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DOI: <http://ijmer.in.doi./2021/10.07.58>

EXPERIENCES OF PEOPLE LIVED WITH COVID-19 AND HEALTH CARE FACILITIES IN GOLAGHAT DISTRICT OF ASSAM

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ABSTRACT

India is a developing country where unavailability, inaccessibility, and unaffordable health care system is common phenomena. It has been a great challenge for India to fight with covid-19 pandemic because of poor health infrastructure. India seemed to be not prepared to deal with the COVID-19 pandemic for which people face lots of hurdles during lockdown. COVID-19 not only breaks the health system of India but also brings light into the real picture of the existing health care system of India. COVID-19 pandemic put significant stress on the health care system to deal with it because of insufficient health staff, beds, ICU, PPE kits, and so forth. Therefore, this study was an attempt to explore the experiences of people lived with COVID-19 in hospital using mixed methods research. This study was conducted in Golaghat district of Assam as it was declared as a red zone both in COVID-19 first wave and second wave. This study was an attempt to understand the facilities available in COVID-19 centre and to explore the problem faced by the people who had COVID-19 admitted in institutional settings.

Keywords: COVID-19 Pandemic, Health Services, COVID-19 Patients, COVID-19 Positive Patients.

1. INTRODUCTION

Developing country like India has been facing lots of barriers in accessing and providing health care facility. Unequal distribution of health care services and lack of affordability, availability, and accessibility are common in India (Barik & Thorat, 2015). During COVID-19 pandemic, it has been becoming worst and people especially women are unable to access health facilities due to lockdown and other restrictions made by the government of India (Shrivastava et al., 2021). COVID-19 pandemic has brought light to the real picture of the health care system in India. COVID-19 not only breaks the health system of India but also brings light into the real picture of the existing health care system of India. COVID-19 pandemic put significant stress on the health care system to deal with it because of insufficient health staff, beds, ICU, PPE kits and so forth (Abhishek et al., 2020). Along with this, health care system cannot give attention only to COVID-19 emergency cases but also non-COVID-19 emergency cases which is quite challenging for a country like India.

The board objective of the study was to document the experience of people who had COVID-19. This study was an attempt to understand the facilities available in COVID-19 centre and to explore the problem faced by the people who had COVID-19 admitted in institutional settings.

2. MATERIALS AND METHODS

Mixed methods research was used for the study. Mixed methods research is a method of research that is combination of both qualitative and quantitative methods (Creswell, 2014). Exploratory sequential approach of mixed methods was used to collect the data (Creswell, 2014). Exploratory sequential approach was applied as a little information was there on this issue (Teddlie & Tashakkori, 2009).

Golaghat district was selected for the study as it was the first district which was declared as a red zone district during the first wave of COVID-19 (Pratidin Bureau, 2020) and it was also reported as the highest COVID-19 district along with other six districts namely Morigaon, Sonitpur, Jorhat, Biswanath, Goalpara, and Lakhimpur (Government of Assam, 2021). This is why Golaghat district was selected for the study. Purposive sampling and snow-ball sampling methods were used to draw samples of people lived with COVID-19 who were admitted in institutional settings. Snow-ball sampling was used as it is difficult to trace to COVID-19 positive people during the pandemic and mini-lockdown.

A total of 6 interviews have been conducted using interview schedule to generate qualitative data while a total of 30 respondents who were COVID-19 positive admitted to an institutional setting. A Semi-structured Questionnaire was used to collect quantitative data. Thematical analysis and statistical analysis were done to analysis the qualitative and quantitative data using QDA minor and MS excel. The purpose of the study was informed to respondents and informed consent was taken from them. The data collection period was from April 2021 to June 2021.



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3. FINDINGS

All the respondents of the study were done COVID-19 test in the public sector which is free. No one has paid any money for the treatment and other facilities available in the hospital. 40% of the respondents were symptomatic and 60% of the respondents were asymptomatic.

3.1 Treatment provided to people lived with COVID-19

The respondents were asked about the treatment they received in the hospital. They were also asked about the behaviour of the doctors and nurses. Ten and fifty percent of the respondents said that they were very satisfied and satisfied respectively with the treatment. On the other hand, 10% of the respondents also said that they were not satisfied with the treatment provided in the hospital. On the other hand, 30% of respondents hold the neutral position.

Table 1: Treatment provided in the hospital to people infected by COVID-19 according to respondents (Multiple choice questions)

Serial No	Treatment provided in hospital to people infected by COVID-19	Frequency (N=30)	In percent (%)
1	Provided Paracetamol	21	70%
2	Keep the record of temperature	24	80%
3	Measure the oxygen saturation using oximeter	21	70%
4	Don't know	6	20%
5	Any other	0	0%

Source: Compilation of researcher's primary data

3.2 Behaviour of the health facilitators

As the major focus of the study was on the experience of the people lived with COVID-19 in the hospital, therefore, data has been collected on behaviour of the health facilitators towards the people infected COVID-19. This study was included only the doctors and nurses because they are the main facilitators who directly come into contact with them.

Behaviour of doctors: The majority of respondents during the interview gave a neutral response in regards to the behaviour of the doctors. However, one of the respondents named P. Borchetia (age around 56-58) explained one incident that displayed a different picture. She said- "One of the doctors behaved very rude to me. He came for the round to the ward. I could not control and I cough. The doctor said to me.... are you going to infect me too...His tone was rude?" Qualitative data is also supported by the quantitative data i.e., 50% of the respondents gave a neutral response. Despite the neutral response, 10% of the respondents were unsatisfied by the behaviour of the doctor while 10% of the respondents were very satisfied.

Behaviour of nurses: Respondents were also asked the behaviour of the nurses. Most of the respondents were satisfied with the behaviour of the nurses. In this regards, one respondent aged 38 years old said that "behaviours of the nurses are good. They mostly come to visit the patients. They are also worried of thinking to get infected by the virus. Yes....They are good". Thirty percent of the respondents found good behaviour of the nurses and 20% of the respondents said that behaviour of the respondents is not good. On the other hand, 40% of the respondents took the neutral position.

3.3 Food supply to people lived with COVID-19

Respondents were asked about the food provided in the hospital to understand the quality of food. In this regard, one of the respondents aged 51 years old said that-

"Three-time meals are provided to people including the vegetarian and non-vegetarian dishes. Egg was also provided in the morning. They provide food; however, the quality or taste of the food is not up to the mark. Still, we are grateful that Government is providing three-time meals. Otherwise, I would have face problem. It becomes risky if the family members need to go to supply food to COVID-19 centre. My family was at least in safe".

In interview, all the respondents said that the hospital provides three-time meals a day. However, a respondent said that "they provide three-time meals. But....sometimes they do not provide on time. We have the habit of getting up early morning, so providing breakfast at 9.30 am or 10 am is too late. I feel hungry. Any way it is my personal problem. Most of the patients are okay with breakfast time." The quantitative study also found similar findings where 97 percent of respondents said that three meals provide to people lived with COVID-19 and 100 percent of respondents said that hospital provides the vegetarian and non-vegetarian to people lived in the hospital.

3.4 Toilet facility

In this regard, one of the persons lived with COVID-19 who was admitted in Kushal Konwar Civil Hospital, Golaghat District said that "Toilet facility of the COVID-19 centre is not good. It was not even in a condition to use. We who stay in that part of the hospital



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face lots of problems because of the scarcity of water, lack of cleanliness. People do not come to clean the toilet on time. It smelled a lot. Finally, some of the patients along with me decided to pay the sweeper to clean the toilet. We have paid some money to sweeper...do not remember the amount...and we have asked him to buy some stuff like bleaching powder, surf excel powder to clean the bathroom”.

The quantitative data reveals that only 20% of the respondents said that toilets are clean. On the other hand, 50% and 30% of the respondents said toilets are dirty and very dirty respectively. Moreover, only 10% of respondents said that toilets were cleaned twice a day and only 20% of respondents said that toilets were cleaned every day. Besides, 30 percent of respondents reported that toilets were cleaned every alternative day and 40% said very rarely toilets were cleaned.

Respondents were asked whether they took bath in the hospital regularly or not. In this regard, only 40% of respondents said that they took bath regularly in the hospital. Other respondents did not take bath as they found bathrooms were dirty. In this regards, one respondent said, “I brought lots of clothes to COVID-19 centre as I have heard that it is dirty to take bath. So, I changed my cloth every day and I just washed my face, hand, hand, and feet”. According to some of the respondents, patients are themselves responsible who make the bathroom and toilet dirty.

Table 2: Issues related to toilet & bathroom noticed during admission in hospital (Multiple Responses questions)

Serial no	Issues related to toilet and bathroom	Frequency (N=30)	% of respondents
1	Smelling	15	50%
2	No running water (24x7 hours)	3	10%
3	People splits in the floor	21	70%
4	People do not flush properly	18	60%
5	I have not faced any problem	2	6.7%

Source: Compilation of researcher’s primary data

3.5 Other facility

Table 3: Facilities provided in the hospital as per respondents (Multiple responses questions)

Serial no	Facilities provided in the hospital	Frequency (N=30)	% of respondents
1	Separate room	2	6.7%
2	Separate Toilet	2	6.7
3	Separate Basin	3	10%
4	AC	2	6.7%
5	Plug point	18	60%
6	Hot water facility	2	6.7
7	Bucket and mug to each patient	29	96.67
8	Bedsheet	29	96.67
9	Pillow	29	96.67

Source: Compilation of researcher’s primary data

4. DISCUSSION

This study illustrates that people lived with COVID-19 admitted in the hospital have faced lots of difficulties in the hospital during treatment. The experience of people lived with COVID-19 in other places may not similar to the people admitted in Golaghat district. Golaghat is a small district where no super specialty hospital or tertiary level institution is available, only a civil hospital is there. People who can afford prefer to go to Dibrugarh or Guwahati city for better treatment face hurdles a lot.

The government of India was trying its best to stop the spread of COVID-19 pandemic for which initiated awareness of proper hygiene and sanitation. However, the study shows that hygiene is not maintained according to the protocol even in the COVID-19 centre for which people suffer a lot. The study shows that the majority of the respondents were satisfied with the behaviour of the health facilitators. However, a doctor scolded a woman lived with COVID-19 as she coughed unconsciously. This indicates how people infected by COVID-19 have to deal with people in society. There is a high chance of being isolated and neglected by relatives, friends, and neighbour because of the stigma attached to it. COVID-19 is a newly identified communicable disease for which a few people know about it. As a result, it leads to social stigma in form of discrimination and isolation (WHO, 2020). WHO published a guideline to reduce the stigma attached to COVID-19 pandemic.



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5. LIMITATION AND IMPLICATION

The study was conducted when second wave of COVID-19 pandemic hit India. The study could not able to cover a huge sample or could not decide the sample size through sample calculation. Therefore, the rigorous study could be done to understand the experience of COVID-19 patients in the hospital setting. Moreover, this study was not covered patients who were admitted in ICU or private hospitals. Inclusion of these aspects could help to go in-depth understanding of this issue.

6. CONCLUSION

This study is conducted in Golaghat district of Assam where people with critical conditions use to refer to either Guwahati or Dibrugarh as no super speciality hospitals are available in the district. The COVID-19 positive people admitted in Guwahati city especially where all the facilities like central AC, separate room, and toilet facility are provided cannot be compared with the facility available in Golaghat district. Therefore, it is necessary to work on equal distribution of health care facilities all over the state. Government should take early preventive measures to prevent the hit of the third wave as most of the places of India are not still ready to fight against COVID-19 pandemic.

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