

# HEALTH SERVICES AND CHALLENGES IN SAKAWRTUCHHUN COMMUNITY, AIZAWL, MIZORAM

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**Abstract:** Health is a basic human right and is essential for social and economic development. Community health is an important area in public health which focuses on health promotion and prevention. The present study tries to probe into the health services and challenges of *Sakawrtuichhun* community from a bio-psychosocial model. Mixed method design was used which applied qualitative and quantitative methods in sequence. Different health settings were identified and assessed. The challenges and issues of health in the community were also analyzed. In the light of these, the study offered suggestions to different practitioners and policy makers who are concerned in community health promotion.

**Key words:** Community Health, Health Services, Diseases, Psychosocial Challenges.

## I. INTRODUCTION

Health is a matter of concern in every society. The advancement of science and technology has been helping to control epidemics and increase life longevity. There is a broad view on health besides therapeutic aspect which can also be applied in the wellbeing of social, economic and political life. According to WHO, health is a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity.

Dolfman (1973) and Balog (1978) stated that the word 'health' originally came from old English and it meant the state and the condition of being sound or whole. It is confined not only to physiological functioning, but also includes mental and moral soundness and spiritual salvation. The advancement in different disciplines also challenged the existing concept of health and substituted by more scientific ones. In general, the environment of an individual is of great importance for both his health status and quality of life. There is an increasing realization that health is improved not only through health science, but also through the efforts and lifestyle choices of the individual. According to the World Health Organization, the main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviours.

Public health is one area that plays an important role in disease prevention efforts in both the developing world and in developed countries. This is done through local health systems and non-governmental organizations. It tries to prevent disease and promote health in an organised manner. In order to promote public health, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. Increasingly, health promotion is being recognized as an essential element of health development. It is a process of enabling people to increase control over, and to improve their health. Health promotion, through investment and action, has a marked impact on the determinants of health so as to create the greatest health gain for people to contribute significantly to the reduction of inequities in health, to further human rights, and to build social capital. The ultimate goal is to increase health expectancy between countries and groups.

## II. Theoretical perspectives

### Bio-psychosocial Model and the Medical Model

This model is a holistic view as it seeks to encompass the whole picture of a person. It is sometimes contrasted with the medical model that focuses on physical aspects of health problems. The bio- psychosocial model includes the social environmental causes and effects of health problems. It is an elaboration of the person-in-environment and suggests that a person has both psychological and physical components that combine to interact with the social environment. In working with community on health issues, it is important to understand the psychological and physical components that combine to interact with the social environment. Consideration must be given regarding various psychological, physical and the social environment which affects one another. The event occurring on one's physical health can have influence or result in his or her emotion and psyche. The environment conditions must also take into consideration to study one's health. So, the entire event relating physical, psychological and environment are all linked up to determine one's health status

## III. Statement of the Problem

The present study tries to probe into the health problems of Sakawrtuichhun community. The health services available in the community will be assessed. It will also throw light on the challenges faced by the community in regards to their health from different perspectives. The findings of the study will be useful for policy makers, planners and voluntary organizations at

multilevel who are concerned with issues in health promotion. It will develop better understanding and provides direction for different developmental workers at micro, mezzo and macro levels.

#### IV. Objectives

The main objectives of the study include:

1. To understand health issues and challenges in the community.
2. To examine different health care services in the community.
3. To develop better understanding of the psychosocial challenges of people who are facing different kinds of illness.

#### V. Profile of the Study Area

Sakawrtuichhun is 17 kms (approximately) from the heart of Aizawl falling under the Aizawl West – I Constituency with Ward-11 under the Aizawl Municipal Council (AMC). The village is neighbored by Luangmual to the north, Police Training Centre (PTC) to the west, Central Jail Veng to the south. It is believed that Sakawrtuichhun was established by Mr.Thangpuilala Chenkual in 1890. Soon after the death of Mr.Thangpuilala Chenkual, Sakawrtuichhun came to be occupied by different rulers time after time. It was only after 33 years that Sakawrtuichhun was once again revived as an independent village by Mr.Saikunga Sailo in 1923 with only 10 houses comprising of less than a population of 60. Presently, it is divided into 8 localities. It comprises of 264 households and the social map of the community shows different important places such as playground, educational institutions, Churches, Wells, Health Sub- Centre, Anganwadi Centre and Water reservoir. The timeline revealed that it had many important historical events since its existence.

#### VI. Methodology

The study was cross sectional in nature and descriptive in design. It applied mixed method in sequence. Primary data was collected through key informants interviews, household survey and case study. Secondary sources of information were from books, journals, documents and records of sub- centre, ASHA worker and community leaders. Unit of the study was households and all the households in Sakawrtuichhun community constituted the population. Purposive sampling was used for the study. A total number of 86 households were taken out from 264 households for the study. Case study was used to develop a better understanding of the health challenges. In addition, Participatory Rural Appraisal was also used in the study. The quantitative data collected through field survey was processed with the help of computer packages of Microsoft excel and SPSS.

#### VII. Result and Discussion

##### Health issues and challenges

Sub Centre recorded that majority of the visitors and patients come to check their blood pressure. ASHA worker recorded that there were four patients who were diagnosed with malaria since 2008. No cases of tuberculosis were recorded. Death rate was high during 2014 which were mainly related to lifestyle illness. From household survey, it was found that majority of them rated their health status as fair followed by poor and good health condition. Majority of 78 percent are currently taking medication and 41 percent takes immunization regularly. The highest type of illness was stomach ulcers of 37 percent followed by high blood pressure, diabetes, cancer and others. With regard to level of nutrition intake, majority (61 percent) perceive themselves as getting nutrition neither good nor bad followed by good and poor. Regarding monthly medical expenditures, a little more than half (55 percent) spend below Rs. 500 followed by Rs 500 to 1000 and Rs 1000 and above. As family's environment is very important for ensuring good health, majority (64 percent) describes their family environment as good followed by poor and very poor.

##### Health Services in the community

There is one sub centre which is located in the heart of the community. It serves an important service for the community since its inception. Some of the challenges identified were lack of medicines and weak monitoring from the concerned department. Proper office timing was also not followed by the workers and records were not maintained properly. The centre covered two areas besides the main community which leads to insufficiency of the services. The main challenge faced by Anganwadi centre was lack of cooperation from the parents. Most parents did not want to register their children and did not take the supplements which were provided by the centre. Among the parents who registered their children, some of them took out their children before completing it and send them to regular school. In addition, ASHA worker reported that there was lack of iron and did not get proper facilities for her work. From the household survey, majority of 75 percent rated their community health as average followed by good and poor. During illness, more than 83 percent went to hospital which was followed by a few who visited sub centre. During illness, majority (76 percent) stated that they did not take medical prescriptions regularly followed by 13 percent who did not take medical prescription and 10 percent who takes regularly.

**Case Studies****Case No- 1:**

Name : Mr. XYZ  
 Age : 35 yrs  
 Education Qualification : HSLC (Class- X)  
 Marital Status : Divorced  
 Health Problems : HIV Positive/ PLHIV

Mr. XYZ used to abuse substances and consumed alcohol from 18 years of age. Few years back, he was diagnosed with HIV. He believed that it was transmitted from his former wife who ran away with another man after five days of marriage. Currently he takes ART (Antiretroviral Therapy) regularly and have medical checkup every month. He also works under one organization that deals with HIV/AIDS. Mr. XYZ stated that he has received a good support from his family and does not experience any stigmatization and discrimination in the community even when most of them are aware of his status.

**Case No- 2:**

Name : Mr. XY Age : 87 yrs  
 Age : 87 yrs  
 Health Problems : High blood pressure, nerve problems, swelling of muscles.

Mr. XY is a migrant and lives with his wife and two children. He suffers from different health problems including high blood pressure, nerve problems and swelling of muscles. He once had surgery in his past and was hospitalized many times. He sometimes has to take high dose of medicine to relieve the pain when it becomes severe. The swelling in his body increases and makes hard for him to walk properly. His wife also suffers from certain illnesses like high blood pressure, stomach ulcers and joints pain. Mr. XY and his wife could not get treatment regularly due to poverty. They depend entirely on agriculture for their survival. The health problems largely affect the wellbeing of their family. They often come into conflict and also have psychological effects in them. However, they receive good care and support from the community leaders.

**Case No-3:**

Name : Ms. XX  
 Age : 66 years  
 Marital Status : Married

Health Problems: Problems of kidney, joints and muscles; low blood pressure, fainting and depression.

Ms. XX lives with her husband and suffers from many illnesses since childhood. She cannot even remember how many times she has been hospitalised. Unfortunately, her parents died at a young age and she faced many challenges in her life. Few years back, she and her husband supplied cubic stones to one institution and the contractor ran away with all the bills which led to a huge financial constraint in the family. They still have to pay for the labourers and could not recover from the incident thereafter. Recently, her husband was diagnosed with a serious illness and became paralysed and she takes care of him.

Ms. XX sells vegetables for their livelihood and could not meet the financial requirements as they have to spend large amount of money for medical expenditure. This also has further effects on her and she started having anxiety and depression. Fortunately, they received assistance under New Land Use Policy which is being implemented by the state government. Although they did not get financial assistance from their neighbours and the community, a strong emotional support was given to them.

**VIII. Conclusion**

The overall findings demonstrated that health services in the community are inefficient and lack many facilities which are essential for health care providers. Most of them are not aware of the health care and services available to them. One of the challenges faced was the long distance to hospitals from the community during critical and emergency situations. Majority of

them are Christians, which becomes an important coping strategy during different circumstances and illness. The cohesion and support of the neighborhood is still very strong in the community.

### IX. Suggestions

1. Conducting awareness campaign on health issues and ongoing health care programmes
2. Forming coordination committee in the community for health promotion.
3. Revamp the existing health care services in the community.
4. Promoting financial inclusion to alleviate poverty.

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