



St. Joseph's Journal of Humanities and Science

ISSN: 2347 - 5331

<http://sjctnc.edu.in/6107-2/>



EVALUATION OF PREVENTIVE AND CURATIVE HEALTH CARE SERVICES WITH REFERENCE TO PUDUCHATHIRAM PRIMARY HEALTH CENTRE, CUDDALORE (DISTRICT)

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ABSTRACT

Health is an essential input for the development of human resources, equality of life and in turn the social and economic development of the nation. Health is regarded a priority for sustained development and improved health, is a part of total socio-economic development. Provision of basic health care services to rural community is the primary objectives of the government as well as NGO's. In the context of human development, improving the health of individuals particularly women and those belonging to socially and economically disadvantaged group is an essential objective of the state.

Key words: Health, Healthcare, Primary Health Centre.

INTRODUCTION

(WHO), in 1948, Health was defined as being “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. This definition invited nations to expand the conceptual framework of this health systems beyond issues related to the physical condition of individuals and their diseases, and it motivated us to focus our attention on what we now call social determinants of health. Consequently, WHO challenged political, academic, community, and professional organizations devoted

to improving or preserving health to make the scope of their work explicit, including their rationale for allocating resources. This opened the door for public accountability. Only a handful of publications have focused specifically on the definition of health and its evolution in the first 6 decades. Some of them highlight its lack of operational value and the problem created by use of the word “complete.” Others declare the definition, which has not been modified since 1948, “simple a bad one.” More recently, Smith suggested that it is “a ludicrous definition that would leave most of us unhealthy most of the time.” In 1986, the WHO, in the

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Ottawa Charter for health Promotion, said that health is "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities." (WHO-FIC), which is composed of the International Classification of Functioning, Disability, Health, (ICF). and the International Classification of Diseases (ICD) also define health, Overall health is achieved through a combination of physical, mental, emotional, and social well-being, which, together is commonly referred to as the Health Triangle.

SIGNIFICANCE OF STUDY

Good health is an important prerequisite for labour productivity and socio-economic development. Improvement of human death status is an important factor for human re-productivity and human development. According to 2001 census, our population is 103.5 crores of which 51 crores are female population. Many governments have addressed complex problems in providing health care services to their population. As per the 42nd NSS state sample survey, majority of the population (ie) 90 Percent of the hospitalized and 20 percent of the outpatient cases are seeking allopathy treatment irrespective of the outpatient cases and are seeking allopathy treatment irrespective of the regions rural or urban. In this context, the role of public health sector services assumes importance as care providers which would contribute to increase the socio-economic developments. In view of this evaluation of preventive and curative programmes of primary health centers is necessary. This will help the health planners and policy makers to monitor the existing rural public health care system.

REVIEW OF LITERATURE

Duggal and Antial (1993) for instance have noted that the Primary Health Centre and sub-centre network is concerned with family planning work and meeting the targets of national disease control programmes.

The World Bank (1993) recommended that disinvestments in curative tertiary care by the state and privatization of these services as the most cost effective way of delivering this care. This excludes the poor and many of the old from curative care.

The World Health Report (2000) has reported that, the health systems - needs to Improve Performance, marked the end of WHO Report, use of PHC are the means for the delivery of health care services in resource poor countries. This reports the family of PHC to achieve its goal down to underprivileged family and insufficient training and equipment for health care workers at all leaves resulted in either a total lack of services at the community level or services of such poor quality that people had no option but to bypass the primary- level providers resulting in a failure of the referral system within the PHC hierarchy.

The National Health Policy (2002) said that the country will achieve, the goal set, sample the demography and transition within the time frame, this would enable the country to join the developed countries, not only in terms of economic, development but also human development Indices (Government of India 2002).

DETERMINANTS OF HEALTH

The LaLonde report suggests that there are four general determinants of health including human biology, environment, lifestyle, and healthcare services. Thus, health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society. A major environmental factor is water quality, especially for the health of infants and children in developing countries. Studies show that in developed countries, the lack of neighborhood recreational space that includes the natural environment leads to lower levels of neighborhood satisfaction and higher levels of obesity; therefore, lower overall well being. Therefore, the positive psychological benefits of natural space in urban neighborhoods should be taken into account in public policy.

PREVENTIVE MEDICINE

There were two principal differences between preventive medicine and the more familiar medical specialties, including primary and subspecialty care. The first is the difference in philosophy between prevention and cure. Most physicians wait for individuals to come to them with a health problem. While this visit presents

an opportunity for the physician to counsel the patient about prevention and to ensure that clinical preventive services are up to date, the focus of "curists" is typically to find and treat disease. "Preventionists" focus on effective means by which to reduce overall disease burden in a population. This leads to the second principal difference for preventionists, populations, not simply individuals, are our patients, even though we see some individuals in clinic for public-health-related problems.

It was at first thought that a knowledge of the specific bacteria which cause a disease would give a ready means of finding specific drugs for the cure of such disease. If a definite species of bacterium causes a disease and we can cultivate the organism in the laboratory, it is easy to find some drugs which will be fatal to its growth, and these same drugs, it would seem, should be valuable as medicines in these diseases. This hope has, however, proved largely illusive. It is very easy to find some drug which proves fatal to the specific germs while growing in the culture media of the laboratory, but commonly these are of little or no use when applied as medicines.

STATEMENT OF THE PROBLEM

In most low income countries public health care finance and delivery is limited and most of public health care resources are concentrated in a few secondary or tertiary hospitals in the capital. These services are used by the middle and upper strata of the society while the poor lack access to basic health services (World Bank, 1993). The large scale survey have shown a declining trend in utilization of public health services over the years leading to large proportion of population seeking treatment from private health sector (NSS and NCAER 1992). Many government address complex problems in providing health services to help population. However, one-fourth of the global population is in the developing world that – bears a disproportionate share of the disease burden to tune of 40 percent of the total incidence. In general preventive care is taken by the public sector while the curative care is served with all agonies, provision of health care is basically under the control of the state governments, and the resources allotted to this sector has not increased in proportion. The need of the growing population consequently, the availability and the quality of public health services

has been diminishing leading to increasing dependence of a large proportion of population on the private sector. Other than the NSS survey 1980-81 and 1986-87 and NCAER there is no adequate information on the utilization of preventive and curative programmes of PHC's. Therefore, it is important to evaluate the preventive and curative programme in rural health care. The public allocations of financial resources for public health sector is 1.3% of GDP in 2005 budget. (This 21st century health care remain a distance dream for million of Indian (Ramu 2003).

OBJECTIVES

1. To probe into socio, demographic and economic status of the respondents.
2. To assess the infrastructural facilities available in PHC.
3. To assess the services of health care centre.
4. To suggest policy measures for the best performance of PHC.

HYPOTHESES

1. There is no significant association between level of education and types of disease.
2. There is no significant association between the level of income and types of disease.

METHODOLOGY

This study will be undertaken in Puduchathiram Primary Health Centre of Cuddalore District. The secondary data will be collected from district Statistical Hand Book, Government Hospitals, Primary Health centres, NSSO, World Health Report and other public sector sources. The collected data will be treated with suitable statistical analysis.

SAMPLING DESIGN

To study the perceptions of the respondents about health care services with regard to PHC.

Disproportionate random sampling will be adopted to select sample respondents. 90 sample respondents who have taken treatment for common communicable and chronic diseases have been selected.

FINDINGS

- Irrespective of gender, half of the adults belong to the age group of 20-40 years and half of the adults belong to the age group of above 40 years.
- Regarding size of family, more than half of the respondents belong to small size family.
- Very few have obtained above high school education, which shows that higher secondary education rate is low in the study region.
- Poor people are the regular customer of PHC. Higher income group people are not evaluated for preventive and curative health care services of PHC.
- Half of the respondents are utilizing PHC for more than 5 years.
- Not only the people who are residing near PHC are utilizing health care services, but also the people who are residing far away from the centre are also evaluated for preventive and curative health care services.
- Regarding allopathic medicine nearly three-fourth of the respondents are satisfied to some extent only and nearly one-third of the respondents are satisfied to a large extent.
- Majority of the respondents are satisfied by the preventive measures undertaken by the PHC to a large extent irrespective of age and gender.
- Regarding waiting time, majority of the respondents faced the problem at some times and not always. A vast majority of the respondents faced the problem of crowding at sometimes.
- One-fourth of the respondents faced the problem of nepotism in PHC at some point of time.
- The doctors in PHC are rendering their service without any discrimination.
- Most of the people are benefited by the cost effective consulting fees and test charges.
- A very few respondents are not satisfied with the doctors and staff services.
- Only a few members are satisfied with the existing facilities in PHC. More than two-third of the respondents are satisfied with the accessibility of services to some extent only.

- The execution of work is good in PHC. There is no complexity in getting token and registration.
- A vast majority of the respondents are satisfied with the free medicines from doctors to a large extent.
- Respondent expect better building facilities with ultra modern equipments.

SUGGESTIONS

- Building of PHC should be strengthened and it should be equipped with modern instruments (laboratory facilities) and other basic facilities such as phone facilities, bed facilities, toilet facilities, etc.
- Doctors should be increased to serve the people in this study region.
- Doctors should be allowed to practice at private hospitals only after completing their service at PHC.
- Number of health workers may also be increased in PHC.
- PHC require additional ambulance services and the services should be made available to all.

CONCLUSION

The primary objective of the Primary Health Centre is to provide primary health care to target groups, mainly the people living in the suburban and village areas. PHC have staff to handle different services. They have field staff to provide various field services, including immunization and those related to child birth and to carry out field campaigns on the health and hygiene aspects among the villagers. The Primary Health Centre deals with:-

- Medical care
- Mother and child health care including family planning
- Safe water supply and Basic Sanitation
- Prevention and control of local diseases
- Collecting statistical information
- Health Education
- Training of health guides and health workers.
- Basic laboratory investigations
- Home

The present study evaluates the preventive and curative health care services regarding medical care, prevention, control of local diseases and basic laboratory investigations in Parangipettai block.

The study was undertaken, to survey the health care facilities available at PHC in the study area, to assess utilization of Primary Health services in the study area, and to study the problems in functioning of PHC in the study area and to formulate the hypothesis as **“There exists evaluation of preventive and curative health care services given to the people by medical personnels and medical services.”**

REFERENCES

- Ann Helwege (1996) preventive Vs curative medicine. A Policy Exclusive for the classroom the journal of Economic Education 27 (1): 5a.
- Castro Leal et al., (2000) Public & Pandy of Health care IN Africa: Do the poor Benefit Bulletin of the world Health organization.
- Dat V. Doong et al (2004) Utilization of delivery services at primary health care level In rural Vietnam cortin. University of technology Gp box U 1987 of W 6845 Australlia.
- Elizabeth Galand et al, (2005) and understanding government failure In Public feal services” *Economic and Political weekly* pp- 4049.
- Griffin K.W. Botwin (2003) Preventive Medicine.
- Lane, D.S. (2008) “A threat of the public Health work fore. Evidence from trends In Preventive medicine certification and Training” *American Journal of Preventive Medicine* 18 (18): 87-96.
- Litsios So crates (2004) Christian Medical commission and the development of the world health organization’s primary health care approach” *Americal Journal of Public Health* 94, (11). 93.
- Macinko, James et al. (2004), “Organisation Delivery of Primary Health Care Services in Petropolis, Brazil, International. Journal of Health Planning and Management. 19(4): 303-17.
- Macinko, James et al., (2004) Organization devivery of Primary Heath care services In Petnopolis , Brazol. *International Journal of Health Planning and Management* 19 (4) 03-17.
- Mannes’ et al., (2003) Preventive Medicine.
- Ramadoss, M. (2007) Preventive Health care India is still at Early.
- William N, et al., (2000) “Data watch Research Data in Health Economics“ *Journal of Economic, Perspectives* 14(4) 203-216.