Access to Health Services: A Case Study of Arunachal Pradesh

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ABSTRACT

Health is a gift of nature and it is influenced by factors like food, housing, hygiene and sanitation, lifestyles, environmental hazards and diseases. Health is a person's right which results of living in accordance with the natural laws pertaining to the body, mind and environment. WHO defineshealth as 'a state of complete physical, mental and social well-being of the individual and not merely the absence of disease or infirmity'. In relation to the present study it can be understood as every nation for its citizen, aim at a better standard of living with treatment and management of reproductive illness through various reproductive medical health services. The main thrust of health care is to facilitate complete health that is influencedby health care centres, their proper administration and management of health workers working in the field.

The tribal societies in Arunachal Pradesh are aware that health is important for the well- being of the individual, family, clan, and tribe. Good health has since then has been well valued, even as the lack of good healthhas been understood and accepted. While the health status of the people of Arunachal Pradesh is not found great in terms of conventional indicators in comparison to other states and regions of the country in absolute terms, however, given the scarce reach of health facilities to the unreachable, the resilience and inherent natural strides that the people own, has held them in comparably better state of overall health. The state is exposed to a new advancement and new factors influencing the life style encompassed with new illnesses and diseases. This has also led to paradigm shift of health seeking behaviour of the society from traditional cureon sexual and reproductive health care. This further has poised the society for need of improved access and provision of more medical services to prove the test of actual preparedness of the health system in the state.

Key words: Health services, Accessibility, Reproductive health, Preparedness

Introduction

A case study on Access toHealth Facilities in Arunachal Pradesh is an attempt that has been made to study the current status of access to Reproductive health in Arunachal Pradesh. A comparison is made on the current and past status of health service infrastructure and activities is presentedin the study.The human health status is usually measured in terms of life expectancy at birth, infant mortality rate, fertility rate, crude birth rate and crude death rate. These indicators of health are determined by factors such as per capita income, nutrition, housing, sanitation, safe drinking water, social infrastructure, health and medical care services provided by government etc. They are also influenced by factors like geographical climate of the area, pollution level, employment status, poverty etc. The relationship between reproductive health and

societal advancement is mutually correlated as health contributes to economic development;in return advanced state is capable of bringing improved health status of the people.

In terms of social parameters of health, it has been viewed that health is getting affected financially, among others. The share of public expenditure as a percentage to gross domestic product (GDP) on health and education has been gradually declining in the state of Arunachal Pradesh. Presently, the health sector in the statefaces dual challenge of control of communicable and non-communicable diseases as paramount importance and the allocation by the government though havebeen there however has witnessedsomatic decline. Such instance is a proof that the state has challenges in meeting health care needs that are further hindered due to geographical terrain, communication bottleneck and remoteness.In this juncture, ensuring accessibility, efficiency, equity and quality of healthcare and thereby achieving the objective of growth with concepts of equity and social justicecan be mountainous task both for the government and the people. Therefore to see that health care is available for all, the state government in Arunachal Pradesh has to streamline functional health facilities supported by quality infrastructure.

Statement of the Problem

After Independence and by the first half of the 20th century, the people of Arunachal Pradesh sought medical treatment of upper Assam government run hospitals and health care centres located in thetea gardens that bordered the state. However these trails involved long and difficult terrain journeys to access to these health facilities that too more during exceptions and health emergencies. But after 1970s the central government started providing healthcare facilities and by 2005 with the launch of National Rural Health Mission, the health infrastructure in state has well developed.However, the facilitation of reproductive health cover and services has remained low and have seen declining trends in its physical and financial achievements that are reflected in the indicators of health status thathave been displayed in the state.

In following theBhore Committee Report, 1946 recommendations, Arunachal Pradesh has adopted the three-tier public health infrastructure comprising sub-centers, primary healthcenters at the primary level, community health centers at secondary level and district hospitals and general hospital/zonal hospitals at tertiary level. However, it has been reported that there are issues of lack of adequate infrastructures. The state of unavailability of reproductive care has been found on specialist doctors to many testing and diagnostic facilities. Due to non availability and non accessibility of good public health systems and quality care there is the stride of evolution of private health-care services. This further has compelled the patients and families on healthcare expenses being incurred on out of pocket (OoP) which is further subjected to tribal population residing in districts and rural areas with communication and transportation issues. Some studies have reported that the share of public expenditure percentage wise to gross domestic product (GDP) on health and education has been gradually declining in with lesser percentage of health budget allocations in Arunachal Pradesh. This situation is worsened with ever growing population and lifestyle and the coming of epidemic the present health preparedness and access to limited services put up a major concern for

all.Therefore an attempt has been made in the present study to understand the status preparedness and access to health care and further suggest to the system for accommodating the SDG and MDG in Arunachal Pradesh.

Objective

The present work is an attempt to study a case study on the response and access to health facilities in Arunachal Pradesh with the following objectives;

1. To assess the status of preparedness and perceived hindrances to available reproductive health facilities in Arunachal Pradesh.
2. To understand the barriers of individuals socio-economic condition, lack of awareness on the efforts of the state government in reproductive health care.
3. To assess the problems of affordability and accessibility and the status of quality of reproductive health care services in the state.
4. To provide further suggestion**.**

Review of Related Literature

Ashok Vikhe Patil, et al (2002) published an article entitled "CurrentHealth Scenario in Rural India" in 'Australian Journal of Rural Health'. He says about 75% of health infrastructure, medical man-power and other health resources are concentrated in urban areas where 27% of the population lives. Contagious, infectious, waterborne diseases and non-communicable diseases are on the rise. The health status of rural population is still a cause for grave concern which is reflected in the life expectancy (63 years), infant mortality rate (80/1000 live births) and maternalmortality rate (438/100 000 live births). A Paradigm shift from the current 'biomedical model' to a 'socio-cultural model', which should bridge the gaps and improve quality of rural life, is the current need. A revised National Health Policy addressing the prevailing inequalities in reproductive health services, and working towards promoting a long-term perspective plan, mainly for rural health, is imperative.

Shivakumar (2005) published a paper entitled "Budgeting for Health: Some Considerations" in 'Economic & Political Weekly'. As national and state level strategies unfold over the coming months, a vigorous and informed public discussion is needed to create a national consensus for dramatically increasing investments in reproductive health with concurrent improvements in accountability and management of the healthcare system. Equally important is induction of a cadre of village-based health activists, all women, who will link communities to an upgraded public health system. Flexibility, innovation, focus, inclusion, and openness must become essential features of the functioning of the National Rural Health Mission in its endeavour to provide good quality healthcare for all.

Mukherjee and Karmakar (2008) published a paper on "Untreated Morbidity and Demand for Healthcare in India: An Analysis of National Sample Survey Data" in 'Economic & Political Weekly'. There are systematic variations in accessing reproductive healthcare between urban and rural areas, as well as between males and females in each sector. While in the rural areas, the demand for healthcare increases significantly with the education level of the head of the household, in the urban areas the evidence is mixed.

Sakthivel Selvaraj and Anup K Karan (2009) published an article "Deepening Health Insecurity in India: Evidence from National SampleSurveys since 1980s" in 'Economic & Political Weekly'. This paper argues that public provisions of reproductive healthcare in India have dwindled to new lows. Outpatient and hospitalization care in India in the past 20 years has declined drastically, leading to the emergence of private care players in a predominant way. While healthcare costs have shot up manifold in private provisioning, government health facilities are increasingly compelling patients to look for their outlets for procuring drugs and diagnostics. Due to these developments, millions of households are incurring catastrophic payments and are being pushed below poverty lines every year.

Sunil S Amrith (2009) published a research paper entitled "Health in India since Independence". The focus of the paper is on the insights intellectual history may bring to the understanding of deeply rooted features of public health in India, which continue to characterise the situation confronting policymakers in the field of reproductive health today. The ethical and intellectual origins of the Indian state'sfounding commitment to improve public health continue to shape a sense of the possible in public health to this day.

As described by Zakir Hussain (2011) in their paper entitled "Health of the National Rural Health Mission" published in 'Economic & Political Weekly'. This paper attempts a desk review of the progress of the mission with respect to its core strategies – provisioning of health services to households through accredited social health activists, strengthening rural public health facilities, enhancing capacity of panchayats to control and manage provisioning of health services and positioning of an effective health management information system.

Sharma (2013) published an article entitled "Sustainability and Quality in Health Care System: Organizational Structure-Process Approach" in 'Indian Journal of Applied Research'. The study was planned to find out the role of organizational factors in retention of health care professionals, and Quality of Patient Care in government hospitals. A detailed field study was conducted on 150 healthcare professionals. Findings indicate that continued functioning of reproductive healthcare system as well as meaningful and goal-oriented performance depends not only on physical resources, but organizational and human resource issues.

Methodology

For the proposed research work, both primary and secondary sources have beentaken into account. A pilot study was done before the intensive field work. It gave a brief framework of the required subject matter. It was followed by an intensive field study to collect empirical data. The main dimensions used in this survey were availability, accessibilityand affordability of health services.The survey was specifically aimed at patients availing government and private health facilities in Arunachal Pradesh with quantitative method and closed ended questions.The focus was made more on first-hand data to understand that the patients' perspective on access to healthcare collected through the survey provides important insight on health inequalities and access barriers met by the patients. It confirms that access to healthcare is a complex and multi-dimensional issue.

Adult mostly women above age of 18 years and willing participants were interviewed with a total of 64 responses along with their family ranging from 3 to 10 members from major districts of the state.The distribution of respondents was, Papumpare (Itanagar- 12, Naharlagun- 12, Nirjuli- 05, Doimukh- 05, Karsingsa- 05, Balijan- 05), Lower Subansiri (Ziro-05), Upper Subansiri (Daporijo- 05), West Siang (Aalo-05), East Siang (Pasighat- 05) districts of Arunachal Pradesh from between 12 May 2020 and 10 June 2020. Primary sources were collected with the help of Interview Schedule through face to face interviews, and discussions.

Secondary sources of data werebased on documents, articles, journals and books related to the research topic. Internet, State Library, Itanagar, and Rajiv Gandhi Central University Library, Rono Hills, Doimukh, Arunachal Pradeshwere also visited during the round which helped the researcher to have wider perspective and deeper analysis into the study.

Data Analysis

The data analysis was performed through IBM SPSS software, Ms Word and Excel. The three tools were used complementarily to increase the robustness of the findings which served to formulate recommendations. The results from the final 64 completed surveys were exported to Ms Word and Excel database where data analysis was performed, including re-categorising of some answers. Statistical analysis was done using the IBM SPSS software**.**

Limitations

The survey focused on the opinion of respondents who volunteered to take the interview schedule, comprised of patients with health ailments and their family members. There was a feeling that there cannot be a complete statistical conclusion on the results and opinion of the entire patient community**.** Language barrier was one of the hurdles especially with the less educated membersbelonging to more than 15 major tribes with different dialects,although translators were involved on honorarium basis. Interviews captured

information relied primarily on respondents providing the information where misreporting couldn't be ruled out.Sample size for survey with 64 respondents may not be sufficient to represent the major districts which further require more studies.

Major findings

The case study findings prior were based on availability, accessibility and affordability of the health facilities in Arunachal Pradesh. The findings give an insight on health inequalities and hindrances in access to health services. On the basis of analysis the study confirms that access to health care is a complex issue wherein multi forces of socio-economic condition, lack of awareness, unavailability of infrastructure and lacunae in the government implementation have resulted in unequal distribution of health services in the state as explained in the research work.

Lack of Well Equipped Health Facility

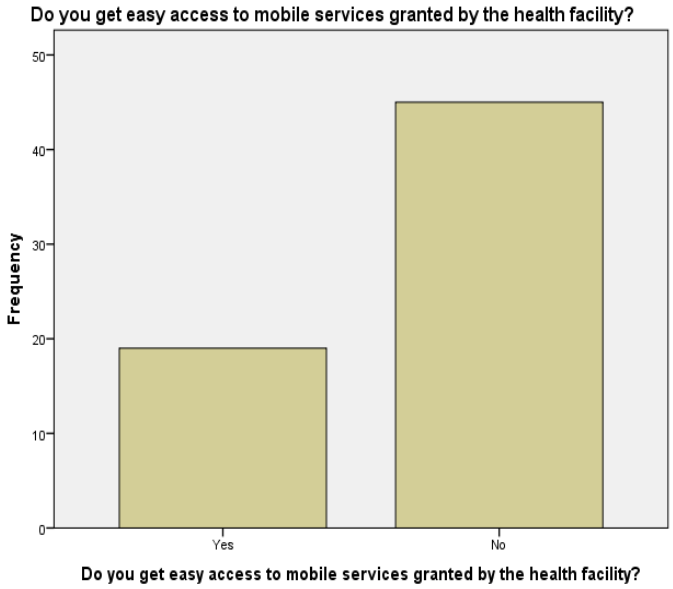
Respondents indicated that Sub centres,Primary health centres and Community health centres were the nearest health facility where most of them availed the health services. Incidentally, these centres which are located in semi-urban and rural areas were found to be primarily equipped with much lesser infrastructural facilities, medical machineries and equipmentsas compared to District, General and Zonal hospitals. The inadequaciesin reproductive and general health care include specialists doctors, qualified nurses, safe drinking, bed scarcity, Lack of oxygen, ambulance facility, separate and clean washrooms for male and female, wellequipped testing facilities, poor sanitation, lesser pharmaceutical dispensaries etc. Some respondents staying nearer to general or district hospitals have easier access to tertiary health care services as most of the specialist doctors and better health infrastructure were available in such areas. The lack of facilities has compelled the patients to travel to other towns and probably to other stateswith the additional burden of out of pocket expenditure. This health disparity and concentration of manpower in particular area have led to unequal distribution defeating the principle of 'Health for all'.

Lack of Mobile Services

There is lack of easy access of ambulance facility among the people living under the purview of Subcentres andPrimary health centres. While some of the PHCs did not have ambulance facility, while it was available in urban areas like the district and general hospitals. People living within the nearest area of these hospitals had easier access to ambulance facility than people of remote villages even though they were nearer toSub centres and PHCs. The economic backwardness of the people of the areaintensified the issue during referral cases of especially of pregnant women and delivery complicacies.

A whopping 70.3% of respondents indicate problems of accessibility to transportation during health needs. There were no critical care ambulances or schemes like 108, 104 and 102.

Figure 1: Lack of mobile services



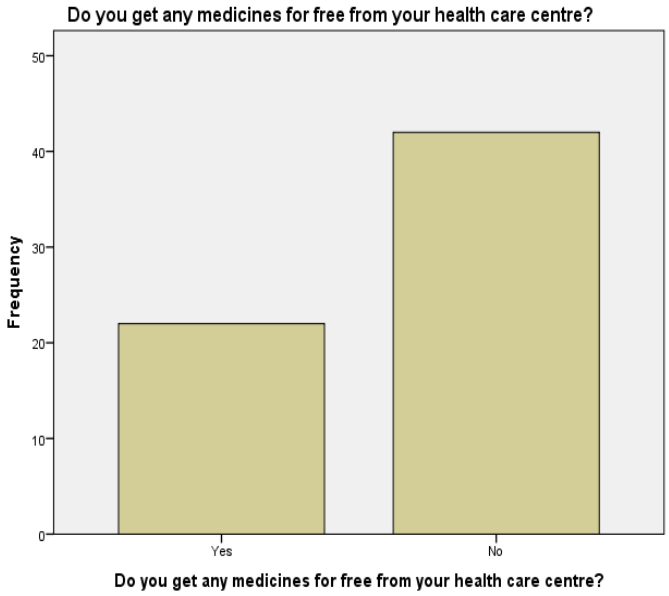
Source: Field Work

Lack of Free Medicines

To ensure a good and affordable health services, the provision of free drugs, iron folic acid tablets for anaemic mothers, multivitamins in all the government health centres have been implemented by the state and people also have access to these services.

However, with a whopping of 65.6% of respondentsreported having no access to free medicines thereby a major challenge to the very objective of availability of free medicine. This status has other concern of patients probably spending more on prescribed medicines and caesarean surgeriesfrom private pharmaceutical houses, nursing homes and drug stores.

Figure 2: Lack of free medicines

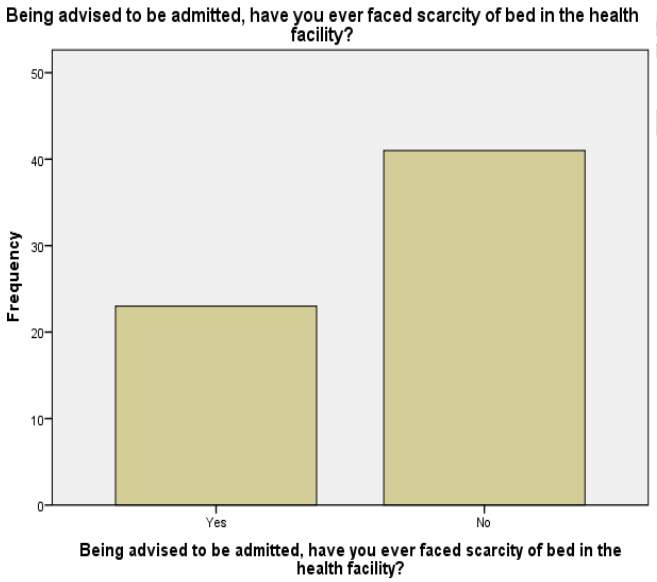


Source: Field Work

Scarcity of Hospital Bed

The study found that majority of patients lacked easy access to available beds in government health centres and hospitals with very less of them on labour rooms, obstetric and gynae wards and beds. As many as 64.1% of respondents staying around the government hospitals couldn't get patient bed during hospital admissions. One of the major reasons was overcrowding in the access to beds. Most probably may be these health facilities are providing people friendly confidential services and thereby the reason of overcrowding.

Figure 3 Scarcity in no. of beds

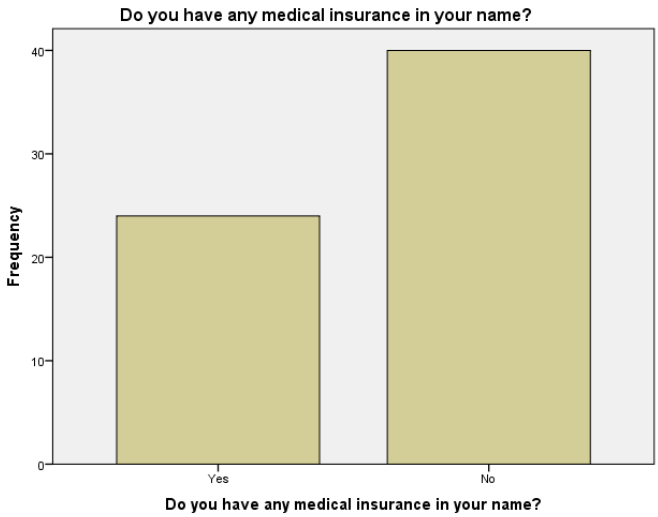


Source: Field Work

Absence of Health Insurance

A major of 66.9% of respondents were not registered under any of the health insurance schemes implemented by the state government. The finding shows that lack of awareness on the available insurance or assurance schemes was the main reason of the lesser number of registrations.During the study it was found that some of the families were registered under health insurance scheme namely RashtriyaSwasthyaBima Yojana, a central government initiative.

Figure 4: Lack of medical insurance



Source: Field Work

Lack of Awareness on Schemes

A large percent of people were not aware of any government based health schemes and they have not accessed any free diagnosis or treatment at any health centres that allows for such schemes and services. Awareness on JSY, JSSK related to institutional delivery was very less among the respondents. Most of them in any case of diagnosis had to or sometimes referred to private diagnostic centres which involves financial burden and mentally drains of time and resources. These trends have been observed in some of the district and general hospitals considered to be secondary and tertiary carebut lacked many advanced diagnostic equipments and machinery. Lack of continues oxygen supply system was another major issue as most of the time the conventional pressurised oxygen cylinders were not available during the time of actual need.

Financial and Mental Draining

Most of the respondents have confronted with the gravity of financial draining most of the time as the result of high general healthcare costs and costs involved in reproductive care.The study confirms that about 23.4% of respondents have sold their properties to support their health costs while 29.9% of respondents were under the clutches debt of loan indicating their financial hardship. For individuals and families with financial disadvantages, it also meant compulsion of ignoring or postponing their health treatments. Such steps can lead to severe complications with worsening health outcomes.

The following tables show the level of financial and mental draining by patients in pursuit of better health facilities in various districts of Arunachal Pradesh.

Table 1

Were you ever compelled to sell your asset to compensate your medical expenditure?				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	15	23.4	23.4	23.4
Yes	49	76.6	76.6	100.0
No	64	100.0	100.0	
Total				

Source: Field Work

Table: 2

In order to meet your treatment cost, have you ever been debited under any loan				
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	14	21.9	21.9	21.9
Yes	50	78.1	78.1	100.0
No	64	100.0	100.0	
Total				

Source: Field Work

Increasing Referral to Private Hospitals

The study shows that 62.5% of respondents are referred for treatment mostly in private hospitals and to some cases hospitals out of state, reason being lack of facilities in the government health centres. To avail good treatment individuals are compelled as the result of which they get exhausted financially and mentally. At the prefix consequences of debt and selling out their possessions or assets are seen. This shows the loopholes in the existing health delivery system and Government hospitals that are lowly equipped with better infrastructures. To make people get access to good health services at an affordable cost the government hospitals must be upgraded with better infrastructural standards.

COVID-19 Preparedness and PPE Kit

During the study, it is found that many patients and even health workers faced the issue of lack of availability of masks and sanitizer due to inadequate supply in the market and dispensaries. COVID-19 screening kit and PPE are also found to be unavailable in the centers except for the general or district hospitals. Based on data it was learnt that there was inadequate supply of PPE kits in the districts and few PHCs provided masks to the people through ASHA/ANM. These findings shows that people of the state are still not prepared and in case the pandemic hits them.

Suggestions

The study and its results point to the fundamental challenges to be tackled in the key areas of action for decision makers. The survey shows that many barriers encountered by patients in accessing healthcare are common across Arunachal Pradesh, though there are significant differences, for example, complex issue wherein multi forces of socio-economic condition, lack of awareness, unavailability of infrastructures and loop holes in the government initiative comes into play in the unequal distribution of health services in the state. Policy actions are needed both at district and state level to improve access to healthcare for patients with chronic conditions.

Many of the suggestion made here are reflection of data of information garnered from the respondents.

Accessibility

1. Availability

- To improve access to quality healthcare information to public more transparency towards patients is needed, including more information on what the healthcare system provides and on the costs and quality of care that may be involved. Information on available Specialist doctors and well qualified nurses will be essential to ensure better disease aimed treatments are imparted. Healthcare will require in-depth training on chronic conditions and must be able to provide adequate access to resources and expertise on rare conditions and on existing standards of care for various chronic conditions to the patients.
- Scarcity of beds: Every hospital setup should have proper number of required patient beds.
- Ambulance facility: The government should provide atleast one ambulance vehicle to every UPHC, CHC and SC. There should be provision of Mobile clinics, ambulance, and immediate introduction of 108, 104 and 102 ambulances.
- Safe drinking water for the patients: The UPHC, CHC, SC should be provided with sufficient potable water and power as these are basic needs in a hospital setup. Their lack can lead to unhygienic environment paving way to various illnesses. There must be provision of separate and clean toilets with running water for both gents and ladies.
- Well-equipped testing facilities and Minor Operation Theatres with continuous Oxygen Supply System.
- Proper and sufficient pharmaceutical dispensaries in the vicinity.
- Installation of incinerators: Disposing off of medical wastes through incineration process under medical guidelines is a must action to be followed by every health facilities.

2. **Affordability**

To comprehensively address the accessibility of healthcare which many patients have highlighted in the survey and for which various causes have been mentioned, specific political measures are needed to address the following issues:

- Lower income groups indicate facing more financial hardship than higher income groups, indicating that more tailored support measures would be needed to ensure affordable healthcare. Measures to ensure groups of patient that are the most vulnerable to financial hardship as a result of healthcare costs (patients with low income, with multi morbidity) are appropriately supported and have appropriate coverage of their healthcare both in terms of limiting co-payments and ensuring all products and services they need are encompassed in the coverage.

- There is a lack of coverage of certain services or products in healthcare that are the necessity for patients because of their condition (physiotherapy, psychotherapy, dental care etc.) which are to be considered with special provision. Some patients indicate that their health care is not covered because their disease is not recognised. Therefore, there is need or more transparency on the basket of care covered by the healthcare system in the state and the health insurance that are required.

- Assessment and decisions with respect to what services are covered as part of the basket of care should be taken with the meaningful involvement of patient organisations, in order to ensure that important services are not left out, and that all chronic conditions are appropriately recognised by the healthcare system.

- More infrastructural investment is essential in terms of health services and road communication with the aim of fostering a faster, sustainable, and more inclusive socio-economic growth to the unreachable.

Conclusion

In a nutshell, it can be seen that with poor health care infrastructure, and poor status of health, Arunachal Pradesh still hasa long way to meet the desired level of growth in health sector. It is well understood that public health care systems which has a nation-wide network of delivering health and family welfare related services has the crucial role to achieve the desired level of development. However, the accessibility to quality of public health care across the state in Arunachal Pradesh is poor. Health Service is a vital public concern and a basic human right. So, all citizens should have equal right to get better health facilities and care from the government. On the other hand, the active role of the state government is seen lacking with reports of declining percent in the budget allocation and gross domestic product on health. This necessitates the extensive and an active involvement of the government in health sector. Hence there is a need to play a key role for up gradation of thehealth facilities in the state for meeting urgent social justice in proving

publichealth services. Limited health infrastructure facilities and non-systematic distributions of careserviceshave resulted into disparities in different parts of the state in terms of accessibility. The remote vulnerable poor inhabitants are still out of realms of modem health care services, which make them deprived in receiving equal health care resulting in low life expectancy in the state. The failure of this public health delivery system is an outcome of the poor accountability of the initiativestaken and concrete work relationships within the institutional framework. There is a large shortfall both in physical infrastructure and medical personnel, though minimal norms were prescribed earlier by the central government.

In spite all these shortcomings, the state government of Arunachal Pradesh should continue to play result oriented role in health development withefforts on increasing budget allocation in the health sector and protecting the social values of justice,equity,solidarity and fairness. The right efforts as such must be takenfor good providence of health services by the state as a core area of social needs for the interest of comprehensive socio-economic development.

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