

Facilitators and Barriers of Service Utilization in the Ayushman Arogya Mandirs of Tripura: A Qualitative Study

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Abstract:

Introduction: In order to deliver comprehensive primary health care, the existing Sub Health Centres were converted into Health and Wellness Centre (HWC) now known as Ayushman Arogya Mandirs under the twin pillars of Ayushman Bharat Scheme. However, Universal Health Coverage (UHC) remains an elusive aim due to various shortcomings in the quality and availability of services. **Objective:** To identify the facilitators and barriers of utilization of the services of Health and Wellness Centres of Tripura. **Methods:** This was a Qualitative study, using In-depth Interview method where 35 key informants' in-depth interviews were conducted in different health and wellness centre areas from the districts of Tripura and data were analysed using the Thematic network analysis framework. **Results:** Unavailability of services (like medicines and functioning equipment), lack of accessibility, lack of satisfaction, lack of awareness and poor health seeking behaviour were identified as major barriers of utilization of the services. On the other hand, positive working attitudes of the staff, availability of MCH services, friendly environment and good communication of staffs were found as facilitators in the utilization of services. **Conclusion:** The study highlighted that poor accessibility of health centres, unavailability of medicines, equipment etc., were acting as barriers whereas availability of the MCH services and staff behaviour were facilitating the service utilization.

Keywords: Ayushman Arogya Mandir, Comprehensive Primary Health Care, Health and Wellness Centre, Service Utilization

Introduction:

With the announcement of Ayushman Bharat with its twin pillars Health and Wellness Centre (HWC) and Pradhan Mantri Jan Arogya Yojana (PMJAY), Government of India marked a paradigm shift in prioritising policies and programs from Reproductive and Child Health Services (RCH) towards achieving UHC.^[1] HWCs were envisaged to deliver Comprehensive Primary Health Care (CPHC) through

expanded range of services going beyond RCH and including Non-Communicable Diseases (NCD), palliative and rehabilitative care, basic oral care, ENT care, mental health care and first level care for emergencies and trauma, provision of free medicines and diagnostics with focus being kept on health promotion and disease prevention.^[1,2]

In February 2018, the Government of India announced that 1,50,000 HWCs would be created to

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deliver CPHC with the aim to provide a seamless continuum of care that ensures principles of equity, quality, universality and no financial hardship.^[1,3]

The primary health care system of India has evolved since Independence.^[4] In spite of the successive commitments of National and State governments, the UHC remains an elusive aim due to the shortcomings related to workforce, infrastructure, quality and availability of services.^[5] As, the implementation process of Ayushman Bharat scheme through Ayushman Arogya Mandir, is in its initial phase, a qualitative assessment of the beneficiaries in the community is needed to identify which aspects of the program needs more attention as well as which strategies will be more useful for successful implementation of the program. Hence this qualitative study was conducted to assess the facilitators and barriers of utilization of services in the community catered by Health and Wellness Centres of Tripura. It can also help to understand the challenges faced by the beneficiaries which can be used to optimise the service utilization.

Methods:

This community based qualitative study was conducted from June 2021 to December 2022 in the three out of 8 districts of Tripura where existing sub centres were upgraded to Health and wellness centres during the study period using In-Depth Interview method.

The study was conducted among key informants of 10% of the HWCs functioning in each district. As of 31st December 2020; 323 Sub health centres of three out of eight districts of Tripura were upgraded to HWCs known as Ayushman Arogya Mandirs, under Ayushman Bharat scheme. Considering the feasibility and time, 10% of the HWCs functioning in each of the 3 districts were randomly selected from the list of Ayushman Arogya Mandirs for the district. Hence, Total 33 HWC areas were selected in the present study. In Depth Interviews were conducted with total 35 key informants of the area with minimum 1 Key informant from each HWC area. The Key informants were identified either as political leaders, religious leaders or representatives of local organisations as informed by ASHA workers of the area, and selected purposively they shared their first-hand

experience regarding facilitators and barriers to service utilization. Participants were interviewed by the researcher who was a female Post graduate resident of the Dept. of Community Medicine, at the time of interview and trained in conducting In-depth interview. They were interviewed using a pre- tested interview guide developed by the researchers that used open-ended, thematic prompts rather than direct questions, after taking written informed consent from the participants.

Interview was conducted at the community by visiting the house of the informants; was video recorded and was conducted over a period of 30 to 45 mins. After initial rapport building the purpose of the interview was explained and interview was in local language (Bengali) and then translated into English by one linguistic and subject expert and then back translated into local language by another subject and linguistic expert and matched and final version was kept for the study. Qualitative data of In-Depth Interview was analysed by Thematic network analysis framework. Transcribed data were read again and again and coding was done by 2 researchers- one PG resident and one faculty from the department. All the codes were listed and codes with common characteristics were categorized followed by identification of sub themes and global themes. The present study was conducted as part of the study titled "Assessment of Health and Wellness Centres of Tripura: A mixed method observational study" and was approved by the Institutional Ethics Committee. (Ref. No.F.4(5-244)/AGMC/Academic/IEC Certificate/2021/7186 Dated 2nd June 2021).

Results:

The present study included qualitative analysis of In-Depth Interviews of 35 key informants. The sociodemographic profile of the participants showed majority of the participants were male (n=32, 91.4%), were from the age group 61-70 yrs (n=10, 28.5%), Hindu by religion (n=32, 91.4%), with primary education (n=14, 40%). Study results also showed that 40% (n=14) participants belonged to lower middle class and 60% (n=21) participants belonged to nuclear family (Table 1).

Table 1: Socio-Demographic characteristics of the study participants (N=35)

Characteristics	n (%)
Age group (in year)	
31-40	4 (11.4%)
41-50	5 (14.3%)
51-60	8 (22.9%)
61-70	10 (28.6%)
71-80	5 (14.3%)
>80	3 (8.6%)
Gender	
Male	32 (91.4%)
Female	3 (8.6%)
Religion	
Hindu	32 (91.4%)
Muslim	1 (2.9%)
Christian	2 (5.7%)
Caste	
SC	16 (45.7%)
ST	4 (11.4%)
OBC	7 (20.0%)
General	8 (22.9%)
Education	
Illiterate	11 (31.4%)
Primary educated	14 (40.0%)
Secondary educated	6 (17.1%)
Graduate and above	4 (11.4%)
Socio-economic status	
Upper	1 (2.9%)
Upper lower	2 (5.7%)
Middle	9 (25.7%)
Lower middle	14 (40.0%)
Lower	9 (25.7%)
Family type	
Nuclear	21 (60.0%)
Joint	14 (40.0%)

Perspective on Barriers of service utilization-

A. Health system related barriers (Global Theme1)

1. Unavailability of Services (Subtheme1)

Regarding Health system related barriers total 23 participants (65.71%) from 21 centres(63.63%) revealed Unavailability of services like medicine supply, functional equipment as very crucial for delivering uninterrupted services. Beneficiaries get disappointed and uninterested in HCW services

when they face such issues while visiting the centre.

A literate male aged 62 years reported that “ I went there to collect my medicines that day.....I need to take medicines for my BP every day....but medicines were not available only.... told me to collect after 2 days...I had to buy that day....who will go again to collect?”

Another literate male informant aged 45 years reported that “ when I went there for checking my BP, the machine was not working.”

2. Lack of Accessibility (Subtheme 2)

Lack of accessibility due to poor transportation facility and inconvenient timings of HWCs was found out as another important health system related barrier from the interview of the informants(n=19, 54.28%) . Accessibility is a big issue in hilly and hard to reach areas and areas with poor transportation facility.”*Our area is very hilly....no auto-rickshaw service.....arranging transport is difficult here.” ... (a 75 years old illiterate female)*

Again, timings of the HWCs overlapping with the working hours of the community members makes it difficult for them to attend HWC without compromising their works and loss of wages.” *Morning time we all are busy workingby the time we return from work its already late afternoon.....centre is closed by then.”..(a 48 years old Primary educated male).*

B. Community related barrier (Global Theme 2)

1. Lack of satisfaction (Subtheme 1)

Regarding community related barriers, lack of satisfaction due to poor previous experience and unmet needs was identified as one of the important barriers by the informants (n=12,34.28%). Bad experience during previous visit demotivates people from utilizing the services next time. Perceived need for doctors and broad range of medicines were identified as important factors in relation to patients satisfaction. “I dont go there

anymore.....Last time when my uncle became unconscious.....we rushed to the centre.....it was of no use!.....could not tell what happened to him.....told us to go to Higher Centre....again we had to come back home.....arrange for vehicle....only waste of time.”(a 32 years old male Informant with Secondary education reported).

2. Lack of Awareness (Subtheme 2)

Most important community related barrier found in this study was lack of awareness. Many of the informants(n=17, 48.57%) were unaware regarding the services and government health schemes available and there were many misinformation among the community members regarding the services which prevent them from seeking care. False belief and wrong perception of the community members also prevent them from utilizing the services. *“Allopathic medicines are very harmful for the body.....they makes body very weak....worsen the condition.”*.....(59 years old illiterate male)

3. Poor health seeking behaviour (Subtheme 3)

Another community related barrier found in this study was poor health seeking behaviour from the interview of the informants (n=13,37.14%). Community members Poor health seeking behaviour due to indifferent attitude towards health and blind faith in quacks act as a barrier in utilization of the services of HWCs. They prefer local faith healers over the available health care services. One of the illiterate female informant told *“I have full faith in Babaji....he can cure any disease....we always go to him.”*

Perspective on Facilitators of service utilization

A. Health system related facilitators (Global Theme1)

1. Positive working attitude of the health staffs (Subtheme1)

Regarding Health system related

facilitators positive working attitude of the health staffs was identified by the respondents (n=24, 68.57%) as one of the important facilitators. Welcoming behaviour of the staffs and negligible waiting time makes the community members utilize the services more. *“All the staffs are very friendly..... Didimoni (Madam) always welcomes us with smile.....listens to our problems.”*.... (32 year old Primary educated female)

2. Availability of the MCH services (Subtheme 2)

Another important health system related facilitator found in this study was availability of MCH services from the respondents (n=35, 100%) . Availability of free Antenatal care and Immunization services is very crucial for mobilizing the lower socio-economic groups in seeking medical care. Provision of free medicines and diagnostic facilities motivates the community members for utilizing the services from the HWCs. *“we dont have enough money for treatment.....but here we can get free consultation..... My wife went there for checkups during pregnancy....I also take my son there for vaccination.”*(35 years old Primary educated male)

B. Community related facilitators (Global Theme1)

1. Friendly environment (Subtheme1)

Regarding community related facilitators, friendly environment is one of the facilitators found in this study from the interview of the respondents (n=17, 48.57%). ASHAs, MPW and CHOs have gained the trust in the community through their sincere work. Due to this trust and familiarity with the staffs, people feel confident and comfortable to approach them for medical care. One Primary educated male informant aged 56years, told *“I know the staffs here.....Sir is from my village.....ASHA also visits our home often.”*

Table 2: Thematic network analysis framework (from codes to global themes) identifying Barriers of service utilization

Codes	Categories	Sub Themes	Global Themes
- Medicine was not available at the time of visit - Instructed to collect medicine later	Shortage of medicines	Unavailability of services	Health system related barriers
- Blood Sugar testing machine was out of order - BP machine was not working	Unavailability of functional equipment		
- Far from home - Takes long time to reach the centre	Distance	Lack of Accessibility	
- Road is very hilly - No vehicles available	Difficult transportation		
- Can not visit centre during daytime due to works - Daily work gets affected if the centre is visited	Inconvenient health centre timings		
- Again had to visit Doctor - previous visits were not helpful - Condition worsened	Poor Previous experience	Lack of Satisfaction	
- Need a doctor at the centre - Need Ambulance facility for referral - Good antibiotics not available for children - Doctor prescribed medicines not available at the centre	Unmet expectation		
- Unaware of the services available - Unaware of availability of free medicines - Unaware of the available free diagnostics - Unaware of the Government schemes	Inadequate knowledge	Lack of awareness	
- Considered it as facilities for only pregnant mother - Heard medicines were bad			Misinformation
- Allopathic medicines are very harmful - Medicines makes body worse			False belief
- Don't like to take medicines - Didn't consider the need of health checkups	Negligence	Poor health seeking behaviour	
- Babaji can cure the disease - Only trust on local healer	Faith in quacks		

Table 3: Thematic network analysis framework (from codes to global themes) identifying Facilitators of service utilization.

Codes	Categories	Sub themes	Global Themes
- Staffs are ready to listen - Staffs always greet with smile	Welcoming behaviour of the staffs	Positive working attitude of the health staffs	Health system related facilitators
- No need to stand in a queue - Staffs attend immediately	Negligible waiting time		
- Can register pregnancy & undergo Antenatal checkups - Can take Td vaccines - Can take the benefits of maternity schemes - Get the children vaccinated	Availability of free services	Availability of MCH services	
- Get free Iron and Folic acid tablets - Get free Calcium tablets	Availability of free medicines		
- Can do Blood investigations free - Can do urine pregnancy tests - Can get their Blood pressure checked	Availability of free diagnostics		
- All the staffs are known - Staffs are from locality	Familiarity with the staffs	Friendly environment	
- Staffs regularly visit the community - Always try to help	Trust gained		
- Suggests locally available nutritious food - Gives suitable and affordable suggestions	Practical advice	Good communication	
- Help in choosing appropriate contraceptive - Hold yoga sessions in the centre - Encourage in taking healthy foods	Involvement of community members		

2. Good communication (Subtheme 2)

Good communication of the staffs was identified by the informants (n=12, 34.28%) as another community related facilitators. Staffs of the HWCs provide practical advises to the care seekers due to the familiarity with their family background. Involvement of the family members in the decision-making process makes the services more acceptable to them. 35 years old primary educated male informant reported... "Madam told us that we should use

contraceptive methods....we already have two children. ...she explained the risk and benefits.....helped us to choose one."

Discussion:

For assessing facilitators and barriers of service utilization 35 in depth interviews were taken from the community members. This study has explored a wide range of facilitators and barriers of service utilization from both the community and health facility side. A discussion has been made according to the concepts across themes or sub-themes.

The present study highlighted availability or unavailability of services serving as both facilitators and barriers to utilization respectively. While availability of MCH services has been a facilitator in utilization among a selected section of community with pregnant mothers and children utilising the services, on the other hand unavailability of services due to interruption in the supply chain of medicines and lack of the functional equipment, etc. were found to be a significant barrier of service utilization to the general people with hypertension, diabetes, etc. Qualitative studies conducted by Vijayan SM et al^[6] in Kerala and Higi AH et al^[7] in Ethiopia also found shortage of continuous drug supply as a barrier in service utilization. Similar findings were seen in the study conducted by Hussain Dar K et al.^[8]

The present study found that lack of accessibility of the HWCs in terms of distance and difficult transportation is an important barrier in case of service utilization. Studies conducted in Ethiopia by Tareke et al^[9] and in Kerala^[6] also identified accessibility as a key factor in service utilization. Inconvenient timings of the HWCs was another factor decreasing the accessibility which was also seen in the qualitative study conducted in Kerala.^[6]

Lack of satisfaction was identified as another barrier in this study which was related to the factors like bad experience during previous visit, perceived need of doctors, wider variety of medicines and 24×7 ambulance services in the HWCs.

In this study one of most important barrier of utilization identified was lack of awareness. People have inadequate knowledge of the free services specially the newly added services, free medicines and free diagnostics available at the HWCs. A qualitative study conducted on facilitators and barriers of newborn and maternal health services utilization showed similar results.^[7] The present study showed that there are also misinformation among the community members regarding the availability of services and the quality of medicines available there. They have the wrong perception that there are only traditional services like ANC and immunization services available in the HWCs.

Another important barrier identified in this study was poor health seeking behaviour. Because of negligence and indifferent attitude towards health and blind belief on quacks they don't find it necessary to seek medical care.

This present study found that the positive working attitude of the staff acts as a facilitator in service utilization. Welcoming behaviour of the staff and negligible waiting time motivates people in utilizing the services. Health care workers behaviour was also found as a facilitator in service utilization in the study conducted in Ethiopia by Hussain Dar K. et al.^[8] Similar findings were seen in the studies conducted by Gebremichael et al,^[10] Fikre et al^[11] and Weldearegay et al.^[12] Availability of MCH services was found to be an important factor in service utilization. Availability of free antenatal services like pregnancy registration and checkups, provision of Td vaccine and immunization of children, availability of free diagnostics and medicines etc along with free Government schemes act as motivator for service utilization. Qualitative study conducted by Vijayan SM^[6] in Kerala also showed that traditional services like antenatal care and immunization were well utilized.

In the present study, friendly environment of the HWC was found as a facilitator for service utilization. Familiarity of the staffs along with the trust gained through their sincere work provides confidence to the community members in seeking health care services from the centre.

In this present study good communication is identified as a prime factor for service utilization. Study conducted by Duffy et al^[13] and Tongue et al^[14] also showed that patients expect better communication from health care provider. Practical advice and involvement of the care seekers in decision making process makes the services more acceptable to them and increases the service utilization in the community.

The study was a baseline qualitative assessment of health and wellness centres where new services were added under Ayushman Bharat Scheme. The study highlighted though new facilities and services were added, the centres were not equipped with medicines and functional equipment to provide regular services.

Limitations:

This study included only In-depth Interview of the Key Informants, which highlighted perspective of a particular section of the community, however, focussed Group Discussion of the general population would have given more insight to the utilization of services at community level.

Conclusion:

The study highlighted the major barriers and facilitators of service utilization of Health and Wellness Centres of the difficult terrains of North East India. Unavailability of services like medicines and equipment, lack of accessibility, lack of satisfaction, lack of awareness and poor health seeking behaviour were identified as major barriers of utilization of the services. On the other hand, positive working attitudes of the staff, availability of MCH services, friendly environment and good communication were found as facilitators in the utilization of services.

Recommendation:

Findings of this study has provided insight regarding facilitators and Barriers of service utilization which would be helpful for policy makers to take appropriate decisions for further optimizing the utilization of services; especially at the dawn of the evolution of sub centres to Health and Wellness centres- committed to provide a wide range of services. The study recommends a strong monitoring and supervision of the supply chain management system to avoid deficit of logistics at HWC level. The study revealed that there is a gap in the community regarding health seeking behaviour & the awareness of services available beside MCH services. Hence, extensive IEC programs are needed to minimise this knowledge gap.

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References:

1. Government of India. Ayushman Bharat Comprehensive Primary Health Care through Health and Wellness Centres – Operational Guidelines. New Delhi: Ministry of Health and Family Welfare, Government of India; 2018. Available from: https://www.nhm.gov.in/New_Updates_2018/NHM_Components/Health_System_S trengthening/Comprehensive_primary_health_care/Operational_Guidelines_For_CPHC.pdf. [Accessed 2020 Sep 12].
2. Ayushman Bharat HWC Portal. Health and Wellness Centre. Available from: <https://ab-hwc.nhp.gov.in>. [Accessed 2020 Sep 20].
3. Ved RR, Gupta G, Singh S. India's health and wellness centres: Realizing universal health coverage through comprehensive primary health care. *WHO South-East Asia Journal of Public Health*. 2019;8(1):18.
4. Lahariya C. Health and Wellness Centers to strengthen primary health care in India: Concept, progress and ways forward. *Indian Journal of Pediatrics*. 2020 Jul 8. doi:10.1007/s12098-020-03359-z.
5. Angell BJ, Prinja S, Gupta A, Jha V, Jan S. The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance. *PLoS Medicine*. 2019 Mar 7;16(3):2.
6. Vijayan SM, Puliyakkadi S, Chalil S. Facilitators and barriers of service utilization: Perspectives of stakeholders in a family health center of central Kerala – A qualitative study. *Indian Journal of Public Health*. 2021 Apr 1;65(2):136.
7. Higi AH, Debelew GT, Dadi LS. Perception and experience of health extension workers on facilitators and barriers to maternal and newborn health service utilization in Ethiopia: A qualitative study. *International Journal of Environmental Research and Public Health*. 2021 Oct 5;18(19):10467.
8. Hussain Dar K. *Medicine and Nursing*. Vol. 16. An International Peer-reviewed Journal; 2015. Available from: <http://www.iiste.org>. [Accessed 2021 Mar 14].
9. Tareke KG, Lemu YK, Feyissa GT. Exploration of facilitators of and barriers to the community-based service utilization for newborn possible serious bacterial infection management in Debre Libanos District, Ethiopia: Descriptive qualitative study. *BMC Pediatrics*. 2020 Dec;20(1):1–4.
10. Gebremichael MW, Worku A, Medhanyie AA, Edin K, Berhane Y. Women suffer more from disrespectful and abusive care than from the labour pain itself: A qualitative study from women's perspective. *BMC Pregnancy and Childbirth*. 2018;18:1–6.
11. Fikre R, Eshetu K, Berhanu M, Alemayehu A. What determines client satisfaction on labor and delivery service in Ethiopia? Systematic review and meta-analysis. *PLoS ONE*. 2021;16:e0249995.
12. Weldearegay HG, Kahsay AB, Medhanyie AA, Godefay H, Petrucka P. Quality of and barriers to routine childbirth care signal functions in primary level facilities of Tigray, Northern Ethiopia: Mixed method study. *PLoS ONE*. 2020;15:e0234318.
13. Duffy FD, Gordon GH, Whelan G, Cole-Kelly K, Frankel R, Buffone N, et al. Assessing competence in communication and interpersonal skills: The Kalamazoo II report. *Academic Medicine*. 2004;79:495–507.
14. Tongue JR, Epps HR, Forese LL. Communication skills for patient-centered care: Research-based, easily learned techniques for medical interviews that benefit orthopaedic surgeons and their patients. *Journal of Bone and Joint Surgery (American Volume)*. 2005;87:652–8.