

A Study of Current Scenario of Primary Health Center Service Availability in Thottanuthu Panchayat-Dindigul District

S.Enees Diana

MPhil Scholar, Department of political Science & Development Administration
Gandhigram Rural Institute –Deemed to be University Gandhigram-624302
Dindigul, TamilNadu.

Abstract

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable Standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social Conditions. The paper study about the health services provided in the primary health centers and to known about the various facilities provided in the health services and the people's satisfaction about the availability of the resources provided in the health centre. The study deals with the quality of the health services.

Introduction

“Life is sacred. Celebrate life, care for others and share whatever you have with those less fortunate than von. Broaden your vision for the whole world belongs to you”

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The

enjoyment of the highest attainable Standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social Conditions.

In August 1936, Mahatma Gandhi wrote in the news paper Harijian”India lives in her villages, not in her cities”. This statement holds true even today. While India is poised to become one of the youngest nations in the world with great economic potential, its villages, rural area and tribal communities remain impoverished and under powered. For countries such as India, it is critical that each, child-particularly outside of cities-be educated such that they can effectively contribute to the nation and the world.

The fundamental truth that human well-being is revolving round the fulcrum of health is receiving increasing acceptance in the world scenario. This fact can be perceived if one cares to look into the

allocations made in the annual budget of every country in the world where in the highest priority is being given to the promotion of health. It is a most vital issue, so comprehensive and multi-dimensional that it should be tackled at different levels, ranging from the tiny hamlet to the broad spectrum of nation.

Health

Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity, (WHO Definition of Health 1948) Health for all means that health is to be brought within the reach of everyone in a given community, it implies the removal of obstacles of health that is to say, the elimination of malnutrition, ignorance diseases, contaminated water supply, unhygienic housing etc. It depends on continued progress in medicine and public health. The essential condition is worst among the scheduled tribal communities. Most of the tribal people of India have their own geographically isolated life style. Inadequate food habits along with rational socio-cultural and biological activities may lead to a high proportion of child under nutrition.

Public Health

Public Health is “science and Art of preventing disease prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private communities and individuals “1920 (E. A Winslow).

The goal of public health is to improve lives through the prevention and treatment of disease. The United Nations world health organization defines health “a state of complete physical mental and social well-being and not merely the absence of disease ant infirmity.

Primary Health Centers

Primary Health Center and its sub-centers are intended to meet the health center covers a population of 1,00,000 and spread over villages, the Primary Health Center is looked often by a medical officer block extension educator, one female health assistant a compounder, a driver and laboratory technician. It is equipped with a jeep and necessary facilities to carry out small surgeries

PHCs Infrastructure Facilities in India

PHCs has selected infrastructure facilities such as own building, toilet

facilities, electricity , continuous supply of tap water, labour room , laboratory , telephone, functional vehicle and beds for patients in each state.

The government has started concentrating on the organization of health care administration in the country, ministry of health and family welfare is the apex executive organization dealing with the issues of health and family welfare in the country as per the guidelines enshrined in the constitution of India and depicted in the national health policy and in accordance with the policy decisions of the cabinet. Health is the state object in India and the ministry of health and family welfare acts as coordination between the state health departments, planning communication, central and council of health etc.

REVIEW OF LITERATURE

Review of Literature is an essential aspect of research studies. A summary of the writings of recognized and of previous research provides evidence to what is familiar with, what is already known and is still unknown and untested. The effective research is based upon past knowledge which helps to eliminate the duplication of what has been done and provides useful hypothesis and

suggestion for significant investigation. This throws much light on the specific and systematic approach to the present investigation. The published literature is good service for the investigators and helps him interpret the significance of own results.

This chapter includes a survey of research studies and articles done in connection with “A Study of Beneficiary Satisfaction of Primary Health Center.

Purenda Prased(2000) made a study on the “**Health related problem of the Rural poor in Gujarat**” He suggests that most of the rural poor are facing problem in accessing health care service because the government fails to detect the social spaces or gaps in health care policies. He also finds from a study on the leptospirosis epidemic in Gujarat that the quick supply of drugs, increased allocation of equipment health workers, doctor and opening of special wards in the hospitals during the 1997-99 epidemics was less significant to save lives.

Health policy adopted in 1984 reported that “**health by 2001**” it was decided to bring down bring down MMR to 300 or less by per 1.00.000 live births by 2001.However the MMR still remains above 400 as on 2005 and in many states over too, with

regard to infant mortality rate (IMR) ever in 2004 it is 64% per 1000 live birth to and was hovering around to far the last two decades.

Srivastava (2005) in his article “**Economic Restructure and Social Sector: An India Experience**” reveals that social sector in India includes poverty reduction and interventions expenditure in the field of health, education, nutrition, Social assistance and social welfare most of the Departments of Government are in same security programmes in India have a long history as well India .

Dr.S.Srinivasan (2007) in his article “**Primary Health Care Are Service**” states that the problems of health care are enormous access to primary care is inadequate of basic preventive and promotive health care package clinics, doctors drugs and paramedical personnel in rural area, greater stress on preventive health care medicine and health education should be laid health literacy efforts should be made integral to the private sector and NGO’s is critical in all these endeavors for promoting a people oriented and sustainable health care system.

Sweta Mishra (2009) in her article “**Primary Health Service**” states that the

alma declaration of 1978 sets before the world a slogan “health for all by 2000 APIT pronounces health as a fundamental human right and defines it as “a state of completed physical mental and social well being it advances primary health care as a key for attaining this target as a part of development in the spirit of social justice.

The National Population Policy of 2000 [NPP 2000] “**Expert it to Decline so or Less by 2010**” the achievement of this target seems not possible in continuance of the present trend. The neo-natal mortality rate or the number of infant deaths within first month of life constitute a large population of the infant deaths within one year ,almost two third and further decline in IMR is possible only by specific programme aimed of reducing the neo-natal mortality are strongly linked pregnancy and the time of delivery. It is an obligation of any civilized society to extend full care to the pregnancy women during the antenatal and postnatal period.

DESIGN OF THE STUDY

Title of the study

“A Study of Current Scenario of Primary Health Service Availability in Thottanathu Panchayat-Dindigul District ”

Statement of Problem

The present research work is to analyze the A Study of Current Scenario of Primary Health Service in Thottanathu Panchayat-Dindigul District. The various indicators to measure the levels of health or crude birth rate, crude death rate and infant mortality rate are the expectation of life.

In one side of India we have multi specialty hospitals which satisfied the health care needs of people with specialized and speedy treatments, on the other side a large part of the population India resides in rural areas where basic medical facility is the sometimes unavailable and people in the rural areas do not get proper treatment due to the non availability of required number of registered medical practitioners.

Unavailability of doctor, ANMs and other medical practitioner's results in lack of performance in the primary health center in rural TamilNadu. Only in few cases the performance of primary health centers is comparatively good. Hence, the present study is on attempt to analyze and evaluate the Beneficiaries Satisfaction of Primary Health Centre in Thottanathu Panchayat-Dindigul District.

Objective of the study

- ❖ To study the functioning of Primary Health Center
- ❖ To study the facilities available in the Primary Health Center
- ❖ To know the basic health access by the people of the Irendellaiparai Village Panchayat
- ❖ To understand the basic health condition of the people.

Operational Definition of the Key Terms

Primary Health Centre

Primary health centre and its sub centers are intended to meet the health of the population of 1, 00,000 spread over villages. The primary health centre is looked after by a medical officer, block extension educator, one female health assistant, and compounder, driver and laboratory technician. It is equipped with a jeep and necessary facilities to carry out small surgeries.

Health

Health is an important constituent of well-being and foundation for prosperity and development of a country. Human resource development in the form of health has been instrumental in accelerating economic growth. Human health is considered as a

pre-requisite for optimum socio-economic development. Health care has been accepted as the right of every individual in a country.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.....Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.

Problems of the people

The term “Problems of the people” in the Present study implies the problem which are faced by the rural people in Thottanuthu village panchayat .The primary health centre is having major role of improvement of primary health service in the rural area. But during the past few years people are not satisfied with the service of the primary health centre and in present scenario they prefer to various private hospitals.

Methodology

Profile of the study area

In this chapter attempt is made to provide a profile of the panchayat .All the information have been collected from the panchayat office. The area of the study is namely on Thottanuthu panchayat is located near Dindigul in TamilNadu.

Gram Panchayat : Thottanuthu Panchayat

Village : Thottanuthu Panchayat

Block : Dindigul

District : Dindigul

State : TamilNadu

Pin code : 624003

Area : 1441.64 hectares

Sample of the Study

The people living in the Thottanuthu village panchayat constitute the universe for the purpose of the present study. Using purposive sampling 50 respondents under the age group were chosen 20 to 70 years by lottery method.

Tools for Data collection

In the present study the researcher adopted an interview schedule for collecting the

relevant primary data. The interview schedules were prepared on the basis of the objectives of the study. The interview schedule was pre tested, modified and finalized in accordance with the requirements of the study. The finalized interview schedule was administrated among the respondents for gathering relevant information from them. The data are collected through observation and informal discussions by the investigator.

Sources OF Data Collection

1. Primary Data

Primary data means it is first hand information. It is directly collected from the respondent

2. Secondary Data:

The secondary data related to the title of the study were collected from the Books, Articles, Journals and Internet.

Data analysis

The data thus collected was entered and analyzed with the help of excel the proportions were expressed in percentage. The collected data were checked for relevancy and accuracy then talented. The entered data were analyzed and the reports were prepared in the form of percentage and average.

Limitations Of the study

- It is not possible to make a generalized conclusion on the functioning of PHCs is TamilNadu merely on the basis of a single case study.
- The study is mainly focused on facilities and functions alone
- As the period of study is short the investigator is not able to make the intensive study
- Some respondents did not evince much interest to respond to the investigator.

Respondents based on the Treatment Received at Primary Health Center

S.No	Received treatment in PHC	No. of Respondents	Percentage
1	Yes	30	60

2	No	20	40
Total		50	100

Source: Computed

The table above indicates that, (60 percent) respondents get treatment at PHC and hence the majority of the respondents are getting treatment in the primary health center.

Respondents based on the Availability of Facilities at Primary Health Center

S.No	PHC have all Facility	No. Of Respondents	Percentage
1	Yes	30	60
2	No	-	-
3	Don't know	20	40
Total		50	100

Source: Computed

The table shows that (60 percent) of respondents agree that primary health center have all the needed facilities. Hence the conclusion is that the majority of respondents accept stated that the primary health center have all facilities.

Respondents based on the Quality of Treatment at Primary Health Center

S. No	Get treatment PHC	No .of Respondents	Percentage
1	Satisfied	26	52
2	Not satisfied	4	8
3	Don't know	20	40
Total		50	100

Source: Computed

The above table shows that (52 percent) of primary health center treatment while the respondents are satisfied with primary health center treatment followed lay (40 percent) of remaining are not satisfies with the respondents who have no idea about quality treatment.

The finding is that majority of the center treatment towards their health needs. respondents are satisfies with primary health

Respondents based on the Availability of Doctors and Nurses in the center

S.No	Doctors and Nurse Available in the PHC	No .of Respondents	Percentage
1	Yes	30	60
2	No	-	-
3	Don't know	20	40
Total		50	100

Source: Computed

The above table indicates that (60 percent) respondents agree that the required number of doctors and nurses are available every day in the center and other respondents deny the same.

Hence, according to the majority of respondents the doctors and nurse they are there in the primary health center.

Respondents based on the Availability of 24 hours Treatment provide by the center

S.No	PHC Provide 24 hours treatment	No. of Respondents	Percentage
1	Yes	25	50
2	No	5	10
3	Don't Know	20	40
Total		50	100

Source: Computed

The above tables indicates that the primary health center providing 24 hours services according to (50 percent)and reap on dents.(40 percent) of respondents have no idea about primary health center activities and other remaining (10 percent)

of respondents states that the primary health center is not providing with 24 hours service.

To conclude, the primary health center is providing treatment for 24 hours only according to help of the respondents.

Respondents based on Providing Treatment and Medicine Free of cost

S. No	Providing Treatment Free of Cost in PHC	No. of Respondents	Percentage
1	Yes	30	60
	No	-	-
3	Don't Know	20	40
	Total	50	100

Source: Computed

According to the above table (60 percent) of the respondents agree that the primary health center provides all medicines free of cost, and (40 percent) of them reported that, they are not having details about it.

The conclusion from the above table is that primary health center is providing medicines free of cost according to the majority of respondents.

Respondents based on Availability the Mobile Medical Unit (MMU) Visit to the village

S.No	Mobile Medical Unit (MMU) Does Visit	No. of Respondents	Percentage
1	Yes	37	74
2	No	2	4
3	Don't know	11	22
	Total	50	100

Source: Computed

The above table explains that the majority (74 percent) of respondents agree that mobile medical unit visits their villages, (22 percent) of respondents do not know about the (MMU) mobile medical unit and other remain respondents state that

mobile medical unit does not come to their village.

From the above table it is concluded that a vast majority of the

respondents (74 percent) accept that the mobile medical unit does visit their villages.

Respondents based on the Village Health Nurse Visit to the Village

S.No	Village Health Nurse Visit	No. of. Respondents	Percents
1	Yes	33	66
2	No	6	12
3	Don't Know	11	22
Total		50	100

Source: Computed

The above table shows that (66 percent) of respondents agreed that village health nurse visits their village. (12 percent) of respondents denied it and (22 percent) of respondents said that do not know about village health nurse visit to the villages.

It is concludes from the table that the village health nurse does visit the service villages according to a good majority of respondents (66 percent).

Respondents based on the common Illness Observed in Adults at our Village

S.No	Common Illness of Adults At your Villages	No. of .Respondents	Percentage
1	Diabetes Miletus	26	52
2	Hyper tension	17	34
3	Heart problems	7	14
Total		50	100

Source: Computed

The above table delineates that diabetes is affecting people according to (52 percent) of respondents, hyper tension according to (34 percent) of respondents and heart problems according to (14 percent) of respondents.

Diabetes Miletus is the common on illness (52 percent) among the adults of the village panchayat followed by hyper tension (34 percent) and heart problems (14 percent).

Respondents based on the Provision of Vaccination during the Spread of Communicable Diseases

S.No	Providing vaccination During the spreading period of communicable Disease	No. of Respondents	Percentage
1	Yes	20	40
2	No	22	44
3	Don't Know	8	16
Total		50	100

Source: Computed

In is obvious from the above table indicates that (44 percent) of respondents said, the primary health center does not provide vaccination during the spreading periods of communicable diseases. According to the majority of (40 percent) of respondents followed to agreeing that the PHC is providing medicine for communicable diseases. The other

remaining respondents do not have any idea about the primary health services on this issue.

The above table leads to the conclusion that the primary health center does not provide vaccination during the spreading periods of communicable diseases according to majority of respondents.

Respondents based on Disseminating Information on the Camps, Health Policies, and Programmes

S.No	PHC Disseminating Information on Camps, Health Policies, and Programmes	No. of Respondents	Percentage
1	Yes	2	4
2	No	48	96
Total		50	100

Source: Computed

The above table indicates that most of the (96 percent) respondents say's that the primary health center does not disseminate information on camps, health policies, and programmes, according to most of respondents (96 percent) followed by stating that the PHC is providing information. About medical camps to the conducted health policies and programmes

The above table leads to the conclusion that the primary health center does not give any information on camps, health policies and programmes according most of the respondents(96 percent).

FINDINGS, SUGGESTIONS & CONCLUSION

FINDINGS

Based on the analysis and interpretation carried out in the previous chapters the major findings of the study are as follows:

- Majority of (56 percent) of respondents prefer private hospitals at the time of health emergency.
- Majority of (60 percent) of the respondents get treatment in the primary health center.
- As many as (48 percent) of respondents stated that the primary

health center is 3km to 6km away from their villages.

- Majority of (60 percent) of respondents agree that the primary health center is having all facilities.
- Majority of respondents stated the primary health centers fulfill and their health needs.
- Majority of respondents confirm that the doctors and nurses are they three in the primary health center.
- Majority of (60 percent) of respondents reveal that the primary health center doctors and nurse are mostly available in the working hours.
- The nurse only is available always
- The primary health center is clean and maintained well, according to majority of respondents
- Majority of respondents state that the primary health center is providing treatment all the 24 hours in a day.
- Majority of (60 percent) of respondents state that the primary health center is not providing food for the patients.
- Majority of respondents state that the primary health center is providing medicines free of cost.

- Majority of respondents report that the mobile medical unit does visit their village.
- The vast majority of (74percent) of respondents state that the mobile medical unit visit the village every month once they second week Wednesday.
- The majority of the respondents opined that village health nurse is visiting the village and other respondents stated that the health nurse is visiting only Anganwadi.
- Majority of (66 percent) respondents reveal that the village health nurse is coming to the village once in a month.
- All of respondents confirm accessibility of private hospitals to their villages.
- Most of the respondents state the private hospitals are within 7km to 10km to their villages.
- All the respondents used to get treatment in the private hospitals.
- Majority of (92 percent) of the respondents opined they are paying Rs.250 to Rs 500 for one private hospital treatment
- Very few respondents pay Rs 500 to Rs1000 as private hospital medical fee.
- Majority of respondents reveal that these kids are affected by fever cough and cold.
- Majority of (52percent) of the respondent's state that adult are affected by diabetes Miletus.
- As many as (34 percent) of adult are affected by blood pressure hypertension and heart related diseases.
- Majority of the (50percent) respondents reported that primary health center is not providing anti venom and adequate drugs.
- A vast Majority of (96 percent) of respondents report that the primary health center does not provide vaccination during the spreading periods of communicable diseases.
- A very of large Majority of (96 percent) respondents stated that the primary health center does not give any disseminating information on camps, health policies and programmes
- Most of the respondents (96 percent) reported that they panchayat is not concentrating on the primary health services in their villages.

SUGGESTIONS

- The need for effective programmes to improve nutrition and health throughout the world is becoming increasingly urgent.
- The primary health care is the essential need of everyone.
- The number of private hospitals must be increase in the rural areas to meet the emergent health of the people.
- Though the primary health center is working very well but, it is not fulfilling all the needs of people. Hence the PHCs must be full-fledged with multi specialty health care facilities
- The provision for perfect emergency wards and intensive care units, modernize operation theaters must available. Enough awareness about this significance and usefulness of PHCs must be created among the rural people.
- Medical camps and health awareness camps must be conducted promptly, properly and periodically so that the poor rural masses get knowledge about communicable diseases and other killer complaints.
- Government on its part should improve the infrastructure facilities with adequate financial budget allocations.
- Government may provide for more ambulance vehicles to each PHCs.
- Government may majority the quality of services in Primary Health Center.
- Government shall provide required training through refresher courses to

the Primary Health Center Nurse and Doctors.

CONCLUSION

The Primary Health center aims at essential health care, Technologies and modern equipment rapidly increase but the PHC is not upgraded. The Primary Health Center has the major responsibility to provide a both preventive and curative health care service in the rural area. The present study has found that the Primary Health Center facilities are available in rural area and that most of the rural people get treatment in the Primary Health Center. Good facilities and good services in the PHCs are very imperative to create a healthy rural society in India.

References

- **Turner (1962) the Ecology of Medical Care**
Historical collections and services at the clauds more health science library
University of Virginia
- **R.C Rajamani (2000), Health for all**
Alma Ata Declaration
- **Purenda Prased (2000)**
Health related problem of the Rural poor in Gujarat
Gurajarat
- **T.Thaiyalnayaki (2009)**
The working of primary health center with special reference to Nagai District
Tamil Nadu
<http://www.tamilnadustat.com/health>
- **Drs.SrinivasSAN, October (2002)**

- “Primary Health Care Services”
Kurukshetra, vol-50, No, 12pp 22-26
- **Sweta Mishra, October (2002)**
“Primary Health Care Services”
Kurukshetra, vol-50, No, 12pp 121-125
 - **Laveesh Bhandari and Siddhartha Dutta(2015)**
“Health Infrastruction in Rural India”
New Delhi.
 - **Dara. Carr, (2008) Promoting Primary and Essential Health Care”**
Health bulletin, publication references
Bureau, pp 20- 21
<http://www.healthissuesinindia.com/category>
 - **Carlye Guerrade Macedo, 1987 bulletin of pan**
Americam Health Organisation vol.2 no,4
 - **Hoshiar singh 1995**
Administration of Rural Development in India
Published by sterling publishers, PVT. Ltd
New Delhi, 11016, PP 100-101
 - **Suresh Kumar Partra 2013,National Rural Health Mission**
www.lanuageinindia.com
ISSN-1930-2940 vl 13.4 aril 2013
- India
- **Subburaman 2005**
Health and Medical Care Services Claims on National Resources.
Health Status of odisha: an economic analysis
Odesha
 - **Dr.Kowing-man-2004, Center for Health Protection.**
Secretary for food and health
From Wikipedia encyclopedia.
 - **National Rural Health Mission Reported 2013**
Health and medical care service claims on national resources
Good health essential of economic & technology development.
 - **Conference Series “community Nursing”**
6th world congress on 2016
Community med health 2016(6.3 suppl)
<http://dx.doi.org/10.4172/2161-0711.cl.022>
June 20-21, 2016, Cape Town South Africa page 72.
 - **Confereneseries 2016**
Primary Health care April 25-27, 2016
Annual congress & medical expo on Dubai, USE
<http://dx.org/10.4172/2167-1079.cl.003>