REVIEW OF RESEARCH

ILLNESS, TREATMENT AND HEALTHCARE FACILITIES AT UPGRADED PRIMARY HEALTH CENTRES IN NAMAKKAL DISTRICT,TAMILNADU

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ABSTRACT:

In India, the healthcare sector is a prime mover in the promotion of the well-being of the people as well as their life expectancy. To make better human capital offering quality healthcare services becomes a necessary condition. Better health outcomes will be possible only by improving the healthcare facilities to needy people. An analysis of the nature of illness of the people selected who seek services of Primary Health Centres of Namakkal District of TamilNadu State found that most of the patients were affected by non-communicable diseases. The majority came for maternity check up, and for other complaints like epilepsy, asthma, blurred/vision, centipede bite, dog bite and allergy. The patients rated the quality of treatment as good but the familiarities as poor. This was more so in the case of treating allergy and asthma (T.B). This warrants a real up-gradation of specialities at the PHC level.

KEYWORDS: *Familiarity, Necessary, Outcome, Promotion, Quality & Well-being.*

INTRODUCTION:

Health is the most important invigorating element in the day to day life of humans. Government of India has offered many welfare schemes, and health sector also included in social sector development. After the implementation of the National Rural Health Mission (NRHM) in 2005 and the National Urban Health Mission in 2013 (NUHM), the country has improved a lot in terms of provision of health services. Primary health care facilities have been functioning under the purview of the Ministry of Health and Family Welfare and State wise governing body of Directorate of Public Health and Preventive Medicine. India has been widely recognized as a country with healthcare services, provided fairly for the betterment of people, especially the economically vulnerable groups.

REVIEW OF LITERATURE

Gupta and Gupta(2015) examined the decline in coverage levels of the Routine Immunization Programme in the better-governed States across three rounds of the District Level Household and Facility Survey (DLHSF). The Universal Immunization or Routine Immunization Programme is a key public health programme and gigantic task in-terms of reaching out to a large number of infants, children and mothers. This free and universal programme is noted for its emphasis on provisioning and coverage and is marked by high demand too. The authors found that the Routine Immunization Programme is very heavily supply driven and reconstitution of the institution is likely to have significant bearing upon its delivery.

According to Chatterjee and

Mani(2013),there is a strong link between poverty and ill health. The ill health creates immense stress even among those who are financially secure. Provision of clean drinking water, sanitation and a clean environment are vital to improve the health of people and to reduce the incidence of diseases.

Prinja et al. (2013) assessed the income-based differentials in the use of healthcare and hospitalisation rates as the outcome measure at the overall level for the public and private sector and rural and urban areas. Any differences in rates of hospitalisation between households with different wealth status are, thus, clearly socially unjust and inequitable. In the process,the authors observed horizontal equity by analysing 29,036 hospitalisation episodes. The substantial variation between States in distributional benefit of public sector services with concentration indices ranging from -0.07 to 0.04 in TamilNadu and Rajasthan respectively were found.They also found a high degree of statistically significant correlation between the extent of horizontal equity (in public facilities) and the level of out of pocket expenditure (OOP) payment which households had to bear for treatment in public sector facilities.The utilisation of hospitalisation services was more equitable in urban areas, and while both rural and urban public sector was significantly pro-poor, the urban public sector was significantly more equitable than the rural. Likewise, private sector hospitalisations were inequitable in both rural and urban areas. Overall, the findings showed that the share of poorest and richest quintile among public sector hospitalisation in TamilNadu was 24% and 9.8% respectively.

Mukherjee and Levesque (2010) used unit record data from the 52nd (July-1995-June -1996) and 60th (January to June 2004) NSS rounds on healthcare. It showed that the rate of inpatient care utilisation has substantially increased among the rich as well as poor in all major States.

To estimate the relationship between income and public healthcare expenditure Bhat and Jain (2013) used real percapita GSDP to represent income and real Percapita State Public Health Expenditure. The period of study was from 1990 to 2002. The results showed a long term equilibrium relationship between income and health expenditure. However, public health expenditure as a percentage of GSDP went down significantly which shows that government priority for health expenditure is decreasing over the years in all States.

Bhata et al.(2006) highlighted the concept of demand-side financing and the supply side financing and analysed the inequalities interms of access and utilisation of health services including health outcome across socio-economic groups. They identified the limitations of supply-side financing as the i) inability to target the poor, ii) lack of user choice and iii) absence of linkage between provider, payment and performance.

STATEMENT OF THE PROBLEM

Rural India's population and its disease profile require an efficient and dynamic healthcare system. At the same time, funding or allocation is found as inadequate compared toadvanced countries. More than this financial side,providing better healthcare services, to the people assumes greater significance. In this context, there is a need for micro-level studies to find out the answers to the questions like

1. To what extent the nature of illness of the patients got diagnosed and treated satisfactorily in PHCs?
2. Do the facilities avail by the patients in the PHC improved their recovery period?

OBJECTIVES OF THE STUDY

1. To find out the nature of illness of the selected patients and the quality of treatment received in the selected PHCs.
2. To analyse the healthcare facilities provided and their utilisation by the selected patients.

METHODOLOGY

A random selection of three up-graded Primary Health Centres located in Pillanallur in Rasipuram block, Namagiripet in Namagiripet block and Olappati Sowdapuram in Vennandur block in Namakkal district, Tamil Nadu was made in the first instance. After preliminary visits to each of the three PHCs selected, a list of patients for each PHC was prepared. This list consisted of patients visited

during four working days in May 2017. The number of patients visited during these days was taken up and the average number per day was calculated. It came to 132one time cases, and 58 follow up cases in NamagiripetPHC, 117 and 46 in PillanallurPHC and 143 and 65 in OlapattiSowdapuramPHC. To have a proper representative sample, it was decided to select 50 per cent of them. Apart from these Doctors, Nurses, Pharmacists and Lab-technicians for both communicable and non-communicable diseases are also contacted and interviewed.

Table 1 PHC- wise Selection of Patients

S.No	Name of the PHC	One Time Cases	Sample	Follow-up cases	sample	Total	Sample
1	Namagiripet	132	66	58	29	190	95
2	Pillanallur	117	59	46	23	163	82
3	Olapatti - Sowdapuram	143	71	65	33	208	104
Total		392	196	169	85	561	281

Source: Primary Data

NATURE OF ILLNESS AND TREATMENT

Incidence of illness was found to increase with age of the patients. Greater utilisation and accessibility among the people visiting and taking healthcare services from PHCswas found as better in cases like maternal healthcare, child healthcare, old age related to communicable and non-communicable diseases. A discussion with the selected patients in the selected Upgraded Primary Health Centres revealed the fact that they were offered better medical facilities. However, many felt the need for the best services, clear cut information and awareness programmes.

HEALTHCARE FACILITIES

Under National Health Mission mode upgraded Primary Health Centres have been given many facilities like a blood test, blood sugar check-up, sputum test, HIV test, urine test, malaria test, x-ray, Ca cervix test and Ca Breast test, ultrasonic scan for pregnant women and their babies after child birth. Further, the upgraded primary health centre has got an opportunity to provide excellent healthcare facilities especially special care units like dental, ophthalmology, and Siddha. Out of the three PHCs,the one at Namagiripetwas found as functioning with special care units like dental, Siddha and eye check-up (ophthalmology) and such facilities are also there in other two PHCs except Dental care were only absent in these PHCs.

It is significant to note that NamagiripetPHC has a special cadre DGO qualified Lady Doctor, operation theatre with blood bank facility. In the case of Pillanallur and O.Sowdhapuram operation theatres exist with sufficient equipment. During the hot season the people who suffer from dengue fever and other diseases, the PHC properly provides productive guidance and rescues the patient with adequate care.

Table2 Special cases treated and cared in the selected PHCs

S.No	**Name of the case**	**Treatment available**	**First Aid and Referral**	**Only First aid**	**Only Referral**
1	Dog bite	3 PHCs	Nil	Nil	Nil
2	Snake bite	O.Sowdapuram	Namagiripet	Pillanallur	Nil
3	Poison consumed (Poison Management Centre)	Nil	Nil	O.Sowdapuram& Pillanallur	Namagiripet

4	Accident	Nil	Pillanallur	O.Sowdapuram& Pillanallur	Nil
5	Emergency (Fire or road accident)	Nil	Pillanallur	O.Sowdapuram& Pillanallur	Nil
6	Caesarean	Namagiripet	Nil	Nil	O.Sowdapuram & Pillanallur
7	Family Planning	Pillanallur& Namagiripet	Nil	Nil	O.Sowdapuram

Source: Primary Data

Healthcare facilities have also been extended to special cases like dog bite and snake bite, poison case, accident, fire and road accidents, caesarean and family planning measures. Among the up-graded Primary Health Centres, variations exist in the level of treatment i.e. only first aid, referral for many cases and treatment of cases was mostly done in NamagiripetPHC as given in table 2.

Age of the Patients

The sample consisted of 107 males (38%) and 174 females (62%). The age-wise distribution of selected patients gave an interesting observation that one-third of them were in the young (15-24) age group (33%) followed by one fourth in old age (above 55) group (24%) and in 25-34 years age group (23%).

Table 3Age-wise Distribution of the Patients

S.No.	Age Group	No. of Patients	Percentage
1	Below 15	8	2.8
2	15-24	93	33.1
3	25-34	64	22.8
4	35-44	25	8.9
5	45-54	22	7.8
5	55-64	30	10.7
6	65 and above	39	13.9
Total		281	100.0

Source: Primary Data

Religion-wise distribution of the respondents revealed that except 7 Muslims and 4 Christians all others (270) belonged to the Hindu religion (96%).

Community wise distribution of the respondents gave a pictured that 161 of them were from Backward Community (51%), 64 from SC/ST (23%) and the rest 56 came under MBC group.

Treatment of Outpatients

Patients stated that going in for private hospitals for minor as well as major ailments is a costly affair for them. The variety of cases coming to these three PHCs is really amazing. Pre-natal care tops the list followed by BP check-up and treatments as given in table 4.

Table 4 Status of illness – Outpatients

S.No	Type of ailment	Pillanallur	Namagiripet	Vennandur
1	Blood Pressure Follow up only	14	-	8
2	Blood Pressure with Sugar	8	2	14
3	Sugar check-up and follow up only	2	1	84
4	Cold and Cough	3	2	-
5	Fever with cold, cough	8	33	4
6	Head-ache	1	1	-
7	Stomach-ache	1	3	8
8	Pregnancy check-up (Pre Natal care)	8	34	42
9	Asthma/ TB	4	4	2
10	Leg Pain/ body pain/ hip pain/ tooth	8	3	10
11	Injury (Minor) / Fracture	8	-	-
12	Skin allergy	1	2	-
13	Kidney Problem	1	-	-
14	Swelling	2	-	-
15	Fever- Dengue/ Typhoid	1	2	3
16	Pimples/ Allergy	1	-	1
17	Dog bite	2	-	2
18	Ulcer	1	2	2
19	Stroke	1	-	-
20	Sputum and cough	1	-	2
21	Small Pox	2	-	-
22	Chicken pox	1	-	-
23	Family Planning Operation	1	2	-
24	Loose Bowels	1	1	2
25	Centipede bite/ Scorpion bite	1	3	-
26	Epilepsy		-	1
27	Eye sight		-	1
Total		82	95	104

Source: Primary Data

Further, based on the illness, the outpatients are found as periodically taking medical treatment in the selected PHCs in a better way. For pre-natal care more patients visited Namagiripet and Vennandur PHCs. Several cases with fever were found as more in Namagiripet PHC.

The utilisation of welfare scheme

The welfare schemes likeDr.Muthulakshmi Reddy Maternity Benefit Scheme and Janani Suraksha Yojanahave benefitedfor mother and baby with the financial assistance of Rs. 12,000 (Now it has been raised to Rs.18,000/-)and Rs. 700/- respectively. Similarly, the Free Ambulance Service (Janani Shishu Suraksha Karyakaram) is effectively provided in NamagiripetPHC.Almost 95% of the maternity check-up cases found as aware of this scheme and availed the amount.

Quality of Health Care Services

The Primary Health Centre is a focal point for the patients in the villages and provides healthcare services. Quality of healthcare services can be observed not only experimental way but also from the perception of the patients. Patients found that only in one PHC(Namagiripet)DGO specialist was available and it has caesarean facilities. In Vennandur and Namagiripet PHCs proper reception hall and toilet facilities are not available. Vennandur Block and O. Sowdapuram lacked in the provision of drinking water facilities to the patients. On five parameters the selected patients ranked the quality of health care services.

Table 6 Ranking of Quality of Health Care Services in the Selected PHCs

Sl. No	Parameter	Ranking					Total
		I	II	III	IV	V	
1	Adequate Care and Consultancy given by Doctors	78 (27.76%)	142 (50.53%)	54 (19.22%)	7 (2.49%)	-	281
2	Services of Nurses	168 (59.79%)	24 (8.54%)	46 (16.37%)	43 (15.30%)	-	281
3	Lab/ Testing facilities	127 (45.2%)	68 (24.2%)	37 (13.17%)	41 (14.59%)	8	281
4	Services of Supporting Staff	143 (50.89)	53 (18.86%)	27 (9.61%)	52 (18.51)	6 (2.14%)	281
5	Care and advice in the prescription of medicines	135 (48.04%)	74 (26.33%)	63 (22.42)	9 (3.2%)	-	281

Source: Primary Data

Half of the respondents gave the second rank to the parameter 'adequate care and consultancy given by the Doctors'. In the case of services of Nurses around 60 per cent of the selected patients gave the first rank.About 45 per cent of the respondents given the first rank to lab testing facilities. Meanwhile,51 per cent of the out-patients gave the first rank on services of supporting staff but at the same time,48% of the respondents given the first rank to care and advice in the prescription.

CONCLUSION

The nature of the illness varies widely in the villages coming under the three PHCs studied. The satisfaction level of around 25 per cent of the selected patients was found as low. According to the needs of the poor patients, the PHCs have to redesign their services and facilities.

SUGGESTIONS

Regular visits (once in a week) by a Skin Specialist, E.N.T Specialist and Ophthalmologist have to be ensured. For the aged patients, separate wards, restrooms are to be arranged to avoid over the crowd and to reduce waiting time.

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