

Role of primary health centres in sustaining health of rural people

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Abstract:

Primary health care plays important role improving health of the people and providing basic health services in day to day life. Health care is responsible for the overall health and well being of the communities, families, patients and people. When individuals are suffering from a health problem, illness and diseases, they get medical treatment. In urban areas, these facilities are well developed but in rural area, people are still under these facilities because of unaware about medical facilities. In this way the present study focused on role of the primary health centres in improving health of rural people and examines the initiatives of the government in sustaining rural health in Chikkaballapur District. In this process, the present study is based on qualitative and quantitative in nature and the primary collected from rural people and secondary data collected from primary health cares centres. In this study, Total 120 respondents were selected from six taluks of Chikkaballapur district by using simple random method. In this background, the study explains role of primary health centres in sustain health of rural people.

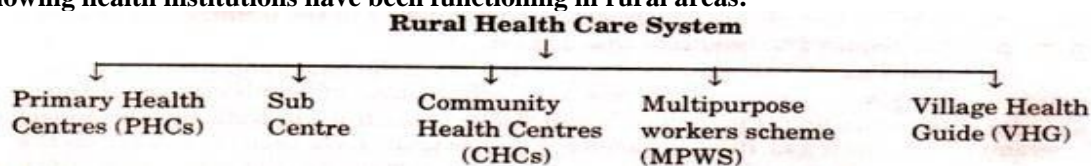
Keywords: Primary health care, Initiatives of the government and Sustainable health.

Introduction

Health is a fundamental human right and contributing aggregate level of economic growth. It is an essential for every human being for better quality of life. It helps directly and indirectly to the sustainable development. Every country invest more on health sector but most of the under developed country spend less with low human development because of this reason health sector still remain under developed. In this process the primary health cares established and maintained by the State governments under the Minimum Needs Programme in India. According National rural health mission (NLHM) every PHC includes 14 paramedical and other staff. It acts as a referral unit for 6 Sub Centres and has 4-6 beds for patients. The activities of PHC involve curative, preventive, promotive and family

welfare services. At the national level, there are 24855 PHCs functioning (i.e 16613 PHCs and 8242 Health and Wellness Centres-HWCs) in rural areas as on 31st March 2019. There is an up gradation of 8242 of PHCs as HWCs. The significant improvement in the PHCs it observed in the States of Andhra Pradesh (1145), Uttar Pradesh (946), Odisha (827), Gujarat (772), Tamil Nadu (716) and Telangana (636). Significant increases in the number of PHCs have been seen in the States of Karnataka (446), Gujarat (406), Rajasthan (369), Assam (336), Jammu & Kashmir (288) and Chhattisgarh (275). Percentage of PHCs functioning has increased significantly from 69% in 2005 to 94.5% in 2019. After independence health services have been provided in rural areas.

The following health institutions have been functioning in rural areas:



1. Primary health centres (PHCs):

Primary Health Centre is the basic unit providing health services to rural masses. The scheme was launched during First Five Year Plan. Every block in the country in having a PHC. It has 2 medical officers, pharmacist, staff nurse, laboratory technician and other staff.

2. Sub centres:

Sub centres have been established in rural areas especially to provide family planning service to the

people. These are run by trained Auxiliary nurse (ANM) and a multipurpose health worker.

3. Community health centres (CHC):

The Community Health Centres are set up to provide specialised health services for one lakh population. It is a 30 bed hospital with specialist doctors in medicine, surgery, women and children diseases. X-Ray, ECG and Laboratory facilities etc. are also available here.

4. Multi purpose workers (MPWs) scheme:

The workers engaged in the control and eradication of communicable diseases are made multipurpose health workers through a special training. The MPWs are basic level workers and are the backbone of health services. They provide promotive, preventive and family welfare services to village people.

2. Review of the Literature

Tavseef and Manvendra (2022) discussed the health care system in sustainable development in India. They focused on current health care structures and procedures in India and provide solutions for making healthcare truly universal and consistent with sustainable development. Also find out infant mortality rate, from 125 per 1,000 live births in 1990- 91 to 50 per 1,000 live births in 2015-16, and the maternal death rate reduced from 212 per 100000 live births in 2007-09 to 167 in 2013. Moreover, they conclude that health is a crucial component in inclusive growth.

Wafa Aftab et. al (2020) measures the health impact on non-health sector work and analyse the high-quality monitoring approaches, data for accountability and coordinated achievement of goals. Also suggests that HSDG implementation is at various stages in different countries helps to multispectral work, capacity building, financial sustainability and data availability. Moreover, sustainable development and health is predominantly normative and highlights the fundamental role of effective governance and appropriate health institutions.

3. Statement of the Research Problem

Many of the studies already conducted on primary health care centers at the macro level and no one study have been made to find out the role of Primary

5.1. Result and discussion

Table no:1 – profile of the respondents in Chikkaballapur district

Variable	Classification	Respondents	percentage
age	Up to 10-20 years	29	24.16%
	20-40years	41	34.17%
	40-60 years	27	22.50%
	60 and above	23	19.17%
	Total	120	100%
Gender	Male	54	45.00%
	Female	66	55.00%
	Total	120	100%
Education	Illiterate	12	10.00%
	Primary	17	14.16%
	Secondary	26	21.16%
	PUC	18	15.00%
	Graduation	25	20.83%
	Post graduation	23	19.16%
	Total	120	100%

Health Care in improving the health of rural people in Chikkaballapur District at the micro-level. To improve facilities of primary health care services, there must be needed maximum support of central and state government to provide medical facilities in the rural area. The high quality in health care helps to prevent diseases and improve the quality of life. Also effective implementation of health care services helps to improve health and well-being of the people. In these conditions, the present study has undertaken to examine the role of primary health centres in sustain health of rural people.

4. Objectives of the study

To study the primary health centres in improving health of rural people.

To examine the initiatives of the government in sustaining rural health.

To find out the health care services of PHCs in Chikkaballapur district.

5.The methodology of the Study

The present study based on the qualitative and quantitative in the nature. The primary data have collected through simple random sampling method. In this process total, 120 samples were selected from six taluks of Chikkaballapur district from each taluk 20 samples were selected. The respondents are classified as public health care receivers, PHCs staffs and beneficiaries of rural people and Secondary data have collected through the annual report of National Rural Health Mission (NRHM), Chikkaballapur at a glance, Report of Health Department, census report, etc are collected regarding working of the PHCs, Health policy and programs of the central and state government and other services of the primary health care in improving rural health in Chikkaballapur district.

Employment	Daily wage worker	46	38.33%
	Agricultural laboures	54	45%
	Unorganized sector workers	20	16.66%
Total		120	100%

Source: primary data from respondents

Above the table:1 represents the profile of the respondents in the Chikkaballapur district. 34.17% of the respondent's age between 20 to 40 years and 19.17% of the people age between above 60 years. Under that 55% of the female and 45% of the male was answered. 10% of the people are illiterate, 14.16% and 21.16% of the people are

Primary/Secondary educators, 20.83% of the people are Under Graduates, and 19.16% Post Graduates. 38.33% of the samples are daily wage workers, 45% of the samples are Agricultural laboures and 16.66% are working under unorganized sector workers in the Chikkaballapur district in Karnataka.

Table no:2- Health status of rural people in Chikkaballapur district

Variable	Classification	Respondents	Percentage
Distance from home to hospitals	0-5km	56	46.67 %
	5-10km	48	40.00 %
	10km and above	16	13.33 %
Total		120	100 %
Expenditure on health insurance	Monthly	26	21.66 %
	Half-yearly	34	28.34 %
	Yearly	22	18.33 %
	None of the above	38	31.67 %
Total		120	100 %
Preference of the hospitals	Public	61	50.84 %
	Private	33	27.50 %
	Traditional medicine	17	14.16 %
	Other	09	7.50 %
Total		120	100 %
Monthly Expenditure on health	500-1000	29	24.16 %
	1000-2000	21	17.50 %
	2000-3000	18	15.00 %
	3000-4000	13	10.84 %
	4000 and above	39	04.16 %
Total		120	100 %

Source: primary data from respondents

Above table:2 represents the health status rural people of the Chikkaballapur district. The distance from home to hospitals in the district reveals that 46.67% of the people are between 0- 5 km distances, 40% of the people are between 5-10 km distances, 13.33% of the people are between above 10 km distances. Also, 21.66% of the respondents are monthly expenditure on health insurance and 28.34 % and 18.33 % of the respondents are half-yearly and yearly expenditure on health insurance and 31.67 % are the non-health insurance respondents.

Also its shows the people preferences of the hospitals under that 50.84 % are preferred public health cares and 27.50 % are preferred private health cares and 14.16 % are preferred Traditional medicine also 7.50 % are prefers others health services. The monthly expenditure on health explained that 24.16 % of the people are expenditure on health between 500- 1000 and 17.50 % of the people are expenditure between 1000-2000 and 15% of the people are expenditure above 2000-3,000 on health.

Table no:3- Participation of the people in health camps in Chikkaballapur district

Camps	Respondents	Percentage
Blood Donate camp	23	19.16 %
Eye camp	19	15.83 %

Maternal camp	17	14.16 %
Immunisation camp	15	12.50 %
Polio camp	19	15.83 %
Aids awareness camp	10	8.33 %
Malaria camp	17	14.16 %
Total	120	100 %

Source: primary data from respondents

Above table:3 represents the participation of the people in various health camps conducted by the primary health cares. Under that 19.16% of the sample are attended the Blood Donate camp, 15.83% are attended the Eye camp, 14.16% are attended the Maternal camp, 12.50% are attended

the Immunisation camp, 15.83% are attended the Polio camp, 14.16% are attended the Malaria camp and 14.16% are said that they have attended the Aids awareness camp in different primary health cares in chikkaballapur district.

Table no: 4- Government initiatives for the improving the sustainable health

Schemes	Fully aware	Aware	Neutral	unaware	Total (%)
Yashashwini scheme	67(55.84%)	33(27.50%)	13(10.84%)	07(5.84%)	120(100%)
Sukanyasamriddi scheme	71(59.17%)	48(40.00%)	01(0.83%)	00(00%)	120(100%)
Ayusman scheme	59(49.17%)	55(45.83%)	04(3.33%)	02(1.67%)	120(100%)
Jyothi sanjeevini scheme	64(53.33%)	51(42.50%)	03(2.50%)	02(1.67%)	120(100%)
ESI Scheme	28(23.33%)	42(35.00%)	30(25.00%)	20(16.67%)	120(100%)
Mission Indra Dhanush	60(50.00%)	40(33.33%)	12(10.00%)	08(6.66%)	120(100%)
Natinal Programme for Family Planning	81(67.50%)	32(26.67%)	05(4.16%)	02(1.6%)	120(100%)
Aam Admi Bhima Yojana	75(62.50%)	35(29.16%)	07(5.84%)	03(2.50%)	120(100%)
Pradhan Mantri Suraksha Yojana	78(65.00%)	37(30.84%)	04(3.33%)	01(0.84%)	120(100%)

Source: primary data from respondents

Above table:4 represents the government initiatives for the improving the sustainable health. The central and state government introduced various programs such as Aam Admi Bhima Yojana, Ayusman scheme, ESI Scheme, Jyothi sanjeevini scheme, National Programme for Family Planning, Mission Indra Dhanush, Pradhan Mantri Suraksha Yojana, Sukanyasamriddi scheme and Yashashwini scheme.

5.2-Central and state government schemes for improving health conditions as follows:

- 1. Aam Aadmi Bima Yojana (AABY):** This is one of the latest National Health Insurance schemes having been established in the year 2007, October. It basically covers individuals from the age of 18 years-59 years. AABY insurance scheme is tailored for all those citizens living in the upcountry and in the rural areas. It also covers the landless citizens who are tenants living both in urban and rural areas.
- 2. Ayushman Bharat Yojana (2018):** Ayushman Bharat is a universal health insurance scheme of the Ministry of Health and Family Welfare, Government of India. The scheme offers a health cover of Rs 5 Lakh. In this scheme, it covers medicines, diagnostic

- expenses, medical treatment, and pre-hospitalization costs. The poorest families of India can benefit from this healthcare scheme.
- 3. Employment State Insurance Scheme (1993):** This insurance scheme provided medical care facility to the workers and their families as well. This scheme is not applicable to each and every person or company. It is only applicable to all permanent factories employing more than ten employees. Recently, the scheme has been extended to various businesses including shops, restaurants, road and motor transports.
 - 4. Pradhan Mantri Suraksha Bima Yojana (2015):** this is a accidental insurance for the people of India. People in the age group of 18 years to 70 years who have an account in a bank can avail benefit from this scheme. This policy provides an annual cover of Rs 2 lakh for total disability and death cover and Rs 1 lakh for partial disability. The policy premium gets automatically debited from the policyholder's bank account.
 - 5. Mission Indradhanush yojana (2014):** It aims to immunise all children under the age of 2

years, as well as all pregnant women, against seven vaccine preventable diseases (like 7 colors of a rainbow/indradhanush). The diseases being targeted are diphtheria, whooping cough, tetanus, poliomyelitis, tuberculosis, measles, meningitis and Hepatitis B. The Mission Indradhanush aims to cover all those children who are either unvaccinated, or are partially vaccinated against vaccine preventable diseases.

6. **National Programme for Family planning (1952):** India was the first country in the world to have launched a National Programme for Family Planning in 1952. This scheme is not only achieve population stabilization goals but also promote reproductive health and reduce maternal, infant & child mortality and morbidity. Under the programme public health sector provides various family planning services at various levels of health system.

7. **Yeshasvini Health Insurance Scheme (2002):** The Karnataka State Government introduced Yeshasvini Health Insurance Scheme in June 1, 2003. Under the leadership of the former chief minister of S.M. Krishna. This scheme is a community based medical coverage scheme that aims to help workers belongs to middle class and low income groups in the informal sector in Karnataka. This scheme also useful for BPL card holders and farmers and who are associated with a co-operative society.

Features and Benefits of Government Health Insurance Schemes:

- Employee Health Scheme provides health cover to the state.
- Government health insurance schemes are offered at a low price.
- BPL families and low income groups can get more benefits from health programs.
- The policy ensures coverage for the rural poor people.
- The policy includes treatment in both private and government hospitals for better healthcare.
- Public health promotes the welfare of the entire population, ensures its security and protects it from the spread of infectious disease and environmental hazards.
- Health scheme helps to ensure access to safe and quality care to benefit the population.

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