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Villagers Inclination towards Healthcare System

Dr. V. Sangeetha [1], Dr. G. Paulraj[2] , Dr. L. Dinesh[3]

[1] Assistant Professor PG and Research Department of Commerce (Corporate Secretaryship), Sri Sarada College for Women, Tirunelveli, [2] Associate Professor, PG and Research Department of Commerce, V.O.Chidambaram College, Thoothukudi.
[3] INDO-American College, Cheyyar, Thiruvalluvar University

Abstract- **Healthcare a predominant over valuables is an unparallel feature in all spheres of human status. Indeed this is not only the individual's health consciousness transcending to the State's role. In line with its responsibility, the State has taken various healthcare measures in attaining the objectives, for instance polio attack, of reducing a vulnerable issues affecting a common people. However a question remains unanswered in case of bewielding dengue and a critical issues causing lives lose. Generally the villagers are far behind the urban counterparts in many aspects, thought former too reaches the high literacy and taking with them a technological advancement, they used to pay least concern over their health. In order to remove this hardship, the State should ensure an effective functioning of healthcare system which needs a robust financing mechanism, adequately trained workforce, sufficient health facilities and logistics to deliver quality medicines and technologies.**

Among the various measures initiated by the State, establishment of primary health centers is milestone in ensuring rural health which make the people in availing services conveniently. This study examines the attitude of the rural people in their selection of treatment place and the role played by PHCs in delivering their services to rural mass. For this purpose, about 300 respondents in Thoothukudi District were identified randomly and collected data for analysis. This study observes that nearly one-third of the responses felt a poor sanitation causes for their diseases, and around two- third of a sample response use PHCs because of their easy access for ensuring the good health. Besides the role of PHCs in significant in attracting the people whose profiles fall within education, family income and their family size.

Keywords: Causes of Diseases, Health Consciousness, Rural Health and Welfare Program

INTRODUCTION

Health care system is meant for maintaining the good health of individuals through the prevention, diagnosis and treatment of disease, illness, injury and other physical and mental impairments. Health care is delivered by health professionals in various specialised fields. Physicians, Dentistry, midwifery, nursing, medicine, optometry, audiology, pharmacy, psychology and other health professionals are all part of health care. Access to health care may vary across countries, communities and individuals, largely influenced by social and economic conditions as well as the health policies keep in place. Countries and jurisdictions have different policies and plans in relation to the personal and population based health care goals within their societies. In some countries and jurisdictions, health care planning is distributed among market participants, whereas in others, planning occurs more centrally among governments or other coordinating bodies. In all cases, according to the World Health Organization (WHO), a well-functioning healthcare system requires a robust financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies and well maintained health facilities and logistics to deliver quality medicines and technologies.

II. MATERIALS AND METHODS

The research focuses on an awareness of the people and their amount of usage of PHCs in Thoothukudi District. For this purpose, both primary and secondary data were used. The primary data were collected through a well structured interview schedule after conducting pilot study. The secondary data relating to health care services were obtained from articles, journals, magazines, books, newspapers and websites. The primary data were collected from about 300 respondents who reside in Authur, Eral, Kulathur, Mappilaiurani, Pudukottai and Veppalodai areas, Thoothukudi District. Version 17.0 of Statistical Package for Social Science (SPSS) was to analyze the data. The study aims to know the health conditions of the people in Thoothukudi

District along with the awareness relating to their health aspect and the extent to which the influence of their demographic factors responsible for taking treatment. In order to analyze the objectives cited, the appropriate statistical tools have been put in place.

III. REVIEW OF LITERATURE

A number of studies have already been undertaken in the field of health care. In advanced countries like the U.S.A. and Britain, marketing of professional services particularly hospital services gained momentum around three decades ago and hence, there are many studies in this area. However the situation differs in other parts of the world. Philip Kotler and Corner (1977) observed the responds to the question facing professional firms i.e. whether to involve in marketing or not. In the field of marketing, the question is how to do it effectively. As the firm's competitors resort increasingly to install an organized program for business development, the professional health care firms can no longer remain indifferent to the discipline of marketing. Donabedian (1980) suggested the structure-process-outcome model, which provided the criteria for what constituted "good care". The structure included relatively stable characteristics of health care facility such as equipment, operation theatres, rooms, personnel, organization of care. Merchant (1983) lamented that no guidance is given to the patient proper dosage, frequency of medicines and possible side effects or adverse reactions while distributing drugs to the patients in the hospitals.

These shortcomings can be overcome by appointing persons with pharmacy degree or diploma holders. The idea of "Health for All" under the National Health Policy is a clear commitment at the national level. The commitment of the states however, in implementing this policy may vary widely as it has in the past. Therefore, a mechanism needs to be instituted to ensure that all states implement the basic health care envisaged by the policy. The central councils must be strengthened so that both carrots and sticks are applied to their recommendations Meera Chatterjee (1988). Srinivasan (1994) suggested that for increasing the accessibility of rural health care services and correcting regional disparities in the shortest possible time, the government should have the following goals: expanding the network of medical facilities and health services; increasing the accessibility of health services in rural and tribal areas; correction of disparities in the provision of health services between rural and urban areas; intensification of national health programs; greater emphasis on environmental sanitation; improving the quality of health services; and providing effective referral services.

IV. RESULTS AND INTERPRETATION

The demographic characteristics of the sample shows among the total respondents of 300, the females outperform the males. The sample was dominated by middle aged 31- 40 years (36 percent). As far as educational qualification is concerned, more than one-half of the respondents are of degree holders. About 44.7 percent of the respondents are worked in private companies who depend PHCs for (heal up) their illness even their annual family income exceeds Rs. 50,000. The married people having two children are mostly using the PHCs.

Table 1: Demographic Dividends of the Respondents

Items	Count	%	Items	Count	%
Gender:			**Family Income (in Rs.):**		
Male	137	45.7	Below 10000	53	17.7
Female	163	54.3	10001 – 20000	67	22.3
Age:			21001 – 30000	45	15.0
Below 20	2	0.7	31001 – 40000	5	1.6
21 – 30	79	26.3	41001 – 50000	44	14.7
31 – 40	109	36.3	Above 50000	86	28.7
41 – 50	72	24.0	**Marital Status:**		
Above 50	38	12.7	Married	226	75.3
Education:			Unmarried	74	24.7
Illiterate	26	8.7	**Family Size:**		
School Level	112	37.3	Two	102	34.0
College Level	162	54.0	Three	74	24.7
Occupation:			Four	68	22.6
Agriculturist	29	9.7	Above Four	56	18.7
Coolie	94	31.3			
Govt. Employee	43	14.3			
Pvt. Employee	134	44.7			

V. HEALTH WELFARE PROGRAMS

Many schemes have been undertaken by the federal and state legislation in order to ensure the health conditions of the people. Besides various initiatives, the family welfare program has also included the health needs of mothers and children. They provide contraceptives and spacing services to the targeted group. The viruses that may cause infectious illnesses and deaths still exist and can be passed on to people who are not immunized. Poor sanitation, malnutritional foods, careless handling of food and the like are the reasons that cause diseases. Besides, food has less nutritional value due to modern farming methods.

Table 2: Welfare Programs and Causes of Illness

Kinds of Programs	Count	%	Reasons	Count	%
Polio drops	133	44.3	Poor sanitation	93	31.0
Rural Health (PHC)	81	27.0	Less healthy/Nutritional foods	88	29.3
Malarial program	57	19.0	Adulterated food	62	20.7
Environmental Sanitation	12	4.0	Careless handling of food	40	13.3
None	17	5.7	All the above	14	4.7
			Other reasons	3	1.0
Total	**300**	**100**	**Total**	**300**	**100**

The government has taken many initiatives to ensure people's health by offering polio drops, malarial programs and so on. Among these welfare programs, a wide scale of coverage is of polio drops which accounts for 44.3 percent followed by rural health program as setup in the form of PHCs at 27 percent. The lowest number of respondents was benefited by environmental sanitation (4%). This is because of unawareness on the part of rural people combined with failure in providing such services by the authorities. About 19 percent of the sample population benefited the government's malarial program.

Analysis shows that 31 percent of the respondents felt the main reason for diseases is poor sanitation. But only 4.7 percent of the respondents agreed that a host of reasons namely poor sanitation, less healthy food, adulterated food and careless handling of food present altogether for their illness. On the other hand, less number of the respondents believed that other reasons like lack of exercise are responsible for causing diseases. Therefore, poor sanitation and less nutritional food are the main reasons for the illness. Stagnant water, defective water storage system in houses and dense population are the major causes for such disease

VI. PREFERENTIAL PLACE OF TREATMENT

Though individuals have many choices to treat their diseases depending upon the level of the intensity of the illness, the doctors hesitate to prescribe medication for them.

Table 3: Association of Family Income of the Respondents' and the Place where taken Treatment

Family Income (in Rs.)	Take treatment				Total
	PHC	Pvt Hospitals	G.H.	Indigenous treatment	
Below 10,000	34 (64.2)	13 (24.5)	4 (7.5)	2 (3.8)	53
10,001 – 20,000	43 (64.3)	21 (31.3)	2 (2.9)	1 (1.5)	67
20,001 – 30,000	27 (60)	16 (35.6)	1 (2.2)	1 (2.2)	45
31,001 – 40,000	2 (40)	1 (20)	1 (20)	1 (20)	5
40,001 – 50,000	32 (72.7)	10 (22.7)	1 (2.3)	1 (2.3)	44
Above 50,000	54 (62.8)	28 (32.5)	3 (3.5)	1 (1.2)	86
Total	**192**	**89**	**12**	**7**	**300**

Out of 300 respondents, only 86 respondents income exceeds Rs. 50000, interestingly six tenths of them opted PHC for their treatment. This discloses the attitude of rest of the respondents falling under various income groups. As high as 72.7 percent of the respondents, whose income ranges Rs. 40,001 – Rs. 50,000, use PHC for their treatment. Though the sample areas are the villages, they mostly avoid native treatment. Moreover their usage of government hospitals is very minimal. A birds' eye view shows more than 60 percent of the villagers widely use PHCs in ensuring the health status, irrespective of the size of their family income.

The aims of PHCs are providing quality preventive, promotive, curative, supervisory and outreach services through adequate and regular supply of essential drugs.

Table – 4: Reasons for Taking Treatment in PHC

Taking Treatment in PHC	Count	%
Free of cost	49	25.5
Very near	67	34.9
Good treatment	42	21.9
No other choices	34	17.7
Total	**192**	**100**

The respondents were asked to give reasons for taking treatment in PHC. The responses reveal that 34.9 percent of them prefer PHC because of its location at the nearby area. About 25.5 percent and 21.9 percent of the respondents prefer PHC because it is free of cost and it offers good treatment respectively. Only a small number of the respondents take treatment in PHC because there is no other way but to go there.

VII. ROLE OF PHCS IN RURAL AREAS

Primary health centres are very popular in rural areas and widely used to maintain overall health especially the poor ones. Primary health care cuts across diseases in a systemic way. Improved quality of primary health care, infrastructure, human resources and equipment should be accessible and affordable for all, and as such this represents an opportunity for broad-based and sustainable investment.

Table – 5: Demographic Profiles and Role of PHCs in Rural Areas

Demographic Profiles	Chi-Square Test	P value
Gender	9.945	0.041
Age	16.284	0.433
Education	25.027	0.002
Occupation	10.684	0.556
Family Income	75.989	0.000
Marital Status	7.956	0.093
Family Size	83.221	0.000

Since the 'P' values are less than 0.05 at five percent level of significance the null hypotheses are rejected concluding that there is a significant difference between profiles of the respondents such as gender, education, family income and family size and role of PHCs in rural areas. As far as the age, occupation and marital status of the respondents are concerned, the 'P' values are greater than 0.05 at five percent level of significance, so the null hypotheses are accepted exhibiting that there is no significant difference between the age, occupation and marital status of the respondents in relation to the role of PHCs in ensuring health status of the individuals in rural areas.

VIII. CONCLUSION

The health care services provided to the people in Thoothukudi district are considerably good as revealed in the sample respondents who widely use PHC for treating almost all diseases. The basic need indicators such as health and education are closely related with each other. The government should ensure an increased level of health status, which will definitely achieve the goal "Health for all" and it will go a long way in meeting the social needs of people.

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