

FUNCTION OF THE PRIMARY HEALTH CENTER: A STUDY IN THIRUPPANANDAL BLOCK, THANJAVUR DISTRICT, THAMILNADU.

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ABSTRACT:

This study examines the role of The Function of the Primary Health Center in Thiruppanandal Block. The primary data collection includes the collection of data through a structured interview schedule by direct observation method. The sample size is limited to 100 patients, who were selected on the basis of stratified random sampling from Thiruppanandal blocks in Thanjavur district health care utilization, the spatial pattern of movement behavior of the patients of all the PHC's have been collected by direct question method. According to the considerable number of respondents while considering the infrastructure facilities that found at PHCs were not enough in order to meet out the needs and both the quality of medical services provided at PHCs the study that infrastructure facilities that found at PHCs were not enough in order to meet out the needs.

Keyword: function of the Primary Health Center & facilities

INTRODUCTION

Sound health is the ultimate basis for the justification of the existence of man on earth, for everything else is built round this phenomenon. Modern states are proud of being called welfare states, which means that it is the primary responsibility of every country to ensure the health and prosperity of its people. But how far this vital obligation is put into reality, even in a democratic set up, is a widely mooted issue still in this twenty first century. World Health Organization (WHO) espoused the Primary Health Care strategy in 1978 to achieve the goal of "Health for All by the year 2000" at the world health assembly meeting conducted at Alma Atta, Soviet Union. As a signatory to Alma Atta declaration the government of India also formulated National health policies and implemented and continues implement programs to promote the health status of the nation. But in India, the required investments have not been made and the full potential of primary health care has not been utilised. This has failed to achieve the development of a health infrastructure for delivery of comprehensive and integrated basic health services. For all these years India had attempted specific relief measures for some of the most prevalent diseases (Venue Merton, Sudan

2007). Moreover, in spite of the rhetoric statement in planning document on the centrality of health care, the sector has suffered from persistent neglect in public health in general and development planning in particular. A direct consequence of this inadequate official attention is that the population in India is still exposed to high incidents of communicable diseases (Jean Drew 'zee, Amarzya Kumar Sen. 2002). In short the crux of the problem is how to carry the health care mechanism to meet the needs of the poor, down-trodden segment of the Indian society, which constitute the bulk of the population of this huge sub continent.

ORIGIN OF THE HEALTH CARE SYSTEM

India is a signatory to the Alma-Ata Declaration of 1978 and had committed to attaining "Health for all" in 2000 AD through Primary Healthcare approach. The establishment of Primary Healthcare Centres in India was started as early as in 1952, and over the last five decades it has undergone several changes to meet the increasing demand for rural health care services. Until the Eighth five year plan, the emphasis was on the expansion of the rural health care establishment. However during the Eighth and Subsequent Plans the emphasis was mainly on consolidation of existing rural health infrastructure rather than on expansion. The thrust has been on Qualitative improvement in the rural health services through strengthening of physical facilities like provision of essential equipment, supply of essential drugs and consumables, construction of buildings and staff quarters, filling up of vacant posts of medical and paramedical staff and in-service training of staff. The delivery of Primary Health Care is the foundation of the Rural Health care system and is an integral part of the national health care system. 1.3 Health services

Health care services may be defined as all those personal and community health services, including medical care and, related education and research directed towards the protection and promotion of the health of the community.

The term medical-care refers chiefly to those personal services that are provided directly by physicians of rendered as a result of physician's instructions.

The current social policy through the world is to re-orient and re-structure the health care services towards the policy objective of health for all' by the year 2000, with primary health care' as its central function and main focus.

Some of the current health status' objectives on which emphasis is laid, are as follows:

- A reduction in infant mortality,
- An increase in expectation of life,
- A reduction of disease- specific and total death rate,
- Basic sanitation by 1990 ad,
- An improvement in nutrition status,
- A growth rate of 1 percent by 1995,

The key to achieve the above objectives is identified as primary health care, as defined by the Alma Ata conference in 1978.

PRIMARY HEALTH CENTERS

The term primary health care' has been first used to mean the given to the patient by the health worker who has seen him first. It is also called first contact care. The Alma Ata conference in 1978 has also given primary health care a wider meaning, alma Ata conferences has defined primary health care as follows.

This is the essential health care, provided at the first level of contact of the individual or the family in the national health system.

This is the first level of contact between the individual and health systems. A majority of prevailing health complaints and problems can be satisfactorily dealt with at this level. This care is provided by the primary health centers and their sub centers, with community participation.

Primary health centre is provided to rural population in the country through a network of 19,640 primary health centers, 1,21,874 sub centers and 1,666 community health centers by 5.86 lakhs trained dais and 4.10 lakhs health guides besides a large number of rural dispensaries working under state government/ union territory administration. It is proposed to expand their facilities further in a phased manner so as to have one primary health centre for every 30,000 population (20,000 in hilly and tribal areas). One sub- centre for every 5000 population (3000 population in hilly and tribal areas) by 31 march 1990 and one community health centre for about every one lakhs population by 2000 A.D.

The immunization services are provided through the existing primary health center and sub- centers in the rural areas. Health's workers also organize out-reach sessions in the sub- centers and villages, which are outside the reach of health centers.

The concept of primary health care has been accepted by all countries as the key to the attainment of health for all by 2000 A.D. it has also been accepted as an integral part of the country's health system. It includes the following elements.

1. Promotion of food supplies and proper nutrition,
2. Education about health problems and their control.
3. Safe water supply and basic sanitation.
4. Mother and child and family planning.
5. Immunization against infectious disease.
6. Prevention and control of locally endemic disease,
7. Treatment of common diseases and injuries,
8. Provision of essential drugs.

FUNCTION OF PRIMARY HEALTH CENTRE

The PHC provides a group of services essential to the health of the community. These are flows.

1. Medical care including referral and laboratory services,
2. Control and surveillance of communicable diseases,
3. Environmental sanitation with priority for provision of safe water supply and sanitary disposal of human excreta,
4. Maternal and child health services.
5. MCH and family planning ,
6. School health services,
7. Health education,
8. Collection of vital statistics,
9. Carrying out the national health programme,
10. Training of village health guides, health workers and health assistants.

Study Area

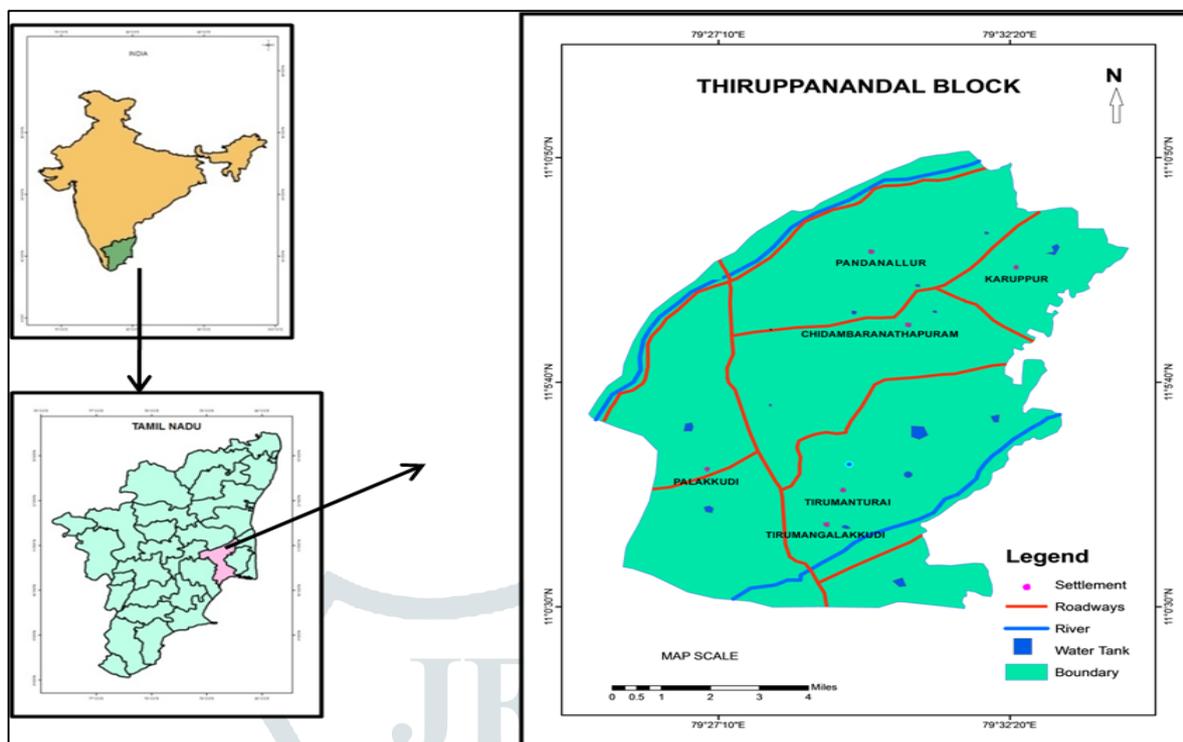
Thiruppanandal block is located between and of the northern latitude 11.090102 and 79.45282 the eastern longitude. The block is bounded on the North west by Cauvery river which demarcates itself from one of the block of Thanjavur district and is located at 11°5'NS 79°27'EW. Thiruppanandal is a Town Panchayat city in district of Thanjavur, Tamil Nadu. The Thiruppanandal city is divided into 15 wards for which elections are held every 5 years. Thiruppanandal is a Block located in Thanjavur district in Tamil Nadu. Positioned in rural area of Tamil Nadu, it is one among the 14 blocks of Thanjavur district. As per the government records, the block number of Thiruppanandal is 228. The block has 52 villages and there are total 25827 houses in this Block.

Location of PHCs

The study area has a total number of 4 PHCs Table :1 and 23 HSC among them 1 main PHC and 3 additional PHCs

<i>Sl. No</i>	<i>Government PHC</i>
<i>1</i>	<i>Konulambalam</i>
<i>2</i>	<i>Keelakkatyur</i>
<i>3</i>	<i>Thukhili</i>
<i>4</i>	<i>Pandanallur</i>

THIRUPPANANDAL BLOCK



STUDY AREA MAP

Fig:1 Location map of Thiruppanandal block

Aims & Objectives Of The Study

The main objectives of the study are:

1. To find out the infrastructure facility available at Thiruppanandal block.
2. To evaluate the quality of medical services provided at PHCs in Thiruppanandal

Methodology and Techniques Used

The primary data collection includes the collection of data through a structured interview schedule by direct observation method. The sample size is limited to 100 patients, who were selected on the basis of stratified random sampling from Thiruppanandal blocks in Thanjavur district. health care utilization, the spatial pattern of movement behavior of the patients of all the PHC's have been collected by direct question method. An appropriate sampling frame is employed in proportion to the population of each Primary healthcare centre. Many respondents distributed within 4 Primary Health care Centre, purely rural in character have been selected as the subject of the study. The secondary data regarding the study area was collected from various government agencies. The data thus collected was compiled, tabulated and diagram analyzed using MS office package and using the GIS software of Arc GIS.

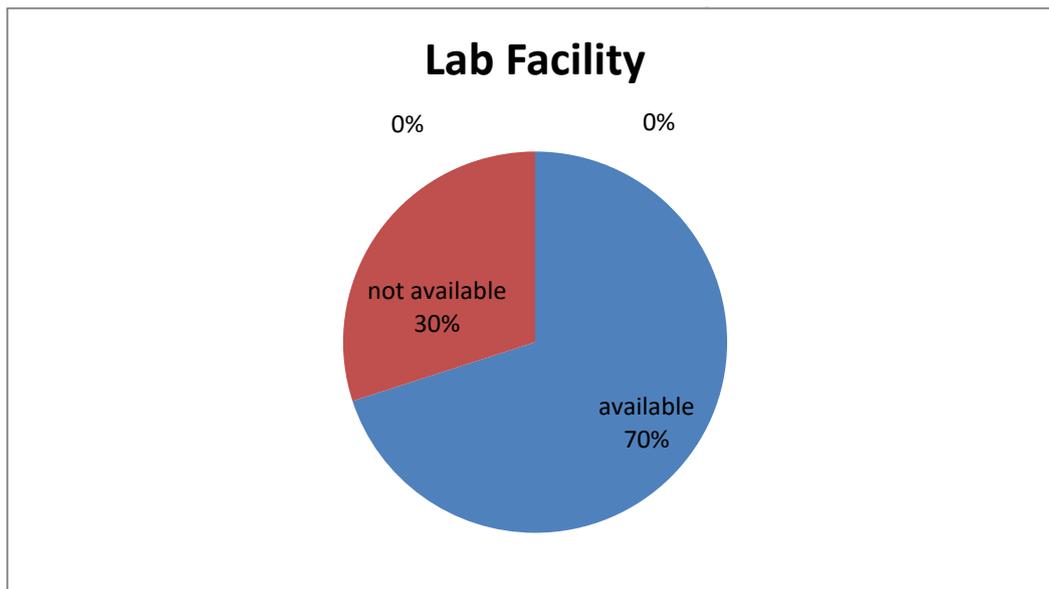
INFRASTRUCTURAL FACILITIES

The quality of medical services at primary health centre is highly depending upon the infrastructure facilities provided government. Even though the medical staffs are highly skilled and ready to serve the patients with passion it is impossible without proper infrastructure facilities. In general the PHCs in Tamil

Nadu, especially in rural, are kept being lack of facilities than that of urban and hence questions were raised to the respondents regarding the facilities available at the PHCs.

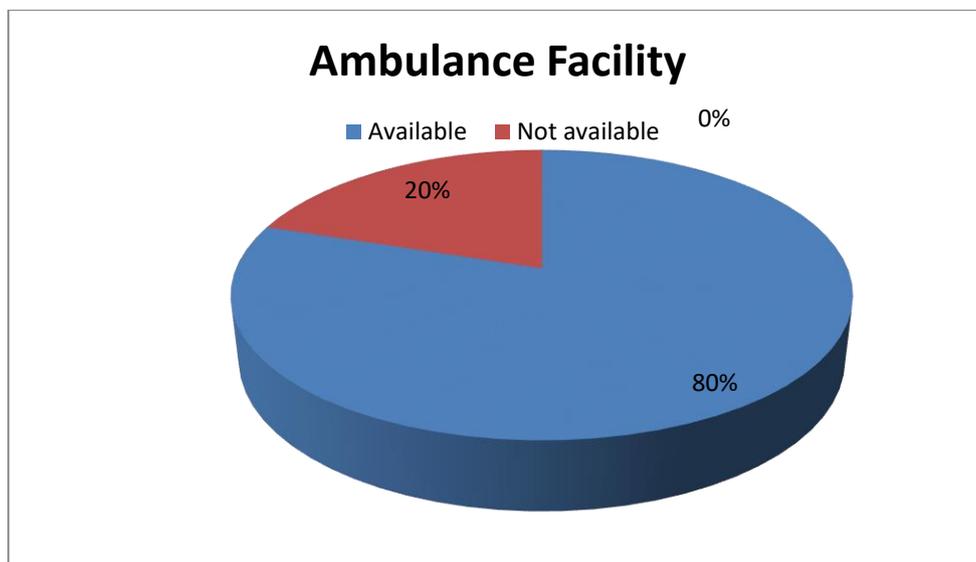
LABORATORY

Among the entire basic amenities laboratory is very mandatory for diagnosing the diseases. It is very expensive to approach the private laboratory for the poor and hence it is mandatory for the PHCs to have their own laboratories. Question was asked to the respondents whether the PHCs had been equipped with laboratories or not. It is apparent from the table that around 70% of them had opined that they PHCs had been equipped with laboratory; whereas the remaining about 30% of them had opined that there was no laboratory facility at the PHCs where they go for treatment.



AMBULANCE

Ambulance facility is one of the most important in the time emergency and hence it is mandatory for each PHCs to have it its own. In general the initial level of treatment alone provide by the PHCs. On the other hand in the emergency situations when the higher level treatment is required for the patients they should be brought to the district hospitals as soon as possible and this requirement is full filled by the ambulance services. In the background question was raised to the respondents whether the PHCs had been provided with ambulance service or not. It reveals from the study that around 80% of the respondents opined that the PHCs had been provided with ambulance service; on the other hand about 20% of them had opined that there was no ambulance service provided by the PHCs.



MATERNITY WARD

The PHCs play a vital role in providing health services to the people of rural Tamilnadu. It is important to mention here that the majority births that takes place in rural Tamilnadu are happen in PHCs. It is also important to note that the level of births at home in rural Tamilnadu has rapidly fallen with the help of PHCs. In this background question was asked to the respondents of the study area whether the PHCs had got separate maternity ward or not and the result is that nearly 60% of them opined that the PHCs had got separate maternity ward; on the other hand around 40% of them opined that there was no maternity ward at the PHCs where they approach.

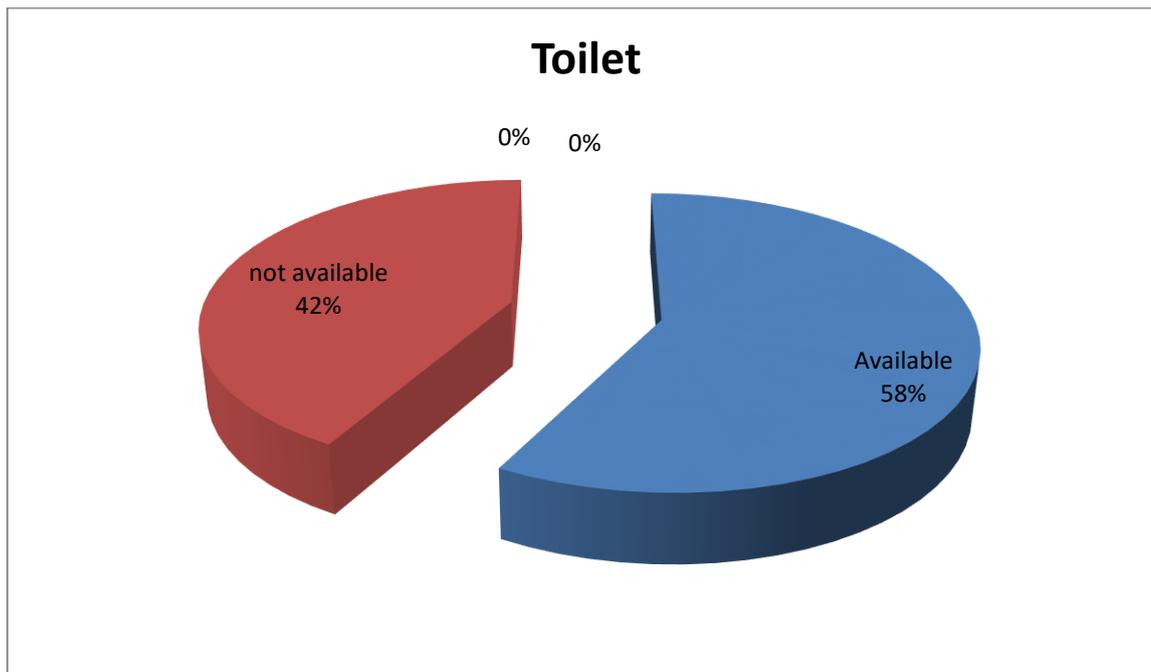
DRINKING WATER

Purified and saved drinking water is one of the basic amenities that should be provided by every PHC to the patients at their premises, because nearly 75% of human diseases are the result of having impurities water. In general there is no such facility is provided at the PHCs in Tamilnadu. In a very few PHCs the impurities drinking water might be kept in a drum outside with no proper way. In the background question was raised to the respondents whether they had been provided with purified water at PHCs or not and the result is that almost all of them had not provided with purified drinking water but about 55% of them opined that they had been provided with ordinary water.

TOILET

Toilet is one of the important facilities that should be provided to the patients at every PHCs. It plays a vital role in maintaining the PHCs in a preferable way and hence a question was asked to the respondents regarding the toilet facility. It is obvious from the study that around 42% of them opined that the PHC they

approached had not been provided with toilet facility; on the other hand about 58% of them opined that there was no such facility at the PHCs that they approach.



FEEDING ROOM

In PHCs majority of the mothers from rural Tamilnadu come along with their babies for treatment and who are in need of separate rooms for feeding their babies and hence it is one of the important facility that should be provided to the mothers at the PHCs. The present study reveals the fact that the all the respondents that interviewed opined that they were not provided separate feeding rooms at the PHCs.

BENCHES

On an average each PHC is handled with more than 100 out patients every day which more in number when compare the facilities available. This situation causes for long wait for the patients to get treatment. Among the patients there might be considerable number of aged and diseased who may not able to stand by feet for a long time and hence the PHCs should be provided with benches. The present study reveals the fact that nearly 65% of the respondents were not provided with such facility.

BUILDINGS

Each PHC needs to have separate buildings and rooms for various purposes and hence it is mandatory for the PHCs to have provided with the rooms needed. The present study reveals the fact that around 82% of respondents had felt that building were not sufficient for all needs.

COMPLAINT BOX

There should be a complaint box kept in every government as well as private organizations in order to receive complaints from the users regarding the merits and demerits of the functions of their own. It is really helpful to rectify the faults found by the users and hence there should be a complaint box kept in every PHC. It is clear from the statistics that there was no complaint box at the PHCs.

QUALITY OF MEDICAL SERVICES PROVIDED AT PHCS

The quality of medical services is depending upon the infrastructure facilities. The first one was discussed in the previous chapter and the second is being discussed here in detail. Several questions were asked to the respondents regarding the quality of medical services and the PHCs in the study area and their perception is given below. There are four primary health centers found at Thiruppanandal block. The population of the block is not uniformly distributed and varies from place to place with respect to varying physical and cultural features. their is given below.

Quality of medical service at PHCs

Quality of medical services is an important factor to attract the patients. Few questions were made to the respondents regarding the quality of the medical services provided at PHCs. It is apparent from the table that around 17% of the respondents to the total were satisfied with the treatment provided at PHCs; on the other hand about 83% of them were not satisfied with the treatment that has been provided at PHCs.

It is clear from the table that around 18% of the respondents to the total opined that they would go for private speciality hospitals for the treatment when they require special treatment; whereas nearly 82% of the respondents opined that they would go for district hospitals for special treatment.

It is obvious from the data that around 31% of the respondents to the total expressed their view that the doctors of PHCs recommended the patients to go for private hospitals for the treatment.

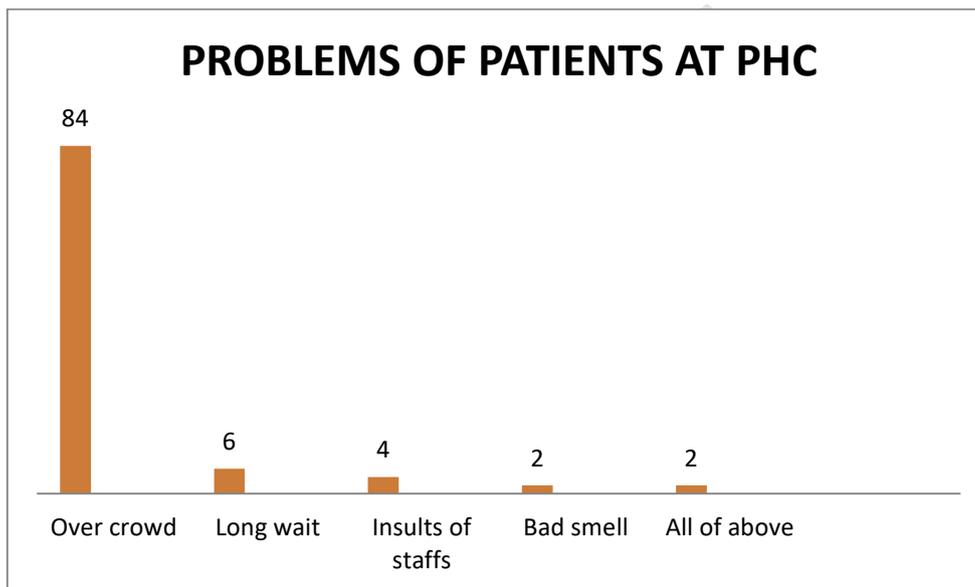
It is clear from the data that around 77% of the respondents to the total had opined that the quality of the treatment was good at the government hospitals; on the other hand nearly 23% of them had denied with it.

According to the data, around 43% of the respondents that interviewed had opined that they could avail the treatment in private special hospitals when it required; whereas nearly 57% of them had opined that they could not approach the private hospitals as they poor.

It is apparent from the table that around 84% of the respondents opined that the major problem they faced at PHCs was overcrowd; whereas about 6% of them pined it was long waiting; nearly 4% of them said it was the insults made by medical staffs; about 2% of them said it was the bad smell come out at the PHCs; around 2% of them felt it was discrimination made by the medical staffs respectively. Besides nearly 2% of them felt it was all the factors that mentioned above.

TABLE:2 Problems of patients at PHCs

Problems of patients at PHCs	Percentage of respondents
Over crowd	84
Long wait	6
Insults of staffs	4
Bad smell	2
All of above	2
Total	100



According to the data it is apparent that around 10% of the respondents opined that the performances of PHCs were good; whereas nearly 79% of them felt satisfaction and around 11% the respondents opined that the performances of PHCs were in bad condition.

Conculation And Suggestion

According to the considerable number of respondents while considering the infrastructure facilities that found at PHCs were not enough in order to meet out the needs. and both the quality of medical services provided at PHCs.

More policy and planning are needed for the improvement of PHCs and infrastructure facilities.

More attention is required for healthcare utilization.

To further planning should be primary health center development

To immediate action should be taken to eliminate the problems that are the obstacles for the better function of Primary Health Centres.

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