

# A Study on Healthcare System in Sivagangai District

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**Abstract:** “Health is a state of complete physical, mental and social well-being of an individual and not merely absence of disease (or infirmity)”. The health is a birth- right of every person and the state is responsible for the services which are necessary for maintaining and improving the health of the people. Good health is an essential pre-requisite which contributes significantly both to the improvement in labour productivity and human resource development. Health care is widely recognized to be a public good with strong positive externalities. Universal access, of an adequate level of care, with equitable distribution of financial costs, cost effective use of the results of relevant research and special attention to vulnerable groups such as children, women, disabled and the aged is a key component of a modern civilized society. The role of government is crucial for addressing these challenges and achieving equity in health. In this regard, the paper analyses the effective functioning of Health Care System in Sivagangai District.

**Key words:** Health, Health Administration, Management, Health Services, Human Development.

## I. Introduction

Promotion of health is basic to national progress. Nothing could be greater significance than the health of the people in terms of resources for socio-economic development. In spite of this realization, the people living in the developing world and especially 70 per cent of them who live in rural areas have little or no access to modern medical and health care delivery system. Inevitably this results in high rates of morbidity or mortality from diseases which are mostly preventable. This state of hopelessness among the people is not because of the lack of professional knowledge or competence but due to poor administration of health care services. The benefits of modern science and technology can reach the people only if such services are properly planned and effectively implemented with adequate health infrastructure facilities.

The Twelfth Plan (2012-2017) has focused its attention on reducing infant mortality rate to 13 per thousand live births and maternal mortality rate to 44 per lakh live births, universal access to public health services, prevention and control of communicable and noncommunicable diseases, maintaining gender and demographic balance, revitalize Indian Systems of Medicine and promoting a healthy lifestyle. The total funds earmarked for health sector during the plan period is Rs.10,832 crore which accounted for 5.1 percent of the total Twelfth Plan outlay of the State.

Developing countries like India are still struggling to expand their health infrastructure and provide basic health facilities to the entire population. If India is to progress towards equity, equality, comprehensiveness, universal accessibility and coverage, radical institutional reforms in the health sector are needed. Providing mechanisms for the delivery of essential cost-effective quality health care is a government responsibility and, of necessity, requires a strong and sustained political will. The potential advantage from restructuring health care is that it can be extended to those who need it most and the health services would be expected to be responsive to the needs of all; cost- effective and affordable, and of high quality; humane, caring, and culturally acceptable; innovative in provision of services.

## II. Committees on Health Care Administration

**Bhore Committee** or **Health Survey and Development Committee**, came in to existence on the eve of independence (1946). The main task of this committee was to find out way and means to match with the guidelines of the WHO, to improve the Indian Health Scenario. It also recommended providing access to health care for all and build up a more close and people oriented health care services. The idea of more and more knowledge of preventive and social medicine is highly essential and desirable to make the doctors more people oriented was also one of the main recommendations of the committee.

Subsequently, in 1961, the first **Health and Manpower Review Committee** of independent India was constituted under **A. Mudaliar**, which emphasized to invigorate and implement the commitment of the former committees. Thereafter, the **Kartar Singh Committee** of 1973 laid emphasis on retention of uni-purpose workers as multipurpose workers in order to carry out the various national health programmes. **Shrivastava Committee** of 1975 followed the Kartar Singh committee and highlighted the need for giving boost to appropriate medical education as per the requirement of the country and right kind of supportive health man power to be evolved which could take care of the recommendations of previous committees. All these committees have also emphasized reforming the infrastructural facilities of health care system both in rural and urban areas.

## III. Perspectives on Rural Health Care

As India has more rural population, now it would be more relevant and necessary to peep in to the details of rural health care administration in India. Rural health care has always been in the mind of the Indian planners. The primary health care (PHC) infrastructure has been developed as a three – tier system and is presently based on the following population norms, which can be seen in the following table.

Table 3.1 Population Norms for the Health System

Centre	Population Norms	
	Plain Area	Hilly / Tribal Area
Sub – Centre	5000	3000
PHC	30,000	20,000
Community Health Centre	1,20,000	80,000
Multi Purpose Workers	5,000	3,000

As per the population norms, the existing infrastructure is still inadequate in many Indian states. Inadequacies in the existing health infrastructure have led to gaps in the coverage and outreach services in the rural areas. The health care services are overburdened and struggle to provide services with limited resources and facilities. Several new initiatives have recently been taken in the health sector with the aim to make health care available to the masses particularly in the rural areas.

#### IV. Review of Literature

In health administration, particularly, areas relating to primary health care, health for all, Health care delivery system, health and social development, health expenditure, and role of hospitals in health development have attracted a number of scholars. Now we shall have a glance of a few such works.

The necessary for developing health infrastructure at district level has been emphasized by Syed Amin Tabish in his research work Hospital and Health Services Administration. According to him the health planners in India have visualized the primary health center and its sub centers as the proper infrastructure at grass root to provide health services to the people. He also advocates a plan of action for reorienting and restructuring of the existing health infrastructure to implement specific goals.

The role of various levels of government, i.e., Central, State, Local and peripheral has been indicated by Jatin V. Modi in his work entitled Essentials of Public Health and Sanitation. He also has discussed health priorities of various five year plans and the impact on health system in India.

The World Health Organisation in its report highlights the need for providing considerable importance for health system reforms and decentralization policies. A major concern of the organization was how to accelerate implementation of strategies for health for all and primary health care at a time when public expectations were rising but resources available for health were diminishing. For effective health system this report suggests the need for building data based on population details, socio-economic, cultural demographic and epidemiological information system, which may help for taking action in priority areas. Further, it also advocates the scope of creating national health information systems, which may initiate new public action based on community approach and strategic response from the stake holders.

Government failures in public health services have been discussed by Jeffrey Hammer, Yamini Aiyar, Salimah Samji. In their Article they have argued that government in Developing countries in general and India more specifically have their own sets of constraints and problems in carrying out their responsibilities crucial amongst which is the failure of accountability. When the government decides to step in and acts as an intermediary between the citizen and the health worker, it has to make sure that the provider has the same or better incentive to satisfy the client demands for a government, this means that two steps are necessary for provides to satisfy the people.

The issue of health in relation to social development has been discussed by B.C. Ghosal. He argues that India's National Health Policies and Strategies has dealt with the improvement of the quality of services and to set up both informal and formal mechanisms for greater interstate, inter sectoral co-ordination so as to maximize the output of the health system in India.

The Policy Note on Health and Family Welfare of the Government of TamilNadu enunciates its primary objective as the active promotion of the welfare of the people by extending promotive, preventive, curative and rehabilitative health care services. The Performance Budget on Health and Family Welfare department deals with the information regarding medical education, medical and Rural Health Services, Public health and preventive medicine and so on.

Suresh Vyas in his work essentials of Health Management, deals with the health Management which is concerned with the health care, working care, integration, treatment functions and maintenance of the health of a human being for the purpose of contributing services towards the accomplishment of that institutions major goals or objectives.

The issues of improvement of health status of the population have been discussed by verma, Jiloka and Pathak and also explained that improvement has been achieved through improving the access to and utilization of health services with special focus on underserved and under privileged segments of the population<sup>30</sup>.

Srinath Reddy, in his article Public Health Needs Healthy Public Policy enumerates that and not just health care and also states that healthy Public Policies are essential to promote public health. Hence this requires systematic planning, shaped by science in all its splendour and strength and steered by a steady societal perspective.

Thus the review of literature shows that even after 70 years of independence, in India still a wide disparity in accessing health care delivering system exists and the health system needs for revamping particularly in infrastructure and man power.

#### V. Health Care System in Sivagangai District

As far as Sivagangai district is concerned, it has district headquarters hospital at Sivagangai. Besides, there are one medical college, 5 taluk hospitals, 4 non taluk government hospitals and 7 other hospitals. The taluk hospital are located in Karaikudi, Thiruppathur, Devakottai, Manamadurai, Illayangudi, the non taluk hospitals are situated in Kandanur, Singamunari, Kanadukathan, Poolankuruchi, for catering the health needs of the public. There are 4 dispensaries/ESI, 47 primary health centers, 6 urban health post and 275 health sub centres, are functioning in the district.

Table 5.1 Health System in Sivagangai District

Classification	Modern Medicine	Indian Medicine					Homeopathy	Grand Total
		Ayurvedic	Siddha	Unani	Ayurvedic, Siddha, Unani Combined	Total		
Hospitals (GH-WCH)	17	-	11	-	-	11	1	29
Dispensaries & ESI	4	-	-	-	-	-	-	4
Primary Health Centre	47	2	21	1	2	26	2	75
Urban Health Post	6	-	-	-	-	-	-	6
Health Sub centre	275	-	-	-	-	-	-	275
Other Medicals TB sanatorium	1	-	-	-	-	-	-	1
Bed Strength	1192	-	16	-	-	16	-	1224
No. of Doctors	307	2	36	1	2	41	2	391
No. of Nurses	426	-	-	-	-	-	-	426
No. of SN	225	-	-	-	-	-	-	225
No. of VHN	222	-	-	-	-	-	-	222
No. of ANM	34	-	-	-	-	-	-	34
Pharmacist	33	2	22			24	3	60
Others	267	2	24	1	5	32	3	334

Source: J.D & D.D Health, (2016-17)Sivagangai

## VI. Significance of the Study

The health of all people is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and states. The achievement of any state in the promotion and protection of health is of value to all. India is striving towards institutional reforms to increase basic health services to underserved populations in the context of limited institutional capacity. While restructuring the health services and infrastructure, emphasis does, however, need to be on decentralized decision-making, universal accessibility and coverage, self-reliance, intersectional action for health, use of appropriate technology, consideration of cost-effectiveness in relation to the available resources, and establishing of sound infrastructure. Further emphasis is also being given to raising awareness about health and enhancing public participation. Thus it seems that Indian health care system has a vast networking, more skilled and technical health man power and huge health infrastructure with rural bias. Moreover, the district health system appears to be the core administrative unit of health care administration. It is in this context, this study entitled Health care system in Sivagangai District has been undertaken.

## VII. Objectives of the Study

- To assess the adequacy of the health care system and their accessibility to the public in Sivagangai District.
- To find out and suggest various measures for improving the health infrastructure facilities and their efficiency in delivering health services in general and also in particular to Sivagangai District

## VIII. Research Methodology

This study is descriptive and analytical in nature and is based on empirical data collected from 250 households through a structured interview schedule. Stratified purposive sampling method has been adopted to investigate the health system and health care delivery issues in the study.

## IX. Major Findings of this study

The major findings of the study are as follows:

Primary Health care centres, taluk and non taluk hospitals are serving as the centers of total health care to the people in the district. It is a noticeable fact that the majority of the respondents (i.e) 83.2 percent are satisfied with the efficient functioning of the hospitals. But on the other hand, 16.8 percents are poorly located, making access difficult and also clued to the scarcity of doctors, nurses and medicines etc. It is found that there exists less than one doctor for 1000 population in the district. Therefore, nearly half of the respondents seek other private health functionaries.

Another noticeable fact regarding child health in Sivagangai district is that the majority of 94.4 percent respondents felt that their children had not been affected by any kind of disease, where as a nation's greatest asset is its children. Similarly, the care for the mother is the care for the child which reflects on nation's development. It was found that 84.8 percent respondents are satisfied with the availability of maternal facilities provided by the health system in Sivagangai district.

The data reveals that 67.2 percent of respondents are satisfied with the health service provided to the aged people.

It was observed that 58.8 percent of respondents are satisfied with the availability of health personnel. It was noticed that 54.3 percent of the respondents are satisfied with the availability of diagnostic facilities in the health care centers. It was revealed that 81.6 percent of respondents have taken some kind of health insurance (i.e) more in the form of extended health Insurance Scheme, both in rural and urban areas.

Another important factor is that the people of Sivagangai District are generally unaware of the health programmes and it is noticed that 59.2 percent of respondents are unaware of the health programmes prevailing in the district. It is found that 84.8 percent of respondents are satisfied with the implementation of immunization programme in the district.

Also, it is found that drugs and medicine are considered to be important commodities in the day to day life of the common man. It was enumerated that 83.2 percent of respondents are fulfilled with the availability of medicines in the health centers.

Further, health insurance is now being actively promoted by the government as a means of providing and covering the costs of health care

## X. Recommendations and Conclusion

The following are the major recommendations to enhance the health care system in the study area:

- Mobilization of existing and untapped resources to provide adequate health care for all.
- Establishment of appropriate administrative structures with necessary competence and capability and a well designed information system.
- Implementation of a clear and comprehensive National Health policy.
- Need of decentralized planning involving the participation of the largest communities
- Strengthening existing rural establishment and graded extension of national administrative structures to ensure the judicious use of health services.
- Dissemination of health education among the masses is an important function of the health workers.

It is hoped that the implementation of these recommendations would ensure wider and more evenly distributed health care based on social justice, greater involvement and satisfaction of the beneficiaries and more efficient and more economical health services. Overall, the District performance and health system seems to be better in the study. Yet, further improvements have to be done to live up to the vision of 'Health for all' – an ideal to be achieved.

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