

An Economic On Rural Health Service Delivery By Alwarthirunagari Primary Health Centre In Thoothukudi District

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ABSTRACT

The primary health centre expected to provide the following services to the rural community, treatment for minor ailments, immunization services, chlorination of well, treatment for leprosy, implementing family welfare programme, conducting health education programme, blood test and school health checkup. But the primary health centres services are very poor compared to other private health centres. So there is a gap between public and the primary health centres.

The present study is undertaken with the objective of assessing the rural health care service delivery by Alwarthirunagari primary health centre in Thoothukudi District. The study tries to analyse the services rendered opinion of clients on the service their problem in getting service and also their suggestions for better delivery of quality service to the implementation of family welfare. This study reveals that as education increases people are likely to avoid public health facilities for reproductive health related services. This may be due to poor quality of services provided at the health centers. We should consider other qualitative factors also privacy maintained while doing medical examination, average waiting time at the health centers, time spent by a staff with a client, etc. All these problems must be addressed by adopting appropriate measures. Otherwise primary health care system in India will lose its credibility even among poor rural people who are not in a position to attend private health care facilities.

Keywords:- Rural health service, parameters, economic and social problems, education, health care.

Introduction

Health is one of the important parameters for social and human resource development in both urban and rural parts of our country. Good health is a prerequisite to human productivity and the “development” process. It is essential to economic and technological development. The rural parts of the country have been facing socio-economic problems mainly characterized by poverty, gender inequity and low participation in developmental initiatives. This is inspite of the

implementation of various programmes related to poverty alleviation intervening in the areas of livelihood opportunities, access to education and of course access to health care service and facilities.

The world Health organization defined health as “A state of complete physical, mental and social well-being and not merely an absence of disease or infirmity”. Health care delivery system is confronting various challenges today posed by rapid developments world wide, the need for cost-containment and focus on

effectiveness and efficiency of the delivery mechanism.

Statement of the Problem

The rural health system of India is plagued by serious resource shortfall and under development of infrastructure leading to deficient health care for a majorities of India. Since 1950's modern health care facilities in rural areas in India are provided through primary health centres started as a part of national rural development under community development programme the establishment of the primary health centres in October 1852 was the major land mark in the development of health care services in India.

A broad based infrastructure has been created for taking primary health care services to rural people nearest to their homes and at a cost within their reach. The primary health care is provided through community development blocks. The primary health centres function as the first anchor against disease and ill-health in rural areas. The primary health centres are the principal institutions providing integrated health services to the rural population.

The primary health centre expected to provide the following services to the rural community, treatment for minor ailments, immunization services, chlorination of well, treatment for leprosy, implementing family welfare programme, conducting health education programme, blood test and school health checkup. But the primary health centres services are very poor compared to other private health centres. So there is a gap between public and the primary health centres.

The present study is undertaken with the objective of assessing the rural health care service delivery by Alwarthirunagari primary health centre in Thoothukudi District. The study tries to analyses the services rendered opinion of clients on the service their problem in getting service and also their suggestions for better delivery of quality service to the implementation of family welfare.

Review of the Study

1. Schaufelietal (2002), Engagement has three indicators that are vigor, dedication and absorption. First, vigor is high level of energy and mental resilience while working

the willingness to invest effort in one's work, and persistence even in the face of difficulties. Second, dedication is characterised by a sense of significance enthusiasm, inspiration, pride, and challenges. Third, absorption is characterised by being fully concentrated and deeply engrossed in one's work whereby time passes quickly and one has difficulties with detaching oneself from work.

2. Merry (2014) States that higher employees in demonstrating the right behavior play as critical manner to organizations. Engagement is as the booster needed and in purpose to booster performance at once either. The booster needs to pay attention on the how balancing the organizations expactations and employees expactations.

Objectives of the study

1. To study the organizational as well as staffing pattern and also functions of service staff in the Alwarthirunagari PHC.
2. To analysis the various health programmes of the government implemented through the PHC.
3. To study the socio-economic conditions of the client using PHC service.
4. To find out the problems faced by the respondents as well as service staff in regarding service delivery and utilization.
5. To elicit suggestion from service staff as well as clients on future service delivery.

Type of Services got from PHC Staff by the Respondents

Many type of services are rendered by PHC staff to the targeted population. To find out how for these services reach the target community and also how for the community makes use of services questions are asked to the sample respondents to mention the type of services they got from the village health nurse. The answers provided by the respondents are presented in table 1.

Table: 1 - Type of Services got from PHC Staff by the Respondents

S. No	Type of Services	No. of Respondents	Percentage
I	Preventive Service		
	A. Immunization	84	70.00
	B. Regular Health Check up	36	30.00
	Total	120	100.00
II	Promotive Service		
	A. Personal Hygiene	47	39.17
	B. Nutritional interventions	27	22.50
	C. Nil	46	38.33
	Total	120	100.00
III	Curative service		
	A. Treatment of minor ailment	65	54.17
	B. Referral Services	20	16.66
	C. Nil	35	29.17
	Total	120	100.00

The Alwarthirunagari PHC provided three types of services rendered for village peoples i.e., preventive, promotive, Curative services. Preventive service - 70 per cent of the respondents mentioned about using of immunization services to children and 30 per cent of the respondents said that using regular health checkup. Promotive service – Majority 39.17 per cent of the respondents said that knew of staff assisting in personal hygiene.

Sources of Information about of its Services

Primary Health Centre is an important model health system at the village level. It is providing primary health care. The respondents were asked about their knowledge on the existence of PHC and also their sources of information about it. Distribution of the respondents according to their

sources of knowledge about PHC is presented in the following table.

Table: 2 - Sources of Information about of its Services

S. No	Source of Knowledge	No. of Respondents	Percentage
1	VHN	70	58.30
2	Neighbours	18	15.00
3	Own knowledge	32	26.70
	Total	120	100.00

The information provided by the respondents are given in table 2. Majority (58.3 per cent) of the respondents reported that they came to know about PHC through local village health nurses 32 per cent of the respondents said that they came to know of the PHC on their own. That is they have seen the PHC and its location. The remaining 15 per cent of the respondents said that their source of knowledge about was their neighbours. Thus all the respondents knew about the existence of PHC and also they knew the PHC provides certain health services. However since village health nurse is regular contact person in the village majority have reported that their main sources of information about PHC was their local village health nurse.

Type of Illness for which the Respondents sought help of PHC

PHC is rendering health services especially for rural people who are suffering different type of diseases, such as malaria fever, diarrhoea, low-back pain, Scabies, injuries, leg pain, accident, skin disease, eye infection, worm infection so on. A PHC is supposed to provide, curative, preventive as well as promotive services.

Table: 3 -Type of Illness for which the Respondents sought help of PHC

S. No	Type of Illness	No. of Respondents	Percentage
1	Diarrhea vomiting	20	16.67
2	Injuries	15	12.50

3	Malaria fever	28	23.33
4	Leg pain	50	41.67
5	All minor diseases	7	5.83
	Total	120	100.00

The table 3 shows the distribution of respondents according to type of illness for which they sought help from PHC. A single majority (41.67%) of the respondents got medical help from PHC for leg pain. 16.67 per cent of the respondents visited PHC for diarrhea and vomiting. 23.33 per cent got treatment from PHC for Malaria fever. 12.50 per cent of the respondents visited PHC for minor injuries. Only a small percentage (5.83%) of the respondents received treatments from OHC for all minor diseases. Thus majority (41.67%) of the respondents sought service primary health centre for curing leg pain.

Reason for use of PHC Services by Respondents

Distribution of respondents according to their stated reasons for using PHC services.

Table: 4 - Reason for use of PHC Services by Respondents

S. No	Reasons	No. of Respondents	Percentage
1	Poverty and hence unable to meet cost of private health services	56	46.67
2	Effective cure of diseases after treatment	23	19.17
3	Nearness of the hospital	41	34.17
	Total	120	100.00

The table 4 shows the distribution of respondents according to their reasons for using PHC services. Most of the respondents (46.67%) have said that due to they are unable to meet cost of services as they cannot afford to take health services from private hospital hence they make use of PHC services as they are cost free. 34.17 percent said that the PHC is nearer to their home. 19.17 per cent feel that they are effectively cured of diseases after getting treatment from the PHC.

Thus majorities (46.67%) of the respondents have said that due to poverty and hence unable to meet cost of private health services.

Frequency of Home Visits made by PHC Staff in Service Area

Village health worker (VHN) attached to the PHC used to visit village within their service area to render health care services. In the study area every week on Wednesdays village health nurse used to visit village earned to them for immunization of children to prevent diseases like, tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. Again once in a month visits service village for leprosy treatment. Besides, her regular visit village health nurse used to visit the village depending on the request made by local people.

Table: 5 - Frequency of Home Visits made by PHC Staff in Service Area

S. No	Particular	No. of Respondent	Percentage
1	Weekly once	26	21.67
2	For nightly once	10	8.33
3	Once in a month	46	38.33
4	Very rarely	38	31.67
	Total	120	100.00

The table 5 shows the frequency of home visit by PHC staff as reported by the respondents. It is seen that 38.33 per cent of the respondents said that village health nurse and doctors visited their village monthly once. 31.67 per cent of respondents said that PHC staff visited their village very rarely. They could not specify the

periodicity 21.67 per cent said that PHC staff visited their village weekly once. Remaining 8.33 per cent of the respondents said that village health nurse visited their village for nightly once.

Thus majority (38.33%) of the respondents knew that the village health nurse and other staff visited their once in a month.

Findings

- The Alwarthirunagari PHC provided three types of services rendered for village peoples i.e., preventive, promotive, Curative services. Preventive service - 70 per cent of the respondents mentioned about using of immunization services to children and 30 per cent of the respondents said that using regular health checkup. Promotive service – Majority 39.17 per cent of the respondents said that knew of staff assisting in personal hygiene.
- Majority of the respondents have reported that their main source of information about PHC was their local village health nurse.
- Majority of the respondents sought service primary health centre for curing leg pain.
- This study discloses that majority of the respondents have said that due to poverty and hence enable to meet cost of private health services.
- Majority of the respondents knew that the village health nurse and other staff visited their once in a month.
- The major determining factors affecting the utilization of services in Primary Health Centre, Alwarthirunagari is analysed through regression analysis.
- This study indicates that as the period of education increases utilization of services decreases in the public health facilities. They may go for services in the private sector because educated mothers may have better awareness of the low quality of services provided by the primary health personnel.

Suggestions

In Tamilnadu government sector is the major provider of primary health care, particularly in rural areas. The present Government's policy decisions over the last few years to improve infrastructure facilities in primary health centres and to ensure block-level PHCs to function for 24

hours a day have been in the right direction. The government should continue this policy.

“Varumun Kappom Thittam”, the “Free Comprehensive health Care Scheme for the Poor” was launched in early 2000, laying emphasis on preventive health. The programme seeks to take the modern medicine to virtually the doorsteps of the people in both rural and urban centres of all the districts through a camp approach. In terms of its objective and scale, the programme has been acclaimed by Government circles as quite significant in the country's public health sector as it brings health into the political and bureaucratic mainstream. So government should take necessary steps to promote this scheme successfully.

There is surely the need for a total review of public health policies in Tamilnadu towards a comprehensive State Health and Nutrition Policy with clear goals, strategies and guidelines for interventions. There is also the urgent need to clarify and regulate the role of private sector in health in Tamilnadu.

Conclusions

This study concluded that as education increases people are likely to avoid public health facilities for reproductive health related services. This may be due to poor quality of services provided at the health centers. We should consider other qualitative factors also privacy maintained while doing medical examination, average waiting time at the health centers, time spent by a staff with a client, etc. All these problems must be addressed by adopting appropriate measures. Otherwise primary health care system in India will lose its credibility even among poor rural people who are not in a position to attend private health care facilities.

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