

## CHOICE OF HEALTH CARE SERVICES IN THE STATE OF MANIPUR

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### ABSTRACT

*Health is one of the important pre-requisite to enhance economic growth and development. Health policies of most of the countries give priority in health and education. They also tend to focus on improving the utilization of health care by the people especially for low socio-economic status group to improve their health condition. With rapidly increasing population and inadequate healthcare facilities in Government hospitals, private hospitals have been coming up in the healthcare scenario of Manipur. Even though there are many government hospitals catering to the local populace, the services rendered are inadequate in terms of quantity and quality. The private health care services which are of profit motive confine mostly to the city areas charge higher fees but they offer better care compare to overcrowded Government hospitals. Therefore those who are able to bear the high cost of private service provider tend to shift from Government hospitals to the private hospitals for their treatment. The paper investigates the effect of income on the utilization of the health care services and also the choices of Health Care Services.*

**Keywords:** Economic Growth, Public, Private Health Care Provider, High Cost, utilization.

**INTRODUCTION:** The development of health sector is fundamental to the socio-economic development of a state or a country. The demands of the health care services are increasing in the present days due to increasing population and consciousness about health. Yadav (2007) in a cross-sectional study conducted at the Government Medical College Hospital, Miraj shows that owing to inflation and rising costs of commodities, some people from the upper middle class can no more afford the costs incurred in the private medical sector and have to therefore seek medical services of a government hospital. The study shows that patients gave multiple reasons for choosing a government hospital. Sixty percent of the consumers reported that they have learnt from others about the good reputation of services provided by the hospital. Economic reasons, i.e., unable to afford treatment from private sector, were cited by 44% consumers. Twenty-four percent consumers claimed that they have tried private medical establishments but are dissatisfied with them for various reasons and therefore had turned to the government hospital. In case of 12% consumers, they are referred by primary health centers/ rural hospitals/ private general practitioners for further management. In the state of Manipur, the Government is the main provider of basic health care services, but in the recent times, many private hospitals and clinics have been coming up complementing the Government health providers mainly in Imphal East and Imphal West though the far off hilly areas with difficult terrain are in the pathetic state regarding the health care system. The private providers seem to be more efficient and hospitable to the patients. Under the State Health Department, the health system is organised at three levels. The levels are:-

- Primary care level comprising of Primary Health Sub-Centres (PHSC), Primary Health Centres (PHC) and Community Health Centres (CHC). Essential basic health care are provided at this level.
- Secondary care level comprising of CHCs and District Hospital, which act as referral centres and where comparatively better services are provided with basic specialist facilities.
- Tertiary care level where specialist and super specialist care are provided. The State Level Hospital (JN Hospital) is providing the service

**Table 1: District wise Health Care Infrastructure in the state of Manipur**

Districts	Number of (As on March, 2017)				
	Sub Centres	PHCs	CHCs	Sub-Divisional Hospital	District Hospital
B i s n u p u r	33	7	2	0	1

<b>Chandel</b>	26	6	1	1	1
<b>Churachandpur</b>	65	11	1	0	1
<b>Imphal East</b>	54	11	2	0	1
<b>Imphal West</b>	51	9	2	0	0
<b>Senapati</b>	66	14	2	0	1
<b>Tamenglong</b>	29	6	1	0	1
<b>Thoubal</b>	57	13	5	0	1
<b>Ukhrul</b>	40	8	1	0	1
<b>Total</b>	421	85	17	1	7

Source: <https://nrhm-mis.nic.in>

Table 1 shows the availability of Public Health Care Services in the State of Manipur with district-wise distribution. There is not much difference in the availability of Sub-Centres in all the districts irrespective of hills and plain. Maximum number of Sub-Centres lie in Senapati and Churachandpur districts i.e. 66 & 65 respectively. In case of Primary Health Centres, maximum numbers of PHCs are available in the Senapati district and Tamenglong district has the least number of PHCs. Thoubal district has the maximum number of Community Health Care centre with Five numbers out of total of 17 in the state. All the hilly districts have only 1 CHCs except Senapati with 2 CHCs. There is need to increase the number of Sub-Divisional Hospital as only one is available throughout the state in the Chandel district. Out of Nine districts, eight has one district hospital each, only Imphal West has no District Hospital though it being the most populated district.

**Table 2: District wise Number of Registered Private Hospital/ Clinics in Manipur**

Districts	Number of Private Hospitals/Clinics				Total
	Functioning			Defunct	
	Rural	Urban	Total		
<b>Bisnupur</b>	0	4	4	1	5
<b>Chandel</b>	0	1	1	0	1
<b>Churachandpur</b>	9	0	9	2	11
<b>Imphal East</b>	3	19	22	6	28
<b>Imphal West</b>	2	44	46	5	51
<b>Senapati</b>	2	0	2	1	3
<b>Tamenglong</b>	0	0	0	0	0
<b>Thoubal</b>	5	1	6	3	9
<b>Ukhrul</b>	2	0	2	0	2
<b>Total</b>	23	69	92	18	110

Source: Directorate of Economics & Statistics Government of Manipur, 2016

From table No.2, it is cleared that out of 110 total registered private hospitals/ clinics in Manipur, 92 are functional and remaining 18 are defunct. About 50 per cent of the functional units are found to be located in Imphal West District followed by Imphal East with 24 per cent. Other district registered private units are relatively insignificant. Among the hill districts, Churachandpur has the highest number of functioning private hospitals/clinics i.e. nine in numbers. Tamenglong district has not a single private health care unit. Out of 92 private health care units in the state, 69 are in urban areas and the remaining 23 are in rural areas of the state.

The preference of the people on the selection of health care services varies from individual to individual and also from time to time. Several reasons also play important role in selection of health care services like locations of the hospitals, cost of the treatment, infrastructure of the hospitals, suggestions from the peer groups, doctor's reference and so on. According to Thuan et.al (2008), utilization of health care facilities depends on many factors such as area of expertise, level of care, cost and quality of services and socio economic status of the patients, health status, education and gender. With the increase in the awareness level of health care and the high incidence of the chronic diseases patients often prefer the health care provider with good reputation irrespective of the cost and distance. Grote, et al, (2007) in an online survey of more than 2,000 US patients with commercial insurance or Medicare about their attitudes toward the patient's experience revealed that most of them are willing to switch hospitals for better service and

amenities and that many have already asked their physicians to refer them to specific facilities. There are different types of health care delivery system in Manipur like Allopathic, Ayurvedic, Homeopathic and various indigenous systems of treatment and healing. People in the remote village and hilly areas utilize various traditional systems of treatment besides allopathic.

People are not fully satisfied with the services of the Government health units. With the rapid expansion of population and shortages of health care facilities in Government hospitals, private players started playing vital roles. Thilo Klein (2011) analyses the preference for private healthcare services compared to public healthcare services. The research has attributed this preference to a lack of accountability among public healthcare service providers, which can be observed in the careless attitude of the service providers, and the unavailability of even basic drugs in public healthcare facilities. Though there is tremendous improvement in the health care facilities in the state but it is not adequate in terms of quantity and quality. Due to better amenities and facilities provided to the patients in the private hospitals, the demand for private services is increasing day-by-day.

**OBJECTIVES:** The study aims to explore the choice of health care facilities by the people with different income level. The paper also aims to find out the reasons of utilization of health care services in the state of Manipur.

**METHODOLOGY:** Data had been collected through a community based cross-sectional household survey carried out during December 2017 and January 2018 in the Imphal West district of Manipur. 200 household were randomly selected from the study area. The profiles of the respondents were taken on the characteristics like age, gender, education, occupation and income. Inclusion criteria were above 20 years adult member of the family preferably head of the family who were willing to participate. Data had been collected through a pretested questionnaire. Simple frequency, percentages and means were used to represent the data

## RESULTS AND DISCUSSIONS:

**Table 3: Socio-Demographic profile of the Respondents**

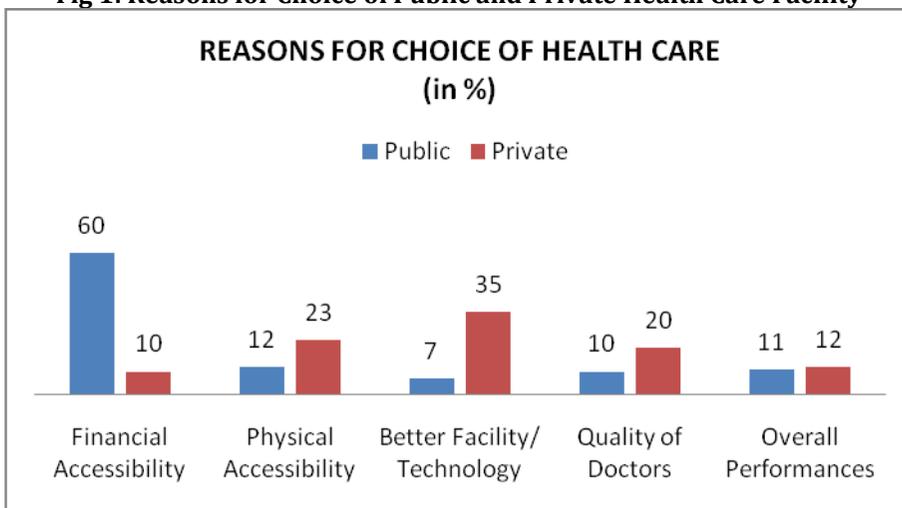
Characteristics	Category	Frequency (N=200)	Percentage(%)
Age	20 -30	26	13
	30-40	38	19
	40-50	46	23
	50 -60	38	19
	60 and above	52	26
Gender	Male	110	55
	Female	90	45
Marital Status	Married	164	82
	Unmarried	36	18
Occupation	Unemployed	16	8
	Housewife	24	12
	Retired	25	12.5
	Government Employee	47	23.5
	Self Employed	65	32.5
	Private Employed	22	11
	Student	2	1
Educational Level	Uneducated	10	5
	Primary Level	6	3
	High School	9	4.5
	Higher Secondary	27	13.5
	Graduate	106	53
Monthly Income	Post Graduate	42	21
	Less than 20,000	93	46.5
	20001-30000	46	23
	30001-40000	35	17.5
	40001-50000	16	8
	Above 50000	10	5

Religion	Hindu	160	80
	Meitei Marup	26	13
	Muslim	8	4
	Christian	6	3

Source: Primary data

Table 3 showed the socio-demographic characteristics of the respondents. Out of 200 respondents, 110 were male and 90 were female. Maximum numbers of respondents i.e. 52 belong to the age group of 60 and above followed by 46 respondents in the age group of 40-50 years of age. In terms of occupation, self employed respondents number (65) was the highest followed by 47 Government employee and only two respondents were students. Educational level of the respondents were not bad as only 10 out of 200 respondents were uneducated, 106 respondents were graduate which was an overwhelming number followed by 42 post graduate respondents. As far as income level was concerned maximum numbers of respondents belong to income group of less than 20,000 per month while very few respondents i.e. 10 respondents were in the income level of more than 50,000 per month. In terms of religion 80 per cent of the respondents were Hindu, 13 percent followed the indigenous religion the Meitei Marup .

Fig 1: Reasons for Choice of Public and Private Health Care Facility



Source: Primary Data

Reasons of choosing the type of health facilities by the respondents are shown in figure 1. Among the respondents who used Public health care facilities 60 percent and 12 percent opted public health care for Financial Accessibility and Physical Accessibility respectively. 10 per cent chose for quality of doctors and 11 per cent for overall performances. In case of respondents choosing the private health care facilities, maximum number i.e. 35 per cent opted for private for better facility/ technology. 23 per cent chose for the easy physical accessibility and 12 per cent for overall performances.

**Analysis:** After circulating the questionnaire, the study has been conducted with the help of statistical tools like Chi Square Test.

Table 4: Choice of Health Care Services

Particulars	Frequency	Percentage (%)
Public	120	60
Private	80	40
<b>Total</b>	<b>200</b>	<b>100</b>

Source: Primary data

Table 4 shows that most of the respondents i.e. 120 out of 200 respondents are opting for Public Health Care Services and comparatively lesser i.e. 80 respondents out of 200 used the Private Health Care Services. It shows that despite its drawbacks Public Health Care System remains to be the largest provider of health services.

Table 5: Income of the respondents and choice of Health Care Services

Income	Public	Private	Total
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< 20,000	50	20	70
20,001-30,000	25	10	35
30,001-40,000	30	5	35
40,001-50,000	10	25	35
> 50,000	5	20	25
<b>Total</b>	<b>120</b>	<b>80</b>	<b>200</b>

**Source: Primary data**

From table 5, it can be concluded that maximum number of respondents who are in the income group of less than 20,000 preferred Public Health Care Services while maximum number of respondents who prefer Private Health Care Services lie in the income group of 40,001-50,000 per month. When the income goes higher people are opting for Private Health Care Services.

Applying Chi-Square Test in table 5 taking the hypotheses:

$H_0$ : There is no significant difference between income of the respondents and the choice of the health care services

$H_1$ : There is significant difference between income of the respondents and the choice of the health care services

O	E	O-E	(O-E) <sup>2</sup>	(O-E) <sup>2</sup> /E
50	42	8	64	1.52
25	21	4	16	0.76
30	21	9	81	3.85
10	21	-11	121	5.76
5	15	-10	100	6.66
20	28	8	64	2.28
10	14	4	16	1.14
5	14	-9	81	5.78
25	14	11	121	8.64
20	10	10	100	10
<b>CALCULATIVE VALUE</b>				<b>46.39</b>

$$\text{Degree of Freedom} = (r-1)(c-1) \\ = (4-1)(2-1) = 3$$

Chi-Square Table value at 5 % Significant Level = 7.82

Calculative Value = 46.39

Since the calculative value is more than the table value,  $H_0$  has been rejected. Hence there is significant difference between income of the respondents and the choice of the health care services.

**CONCLUSION:** There is now a growing trend of private Health Care Service Providers in Manipur with number of small hospitals and private clinics mushrooming in urban areas. This development is due to the lack of sophisticated healthcare services in the public hospitals. Kotler (2003) stated that satisfaction is a person's feelings of pleasure or disappointment resulting from comparing a product's perceived performance or (outcome) in relation to his or her expectation. Factors such as growing incomes, high educational qualifications and increase in the number of aged population have made people more aware about the health care services. People's need for advanced healthcare services is fulfilled by both private or public (government) sectors today but it was not the case in the past.

The study concludes that availability of specialists doctors, surgeons and proper infrastructure consideration of the hospitals are the foremost reason for the choice of the service provider by the respondents. Patients have different reasons and preferences in choosing a hospital and the majority of the population avail the services of public healthcare providers. Even the respondents from higher-income groups relied on public healthcare services. It may be due to the reason of high cost of the private institutions as Manipur is a state of predominantly lower income group of people and also all reputed doctors are still working in the Government hospitals. Those who are very sceptical about the facilities provided in public hospitals and who have the ability to bear the cost of private hospitals only prefer private hospital.

The study highlights the fact that the policy makers should take necessary steps to improve the facilities and offer quality services in public hospitals. The scope of improving the system through efficient

intervention of the Local Self Government institutions is tremendous. This can improve the efficiency and effectiveness and revive the long lost glory of the State-sponsored healthcare system. Undergoing medical treatment in the private sector is a costly affair. It is not always comfortable for a family in the low-income group to pay the high fees at private hospitals. Insurance can be a practical way to reduce the financial burden of a household, in case of a medical emergency. The insurance penetration and density is much lower in the study areas, even when most of the respondents were not privileged enough to handle private healthcare expenses comfortably. This is the need of the hour for the government to intervene and provide the best facilities in the public run health institutions not only in the urban areas but also in the far off villages and hilly areas.

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**If a man does his best, what else is there?**

**~ General George S. Patton**