of co-operatives as people's institutions based on self-help and mutual aid. The objectives of the MSHCS are to:

- Provide financial protection against catastrophic health expenditure
- Improve access to quality health care services
- Reduce out-of-pocket expenditure on health care
- Improve health outcomes
- Promote equity, social cohesion, and solidarity

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)

AB PM-JAY is a Centrally sponsored health insurance scheme for Socio-economic Caste Census (SECC) derived families as well as Rastriya Swasthya Bima Yojana (RSBY) families. It provides access to health care services for the beneficiary at all empanelled hospitals through cashless mechanism mitigates catastrophic expenditure on medical treatment. There are 87empanelled hospitals in the State of which 80 hospitals come under public sector and 7 hospitals under private sector. At present, 355225 Golden Cards are already issued and the year wise number of golden Cards issued and financial disbursement.

Rashtriya Swastrya Bima Yojana (RSBY) implemented by Government of India linked with Mizoram State Health Care Society to provide comprehensive health insurane coverage. RSBY beneficiaries covers up to Rs 2.7 lakhs but also covers up to 3 lakhs. It is also covers APL (Above Poverty Line) for identified critical illness. The main objectives of this Scheme is to improved access of families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network to Health Care Providers.

Objectives of the study

1. To identify the facilities available among Health Care providers in rural area.

2. To access the services provided by Anganwadi and Health Sub-Center.

3. To identify the barriers in access to health care services in rural areas.

CHAPTER-II
LITERATURE REVIEW

EM Rygh et.al 2007 stated that there is abundant literature on making healthcare programs integrated, interdisciplinary and managed in order to reduce fragmentation and improve continuity and coordination of care, only some part of this relates to rural issues. The challenge is the lack of a generally accepted international definition of rurality, and to develop an evidence-based understanding of rural health care. it was found that the development of new forms of interaction is particularly relevant in rural regions - such as interdisciplinary and team-based work with flexibility of roles and responsibilities, delegation of tasks and cultural adjustments. These may be associated with greater equity in access to care, and more coherent services with greater continuity, but they are not necessarily linked to reduced costs; they may, in some cases, entail additional expenses.

An article on 'Critical analysis of health care research in India' by Siva Kumar JT Gower stated that majority of the Indian population stunned with malnutrition, common diseases widespread in Indian continent, condition increased resistance to drugs, poor sanitation, in adequate safe drinking water facility and other critical problems which effect the health of the Indian.

"The rural health care stated that the system has changed dramatically over the past decade because of a general transformation of health care financing, the introduction of new technologies, and the clustering of health services into systems and networks. Despite these changes, resources for rural health systems remain relatively insufficient. Many rural communities continue to experience shortages of physicians, and the proportion of rural hospitals under financial stress is much greater than that of urban hospitals. The health care conditions of selected rural areas compare unfavorably with the rest of the nation" stated by Thomas C. Rickett.

Sandeep Singh and Sorabh Badaya in their article Health Care in Rural Areas: a lack between need and feed as they wrote that the present scenario Indian rural health care faces a crisis unmatched to any other social sector. As nearly 86% of all medical visit in India are made by rurality's as majority still travelling more than 100 km to avail health care facility of which 70-80% is born out of pocket landing than in poverty. The Government had implemented health infrastructure in urban areas as it is successful but failed in rural areas as sustaining rural 70% of Indian population. The qualitative and quantitative availability of primary health care facilities is far less than the defined norms given by World Health Organization.

Isha Chakraborty (2018) wrote article on Business Economic, " Rural Healthcare Sector: a challenge yet to be resolved as he mentioned and point out that much of the people in rural areas are not able to access health care facilities properly which create lot of troublesome for them that is mainly because of monetary issues and as transport opinion as well. He also mentioned that only 11% Sub-center, 13% Primary Health Center, 16% community health center in rural area in India meet the Indian Public Health Standard (IPHS).

Sheikd Mohd Saleem et al (2017) conduct research on Sub Center health profiling and health care delivery services in a rural community of northern India as they found out that health sub center was the first contact point between the community and the health care delivery system. The workers are given some specific task to performed relating to bringing behavioral changes in the community and offer services related to maternal and child health, nutrition, immunizations etc.

According to Dr Bimal Jaiswall and Ms Noor Us Sabal as in their article 'Indian health care system: issues and challenges the health care system in India is not well-adjusted as the rich people in the society can have the best and most modern and posh service but in the other side of the area the poor people in the society didn't have enough resources to access all those kinds of expensive services in terms of medical care and basic personal care facilities.

Debasis Barik and Amit Thorat wrote article on a topic of 'Issues of Unequal Access to Public Health in India' as they mentioned that poor housing condition, unsafe drinking water, lack of sanitation, use of biomass fuel, exposure to environmental odds, as the part of the livelihood amongst the marginal population group often growth of numerous health problem.

CHAPTER – III
METHODOLOGY

In this chapter the description of methodology is presented. This chapter deals with the methodological aspect such as objectives, research design, sampling, method of data collection and data processing and analysis.

3.3 Statement of the Problem

Access to healthcare in rural areas is a critical issue that affects the health outcomes of millions of people worldwide. Rural residents face a variety of access barriers, such as insurance coverage gaps, provider shortages, infrastructure limitations, and long distances to care.

The mainly focusses on rural areas as sometimes they did not receive and access the scheme and program implemented by government for the welfare of people and they are faced a lots of problems especially in related health issues. And it tried to study the regularity, quality and adequacy of health care services deliver in the rural community.

3.4 Objectives of the study

1. To identify the facilities available among Health Care providers in rural area.

2. To access the services provided by Anganwadi and Health Sub-Center.

3. To identify the barriers in access to health care services in rural areas.

3.1 Field Settings

3.1.1 Diblibagh

Diblibagh is a village in Tlabung RD Block, Lunglei District of Mizoram State, India. It is a located 6km from Tlabung. Diblibagh was established in the year 1935, the total population of 2991 and there are 449 household, there are 7 school and 1 church Budish Mandir 1. The pin code of Diblibagh village is 796751.

3.1.2 Kawrpuichhuah

Kawrpuichhuah is a village in Tlabung Rd Block, Lunglei District of Mizoram State, India. It is a located 7km from Tlabung, 248 km from State Capital Aizawl. Kawrpuichhuah was established in the year 1994, the total population of 372, there are 94 household, two(2) school and

there are 2 church. Most of the people especially Mizo are called Kawrpuichhuah and then, the real name in Chakma is “thekamuk”. The pin code of Kawpuichhuah village is 796751.

3.2 Methodology

3.2.1 Research Design

The study employs descriptive research design. The data mainly consists of primary data collected using quantitative method.

3.2.2 Sampling

The study adopted Multistage Random Sampling. Firstly, two villages were selected where one village is adjacent to the RD Block and another village is far from the RD Block. Secondly, selection of the respondents was done using Disproportionate Stratified Random Sampling. A total number of 10 household belonging to poor category and another 10 household belonging to non-poor category from both the villages. The household constitutes the sampling unit and all the households within the selected RD Block constitutes the population. The sample size is 40.

3.2.3 Data collection

Primary data was collected using quantitative method. Primary data was collected using structured interview schedule.

3.2.4 Data processing and analysis

Qualitative data are processed and analyzed using MS Excel and SPSS. The processed data are presented in the form of simple percentages, frequency and mean.

CHAPTER – IV
RESULT AND DISCUSSION

This chapter presents the results and discussion of the study which were divided into different sections such as the profile of the respondents, economic status, services provided by Anganwadi and health sub-center.

4.1 Profile of the respondents: profile of the respondent are divided into age, sex, religion, marital status, educational qualification, family types, forms of family, family, occupation, socio economic status.

4.1.1 Demographic characteristics

Age Group: The age group of the respondents are divided between the years of below 30, 30.0-40.6, 40.7-51.2 and 51.3 above. the respondents who are in the age between 30.0-40.6 (45%) followed by 40.7-51.3(32.5%), 51.5 above (15%) and below 30(7.5%).

Sex: sex of the respondent are divided into male and female. Majority of the respondents are male (77.5%) followed by female (22.5%)

Religion: religion of the respondents are divided into Christian, Hindu, Muslim and others. The participants belong to Christian (42.5%) and others (42.5%) are equivalent.

Marital status: the respondents are divided into married, unmarried and divorced. Majority of the respondents are married(90%) and unmarried(7.5%) and divorced(2.5%).

Educational Qualification: From the respondents, more than half of the population (67.5%) are below HSLC and between HSLC & HSSLC (20%) and another 7.5% are above HSSLC and the rest 5% are Illiterate.

Family types: In reputes to types of family 75.5% of the participants are nuclear family, 22.5% of the participants are from joint family and the rest 2.5% of the participants are extended family. Majority of the participants are from nuclear family.

Forms of family: forms of family 95% of the respondents are from stable family and another 2.5% are dysfunctional family and the rest 2.5% of the participants are from others. The majority of the participants are from stable family.

4.1.2 Economic Characteristics

Family occupation: family of occupation are divided into govt. employee, business, wage labour, famers and others. Occupation of the family 72.5% are famers and 15% of the respondents are govt. employee and the rest 12.5% are others. The majority of the participants are from farmers.

Socio-economic status: The socio-economic status are divided into BPL and APL. The socio-economic status of the respondents from BPL contributes 50% and the 50% belongs to APL family. Thus, poor and non-poor households are taken in proportion.

4.2 Service provided by Anganwadi:

The services provided by Anganwadi Centre was studied in terms of the regularity, Quality and Adequacy of the service. They were measured using five (5) points viz highly satisfactory, satisfactory, neutral, highly dissatisfactory and dissatisfactory.

4.2.1 Supplementary nutrition:

In terms of regularity more than half of the respondents (57.5%) are always with supplementary nutrition provided and (2.5%) are never. In terms of the quality both neutral (47.5%) and satisfactory (47.5%) are equivalent and highly dissatisfactory and highly satisfactory are no respond. The level of adequacy indicates most of the population (82.5%) are neutral and (5%) are dissatisfactory and highly satisfactory and highly dissatisfactory are no respond.

4.2.2 Health check-up:

Most of the populations (60%) are never and (40%) are sometimes and always are no respond in terms of regularity and the rest (2.5%) are dissatisfactory and there are no responds on highly dissatisfactory and highly satisfactory. In terms of adequacy most of the population (60%) are not available and neutral are (2.5%) and there are no responds on highly dissatisfactory and highly satisfactory.

4.2.3 Immunization:

In terms of regularity some of the population (40%) are sometimes and the rest of (16%) are never. In terms of quality more than (60%) are not available and 2.5% are dissatisfactory and the rest of 25% are neutral and there is no respond on highly dissatisfactory and highly satisfactory. In terms of adequacy of the population 60% are not available and 2.5% are neutral and there are no responds on highly dissatisfactory and highly satisfactory.

4.2.4 Health education:

In terms of regularity all of the respondents 100% are never and there are no responds on always and sometimes. In terms of quality all of the respondents 100% are not available and there are no responds on highly dissatisfactory, dissatisfactory, neutral, satisfactory and highly satisfactory. In terms of adequacy all of the respondents 100% are not available and there are no responds on highly dissatisfactory, dissatisfactory, neutral, highly satisfactory and satisfactory.

4.2.5 Nutritional education:

All of the respondents 100% are never received nutritional education.

4.2.6 Non-formal preschool education:

Majority of all the respondents 100% are never in terms of regularity and there are no responds on sometimes and always. In terms of quality all of the respondents 100% are not available and there are no responds on highly dissatisfactory, dissatisfactory, neutral, satisfactory and highly satisfactory. In terms of adequacy all of the respondents 100% are not available and there are no responds on highly dissatisfactory, dissatisfactory, neutral, highly satisfactory and satisfactory.

4.2.7 Referral services:

Majority of all the respondents 100% are never in terms of regularity.

4.3 Services and facilities provided by Health Sub-Center

The infrastructure and facilities of sub-center was studied in terms of regularity, quality and adequacy. The regularity was measured using three points scale viz always, sometimes, and never. The quality and adequacy was measured using five points scale viz highly dissatisfactory, dissatisfactory, neutral, highly satisfactory and satisfactory.

4.3.1 Supply of medication

In terms of regularity, more than half of the respondents 50% are always received medication. In terms of quality, even 50% of the respondents are satisfied and in terms of adequacy, 42.5% of the respondents are satisfied and 7.5% of the respondents are neutral with the adequacy of medication.

4.3.2 Vaccination to pregnant women

In terms of regularity, 30% of the respondents are always received vaccination for pregnant women. In terms of quality, most of the population 95% are satisfied and 2.5% of the population

stated that dissatisfied and highly satisfied. In terms of adequacy, most of the population 95% satisfied and there are 2.5% of the respondents are neutral and dissatisfied.

4.3.3 Vaccination to Children

100% of the population are always vaccinations for children in terms of regularity. Most of the population 82.5% are satisfied with the quality of vaccination and there are 12.5% of the population stated that neutral and 5% are highly satisfied. While 95% of the population are satisfied, 5% of the population are neutral with the adequacy of the vaccination for children.

4.3.4 Health Sensitization of Program

In terms of regularity, 50% of the respondents stated that there is never health sensitization program and half of the population 50% are no responds. 100% are no responds with the quality and adequacy of health sensitization program.

4.3.5 Medications to pregnant women

In terms of regularity, more than half of the population (70%) are always received medications for pregnant women and 30% of the respondents stated that sometimes. Most of the population (75%) are satisfied, (20%) are neutral and 5% of the respondents stated that highly satisfied with the quality of medications for pregnant women. In terms of adequacy, 65% are satisfied and 30% of the population stated that neutral.

4.3.6 Albendazole for Children

60% of the respondents stated that there is always received albendazole for children and 40% stated that sometimes received it. In terms of quality, most of the respondents 82.5% are satisfied and 17.5% stated that neutral. 67.5% are satisfied and 32.5% stated that there is neutral with the adequacy of the albendazole for children.

4.3.7 Screening test for non-communicable diseases

In terms of regularity, half of the population are never screening test for non-communicable diseases. 100% of the respondents are no responds with the quality. In terms of adequacy, the whole population 100% are no responds.

4.3.8 Family Planning Services

In terms of regularity, half of the respondents 50% are no responds. 50% of the respondents are no responds, 35% are satisfied, 15% of the respondents are neutral. In terms of adequacy, 50% are no responds, 35% are satisfied and 15% of the respondents are neutral.

4.3.9 Disinfecting Mosquito Net

Most of the respondents 75% are sometimes disinfection of mosquito nets, 25% stated that there is always with the regularity of the disinfection of mosquito net. In terms of quality, 47.5% are neutral, 42.5% are dissatisfied, 2.5% are highly satisfied and satisfied, 5% of the respondents are highly dissatisfied disinfection of mosquito nets. In terms of adequacy, 45% are neutral, 30% are satisfied,25% of the respondents are dissatisfied disinfection of mosquito net.

4.3.10 Spraying of DDT

Half of the respondents 52.5% stated that sometimes spraying of DDT, 25% are always received spraying of DDT. In terms of quality, half of the population 57.5% are highly satisfied and 32.5% are satisfied, and 10% are neutral. Half of the population 57.5% are highly satisfied, 332.5% are satisfied and 10% stated that neutral with the adequacy of spraying of DDT.

4.3.11Enrollment of Pregnant Women

Most of the respondents 97.5% are always enrollment for pregnant women and 2.5% stated that sometimes. In terms of quality, 82.5% are satisfied, 15% are neutral and 2.5% are highly satisfied. Most of the respondents 87.5% are satisfied and 12.5% are neutral with adequacy of the enrollment of pregnant women.

4.3.12 Checking Birth and death Registration

Most of the respondents 92.5% are always regularity checking birth and death registration and 7.5% stated that sometimes. More than half of the population 87.5% are satisfied, 7.5% are neutral and 5% are highly satisfied with the quality of the checking birth and death registration. In terms of adequacy, most of the population 95% are satisfied and 5% are neutral.

Availability of facilities in Health Sub Center

The availability of the facilities provided in the Health Sub-Center was studies and measured as never, sometimes and always.

4.3.13 Lightning and Ventilation

50% of the respondents stated that sometimes and 50% stated that there is always regular lightning and ventilation. In terms of quality, half of the population 50% are satisfied. In terms of adequacy, 50% are satisfied.

4.3.14 Growth Charts

In terms of regularity, half of the population 50% stated that there is never growth charts in Sub-Center, 50% are no responds. In terms of quality, 100% of the population are no responds. In terms of adequacy, the whole population of 100% are no responds.

4.3.15 Child Friendly Restroom

Half of the population 50% stated that never and 50% are no responds. In terms of quality, 100% of the population are no responds. The whole population 100% are no responds with the adequacy of child friendly restroom.

4.3.16 Safe Drinking Water

Half of the population 50% are no responds, 2.5% of the respondents stated that sometimes and even 2.5% there are always safe drinking water in Sub-Center. In terms of quality, half of the population 50% are no responds, 27.5% are satisfied and 22.5% are neutral. In terms of adequacy, 50% are no responds, 30% are satisfied, 12.5% are highly satisfied, 5% are neutral and 2.5% are dissatisfied.

4.3.17 Testing Kids

Some of the population 47.5% stated that sometimes received testing kids, 25% of the respondents are both always and no responds, 2.5% of the respondents stated that never received testing kids from sub-center. In terms of quality, 62.5% of the respondents are satisfied, 20% are neutral, 15% are no responds and 2.5% are dissatisfied. In terms of adequacy, 30% of the respondents are dissatisfied, 27.5% are satisfied, 22.5% are neutral and 20% are no responds.

4.3.18 Trash Disposal Bin

Majority (95%) of the population stated that there is always trash disposal bin in subcenter and 5% of the respondents stated that sometimes. In terms of quality, 505 of the population are no responds, 47.5% are satisfied and 2.5% are neutral. In terms of adequacy, 50% of the respondents are no responds, 30% are dissatisfied, 10% of the respondents are both neutral and satisfied.

4.4 Availability of facilities in Anganwadi Center

The availability facilities of Anganwadi was studied in terms of never, sometimes and always.

Toilets: Most of the respondents 70% are always access in toilets and the rest of 30% are sometimes and never are no responds. Both is proportion.

Restroom: More than the half of the population 52.5% are always available in the restroom and 40% stated that sometimes and the rest of 7.5% stated that never available in the restroom.

Classrooms: Almost all of the respondents 97.5% are always large in Anganwadi for children.

Restroom for children: all of the population 100% stated that there is never available in the restroom for parents who are waiting for their children.

Adequate benches and chairs: Almost all of the respondents (95%) stated that there is always adequate benches and chairs and 5% of the respondents stated that sometimes adequate and sometimes not adequate benches and chairs in the Anganwadi.

Safe Drinking Water: majority (95%) stated that always and 5% of the respondents, there is sometimes available in the safe drinking water in Anganwadi.

Availability of First-Aid Kits: Most of the respondents (77.5%) stated that sometimes available of first-aid in Anganwadi, while 20% of the respondents said that there is never available of first aid in Anganwadi.

Appropriate Trash Bin: majority of the respondents (95%) said that there is always appropriate trash bin and 5% of the respondents stated that sometimes.

4.5 Barriers: The barriers of Sub-Center was studied and measured as highly dissatisfactory, dissatisfactory, neutral, highly satisfactory and satisfactory.

Improper Road and Connectivity: more than half of the respondents (50%) are no responds, 47.5% of the respondents are satisfied and 2.5% of the respondents are neutral of improper road connectivity.

Rude Demeanor of Service Providers: 50% of the respondents are no responds, while (42.5%) satisfied that there was no rude demeanor from service providers, and (7.5%) are highly satisfied.

Inadequate Physicians: from the population (50%) are no responds, 30% are neutral and 20% are satisfied with the inadequate physicians.

Ignorance: 50% of the respondents are no responds, 42.5% are dissatisfied and 7.5% are neutral with ignorance from the workers in Sub-center.

Negligence: half of the population 50% are no responds, 50% are dissatisfied with it.

Lack of Trust/Comfort: 50% of the population are no responds while 42.5% are highly satisfied of trust from the workers on Sub-Center, 7.5% are satisfied with it.

Irregularity: from the population (50%) are no responds. 37.5% are neutral and 12.5% are dissatisfied in terms of irregularity of the Sub-Center.

Lack of proper equipment in HSC: 50% are no responds, 37.5% are highly dissatisfied with the equipment available in HSC whereas 10% are neutral and 2.5% are dissatisfied with it.

Table 4.1 Socio-Demographic profile of the respondents

Sl.No	N=40	
	Characteristic	**Percentage**
I	**Age group**	7.5
	< 30.0	45.0
	30 - 40	32.5
	40 - 51	15.0
	50 and above	15.0
II	**Sex**	
	Male	77.5
	Female	22.5
III	**Religion**	
	Christian	42.5
	Others	42.5
IV	**Marital Status**	
	Married	90.0
	Unmarried	7.5
	Divorced	2.5
V	**Educational Qualification**	
	Illiterate	5.0
	Below HSLC	67.5
	Between HSLC & HSSLC	20.0
	Above HSSLC	7.5
VI	**Family Types**	
	Nuclear	75.0
	Joint	22.5
	Extented	2.5
VII	**Forms of Family**	
	Stable	95.0
	Dysfunctional	2.5
	Others	2.5
VIII	**Family Occupation**	
	Govt. Employee	15.0
	Farmers	72.5
	Others	12.5
IX	**Socio-economic Status**	
	Poor	52.5
	Non-Poor	47.5

Source: computed figures in parenthesis represent percentages.

Table 4.2 services provided by Anganwadi

4.1.1 Regularity

Sl.No	Particulars	never	sometimes	always	not availabe
I	Supplementary Nutrition	1(2.5)	16(40)	23(57.5)	0(0)
II	Health Check-up	24(60)	16(40)	0(0)	0(0)
III	Immunization	24(60)	16(40)	0(0)	0(0)
IV	Health Education	40(100)	0(0)	0(0)	0(0)
V	Nutritional Education	40(100)	0(0)	0(0)	0(0)
VI	non-formal preschool education	40(100)	0(0)	0(0)	0(0)
VII	Referral services	40(100)	0(0)	0(0)	0(0)

Source: Computed Figures in Parenthesis represent percentages.

4.1.2 Quality and Adequacy

Sl. No	Particulars		highly dissatisfied	dissatisfied	Neutral	satisfied	highly satisfied	Not Available
I	Supplementary Nutrition	Quality	0(0)	2(5)	19(47.5)	19(47.5)	0(0)	0(0)
		Adequacy	0(0)	2(5)	33(82.5)	5(12.5)	0(0)	24(60)
II	Health Check-up	Quality	0(0)	1(2.5)	10(25)	5(12.5)	0(0)	24(60)
		Adequacy	0(0)	8(20)	1(2.5)	7(17.5)	0(0)	24(60)
III	Immunization	Quality	0(0)	1(2.5)	10(25)	5(12.5)	0(0)	24(60)
		Adequacy	0(0)	8(20)	1(2.5)	7(17.5)	0(0)	40(100)
IV	Health Education	Quality	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
		Adequacy	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
V	Nutritional Education	Quality	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)

		Adequacy	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
VI	**non-formal preschool education**	**Quality**	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
		Adequacy	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
VII	**Referral services**	**Quality**	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
		Adequacy	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)

Source: Computed Figures in Parenthesis represent percentages.

Table 4.3 facilities in Anganwadi

Sl.No		**Never**	**Sometimes**	**Always**
I	**Toilets**	0(0)	12(30)	28(70)
II	**3(7.5)**	16(40)	21(52.5)	21(52.5)
III	**Classrooms**	0(0)	1(2.5)	39(95)
IV	**Restrooms for Children**	21(52.5)	18(45)	1(2.5)
V	**Adequate Benches and Chairs**	0(0)	2(5)	38(95)
VI	**Safe Drinking Water**	0(0)	2(5)	38(95)
VII	**Availability of First Aid Kit**	8(20)	31(77.5)	1(2.5)
VIII	**Appropriate Trash Bin**	0(0)	2(5)	38(95)

Source: Computed Figures in Parenthesis represent percentages.

Table 4.4.1 Services and facilities provided by Sub Center

regularity			N=40		
Sl.No	**Particular**	**never**	**sometimes**	**always**	**not available**
I	**Supply of Medication**	0(0)	0(0)	20(50)	
II	**Vaccinations to pregnant women**	0(0)	0(0)	12(30)	28(70)
III	**Vaccinations to children**	0(0)	0(0)	40(100)	
IV	**Health sensitization programme**	20(50)	0(0)	0(0)	
V	**Medications to pregnant women**	0(0)	12(30)	28(70)	
VI	**Albendazole for children**	0(0)	16(40)	24(60)	
VII	**Screening test for Non Communicale diseases**	20(50)	0(0)	0(0)	
VIII	**Family planning services**	0(0)	17(42.5)	3(7.5)	
IX	**Disinfecting Mosquito net**	0(0)	30(75)	10(25)	
X	**Spraying of DDT**	0(0)	21(52.5)	19(47.5)	
XI	**Enrollment of pregnant women**	0(0)	1(2.5)	39(97.5)	
XII	**Birth and Death registration**	0(0)	3(7.5)	37(92.5)	
XIII	**Lightning and ventilation**	0(0)	20(50)	20(50)	
XIV	**Growth Charts**	20(50)	0(0)	0(0)	
XV	**Child friendly restrooms**	20(50)	0(0)	0(0)	
XVI	**Safe drinking water**	0(0)	10(25)	10(25)	
XVII	**Testing Kits**	1(2.5)	10(25)	10(25)	
XVIII	**Trash disposal bin**	0(0)	2(5)	38(95)	

Source: Computed Figures in Parenthesis represent percentages.

4.4.2 Quality and Adequacy

Sl.No			Highly dissatisfactory	disatisfactory	Neutral	satisfactory	Highly satisfactory	Not available
I	Supply of Medication	quality	0(0)	0(0)	0(0)	20(50)	0(0)	20(50)
		adequacy	0(0)	0(0)	3(7.5)	17(42.5)	0(0)	0(0)
II	Vaccinations to pregnant women	quality	0(0)	1(2.5)	0(0)	38(95)	1(2.5)	0(0)
		adequacy	0(0)	1(2.5)	1(2.5)	38(95)	0(0)	0(0)
III	Vaccinations to children	quality	0(0)	0(0)	5(12.5)	33(82.5)	2(5)	0(0)
		adequacy	0(0)	0(0)	2(5)	0(0)	0(0)	0(0)
IV	Healt,yukh sensitization programme	quality	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
		adequacy	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
V	Medications to pregnant women	quality	0(0)	0(0)	8(20)	30(75)	2(5)	0(0)
		adequacy	0(0)	0(0)	14(35)	26(65)	0(0)	0(0)
VI	Albendazole for children	quality	0(0)	0(0)	7(17.5)	33(82.5)	0(0)	0(0)
		adequacy	0(0)	0(0)	13(32.5)	27(67.5)	0(0)	0(0)
VII	Screening test for Non Communicale diseases	quality	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
		adequacy	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
VIII	Family planning services	quality	0(0)	0(0)	6(15)	14(35)	0(0)	20(50)
		adequacy	0(0)	0(0)	6(15)	14(35)	0(0)	20(50)
IX	Disinfecting Mosquito net	quality	2(5)	17(42.5)	19(47.5)	1(2.5)	1(2.5)	0(0)
		adequacy	10(25)	10(25)	18(45)	12(30)	0(0)	0(0)
X	Spraying of DDT	quality	0(0)	0(0)	4(10)	13(32.5)	23(57.5)	0(0)
		adequacy	0(0)	0(0)	4(10)	13(32.5)	23(57.5)	0(0)
XI	Enrollment of pregnant women	quality	0(0)	0(0)	6(15)	33(82.5)	1(2.5)	0(0)
		adequacy	0(0)	0(0)	5(12.5)	35(87.5)	0(0)	0(0)
XII	Birth and Death registration	quality	0(0)	0(0)	3(7.5)	35(87.5)	2(5)	0(0)
		adequacy	0(0)	0(0)	2(5)	235(87.5)	0(0)	0(0)
XIII	Lightning and ventilation	quality	0(0)	0(0)	0(0)	20(50)	0(0)	20(50)
		adequacy	0(0)	0(0)	20(50)	38(95)	0(0)	20(50)
XIV	Growth Charts	quality	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
		adequacy	0(0)	0(0)	0(0)	20(50)	0(0)	40(100)
XV	Child friendly restrooms	quality	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
		adequacy	0(0)	0(0)	0(0)	0(0)	0(0)	40(100)
XVI	Safe drinking water	quality	0(0)	0(0)	9(22.5)	11(27.5)	0(0)	20(50)
		adequacy	0(0)	1(2.5)	12(30)	0(0)	5(2.5)	20(50)
XVII	Testing Kits	quality	0(0)	0(0)	8(20)	12(30)	0(0)	6(15)
		adequacy	0(0)	12(30)	11(27.5)	0(0)	0(0)	8(20)

XVIII	Trash disposal bin	quality	0(0)	0(0)	1(2.5)	19(47.5)	0(0)	20(50)
		adequacy	0(0)	12(30)	4(10)	4(10)	0(0)	20(50)

Source: computed figures in parenthesis represent percentages

Table 4.5 barriers

SI.No	particulars	Highly Dissatisfactory	Disatisfactory	Neutral	Satisfied	Highly Satisfactory	Not available
1	Improper road connectivity	0(0)	0(0)	1(2.5)	19(47.5)	0(0)	20(50)
2	rude demeanor of services	0(0)	0(0)	3(7.5)	17(42.5)	0(0)	20(50)
3	inadequate physicians	0(0)	0(0)	12(30)	8(20)	0(0)	20(50)
4	Financial difficulty/condition	0(0)	0(0)	20(50)	0(0)	0(0)	20(50)
5	Ignorance	0(0)	0(0)	3(7.5)	17(42.5)	0(0)	20(50)
6	Negligence	0(0)	0(0)	2(5)	18(45)	0(0)	20(50)
7	Lack of trust/comfort	0(0)	0(0)	2(5)	17(42.5)	0(0)	20(50)
8	Irregularity	0(0)	5(12.5)	15(37.5)	0(0)	0(0)	20(50)
9	Lack of proper equipment in Sub Centre	0(0)	1(2.5)	15(37.5)	4(10)	0(0)	20(50)

Source: computed figures in parenthesis represent percentages.

CHAPTER – V
CONCLUSION

This chapter presents the conclusion from the study which was divided into two sections such as major findings and conclusion.

5.1 Major Findings

The average age of the respondents is 40 and majority of the respondents are male and one third of the respondents are female. Half of the respondents are from Budish and from Christian are both equal. More than half of the respondents are getting married and majority of the respondents are from nuclear and stable family. In terms of occupation majority of the respondents are farmers. In terms of socio-economic status equal number of the respondents was taken from poor and non-poor section of the society.

Most of the respondents are satisfied with the services provided by Anganwadi in terms of regularity, quality and adequacy. This community are lack of health education, nutritional education, non-formal preschool education from the service provider in Anganwadi.

Most of the respondents are always with the availability facilities in Anganwadi Center in terms of never, sometimes and always. This community are lack of first aid kit in Anganwadi.

In terms of Services Provided by Health Sub-Center half of the respondents are satisfied and half of the respondents are no responds because the one community has no sub-center in the community and in terms of regularity, quality and adequacy that they provide for the community. This indicates that the service provider put their emphasis towards meeting the needs of the community members in terms of supply of medication, vaccination for pregnant women and children, screening test for NCD, disinfecting mosquito net and spraying DDT.

5.2 Conclusion

The study highlights the rural health care services from the emic perspective on the regularity, quality and adequacy in Diblibagh and Kawrpuichhuah community. Half of the respondents are satisfied with the health care services that exist in the community and majority of the respondents are satisfied with the Anganwadi center and in terms of regularity, quality and adequacy. But one of the community Kawrpuichhuah did not have subcenter in the community that was the create problems. Therefore, the community members (kawrpuichhuah) need to have the sub center in the community and both of the community need health education and nutritional education in Anganwadi Center.

Appendies

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