

CHAPTER 7

CONCLUSION AND RECOMMENDATION

7.1 Conclusion

Diarrhoeal disease in Bangladesh continues to occur. As many as 80 cases from rural areas and 20 cases from urban areas were recorded during the study period of 3 months cost incurred by the patients in receiving treatment for diarrhoeal diseases at District hospital in Bangladesh were estimated through a structural questionnaire. The cost incurred by the people from rural areas in receiving the treatment for diarrhoeal management was significantly ($t=3.39$; $p < 0.05$) higher than the urban people. The average total cost for rural people was Taka (1989.56) and for urban people it was Taka 1451.50. The cost components identified from consumers perspective included drug cost, laboratory cost, time cost, food cost, bed cost etc.

The average distance between the home of patients, from rural areas and the District hospital was 5-30 Kilometers. People from rural areas still continue to utilize the services in District hospitals though services at Health centers and Thana health complexes are available.

The perceived satisfaction among the consumers on the health services was analyzed using structured questionnaire. Rating scale was given and based on this, an index was derived to compare across service points as well as between rural and urban population. The results show that there was no significant association between the level of satisfaction in relation to the respondents level of education, occupation and income. However there was a decreasing trend of satisfaction index with increasing income level. This could be due to the choice of people who are with moderate income in seeking care in other service points particularly private hospitals.

The level of satisfaction expressed by the rural people was significantly ($p < 0.05$) higher at District hospitals (mean = 0.65) when compared to Health centers (mean = 0.41) and Thana health complexes (mean = 0.436). When the level of satisfaction was compared between rural and urban people on the services at District hospitals, there was no significant difference in the overall index. However, satisfaction on the convenient location and doctors time allocation was significantly different between rural and urban population. Distance and accessibility could be the reasons for the low satisfactory level expressed by the rural people.

Accessibility to better health and health care is closely determined by distance, needs and cultural values. This has major implication for mismatch in the distribution process of health manpower. The issues that create problems of accessibility are the lack of transport and communication system.

Under utilization of beds in Thana health complex reflects overcrowding of the patients in District and other National hospitals. The reason was that most of the Thana health complex and Health center have quantitative and qualitative deficiency of doctors and other staff. Doctors prefer not to stay and work there, because their training background and the physical and functional facilities do not suit the conditions. This results in poor quality of services which fails to achieve the confidence of the rural people.

The planning and development structure of health services in Bangladesh are deficient in strategies and policies for the effective implication of manpower distribution. Unequal distribution of health manpower between rural and urban health services have failed to make the necessary impact on the health of the population.

The country has enough manpower to treat the disease to the urban areas but it needs more trained manpower to go to the rural areas. It is necessary to provide incentive for health personnel to work in rural areas. It is essential to produce and recruit more front line workers. The training and utilization of front line village doctors and intermediate health personnel is essential to meet the basic health needs of the rural people.

This study suggests that the cost of health care services, particularly from the consumers perspective could be reduced by improving the quality of care at Health centers and Thana health complexes. The savings could later be used for other purpose and consequently, the economic welfare of rural patients would increase.

7.2 Recommendations:

Following the study recommendations may be as follows:

a) Strategies towards promotion activities in preventing and managing diarrhoeal disease need to be replanned and implemented effectively and to be made rural oriented so that, rural people can get the services at their door step. Diarrhoeal disease can easily be managed at home itself if timely management activities are undertaken. Appropriate strategies are available to educate the people to prevent and manage diarrhoea. Report of considerable number of cases reflect that preventive care is not being properly followed.

b) The quantity and the quality of the mid level workers must be increased. A compatible study should be introduced immediately to produced a sufficient number of Health assistance for village with appropriate knowledge, attitude and skills to treat the common

ailments. They could also refer complicated or doubtful cases at Thana health complex for diagnosis and better management by qualified doctors.

c) Peripheral units can be strengthened with adequate facilities so as to reduce demand at District hospitals for diarrhoeal treatment and management.

d) In Thana health complex Government should impose ' minimum fee' for hospital inpatient based health services. This can be considered as one of the cost recovery factors. This will also help in the differentiation of the preventive from the curative health services. When people buy health services at a minimum cost, they can establish more rights to it. At the same time, people who are very poor and unable to pay the minimum fee for health services will also be treated but they will have to produced a certificate from the local chairman or the working doctors

e) The ministry of public health should consider the expansion of the health education, training, and public relation function in order to increase greater knowledge of using ORS among the people. It is believed that, if ORS are available locally for rural people they are enable to manage this disease at the initial stage them self. This may be useful to reduced the mortality and morbidity by preventing cases progressing to chronic stage.

f) Steps to create awareness on the cause and management of diarrhoea may be undertaken at the different level of hospital for the patients while receiving the treatment.

g) An integrated approach can be followed to implement anti-diarrhoeal programs by involving services such as MCH an immunization.

h) Number of doctors should be increased in the long run for providing quick services to minimize waiting time of the patient at the Thana health complex and Health center.

i) The quality of the medication and diagnosis facilities should be improved in the Thana health complexes by the government.

j) If the cost is too low (free service) in the District hospital, there by leading to over utilization and inflows from rural patients who by pass their Thana health complex government may consider some new user charges at the District hospital.

k) For mass motivation, there should be more Radio and TV programs on health and diarrhoeal diseases. All other mass medias should take interest in disseminating the valuable information on health and diarrhoeal diseases

l) Consumers view may be considered to understand the short coming, if any in the provision of health care services at hospitals. This may be useful in improving the quality care.