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AN ANALYSIS OF PRIMARY HEALTH CENTRE IN THOOTHUKUDI DISTRICT

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ABSTRACT

Health is regarded a priority for sustained development interventions both at the individual, community and national levels. Improved health is a part of total socio-economic development and is regarded as an index of social development.The main focus of this paper is to analyse and examine the objectives namely socio-economic conditions of users of PHCs, health awareness and preference of primary health care services in Thoothukudi district.The research encompasses both primary and secondary data. For this, 120 sample respondents, 30 each from Pudur, Vilathikulam, Kayatar and Karunkulamblocks of PHCs of Thoothukudi district were randomly selected. The collected data have analysed by using appropriate statistical tools like percentage analysis, averages, standard deviation, chi-square tests, Garrett Ranking and probability analysis. The secondary data is collected mainly through published articles, books, research studies, various documents and the internet. The reference period of survey was April to June 2016. It is inferred that in the study area, respondents preferred health services of PHC because they were receiving free treatment and free medicine. The second reason is due to proximity to PHC. Less transport cost and less waiting time is mentioned as third, fourth ranks respectively. Quick diagnosis and individual attention occupy the last rank.From the study it is clear that health status of the people in Thoothukudi District villages is considerably good in the sample respondents who widely use PHC for treating almost all diseases. However their awareness on the specialists' visit to PHC is somewhat less in number. It should be taken due consideration in spreading information regarding availability of specialists in PHC among the people.

KEYWORDS: *Primary healthcare, self-determination, preventive,National Rural Health Mission, Indian Public Health Standard.*

INTRODUCTION:

Health is the spirit of creative life. It is an essential part of growth. Health should be considered as an important human right and therefore the attainment of the highest level of health should be the most significant objective. Primary healthcare is indispensable healthcare based on sensible, scientifically sound and socially suitable methods and technology made generally reachable to individuals in the community through their full involvement and at a cost the community and country can afford to sustain at every stage of their advancement in the spirit of self-reliance and self-determination (Aldana JM, Piechulek H, al-Sabir A, 2001).

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The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister of India in the year of 2005 with the goal of improving the availability and accessibility of the quality health care to the people, especially for those residing in rural areas, the poor, and women [Ministry of Health and Family Welfare]. Right now, the three tier system exists in all over country in India in rural area [http://apps.who.int/gb/ebwha/, 2011]. Coverage of large population by a PHC in large majority of the cases is indicative of the facts that adequate numbers of PHCs have not been established against their requirement – leading to deterioration of the quality and delivery of health care services, and it has also accentuated the problem of overcrowding in CHCs and district hospitals [http://planningcommission.nic.in, 2001].

National Rural Health Mission (NRHM) is aiming towards the improvement of the quality of the services like preventive, promotive, curative and rehabilitative care through the strengthening of the PHC. One PHC is catering the population of 30,000 in rural plain areas and 20,000 in the hard to reach and tribal-hilly areas. To improve the quality of the care at PHCs, the NRHM has developed the standards called Indian Public Health Standard (IPHS) - following the launching of the National Rural Health Mission (NRHM) on 12th April2005 [PHCs, 2010]. Primary objective of the IPHS is to provide healthcare, which is quality oriented and sensitive to the need of community [PHCs, 2006].

Unresponsive ANMs, inconvenient opening times and little or no community participation are some of the other problems faced by the PHCs in tribal areas (Mavalankar D, 2009).Despite criticism they have faced concerning excellence of care and poor infrastructure, they continue to be the major primary care provider for the majority of India's population who reside in tribal areas (Jones P, Hillier D, Comfort D, 2009).The main focus of this paper is to analyse and examine the objectives namely socio-economic conditions of users of PHCs, health awareness and preference of primary health care services in Thoothukudi district.

DIFFERENTIALS IN HEALTH STATUS AMONG STATES IN INDIA

Sector	Percentage of Population Below Poverty Line	IMR per 1000 Live birth	Children Less than 5 years mortality per 1000	Under weight of children below 3 years per 1000	MMR per lakh	Leprosy cases (in 1000)	Malaria cases (in 1000)
India	26.10	70	949.0	47.0	408	3.7	2200
Rural	27.09	75	103.7	49.6	-	-	-
Urban	23.62	44	63.1	38.4	-	-	-
Better Performing States							
Kerala	12.72	14	18.8	27	87	0.9	5.1
Maharastra	25.02	48	58.1	50	135	3.1	138.0
Tamil Nadu	21.12	52	6.3	37	79	4.1	56.0
Low performing States							
Orissa	47.15	97	104.4	54	498	7.05	483
Bihar	42.60	63	105.1	54	707	1.183	132
Rajasthan	15.28	81	114.9	51	607	0.8	53
U.P.	31.15	84	122.5	52	707	4.3	99
M.P.	37.45	90	137.6	55	498	3.8	528

Source: Documents of National health policy, 2012, www.mohfw.nic.in.

EXPANSION IN HEALTH FACILITIES IN TAMIL NADU DURING 1980-2010

SL. No.	Category	1980		1988		1997		2010	
		No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds	No. of Hospitals	No. of Beds
1.	Teaching Hospitals a) Allopathy b) Homeopathy c) Indian Medicines	 32 1 2	 14689 25 358	 33 1 2	 16374 25 459	 34 1 3	 18045 25 484	 44 1 3	 21379 25 484
2.	District Head Quarters Hospitals	15	4641	22	6609	27	8243	29	8478
3.	Taluk Hospitals	117	6156	121	7550	157	9557	155	10017
4.	Primary Health Centre	1392	2298	1386	5208	1408	5237	1415	5279
5.	ESI Hospitals	4	1553	7	1749	7	2257	8	2287
6.	ESI Dispensaries	116	–	134	--	162	--	200	--
7.	Government Dispensaries	197	233	14	--	12	12	12	12
8.	Non-taluk Hospitals	108	9095	72	2014	71	1983	80	2268

Source: Performance budget, Health Department, Government of Tamil Nadu for various years (1980, 1988, 1997 and 2010).
Complied by: Department of Evaluation and Applied Research (DEAR), Chennai.

OBJECTIVES

The Objectives of the present study are:

1.To study the socio-economic conditions of the sample respondents (users of PHCs) in ThoothukudiDistrict.
2.To estimate health awareness among the sample respondents.
3.To analyse thereasons for people preferring PHCservicesin the study area.
4.To evaluate the satisfaction of the patients treated in the centre

METHODOLOGY

The research encompasses both primary and secondary data. The primary data were collected through a well-structured interview schedule.For this, 120 sample respondents, 30 each from Pudur, Vilathikulam, Kayatar and Karunkulamblocks of PHCs of Thoothukudi district were randomly selected. The respondents were identified

with the help of out-patients' register maintained by the PHCs. The collected data have analysed by using appropriate statistical tools like percentage analysis, averages, standard deviation, chi-square tests, Garrett Rankingand probability analysis.The secondary data is collected mainly through published articles, books, research studies, various documents and the internet. The reference period of survey was April to June 2016.

Discussion and analysis

The data collected from the primary source has been tabulated and this forms the major basis for the research study.

AGE WISE DETAILS OF SAMPLE RESPONDENTS

S.No	Age(year)	Respondents	Percentage
1	Below 25	28	23
2	25-30	12	10
3	30-35	14	12
4	35-40	24	20
5	Above 40	42	35
	Total	120	100

Source: Survey

The above table shows that 35 percent of the respondents are in the age group of 25-30 years, 23 percent of the respondents are in the age group of 30-35 years, 20 percent of the respondents are in the age group of 35-40 years, 23 percent of the respondents are the age group of below 25 years, 35 percent of the respondents are the age group of above 40 years.

CASTE WISE DETAILS OF THE SAMPLE RESPONDENTS

S.No	Caste	Respondents	Percentage
1	MBC	100	83
2	BC	20	17
	Total	120	100

Source: Survey

The above reveals that 83 percentages of them are belonging to MBC and 17 percentages of respondents are belonging to BC.

RELIGION WISE DETAILS OF SAMPLE RESPONDENTS

S.No	Religion	Respondents	Percentage
1	Christian	58	48
2	Hindu	62	52
	Total	120	100

Source: Survey

The above table clearly exhibits the religion details of Thoothukudi. It reveals 52 percentages of respondents belong to Hindus and 4 percentages of respondents belong to Christians.

EDUCATION DETAILS OF SAMPLE RESPONDENTS

S.No	Education	Respondents	Percentage
1	Primary	54	45
2	Secondary	26	22
3	College	12	10
4	Illiterate	28	23
	Total	120	100

Source: Survey

This table shows the educational status of the workers. 45 percent of the workers completed only primary education. 23 percentage of them studied higher secondary school level, 22 percent of them are having the college level studies and 10 percent of them are illiterates.

MARITAL STATUS OF THE SAMPLE RESPONDENTS

S.No	MaritalStatus	Respondents	Percentage
1	Married	84	70
2	Unmarried	36	30
	Total	120	100

Source: Survey

The table shows that 70 percent of the workers are married and 16 percent of the workers are unmarried.

FAMILY SIZE OF SAMPLE RESPONDENTS

S.No	Family Size	Respondents	Percentage
1	1-3	40	33
2	4-5	80	67
	Total	120	100

Source: Survey

This table shows that 67 percent of the sample respondents have 4-5 members in their family and 33 percent of the people have 1-3 members in their family.

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EMPLOYMENT LEVEL OF THE RESPONDENTS

S. No	Type of Employment	Respondents	Percentage
1	Farmers	24	20
2	Landless Agricultural Workers	14	12
3	Self-employed Persons	32	26
4	Employee in Private Sector	19	16
5	Employee in Public Sector	14	12
6	Unemployed Persons	17	14
	Total	120	100

Source: Survey

It has been inferred from Table that out of 120 respondents, majority of 32 (26 per cent) of the respondents were Self-employed Persons followed by 24 (20.00 per cent) of the respondents who were farmers, and 14 per cent, 16 per cent and 12 per cent of the respondents who were unemployed persons, employees in private sector and employees in public sector respectively.

RESIDENTIAL POSITION OF THE SAMPLE RESPONDENTS

S.No	ResidentialPosition	Respondents	Percentage
1	Owned	82	68
2	Rented	38	32
	Total	120	100

Source: Survey

This table reveals that the housing facility in Thoothukudi district. 68 percent of the sample respondents have owned houses and 32 percent of the respondents have rented houses.

WORK EXPERIENCE OF SAMPLE RESPONDENTS

S.No	Years	Respondents	Percentage
1	1-10	50	42
2	10-20	52	43
3	20-30	18	15
	Total	120	100

Source: Survey

The above table shows that 43 percent of the sample respondents having the work experience of 10-20 years, 42 percent of the sample respondents have 1- 10 years and 15 percent of the sample respondents have the work experience of 20-30 years.

FAMILY MONTHLY INCOME OF THE SAMPLE RESPONDENTS

S. No	Monthly Income (Rs)	Respondents	Percentage
1	3000 – 4000	14	12
2	4000 – 5000	32	26
3	5000 – 6000	33	28
4	6000 – 7000	24	20
5	7000 – 8000	12	10
6	8000 – 9000	5	4
	Total	120	100

Source : Field Survey

Above table show that monthly income distribution, out of 120 respondents. 28 percentage of the respondents are earning Rs 5000 – 6000, 26 Percent of the respondents are earning Rs 4000 – 5000, 20 percent of the respondents are earning Rs 6000 – 7000, 12 percent of the sample respondents are earning Rs 3000 – 4000, 10 percent of the respondents are earning Rs 7000 – 8000 and 4 percent of the respondents are earning Rs 8000 – 9000 monthly incomes.The family average income of the respondents is Rs 5,520/-

DISTANCE TO PHC OF THE RESPONDENTS

S.No	Distance (in Kms.)	No .of Respondents	Percentage
1	Less than 3 kilometres	82	68
2	More than 3 kilometres	38	32
	Total	120	100

Source: Survey

Table reveals that out of 120 respondents, majority of 82 (68 per cent) of the respondents come from more than 3 kilometres distance to PHC and rest of 38 (32 per cent) of them come from less than 3 kilometres.

RESULTS OF GARRETT RANKING

REASONS FOR PEOPLE PREFERRING PHC SERVICES

S. No	Health Care Services	Garrett score	Rank
1	Free Treatment	72	I
2	Proximity to PHC	67	II
3	Less Transport cost	63	III
4	Less waiting time	41	IV
5	Quick diagnosis	36	V
6	Individual attention	32	VI

Source: Computed from survey data.

It is inferred that in the study area, respondents preferred health services of PHC because they were receiving free treatment and free medicine. The second reason is due to proximity to PHC. Less transport cost and less waiting time is mentioned as third, fourth ranks respectively. Quick diagnosis and individual attention occupy the last rank.

LEVEL OF SATISFACTION (in percentage)

S. No	Satisfaction	Male	Female
1	Satisfied	77	81
2	Highly Satisfied	49	54
3	Not Satisfied	23	19
4	No Opinion	18	15

Source: Computed from survey data.

As far as PHC in Thoothukudi District is concerned, it seems myriad patients visited every day, what they feel about the services of the centre is analysed in the above table.Satisfaction of the patients transcends the way in which they treated in the centre, providing enough amounts of tablets, etc. The respondents who are under female category are highly satisfied with the services of PHC at 54 percent. However male respondents are opinion satisfaction at 77 percent and female respondents 81 percent respectively. It is noted that the persons who do not satisfied (42%) are very minimal. No arguable that more than 30 percent of the respondents in total are satisfied with the services of PHC. The establishment and functioning of this centre is more useful for these people with disseminating some additional message to them and the difference is statistically not significant ($\chi 2=8.01$, $P=0.0518$).

CONCLUSION

From the study it is clear that health status of the people in Thoothukudi District villages is considerably good in the sample respondents who widely use PHC for treating almost all diseases. However their awareness on the specialists' visit to PHC is somewhat less in number. It should be taken due consideration in spreading information regarding availability of specialists in PHC among the people. Again the basic need indicators such as health and education are closely related with each other. The Government should ensure the increased level of health status, which will definitely bring in to the goal of "Health for all" and it will go a long way in meeting the social needs of people.

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