PROBLEMS FACED BY THE PATIENTS IN PRIMARY HEALTH CENTRES – A STUDY WITH SPECIAL REFERENCE TO TENKASI DISTRICT

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ABSTRACT

Primary Health Centers (PHCs) hold paramount importance in the healthcare landscape as they serve as the first point of contact for individuals seeking medical care, particularly in underserved and rural communities. These centers play a pivotal role in promoting preventive care, early detection, and management of diseases, thereby reducing the burden on secondary and tertiary healthcare facilities. PHCs serve as the cornerstone of public health initiatives, offering essential healthcare services such as maternal and child health, immunization, family planning, and communicable disease control. This research paper aims to investigate the challenges confronted by patients in PHCs within the context of the Tenkasi district. The findings of this research are intended to inform evidence-based policy formulation, facilitate strategic planning, and guide interventions aimed at improving healthcare delivery and enhancing patient outcomes in the Tenkasi district and similar settings. This study underscores the importance of addressing the challenges faced by patients in PHCs to improve healthcare access, utilization, and outcomes. By addressing the systemic barriers and integrating patient-centered approaches, policymakers and healthcare stakeholders can work towards achieving equitable and patient-centric healthcare delivery in the Tenkasi district and beyond.

Key words: Primary Health Centres, Rural communities, Healthcare services, Disease control, Health initiatives, etc.,

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Eur. Chem. Bull. **2022**, *11(Regular Issue 12)*,4627-4631

4627

INTRODUCTION

Primary Health Centers (PHCs) serve as the cornerstone of healthcare delivery systems worldwide, particularly in low- and middle-income countries where they often represent the first point of contact for individuals seeking medical care. In India, PHCs play a vital role in providing essential healthcare services to rural and underserved communities, serving as the frontline in addressing public health challenges and promoting community well-being.

However, despite their pivotal role, PHCs frequently encounter a myriad of challenges that hinder their ability to deliver quality healthcare services effectively. These challenges are often multifaceted, encompassing issues related to accessibility, affordability, infrastructure, and quality of care. Moreover, socio-cultural factors, geographical disparities, and systemic deficiencies further exacerbate the challenges faced by patients accessing healthcare services at PHCs.

The Tenkasi district, located in the southern state of Tamil Nadu, exemplifies the complexities and nuances inherent in the functioning of PHCs in rural settings. With a predominantly agrarian economy and diverse socio-cultural demographics, Tenkasi district presents unique challenges and opportunities in healthcare delivery. Understanding the specific challenges faced by patients in accessing healthcare services at PHCs in Tenkasi is imperative for designing targeted interventions and strengthening the healthcare system at the grassroots level.

Through an exploration of the challenges faced by patients in PHCs, this study endeavours to contribute to the broader discourse on primary healthcare reform and advocate for patient-centred approaches that prioritize equity, accessibility, and quality in healthcare delivery. By addressing the systemic deficiencies and socio-cultural barriers identified in this research, stakeholders can work collaboratively to build resilient and responsive healthcare systems that meet the diverse needs of communities, promote health equity, and foster sustainable development.

REVIEW OF LITERATURE

Gajakosh (2019) in her article examines the problems and prospects of health care services in India. Health is the one of the important concept and Primary Health Centre (PHCs), sometimes referred to as public health centres are state owned health care facilities in India. India as a nation has been growing economically at a rapid pace particularly after the advent of New Economic Policy of 1991. However, this paid economic development has not been accompanied by social development particularly health sector development. Health sector has been accorded very low priority in term of allocation of resources. Public expenditure on health is less than 1% of GDP. The Majority of the rural people are poor and there are not able to pay heavy medical fees for private hospitals. They are getting the best medical treatment from primary health centres and their health status will be improved. The main objectives of the study to analyse the importance of health in India, to examine the functions of Primary Health Centres in rural areas and to understand the problems and prospects of Primary Health Centres (PHCs) in rural areas. The present study is basically theoretical background. It is based on secondary data. This study covers problems and prospects of PHCs in rural areas.

Afrizal*et al.* (2019) in their research study stated that the enactment of a National Health Information System regulation in 2014 by the Indonesian government enabled the integration of healthcare data using electronic systems in the country. However, limited information was gained regarding the barriers from the healthcare management point of view that might cause slowness of adoption. An in-depth interview was recorded to explore and describe the barriers during PHCIS adoption. Four themes of the barriers have been identified from a strategic and operational level perspective, namely: human resources, infrastructure, organizational support, and processing. Our analysis suggests that PHCIS adoption could be more effective if there were greater interaction between human resources, infrastructure, organizational support, and process factors. Hence, involvements including: strengthening staff competency, improving technology infrastructure, increasing organizational support with more investment for high-quality PHCIS, and re-designing the PHCIS to accommodate the basic process of PHC, might be beneficent to improve PHCIS adoption.

OBJECTIVES OF THE STUDY

➢ To study the socio-economic profile of the respondents in the study area.
➢ To identify the problems faced by the respondents in Primary Health centres in Tenkasi district.
➢ To examine whether there is any relationship between the family monthly income of the respondents and the problems faced by them.

METHODOLOGY

This study is descriptive in nature. The study uses both primary and secondary data. The primary data has been collected from 50 sample respondents from Tenkasi district. The secondary data has been collected from various journals and websites.'

HYPOTHESIS

H_0: There is no significant relationship between the socio-economic profile of the respondents and the problems faced by them.

DATA ANALYSIS

The following Table 1 shows the socio-economic profile of the respondents,

Table 1 Socio-economic Profile of the Respondents

Demographic Variables	Categories	No of Respondents	Percentage
Gender	Male	25	50
	Female	25	50
Marital Status	Married	31	62
	Unmarried	19	38
Occupation	Private employee	16	32
	Government Employee	12	24
	Entrepreneur	17	34
	Others	5	10
Family Monthly Salary	Less than Rs. 15,000	6	12
	Rs. 15,000-30,000	19	38
	Rs.30,000 – 45,000	11	22
	Rs. 45,000-60,000	10	20
	Above Rs.60,000	4	8

Source: Primary data

The above Table 1 shows that 25% of the respondents are male and the remaining 25% of the respondents are female. The table shows that 62% of the respondents are married and 38% of the respondents are unmarried. It is found from the table that 32% of the respondents are private employees, 24% of the respondents are government employees, 34% of the respondents are entrepreneurs and the remaining 10% of the respondents belong to others category such as students, homemakers, etc., The table also shows that 12% of the respondents family monthly income is less than Rs.15,000; 38% of the respondents family monthly income is Rs.15,000-30,000; 22% of the respondents family monthly income is Rs.30,000-45,000; 20% of the respondents family monthly income is Rs.45,000-60,000 and 8% of the respondents family monthly income is above Rs.60,000.

Table 2 Problems faced by the respondents in Primary Health Care Centres

Problems	No of Respondents	Percentage
Long waiting time	5	10
Lack of access to specialist	17	34
Lack of medical equipment	11	22
Geographical accessibility	7	14
Quality of care concern	10	20

Source: Primary data

The above table 2 shows that 10% of the respondents face the problem of Long waiting time, 34% of the respondents face the problem of lack of specialist, 22% of the respondents feel that there is lack of medical equipment in Primary health centres, 14% of the respondents face problem in geographical accessibility and 20% of the respondents feel there is lack of quality of care.

Table 3 Relationship between the Family monthly income of the respondents and the problems faced by them – ANOVA

Challenges		Sum of Squares	Df	Mean Square	F	Sig.

Eur. Chem. Bull. **2022**, *11(Regular Issue 12),4627-4631*

4629

Long waiting time	Between Groups	6.321	5	1.715	.842	.000
	Within Groups	63.412	44	1.647		
	Total	69.733	49			
Lack of access to specialist	Between Groups	5.067	5	1.375	1.175	.015
	Within Groups	74.913	44	1.067		
	Total	79.980	49			
Lack of medical equipment	Between Groups	3.920	5	1.518	1.627	.003
	Within Groups	49.108	44	1.237		
	Total	53.028	49			
Geographical accessibility	Between Groups	6.668	5	2.849	1.826	.002
	Within Groups	54.492	44	1.154		
	Total	61.160	49			
Quality of care concern	Between Groups	2.654	5	1.334	.253	.032
	Within Groups	51.978	44	1.405		
	Total	54.632	49			

Source: Primary data

The test of difference using ANOVA is found to be significant with regard to monthly family income and the challenges such as Long waiting time[$F_{(5, 44)} = 0.842$, p= .000<0.05], Lack of access to specialist[$F_{(5, 44)} = 1.175$, p= .015<0.05], Lack of medical equipment [$F_{(5, 44)} = 1.627$, p= .003<0.05], Geographical accessibility[$F_{(5, 44)} = 1.826$, p= .002<0.05] and Quality of care concern[$F_{(5, 44)} = .253$, p= .032<0.05]. It implies that there is significant association between the intensity of challenges faced by the patients of Primary health care centres in Tenkasi district and their monthly family income.

SUGGESTIONS OF THE STUDY
- Invest in improving infrastructure and facilities at PHCs, including upgrading medical equipment, ensuring adequate supply of medicines and medical supplies, and enhancing the physical infrastructure to accommodate increasing patient load.
- Implement measures to reduce wait times and streamline service delivery processes at PHCs. This can include optimizing appointment scheduling systems, increasing staffing levels, and introducing triage systems to prioritize patients based on the severity of their condition.
- Improve accessibility to PHCs by addressing geographical barriers and transportation challenges. This can involve establishing mobile health clinics, expanding outreach programs, and providing transportation subsidies for patients in remote areas.
- Introduce financial assistance programs or health insurance schemes to alleviate the financial burden on patients, especially those from low-income households. This can help reduce out-of-pocket expenses and ensure equitable access to healthcare services.
- Train healthcare providers to be culturally sensitive and responsive to the needs and preferences of diverse patient populations. This includes providing language interpretation services, respecting cultural practices, and addressing religious beliefs that may influence healthcare-seeking behaviours.
- Implement quality improvement initiatives to enhance the overall quality of care provided at PHCs. This can involve conducting regular audits, monitoring patient satisfaction levels, and implementing evidence-based clinical guidelines to ensure standardized and effective care delivery.

CONCLUSION
Primary Health Centers (PHCs) are indispensable pillars of the healthcare system, serving as the frontline in providing essential healthcare services to communities, particularly in rural and underserved areas. The challenges faced by patients accessing healthcare at PHCs, as highlighted in this study with a focus on Tenkasi district, underscore the urgent need for targeted interventions and systemic reforms. By addressing issues related to accessibility, affordability, infrastructure, quality of care, and socio-cultural barriers, stakeholders can enhance the effectiveness and responsiveness of PHCs in meeting the diverse healthcare needs of communities. Furthermore, integrating patient-centered approaches, fostering community participation, and leveraging technology and innovation can further strengthen PHCs and contribute to achieving universal health coverage

and health equity. As we strive towards building resilient and responsive healthcare systems, the importance of investing in PHCs cannot be overstated, as they serve as the cornerstone for promoting health, preventing disease, and advancing the well-being of individuals and communities. Through concerted efforts and collaborative action, we can realize the full potential of PHCs in fostering healthier and more equitable societies.

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Eur. Chem. Bull. **2022**, *11(Regular Issue 12),4627-4631*

4631