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Rural Healthcare Services of PHCs in South Tamil Nadu

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ABSTRACT

Developing nations have been focusing on relevant infrastructure, technology, disease control, and health outcomes in terms of deaths and disability-adjusted life years, largely ignoring the service quality aspect from the patient's viewpoint (J K Sharma and RituNarang 2011). Health is an important commodity not only at the individual level but also in terms of the micro- and macro-economic scale of a country. Improvement of health status is therefore on the political agenda of every government. In India health has been a major policy issue since independence. The development of rural health infrastructure, immunization programmes and the extension of water supply and sanitation led to health gains. Major achievements include the rise of life expectancy, decline of infant mortality and crude birth rate as well as eradication of smallpox. Nevertheless, the health situation in the country is not satisfying for several reasons. First up all targets set in the five-year plans and in the National Health Policy 1983 have not been met.

1. INTRODUCTION

Although India has established national health programmes for special diseases like tuberculosis or malaria, the responsibility for the health system lies in the hands of the federal states themselves. Therefore, economical performance of the respective state and the priority level health has within the state government are the decisive factors for health care spending. It is not surprising that huge differences in health system performance and quality exist between the states. Within the states the health system is often characterized by an urban-rural dichotomy. Again concentrations of public and private health care facilities in the urban areas and missing facilities in remote rural areas have thus become a common feature of the Indian health system. So the burden of disease is disproportionately placed on the poor. Mortality rates, fertility rates and under-nourishment are

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double as high in the poorest quintile of the population (Misra et al. 2003:1). The health systems that emphasizes the cooperation and involvement of the community, both in terms of resources contribution and management, satisfaction with health care assumes an important dimension in terms of its implication for success of public health programmes (Hegazy et al., 1992).

2. STATEMENT OF THE PROBLEM

Public hospitals are often overcrowded and resources are stretched between producing human resources needed for health and taking care of patients that cannot be looked after at other levels of the health system. The urban poor and a large share of the rural population are serviced by public hospitals at various levels and are referred to the teaching hospitals as they are equipped with a higher level of technology and manpower. While on the one hand hospital policies in the public sector are being implemented within the constraints of inevitably finite resources, yet on the other, they are operating in a dynamically changing, increasingly sophisticated and costly technological environment. "The shadows of healthcare delivery are becoming increasingly visible. They outline a future where healthcare providers will need to do increasingly more with increasingly less under very uncertain financial circumstances." (Halverson et al, 1997). "Healthcare provision faces a grim outlook. Budgetary pressures, set against an increasing elderly population, plus rising expectations and technological advances, ail point to increasing conflict for resources. Decision-making at community level, with patients, doctors, nurses and managers included, will be the most effective way of allocating scarce resources, and of exerting pressure for more."(Pritchard,1995). There are many problems that plague the PHCs – insufficient budget, vacant posts, absentee staff, lack of medical expertise, medicines and laboratory facilities. In addition, the volume of cases can sometimes be overwhelming for the PHC staff. All these factors have reduced the credibility of PHCs in the public eye. However, there are two clinching factors in favor of PHCs – they offer medical care at almost negligible cost and are present within accessible distance. In spite of this, people who can afford to pay for private medical care prefer it over the government run PHC. Two-fifth of the respondents have complained to the doctors and the staff several times about the services that the PHCs deliver. More than half of them have also urged the doctors and the staff to be more user-friendly (PRameshan and Shailendra Singh, 2004). The health care providers can then

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be more responsive to patients needs and deliver better quality care. In addition, community's perception of quality will not only assist providers to deliver care in manners that reduces users' perceived risks associated with rural health center but will help enlist communities participations as required in Primary Health Care (PHC) (Joachim Abolaji ABIODUN, John Obamiro KOLADE). Indeed the services of the primary health centers are gradually increased. If the services rendered by the primary health centers are poor and also not satisfied to the minority and marginality people then they prefer private hospitals for treatment. Hence, the researcher has made an attempt to find out the health status of the marginalized and minority communities and their awareness and attitudes towards use of primary health centers.

3. OBJECTIVES OF THE STUDY

1. To analyse the awareness and attitudes of villagers in getting medical services through PHCs.
2. To identify the problems and prospects of PHC and its impact on medical services.
3. To find out various medical services provided by the PHC and its impact on villagers health and their satisfaction level.
4. To know the interest and involvement of minority and marginalized peoples in getting medical services at PHC and its impact on their health status.

4. HYPOTHESES

1. The demographic factors of the respondents do not influence their awareness and attitudes of PHC in getting medical services.
2. Problems and prospects of PHC and its impact on medical services do not influence the respondents.
3. Medical services at PHC do not attract the minority and marginalized people's interest and involvement in getting availed those health services.

5. SIGNIFICANCE OF THE STUDY

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1. To identify the exact factors influencing different types of diseases.
2. To suggest remedial measures to reduce health problems.

6. SCOPE OF THE STUDY

The present study covers the southern districts of Tamil Nadu namely the districts of Thoothukudi, Tirunelveli, Virudunagar and Ramnad. It deals with the Rural Healthcare Services of PHCs: – Their Impact on the Marginalized and Minority Communities in South Tamil Nadu. The period of this study is about two years (i.e.) June 2016 to June 2019

7. METHODOLOGY

RESEARCH DESIGN

Since the study has predetermined objectives and methodology, it is descriptive and analytical in nature. The study has made an attempt to explain the Rural Healthcare Services of PHCs: – Their Impact on the Marginalized and Minority Communities in South Tamil Nadu.

SAMPLING PLAN

SAMPLING PROCEDURE OF THE STUDY

Out of the nine southern districts of Tamil Nadu, four districts i.e. Thoothukudi, Tirunelveli, Virudunagar and Ramnad were selected for this study in convenience sampling method. About 300 respondents per district (approximately), the total sample size came to 1200 respondents. The structured interview schedule was used to collect the relevant data. Finally, the reusable schedules came to 1100. Hence, the included sample size of the present study is 1100 respondents.

SOURCE OF DATA

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The present study is based on the primary data which are collected from respondents in rural areas of southern districts of Tamil Nadu. Secondary data are also used in the study which collected from different literatures like books, published articles and websites.

COLLECTION OF DATA

The A well-structured interview schedule was used to collect the primary data from the respondents. The interview schedule consists of three important parts. The first part covers the demographic profile of the respondents. The second part of the schedule includes the awareness and attitudes of villagers in getting medical services through PHC among the respondents. The third part of the schedule includes the PHC medical services and its impact on villager's health and their satisfaction level. A pilot study was conducted among 125 respondents. Based on the feedback of the pilot study, modifications, additions and deletions were carried out. The final draft was prepared to collect the data.

FRAME WORK OF ANALYSIS

The collected data were processed with the help of appropriate statistical tools. The applied statistical tools and their conduct of application are summarized below:

1. Chi-Square Analysis

The Chi-Square test has been used to analyses the association between theprofile of the respondents and their level of awareness and attitudes of villages in getting medical services through PHC.

2. Correlation

The correlation analysis was used to identify the relationship between the different healthstatuses of respondents.

3. One way analysis of variance

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The One way analysis of variance has been executed to find out the association between demographic characteristics of the respondents and their Primary health center medical and health care services.

4. Test

The t-test has been applied to find out the significant difference between male and female respondents regarding their medical services and satisfaction level.

5. Rank test

The rank test has been used to execute the importance given to different variables related to primary health center services.

6. Multiple Regression

Multiple Regression analysis has been used to find out the impact level of PHC medical services, awareness and attitudes of villages in getting medical services among the respondents based on their overall knowledge and practices of PHC.

8. LIMITATIONS OF THE STUDY

The present study is subject to the following limitations:Eventhough there are many causes for diseases, the present study covers only awareness and attitudes of villages in getting medical services through PHC.A sample districts has been selected on the basis of convenience sampling method.The linear relationship between dependent and independent variables has been assumed.The response to the interview schedule may be subject to the memory of the respondents.

9. SUGGESTIONS

The respondents give least preference to the homeopathy treatment. So awareness should be created about the importance of homeopathy treatment. Some people prefer treatment in private hospitals. The main reason is insufficient medicines and infrastructure. So the PHC should ensure sufficiency of medicines and good infrastructure. The PHC should get feedback from the patients for the improvement of its services. The patients in PHCs expect enough water supply and

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consoling words of doctors and nurses. These expectations should be satisfied by the doctors and nurses. The government should insist on the support staff to provide timely services to the patients without expecting any monetary benefits from then. Frequent refresher causes should be given to the doctors, nurses and supporting staff to create social and moral responsibilities to handle the patients. This training can change the attitudes of the staff towards the patients' satisfaction.

10. CONCLUSION

The success or failure of the services in a PHCs are influenced by the doctors' interest and involvement in their duties. However, the service quality of the nurses and doctors depends on the availability of proper infrastructure, medical instruments, medicines and time availability. In India, the infrastructure facilities are very low in PHCs. The nurses and doctors should be properly motivated to serve in the PHC. In a developing country like India, PHCs have a very crucial role to play. Because, apart from food and education, the government should also ensure health care for its overall growth aspect. The government has to improve the existing PHC infrastructure and enhance its man power i.e. doctors and nurses. This will help the growth of the nation. By providing these, the overall growth of the nation can be achieved.

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