

Socio Economic Profile Of Patients In The Primary Health Centres Of Kerala

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Abstract

Public Health Care System Plays A Very Significant Role In The Physical And Mental Well Being Of Every Nation. It Consists Of A Wide Spectrum Of Services Such As Primary Health Services Including Preventive, Curative, Protection Of Mother And Children, Family Welfare And Control Of Communicable Diseases Which Are Mainly Delivered Through Primary Health Centres. Among The Different Health Institutions And Health Centres Of The Public Health Care System, The Primary Health Centres Are The Cornerstone Of Rural Health Care And It Forms The First Level Of Contact And A Link Between Individuals And National Health System For Bringing Health Care Delivery At The Door Steps Of The Community. In This Context, An Attempt Is Made To Examine The Type Of Patients , The Services That Patients Receive From Phcs And The Diseases Profile Of The Patients Approaching Phcs.

Key Words-Public Health Care System, Medical Care, Maternal And Child Health

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I. INTRODUCTION

Health is one of the building blocks of Kerala's social attainment. Kerala has achieved very good health standards in areas like birth rate, death rate, infant mortality rate, life expectancy as well as immunization and control of infectious diseases. Even though both the public and private health sector contributed to the health development, it is the public health care system which serves the primary, secondary and tertiary health service and the State has a wonderful tradition of public health care system. The foundation of health care system was laid by the E.M.S Ministry Dr. A.R Menon. The successive governments have supported for building the public health care system and Primary Health Centres . Primary health centre is the cornerstone of rural health services, it is a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from sub centers for curative, preventive and promotive health care. A typical Primary health centre covers a population of 20,000 in rural, tribal or difficult areas and 30,000 populations in plain areas with 6 indoor beds. However, as the population density in the country is not uniform, the number of Primary health centre would depend upon the caseload. Primary health centre should become a 24 hr facility with nursing facilities. The concept of Primary health centres is not new to India.

The main objectives of Primary Health Centres are to provide comprehensive primary health care to the community, to achieve and maintain an acceptable standard health quality and to make the services more responsive and sensitive to community needs.

The main services provided by the Primary Health Centres includes medical care, maternal and child health care including family planning, intranatal care, postnatal care, antenatal care, new born care, child care, family welfare, health services like immunization, capacity building, micro nutrient management, other national health programmes, Laboratory and diagnostic services.

II. Data Source and Method

The study is based on a primary survey conducted among the patients in the Primary Health Centres of Kerala. Relevant information were collected from a sample of 220 patients selected randomly from the selected six PHCs of Pathanamthitta district by using a structured interview schedule. Data collected through interview schedules were supplemented by interactions held with Medical officers and health workers in the PHCs. Simple statistical tools like average and percentage were used for data analysi

III. BENEFICIARIES OF THE PRIMARY HEALTH CENTRE

The real beneficiaries of Primary health centres are the patients who visits PHCs and receive the services of PHCs. A general profile of the patients provide us with what type of patient usually visit PHCs.

Table 1 Total Patients in the PHC on Gender Basis in Pathanamthitta-2022

Gender	Number of patients	Percentage
Male	429823	35.22
Female	601770	49.31
Children	188578	15.5
Total patients	1220171	100

Source: District Medical Office, Pathanamthitta, 2022

Note: Children refers to the age below 5

Table 1 depicts that, around 35.22 percent are male, 49.31 percent are female and 15.5 percent are children. The number of female is more than male, as most of the working males opt to visit the clinics and health centre near their work places. It is to be noted that, the working time of the PHCs does not suit the working time of employed people. It is observed from the survey that, working of the PHCs round the clock can help all groups to avail of its services

Socio Economic conditions of the patients

Around 220 patients who avail the services of the health centers were selected randomly and interviewed with the help of an interview schedule. The patients were coming from different socio economic status. The details regarding the different patients are given in table 2.

Table 2: Age Profile of the patients

Age Group	Percentage of the sample
Below 1	4
2-17	16
18-35	78
36-55	69
Above 55	53
Total	100

Source: Primary Data (Sample Survey, 2022)

Table 2 shows that 78 percent of patients are within the age group of 18-35, 69 percent between the age of 36-55 and around 53 percent are above 55.

Table 3: Marital Status of the patients

Marital Status	Percentage
Married	91.4
Single	8.6
Total	100

Source: Primary Data (Sample Survey, 2022)

As far as marital status is considered, 91.4 percent of the patients are married whereas, only 8.6 percent are seen to be single.

Table 4 : Religion of the patients

Religion	Percentage
Hindu	59.1
Muslim	5.9
Christian	35

Source: Primary Data (Sample Survey, 2022)

When religious-wise analysis is done, Hindus dominate in the sample with about 59.5 percent, Muslims with 5.9 percent and Christians with 35 percent.

Table 5: Economic background of the patients

Economic category	Percentage
BPL	64.1
APL	35.9

Source: Primary Data (Sample Survey , 2022)

Regarding economic background, about 64.1 percent of the patients come from BPL background and only 35.9 percent APL. This shows that , it is the poor who approaches PHCs more than the rich people. Therefore the PHC be provided with all the necessary facilities for the improvement in the health care of the common people who approached PHCs.

Table 6: Education background of the patients

Education Level	Percentage
1-Illiterate	2.7
2-Below SSLC	44.5
3-SSLC	25.5
4-PDC	11.8
5-Diploma	3.2
6-Degree	11.4
7-PG and above	.9
Total	100

Source: Primary Data(Sample Survey , 2022)

Looking on the educational background, 2.7 percent are illiterate, 45 percent have education below SSLC and 11.4 percent have bachelor degree. The table shows that only a minority of the educated approaches PHC for availing the services. Most of the educated have a feeling that PHC are having no facility and doctors. This attitude have to be changed through awareness.

Table 7: Occupation Background of the patients

Occupation	Percentage
1-Private	8.2
2-Business	2.3
3-Government job	6.4
4-Unemployed	74.5
5-Daily wage employed	8.6
Total	100

Source: Primary Data (Sample Survey , 2022)

In the occupation side, the table 7 shows that, those who approach the PHCs are constituted by 74.5 percent unemployed, 8.6 percent daily wage earners, 6.4 percent government servants, 2.3 percent of business people and 8.2 percent people with private jobs. As services in PHC are provided at very low cost ,people who are not employed have a tendency to approach PHC others switch on to private clinics and hospitals.

Distance of PHC from the home of patients

The distance is yet a factor for availing the services of PHC.

Table 8: Distance to PHC from Home

Distance to PHC from home	Percent
<5KM	69.0
5 - 8 KM	31.0
Total	100.0

Source: Primary Data (Sample Survey , 2022)

Table 8 potrays that around 69 percent who visits PHC are living within the five km ,whereas 31 percent comes from distance within 5-8 km .

Waiting time of patients for consultation

The time taken to consult with the Doctor is an important part in the functioning of a health Centre. Most of the people wait for a long time to consult with the doctor because of the less number of doctors in the PHCs.

Table 9: Waiting time

Waiting time	Percent
< 30 min.	2.4
30 - 60 min.	21.4
1 - 3 hrs.	76.2
Total	100.0

Source: Primary Data (Sample Survey , 2022)

The table 9 explains that, only 2.4 percent of the beneficiaries stated that they had to wait for less than 30 minutes to consult with the doctor and 21.4 percent of them stated that they took 30-60 minutes to consult with the doctor. On the other hand, 76 percent of them took 1-3 hours to meet the doctor . This shows that PHC lacks the availability of doctors.

Consultation time taken by the doctor

The consultation time has a positive effect on the satisfaction of patients coming in the PHC .The more time means they are more satisfied with the services of doctors

Table 10: Consultation time by doctors

Time taken	Percentage
< 5 min.	2.4
5 - 10 min.	52.4
10 - 15 min.	45.2
Total	100.0

Source: Primary Data (Sample Survey , 2022)

Table 10 depicts that around 2.4 percent of the patients gets only less than 5 minutes for their consultation with the doctors .52.4 percent gets 5-10 minutes and 45.2 percent gets 10-15 minutes for their consultation with the doctors .The patients coming in the PHC are more concern and need more time with the doctors.

Availability of medicine from the PHC

PHC should maintain a well organised and furnished Pharmacy to support all the patients availing the services of the centres.

Table 11: Availability of medicine from PHC

Receiving medicines from PHC	Percentage
Yes	28.6
No	71.4
Total	100.0

Source: Primary Data(Sample Survey , 2022)

Table 11 shows that around 71.4 percent of the patient are not receiving medicines from the PHC. This shows that PHC are lacking the availability of all the necessary types of medicine in their respective Pharmacy.

Availability of laboratory tests in the PHCs

Laboratory and all basic tests facility should be provided by the PHC to make it effective.

Table 12: Availability of laboratory tests

Laboratory test	Percent
Yes	33.3
No	66.7
Total	100.0

Source: Primary Data (Sample Survey , 2022)

Table 12 depicts that, around 66.7 percent of patients does not receive the facility of laboratory and they have to approach some other laboratory which are in far off place for their use. This shows that all PHC should consist of laboratory services within them which will be a great support to the poor patients.

IV. SERVICES AVAILED BY BENEFICIARIES

Primary health centers in the Panchayat plays an important role in improving the health conditions of the people. Medical care are offered for all types of diseases – T.B, cough fever, dental problem, dysentery, emergency aid like dog bite and snake bite. Usually about 50-75 patients avail the medical care from PHC each day . Along with general medical care services PHCs also provide Maternal and child health which is an integral part of primary health centre provision. Improvement in women’s health status is not possible unless basic health needs are met and comprehensive, integrated and holistic health care available at affordable cost within easy geographical reach. Maternal and child health include antenatal care, intranatal care, and new born baby care. Since the health center of does not have adequate facilities for laboratory and labour rooms, only antenatal services alone are provided in all the primary health centers. Antenatal clinics in all sub centers are organized once in a week and as a part of the care, Junior public health nurse and ASHA works frequently visit the houses of pregnant women. The staffs motive and educate them about the need of Iron and folic acid tablets, food habits exercise etc.

Immunization: The Primary health centres are successful in providing the services of immunization. Vaccination for preventing Tuberculosis, Diphtheria, Whooping cough, Tetanus, Polio and Measles available for all children and vaccination for Tetanus for all pregnant women are available under RCH programme. The immunization is provided to children to be free from certain Diseases. In promoting Family welfare services, the health centers educate, motivate and counsel to adopt appropriate family planning methods and refer to appropriate health institution that provides guidance for couples having infertility. The health centers of the district have only the provision of contraception such as IUD insertion, oral pills and condoms. Referral and follow up services to the eligible couples adopting permanent methods were provided.

The Primary health centres diagnoses of and provides advices to malnourished children, pregnant women and others. Vitamin A tablets are also distributed where it is needed. As a part of nutrition service school health programme are introduced. Each PHC are provided with 16-20 school in the panchayat. The JPHN visit the school for screening, treatment of minor ailments and referrals. If needed one-day medical camp which consists of doctors, nurses and ASHA’s are also arranged in the school. Basic medicine was also provided. Once in every year the PHC provide immunizations, Rubella Vaccine to standard 8 to 12 and TT. Every Monday after lunch the girls students and given weekly Iron and folic tablets. There are adolescent friendly clinic where adolescent issues and reproductive health information are discussed.

Palliative care service is one of the challenging and most dedicated task provided by the PHC. This services aims to identify patients who are in need, offer guidance for appropriate treatment, provide care at home for bedridden and incurable ill ,there is a NRHM nurse in every PHC who visit every house (in need) once in a month and provide care, medicines, treatment. PHC also plays an important role in promoting safe drinking water, basic sanitation and controlling epidemics. They chlorinate the wells in the Panchayat and promote appropriate garbage disposal. To control epidemics, source reduction, health awareness, routine immunization services are offered. Table 13 depicts a clear picture about the percentage of beneficiaries in the targeted group who is availing and availed the different services of PHC.

Table 13: Services availed by Beneficiaries

Sl no.	Services	Percentage
1	MCH Services	15
2	Family planning Service	5
3	Immunization	19
4	Control of epidemics	70
5	Awareness classes	79
6	Sanitation and water supply	72
7	Palliative Care Service	10
8	Service of Asha's	59
9	School health education	40

Source: Primary survey(Sample Survey , 2022)

Table 13 cites that, 79 percent of the beneficiaries have attended the awareness class,72 percent has received the benefit of sanitation and pure water supply,59 percent received the services of the ASHA's,15 percent received antenatal services,5 percent received the benefit of family planning ,40 percent of the beneficiaries or their children received the service of school health programme. The services of PHCs need to be promoted more effectively so that there will be more beneficiaries for the services of PHCs

V. DISEASE PROFILE OF THE BENEFICIARIES IN PHCS

The people approaches PHC for availing medical care for several diseases. Table 14 brings into insight the various types of diseases for which the patients avail the services of PHCs.

Table 14: Disease details of the beneficiaries

Diseases	Percentage
Diabetes	20
Blood Pressure	24
T.B.	4
Leprosy	1
Dog bite	1
Epilepsy	2
Water borne diseases	10
Other (Minor diseases)	38

Source: Primary Data(Sample Survey , 2022)

The beneficiaries were asked about the prevalence of diseases they were facing. Table 15 illustrates that, most of the beneficiaries were suffering from Diabetes and Blood pressure. 20 percent had Diabetes and 24 percent had Blood pressure. 38 percent of them are affected by minor diseases like, cough, fever, headache, toothache, back pain, leg pain etc. 10 percent of them were suffering from water borne diseases like typhoid, diarrhea, dysentery. The table states the need for having compulsory checkup facility for diabetic and Blood Pressure in all the PHCs.

VI. CONCLUDING OBSERVATIONS

The study examined the socio economic conditions of patients and it shows that a good percentage of patients are coming from BPL and even unemployed category. This proves that PHC supports the rural poor and is offering many health services to the community. The main problem that patients face in the PHCs are lack of medicine , lack of doctors ,lack of laboratory facility. In order to improve the health care of the rural poor, there is a need to strengthen PHCs.

References

- [1]. Brahmauthran, C.K. (2003). A Pilot study of review of primary health care at Muthalamad Panchayath of Palakkad District. TVM: Kerala Research Programme on local level development, Centre for development studies.
- [2]. Byer, M.A., Dyer, H., Gourlay,J., & Standard, K.L. (1966). The role of the health center in an integrated health programme in a developed country. *Medical Care*,4(1), 26-29.
- [3]. Chadha Committee.(1963). Special Committee for NMEP Maintenance Phase. New Delhi: MOHFW, GOI
- [4]. Government of India (2015). Rural health statistics in India. New Delhi:Ministry of Health and Family Welfare.
- [5]. Government of India.(1966). Report of Mukerji Committee on Basic Health Services. New Delhi: Ministry of Health and Family Planning
- [6]. Government of India (1987). Report of the Expert Committee on HealthManpor Planning,Production and Management,New Delhi: Ministry of Health and Family Welfare.
- [7]. Nair, V,M., Thankappan, K,R., Vasana, R. S., &Sarma, P,S.(2004). Community utilization of sub centers in primary health care: An analysis of determinants in Kerala. *Public health XXXXVIII*,14-20.