

Original Research Article

A study of profile of information sought through RTI act protocols in tertiary care hospital

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ABSTRACT

Background: This article attempts to study the profile of information seeks through RTI (right to information act) protocols in a tertiary care hospital of a metropolitan city.

Methods: This hospital record –based cross sectional study was carried out in a tertiary care hospital in Metropolitan city during the period of one year.

Results: Total 819 applications were received in the study period of 3 years out of which 30% (273) of applications were randomly selected for study using simple random sampling method. Analysis matrix was designed as per content mentioned in RTI applications and was modified. Data was collected by scrutiny of application received and was analyzed. There were total 273 applications filed by various profile of applicants out of which 56.8% resolved within 30 days, 2.2% within 35 days, 1.1% within 40 days, 2.9% within 45 days while 30% were pending/unresolved and 7% withdrawal by applicant itself. Most of the queries were personal (35.5%) followed by demanding type (24.9%), social type (19.8%), information queries (18.7%), private type (0.7%) and lastly of grievances type (0.4%).

Conclusions: Encouraging accessibility to information is one of the major changes for the people, as it may; significantly shift the act from the “official secrets act” mindset to the “right to information act” mindset.

Keywords: Right to Information Act, Health, Analysis matrix, Grievances, Queries

INTRODUCTION

The right to information (RTI) has been recognized as a fundamental human right, intimately linked to respect for the inherent dignity of all human beings. It is also a crucial underpinning of participatory democracy. It refers to the right of every citizen of the state to access information under the control of public authorities consistent with public interest.¹ The RTI provides a framework for promotion of citizen-government partnership in carrying out the programs for the welfare of the people. The principle of partnership is derived

from the fact that people are not only the ultimate beneficiaries of development, but also the agents of development.² Democracy requires an informed citizenry and transparency of information which are vital to its functioning and also to contain corruption and to hold governments and their instrumentalities accountable to the governed, says the preamble of the Indian right to information (RTI) act.³ The basic object of RIA is to empower the citizens, promote transparency and accountability in the working of Government, contain corruption, and make our democracy work for people in the real sense. The act is a big step towards making the citizens informed about the activities of the Government.⁴

The first RTI law was enacted by Sweden in 1766, largely motivated by the parliament's interest in access to information held by the King. Fifty six countries in the world have already enacted acts providing right to information while over 25 countries have initiated the process to enact the right to information law.⁵ The Supreme Court of India had in several judgments prior to enactment of the RTI Act, interpreted the constitution to read RTI as the fundamental right as embodied in the right to freedom of speech and expression and right to life.³ It was for the first time that a ruling was given by the Supreme Court in 1982 to the effect that 'disclosure of information as regards the functioning of Government must be the rule and secrecy an exception.'⁵ The idea of Right to Information started taking shape in the 1970s only, with the liberal interpretation by the judiciary of various fundamental rights specifically the right to freedom of speech and expression.²

In India right to information bill, 2005 was passed by the Lok Sabha on May 11, 2005 and by the Rajya Sabha on May 12, 2005 and received the assent of the President of India on June 15, 2005 and came to force on October 12, 2005.³ The right to information act 2005 was passed by the UPA (united progressive alliance) Government with a sense of pride. It flaunted the act as a milestone in India's democratic journey. India always took pride in being the largest democracy, but with the passing of the right to information act in 2005, it has also become an accountable, interactive and participatory democracy. This right has catapulted the Indian citizen on a pedestal from where he can take stock of administrative decisions and actions and make sure that his interests are protected and promoted by the Government. Right to information act 2005 mandates timely response to citizen requests for government information. It is an initiative taken by Department of Personnel and Training, Ministry of Personnel, Public Grievances and Pensions to provide a-RTI Portal Gateway to the citizens for quick search of information on the details of first Appellate Authorities, PIOs etc. amongst others, besides access to RTI related information / disclosures published on the web by various Public Authorities under the government of India as well as the State Governments.⁶

The Maharashtra assembly passed the Maharashtra right to information (RTI) bill, following sustained pressure from social activist and anti- corruption crusader Anna Hazare.¹ The Maharashtra Government's right to information act was adopted (replacing a 2002 Ordinance) in August 2003 after activist Anna Hazare went on a hunger strike.⁷ Among all the Acts, Maharashtra right to information act was considered as the model act in promoting transparency, accountability and responsiveness in all the institutes of the state as well as the private organizations, which are getting financial support from the Government.

Healthcare services have largely remained on paper due to lack of accountability of staff. Using the tool of RTI,

the citizens have sought for details of primary health services. The disclosure of such details as stock of medicines and its distribution, procedure for procurement of medicines, attendance of medical staff and number of patients treated, etc., has resulted in better management of primary health centers. Thus, in pursuance of the goal of the mission, access to primary health care has significantly improved, which is due to the use of RTI by the poor, who are ultimate beneficiaries of the rural health policy.⁸

There are only a few review articles reflecting the nature of the right to information in health sector therefore proposed to study epidemiological the profile of RTI that were being submitted in a tertiary care hospital to understand the dynamics of feasible redressal of queries sought in RTI applications. This study is expected to bring out the common issues and grievances of the common man seeking health care services. This will also facilitate appropriate planning and implementation of patient's grievances in the hospital. The study was therefore evolved to provide technical, administrative, managerial and organizational inputs for effective management of grievances expressed under the Right to Information Act 2005.

METHODS

This hospital record –based cross sectional study was carried out in a Seth G.S. Medical college and KEM hospital Parel, Mumbai a Tertiary Care Hospital, during the period of one year from Oct 2012 to Sept 2013. For the conduction of study permit of Director (Medical Education and Major Hospitals) and Public information officer were sought and approval was taken from Ethics committee of the institution. The applications submitted in the tertiary care hospital formed an individual study unit. Out of total applications received in the last 3 years (October 2010-September 2013), 30% of applications were randomly selected for the study using simple random sampling method. Around 819 applications were received by the RTI office in the past three years hence the sample size came 273 sampling units (RTI applications). There were no exclusion criteria of the study.

Table 1: Shows applications received in three years period.

Year	Applications received	30% sample size
October 2010-September 2011	234	78
October 2011-September 2012	273	91
October 2012-September 2013	312	104
Total applications	819	273

Analysis matrix was designed as per content mentioned in RTI applications and was modified based on the finding of the pilot study and validated by experts. An analysis matrix of RTI cases used for collecting information from RTI applications received by RTI officer. The data collected was interpreted by investigator with the help of guide and verified from the designated Public Information Officer. All entries recorded in the RTI register during the period of last three years regarding RTI complaints. Data was collected by scrutiny of application received. Interaction and discussion was held with the designated Public Information Officer with reference to RTI applications for classification.

Statistical analysis

All responses were tabulated and graphically represented wherever required. The data was analyzed using SPSS software version 17.0 and Microsoft office Excel.

RESULTS

The present study involves assessment of profile of information sought through RTI protocols in a tertiary care hospital of a metropolitan city. The study procedure includes scrutiny of applications coming under RTI act in tertiary care hospital settings, their classification and analysis of those applications, actions taken by administration on those RTI queries. Total 273

applications filed by various profile of applicants under right to information, act 2005 (Table 1).

The study reveals that (75.1%) male filed the applications while only (8.4%) applications were filed by females and the rest (16.5%) by neutral groups. Most of the applicants (96.7%) were non BPL (below poverty line) while only 3.3% were BPL. Majority of (82.4%) applicants were from metropolitan city while only 17.6% applications received from other towns and rural area of Thane, Pune, Solapur, Jalgaon etc. The majority of applications (98.9%) filled by the applicants were complete whereas, only 1.1% applications were filled incompletely by applicants.

Figure 1 shows the classification of applications for seeking RTI by the profile of the applicants. Most of the applicants 72.9% had filled the applications individually on their own, while others were member of NGO, members of political parties, media personals and other groups (bank, private hospital group etc.) Table 2 shows that the response to each application according to the time since the application for seeking RTI. Public Information Officer answered to most of the applications (61.9%) within 30 days, followed by 45 days (2.9%), followed by 35 days (2.2%), 40 days (1.1%) and 90 days (0.7%). Total 82 (30%) applications were pending/unresolved during the study period, while 7.0 % applications withdrawn/closed by applicants herself/himself.

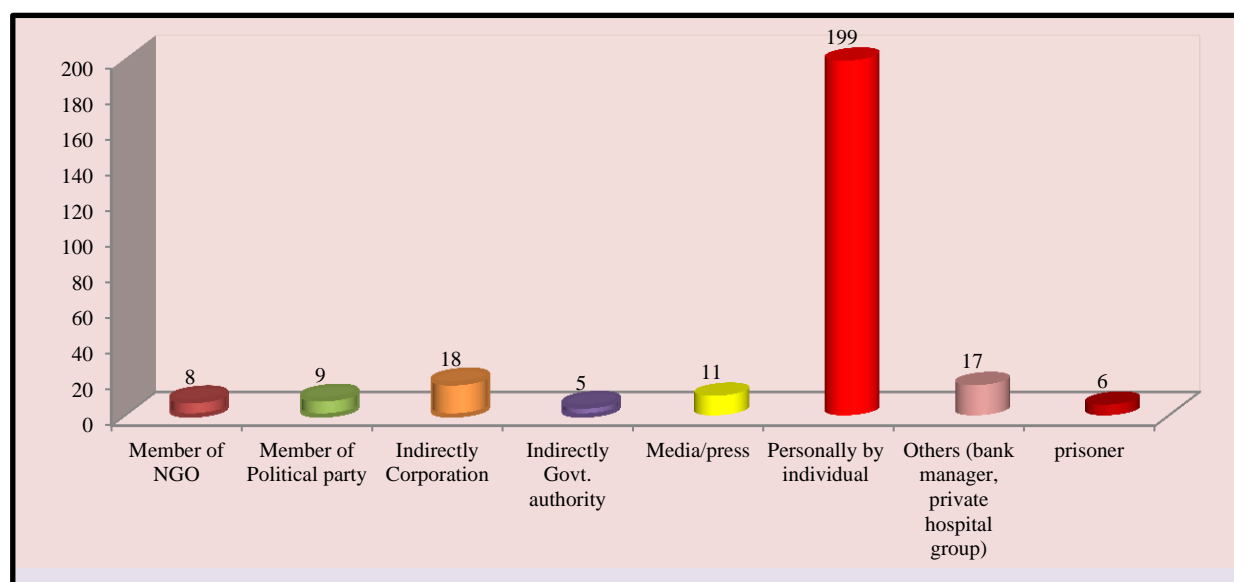


Figure 1: Classification of applications by profile of applicant.

Table 3 shows the department wise distribution on which the RTI applications were targeted, most of the applications were for hospital administration section 46.4% followed by application seeking information for medical Record section 17%, college administration section 16.8%. Figure 2 suggests profile of specific

queries according to subject matter of the application. Most common subject matter was about the medical records related to the patients (19.1%), followed by the applications related to hospital/college staff number and vacancy (11.3%), Tender/contract/purchase related (8.6%) and others as mentioned in the Table 3.

Table 2: Showing profile of the applicant and time of response.

Profile of Applicant	Time of response to the Applications						Total (100%)
	<30 days	<35 days	<40 days	<45 days	Withdrawal /closed by applicants	Pending/unsolved (during study period) (>90 days)	
Member of NGO	4 (50)	1 (12.5)	0 (0)	0 (0)	0 (0)	3 (37.5)	8
Member of political party	3 (33.3)	0 (0)	0 (0)	0 (0)	0 (0)	6 (66.7)	9
Indirectly corporation	12 (66.6)	0 (0)	0 (0)	1 (5.6)	1 (5.6)	4 (22.2)	18
Indirectly Govt. authority	3 (60)	1 (20)	0 (0)	0 (0)	0 (0)	1 (20)	5
Media/press	4 (36.3)	0 (0)	1 (9.1)	0 (0)	3 (27.3)	3 (27.3)	11
Personally by individual	119 (59.8)	4 (2)	2 (1)	6 (3)	13 (6.6)	55 (27.6)	199
Others (bank, private hospital)	6 (35.3)	0 (0)	0 (0)	0 (0)	2 (11.8)	9 (52.9)	17
Prisoner	4 (66.6)	0 (0)	0 (0)	1 (16.7)	0 (0)	1 (16.7)	6

Figure in the bracket indicates percentage

Table 3: Distribution of referral department, according to applications filed to PIO.

Department	Frequency	Percentage (%)
Hospital Administration section	207	46.4
Medical record section	76	17
College Administration section	75	16.8
Medicinal Departments	32	7.2
Surgical Departments	28	6.3
Non clinical departments	17	3.8
Engineering departments	11	2.5
Total	446	100

Table 4: Distribution of outcome according to time response to the applications.

Outcome of application processed	Time response to the applications						Total
	<30 days	<35 days	<40 days	<45 days	Withdrawal/ closed by appellants	Pending/ unresolved* (90 days)	
Resolved	148 (90.2)	5 (3.1)	3 (1.8)	8 (4.9)	0 (0)	0 (0)	164 (100)
Pending/ unresolved (>90 days)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	82 (100)	82 (100)
Closed/ withdrawal by appellants	0 (0)	0 (0)	0 (0)	0 (0)	19 (100)	0 (0)	19 (100)
Partially solved	7 (87.5)	1 (12.5)	0 (0)	0 (0)	0 (0)	0 (0)	8 (100)
Total	155 (56.8)	6 (2.2)	3 (1.1)	8 (2.9)	19 (7)	82 (30)	273 (100)

*Outcome status at the time of study; Figure in the parenthesis indicates percentage.

Table 5: Distribution of subject matter according to outcome.

Subject of matter	Outcome of application processed				Total (100%)
	Resolved	Partially solved	Pending/ unresolved* (>90 days)	Closed by applicants	
Patient related health care and services	5 (29.4)	3 (17.6)	7 (41.2)	2 (11.8)	17
Medical record of patient	49 (80.3)	0 (0)	10 (16.4)	2 (3.3)	61
Tender/contract/purchase	9 (36)	0 (0)	11 (44)	5 (20)	25
Functioning of RTI office	0 (0)	1 (100)	0 (0)	0 (0)	1
Regarding salary and pension and related	7 (66.6)	0 (0)	4 (36.4)	0 (0)	11
Related to hospital/college staff number and vacancy	23 (71.8)	1 (3.1)	6 (18.8)	2 (6.3)	32

Continued.

Subject of matter	Outcome of application processed				
	Resolved	Partially solved	Pending/unresolved* (>90 days)	Closed by applicants	Total (100%)
Regarding promotion	2 (28.6)	0 (0)	2 (28.6)	3 (42.8)	7
Regarding personal detail of the staff	13 (41.9)	0 (0)	15 (48.4)	3 (9.7)	31
Regarding Hospital Administration	8 (66.7)	0 (0)	3 (25)	1 (8.3)	12
Related to treatment costs	1 (50)	0 (0)	0 (0)	1 (50)	2
Related to UG/PG/Nursing students academic	8 (61.6)	0 (0)	5 (38.4)	0 (0)	13
Regarding working committee/authority	1 (50)	0 (0)	1 (50)	0 (0)	2
Related to ward/OT/ICU material and equipment	0 (0)	0 (0)	1 (100)	0 (0)	1
Personal matter of staff	6 (60)	0 (0)	4 (40)	0 (0)	10
Hospital data	16 (80)	2 (10)	2 (10)	0 (0)	20
Information about disease and disorder	2 (100)	0 (0)	0 (0)	0 (0)	2
Accommodation of staff	5 (71.4)	0 (0)	2 (28.6)	0 (0)	7
Unsatisfactory answer	1 (100)	0 (0)	0 (0)	0 (0)	1
Procedure for getting documents	4 (80)	0 (0)	1 (20)	0 (0)	5
Data regarding complaints and response	4 (40)	0 (0)	6 (60)	0 (0)	10
Audit of different accounts, hospital /college	0 (0)	1 (33.3)	2 (66.7)	0 (0)	3
Total	164 (60.1)	8 (2.9)	82 (30)	19 (7)	273

*Outcome status at the time of study; Figure in the bracket indicates percentage.

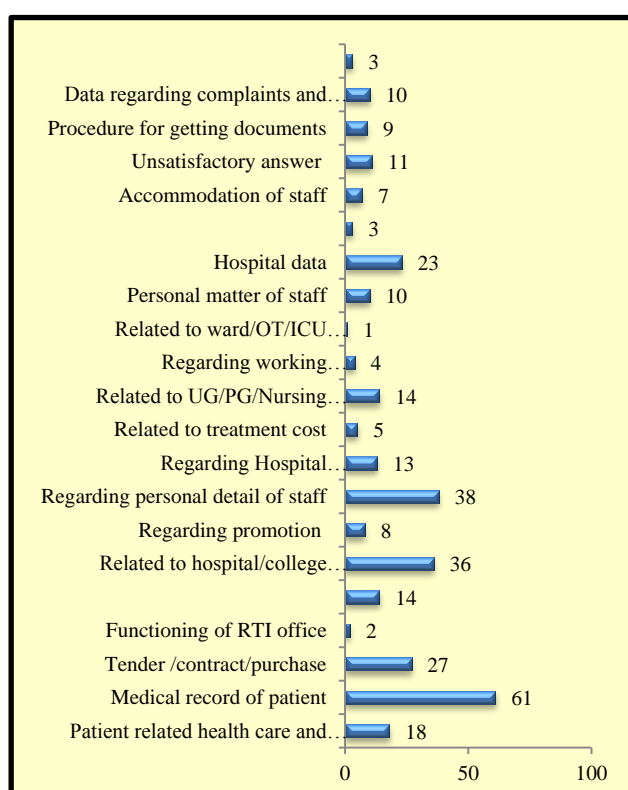


Figure 2: Profile of specific queries according to subject matter.

Figure 3 depicts classification of RTI applications according to nature of query. Among these queries, most of the queries were personal (35.5%) followed by demanding type (24.9%), social type (19.8%), information enquiry (18.7%), private type (0.7%) and lastly of grievances type (0.4%). In majority of the applications (56.8%), the applicants asked 1-2 question/s,

followed by 3-4 questions, 5-6 question and lastly 7-8 questions in each appeal/application. Table 4- shows that, out of 273 applications, 164 applications were resolved and out of these resolved applications 90.2% resolved within 30 days, 3.1% within 35 days, 1.8% within 40 days and remaining 4.9% within 45 days. It was seen that 8 applications were partially solved, among these 87.5% solved within 30 days. 19 (100%) applications were closed/withdrawal by applicants itself while 82 (100%) applications were pending/unresolved.

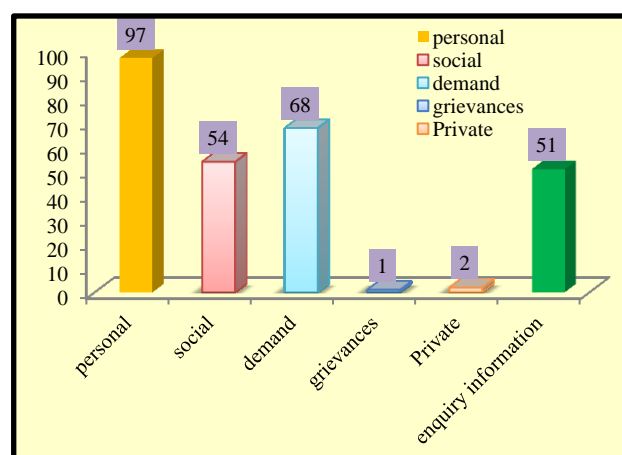


Figure 3: Classification of RTI applications according to nature of query

Table 5 shows that, there were Total 17 applications in which applicants asked about patient related health care services. Out of these 29.4% applications were resolved by the PIO, followed by 17.6% which were partially resolved while 41.2% applications were pending/unresolved and 11.8% applications were closed/withdrawal by the applicant itself. 61 applications filed

by applicants regarding medical records of patients. Out of these applications, 80.3% were resolved by the PIO. 16.4% applications were pending/ unresolved while 3.3% applications were closed by applicants itself. 25 applicants asked info regarding the various tenders/contracts/purchase. In one application, the applicant asked about the functioning of RTI office and information was partially given by the PIO. There were around 11 applicants who asked about pension and salary related questions in their applications. Out of these 66.6% were resolved and 36.4% were pending/ unresolved. There were around 32 applications in which applicants enquired about hospital/college staff number and vacancy of staff.

DISCUSSION

The study involves assessment of profile of information sought through RTI (Right to Information Act) protocols in a tertiary care hospital of a metropolitan city. Study period was One year i.e. from Oct 2012 to Sept 2013. The study procedure includes scrutiny of applications coming under RTI act in tertiary care hospital settings, their classification and analysis of those applications, actions taken by administration on those RTI queries.

The results showed that mostly male (75.1%) filed the applications while (8.4%) applications were filed by females and rest (16.5%) by neutral groups. Similar finding also found in the previous reports.^{9,10} Most of applicants were non BPL (96.7%) while only 3.3% were BPL, this was correlated with PricewaterhouseCoopers report (2009).¹¹ The majority of (82.4%) applicants were from metropolitan city while only 17.6% applications received from other cities and rural area like Thane, Pune, Solapur, Jalgaon etc. PricewaterhouseCoopers (2009)-action research villages – a right to information campaign (2005) reports showed the urban vs. rural awareness levels: rural (13%) and urban (33%).¹⁰ Public Information Officer answered to most of the applications (61.9%) within 30 days, followed by 45 days (2.9%), followed by 35 days (2.2%), 40 days (1.1%) and 90 days (0.7%). Total 82 (30%) applications were pending/ unresolved during the study period, while 7.0 % applications withdrawn/closed by applicants herself/ himself. This was comparable with previous reports.^{10,12} PricewaterhouseCoopers (2009)-action research villages – a right to information campaign (2005), showed the percentage of people who said that incomplete information The mode of essential payment done by the majority of the applicants (92.4%) through court fees stamp followed by demand draft (2.2%), Indian Postal Order (1.4%) and by direct cash (0.7%) while 2.5% candidate had not paid any fee as they were prisoners and BPL candidates. It was noted in the information provider survey of PricewaterhouseCoopers (2009)-action research villages – a right to information campaign (2005)¹⁰, that majority of PIOs used cash and demand drafts, which causes inconvenience to citizens.

Table 3 shows that there were total 446 referrals to respective departments for 273 applications filed; in most of the application PIO forwarded the application to more than one department for collecting the information asked. The prior reports show the similar department wise distribution of application forms.^{9,10} Table 4 shows a different type of subject of matter for which applicant filed an application under RTI act, 2005. Total 273 applications were filed, in which all 273 applicants asked about a single subject of matter. Amongst these 273 applicants, there were 44 such applicants who asked about one more subject of matter unrelated to the first subject of matter. Right to information act 2009 and information privacy act 2009 (2010 – 2011) showed that the number of RTI/IP access and amendment applications received by the state government (including Ministers) and local governments.¹³ A report published as understanding the “key issues and constraints” in implementing the RTI act has been prepared by PricewaterhouseCoopers (PwC) in association with Market research partner (IMRB) (June 2009)¹⁴ showed that the large pendency of cases with a wait time of 4-12 months existed in most of the States. This discouraged people from filing appeals. The information seeker survey pointed out that 47% of the citizens did not receive replies to their RTI application with 30 days, these results are consistent with our study. The discussion to the topic is limited as there were very few studies available on RTI and health.

CONCLUSION

RTI has become a weapon in the hands of common citizens to fight for their rights, the awareness level of the citizens regarding their rights as an appellant under RTI is minimal. This act will empower the citizens of India. Hence there is a responsibility of the appropriate Government to create awareness among citizens on their rights under the act. For an act to be successful, accountability and performance measures have to be unambiguously defined. Healthcare is an extremely information intensive industry. Encouraging accessibility to information is one of the major change for the people, as it may, significantly shift the act from the “official secrets act” mindset to the “right to information act” mindset. The unfortunate aspect of the robust data flows is the inherent problem of the misuse of information, disclosure of confidential information and risk of privacy violations. Healthcare personnel must acquire, process, store, retrieve and transfer clinical, administrative and financial health information.

Recommendations

RTI Grievance Redressal Office/Cell should be upgraded with modern technological inputs for communication, co-ordination and liaison with other departments. This will enable the RTI office that addresses the queries and forward the replies as early as possible. If a feasible, separate budgetary provision made for expenditure on

administrative and managerial aspects of RTI office. Copies of guidelines, rules, regulations, should be made available free at RTI office. Modern technology such as SMS, email, networking and other applications should be used maximally in RTI office for wider coverage and feedback on RTI queries. The record of RTI applications received and RTI applications disposed should be computerized and displayed on an independent website of the institution. A review meeting to assess the performance of RTI office should be taken by the institutional head on a monthly basis and priority strategies be devised to ensure Redressal within the time limit of submission as per RTI act. Issues of confidentiality, privacy and fairing personal information of patient and staff with reference to human rights must be duly resolved in consultation with legal department and state information commission office. Medical record departments of the hospital should be designated as the chief support unit of RTI office.

Limitations

There are some limitations of study which include- 1. There were very few studies on RTI in health care setup for discussion purpose. 2. Due to restricted time period the details about the reasons for pending applications were not sought.

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