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## “An Economic Study of Awareness and Utilization of Primary Health Centres in Tamil Nadu”

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### ***Abstract***

*With the commitment of the national government to provide universal healthcare at cheap and affordable process in India, Public healthcare services are being strengthened In India. Primary health care is the backbone of health care delivery world over. The vision of primary health care is one of comprehensive, integrated, accessible to all, contextually relevant health care rooted in the needs of the community. There are considerable challenges to operationalizing concepts in the delivery of primary health care, especially in low and middle-income countries like India.Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage. It contributes to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action.The Healthcare system in which **essential** Healthcare is universally **accessible**, easily **affordable** and **acceptable** to every individual of the country is called as the Primary Healthcare. This work aims to study the healthcare systems and specially PHCs infrastructural facilities in India.*

**Key words:** *Functions of Primary health centre, Type of PHC, Importance of Primary health centre, Government steps to improve PHC in India.*



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## INTRODUCTION

Health and economy have a direct correlation, as the economy of a country improves the health of its citizens improves and vice versa. So, for any country to progress, its citizens must remain healthy and live longer. But right healthcare presence is a challenge for the country, especially for those with a vast population like India. Despite being one of the fastest-growing economies, Primary Health care(PHC) system of India is in state of crises.

"PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment." (WHO and UNICEF). A vision for primary health care in the 21st century: Towards UHC and the SDGs. PHC entails three inter-related and synergistic components, including: comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces; multi-sectoral policies and actions to address the upstream and wider determinants of health; and engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health.

The Healthcare system in which essential Healthcare is universally accessible, easily affordable and acceptable to every individual of country is called as the Primary Healthcare. The definition in itself is pretty complicated. Still, if we focus only on the main points, then it becomes pretty simple. Primary health care is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing.



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## Statement of the Problem

India has a vast public health infrastructure with 23,391 primary health centres (PHCs) and 145,894 subcentres providing health services to 72.2% of the country's population living in rural areas. India's healthcare system has been battling various issues, including the low number of institutions and less-than-adequate human resources for quite a while now. India has been struggling with deficient infrastructure in the form of lack of well-equipped medical institutes for relatively a while now. One of the most pressing problems in India remains a severe shortage of trained manpower in the medical stream, this includes doctors, nurses, paramedics and primary healthcare workers. These issues highlight that there is a need for examining the facilities and functioning of PHCs in India.

## REVIEW AND LITERATURE

**Shyamkumar Sriram (2018)** identified many deficiencies in infrastructure and manpower in the PHCs. Some of the findings were that the deficiency of AYUSH medical officers was 86.6% and the deficiency of health workers was 13.33%. And suggested that PHCs lack the manpower and vital infrastructure that are necessary for the effective day-to-day functioning and provision of primary healthcare to the population. The challenge of weak PHC in India are increasingly being recognized and acknowledged. The National Health Policy (NHP) 2017 of India proposed to strengthen PHC systems, invest two-third or more government health spending on PHC, with an increase in overall government funding for health to 2.5% of Gross Domestic Product (GDP) by 2025, against 1.18% in 2015–16 (**National Health Policy 2017**). The sub-centre is staffed by an auxiliary nurse midwife and a male and female multipurpose health worker. The activities envisaged at the sub-centre level, such as awareness and vaccination, are mainly to promote health whereas at the PHC curative services are provided (**Chokshi et.al 2016**). The primary challenge in implementing primary care in India is the departure from a



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holistic vision of primary health care that is comprehensive, accessible to all, contextually relevant and rooted in communities(**Balarajan et.al 2011**).

## **Objectives of The Study**

- To identifying the importance and functioning of PHCs in India.
- To examine the infrastructural facilities of PHCs in India.

**Methodology:** In this study, the required information's are gathered from secondary sources of different statistical records from government and various articles or websites relevant to them.

## **Primary Health Centres (PHCs)**

PHC is the first contact point between village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive healthcare to the rural population with emphasis on preventive and promotive aspects of healthcare. Primary Healthcare must be **accessible** to the people to whom it is being given. A big hospital or a medical college located 30 Km away from the patient home cannot be considered as primary Healthcare. Next, Primary Healthcare must be **acceptable** to the people. The mental check-up should not be acceptable to the majority of the population. It should not be considered as primary Healthcare. The community to whom the health services are given should actively involve in the process. Without their participation, primary Healthcare cannot be given. And finally, the health service which is given in the Primary Healthcare must be easily affordable and following the economic condition of the country. The price of the services should be such that a sick person can also afford that.

Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage. It contributes to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education,



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gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action.

According to the National Health Profile 2017, our country has only 1 million allopath doctors to treat a population of 1.3 billion. Among those one million doctors, only 10% works at the public healthcare system. According to the world Health Organisation, only one in five doctors in rural areas is qualified to practice medicines.

## **Levels of the Primary Healthcare**

**Primary Level:** Primary healthcare is the first level of contact between the healthcare institution and the patient. It includes Sub-centres and Primary Health centre. At least half of the world's people still lack full coverage of essential health services

- Primary health care can cover the majority of a person's health needs throughout their life including preventive, promotive, curative, rehabilitation and palliative care
- First level of contact of individuals and the community with the health system
- Provided by Sub centers, PHCs, -ANM, ASHA, AWW, VHG, TBA

**Sub Centre-** It is the most peripheral and the first contact point between the patient and the healthcare facility. It has three employees

1. The health worker male
2. The health worker female and
3. A voluntary worker.

The Government of India's Ministry of Health and Family welfare, is responsible in providing the 100% fund for the Sub-Centres.

**Primary Health centres –** It is the first point of contact between the village community and the Doctor. It has a strength of at least 15 people, including a medical officer, a medical health assistant. The Medical officer is considered as the leader of the team or Primary Health



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centre. Each Primary Health centre acts as a referral point for 6 sub-centres. And they have a bed strength of four to six beds.

Secondary Level: At this level, more complex problems are taken care mostly which require secondary level of preventive and curative services.

- These services are provided at Districts hospitals and Community health centres
- The First referral level (FRUs) The secondary level is the first referred, depending upon the seriousness of the issue. It includes the Community health centre. Community Health centre – Here, the staff strength is 30, including 4 specialist doctors, there should be a Physician, a Surgeon, a Gynaecologist and a Paediatrician. Three new posts have been created under the NRHM program. Each Community Health Centre acts as referral point for 4 primary Health centre.

Health care system in India tertiary Level: The tertiary level is the second referral level, and it includes the Hospitals and Medical Colleges. This level of health care is provided at the state/regional/central level institutions

- Requires specific facilities and highly specialized health care professionals
- These institutions serve as referral units for primary and secondary levels

## **Primary Health Centres**

A primary health centre (PHC) is established in a plain area with a population of 30 000 people and in hilly/difficult to reach/tribal areas with a population of 20 000, and is the first contact point between the village community and the medical officer. PHCs were envisaged to provide integrated curative and preventive health care to the rural population with emphasis on the preventive and promotive aspects of health care. The PHCs are established and maintained by the State Governments under the Minimum Needs Program (MNP)/Basic Minimum Services (BMS) Program. As per minimum requirement, a PHC is to be staffed by a medical officer



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supported by 14 paramedical and other staff. Under NRHM, there is a provision for two additional staff nurses at PHCs on a contract basis. It acts as a referral unit for 5-6 SCs and has 4-6 beds for inpatients. The activities of PHCs involve health-care promotion and curative services.

## **TYPES OF PHCs**

- Type A PHC: PHC with delivery load of less than 20 deliveries in a month.
- Type B PHC: PHC with delivery load of 20 or more deliveries in a month.

## **ESSENTIAL SERVICES AT PHC:**

- OPD services: A total of 6 hours of OPD services out of which 4 hours in the morning and 2 hours in the afternoon for six days in a week.
- 24 hours emergency services
- Referral services
- In-patient services (6 beds)

## **Condition of Primary Health care in India**

The penurious condition of the local Healthcare system in the India is not a secret, especially in India's villages where the infrastructure is at a critical stage. Government hospitals are surviving in very poor conditions, they often crash to provide necessary health services to the sick people. And private hospital staying out of the reach of most peoples.

- India ranks high in the list of most ill nations.
- Over 32% of total deaths in India occur due to health –related diseases.
- According to global burn up diseases studies, India's ranking in the Healthcare Index is 154 out of 190 countries.

Despite such poor statistics, the budget allotment in healthcare series is meagre. India spends around only 2% of its GDP on Healthcare.

The significant challenges in front of primary health care system in India are



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- Poor patient to doctor ratio
- Lack of Infrastructure
- Low public spending
- Low health cover for the rural population
- High out of the pocket expenditure
- Unequal distribution of Human Resources.

Number of PHCs in rural areas has increased by 1619 during the period 2005-2019, from 23236 to 24855. Mix trend is observed in different States. In the States of 25 Karnataka (446), Gujarat (406), Rajasthan (369), Assam (336), Jammu & Kashmir (288) and Chhattisgarh (275) a significant increase has been observed. Percentage of PHCs functioning in government buildings has increased significantly from 69% in 2005 to 94.5% in 2019. This is mainly due to increase in the government buildings in the States of Gujarat (813), Uttar Pradesh (807), Karnataka (615), Rajasthan (506), Madhya Pradesh (418) and Chhattisgarh (351). There are 5190 PHCs which are functional in urban areas of the country as on 31st March 2019. There are 4211 functional PHCs in the tribal areas as on 31st March 2019. Around 64% of PHCs are having separate toilet for male & female patients and 93% of PHCs are having with toilet facility for Staff.

At the national level, there are 24855 PHCs functioning (i.e 16613 PHCs and 8242 HWC-PHCs) in rural areas as on 31st March 2019. There is an upgradation of 8242 of PHCs as HWC-PHCs. The significant number of conversions of PHCs into HWC-PHCs have been observed in the States of Andhra Pradesh (1145), Uttar Pradesh (946), Odisha (827), Gujarat (772), Tamil Nadu (716) and Telangana (636).





## **Importance to Primary Healthcare**

- ❖ They provide basic healthcare facilities and work toward improve prevention of disease rather than happening of disease at the first instance.
- ❖ Primary Health care is the only practical course of action to address the problems of malnutrition, child death and another illness-causing disease in India.
- ❖ It not only provides good health to individuals or family but the community as a whole, especially to the triable communities of rural and remote areas.
- ❖ Primary Healthcare is the basics of the Health Infrastructure of the country. And a suitable infrastructure can help a country to achieve health – related Sustainable Development goals.
- ❖ Most of the patient directly goes to the secondary health centre for the cure of simple disease, which is usually present at a longer distance. This is due to the absence of the Primary Healthcare.
- ❖ It helps to create awareness of viral diseases, sanitation practices and family planning as well. Ultimately it can help to control the population of the nation.
- ❖ Improving basic health services will reduce out of pocket expenditure of patient.
- ❖ Good necessary health infrastructure can reduce the burden of the government as most of the disease will be prevented and cured at the first level itself.

## **Government steps to improve Primary Health care in India**

Apart from the health services provided by the government, the private is flourishing in India. In just the last decade the hospitalisation cost has have increased by a massive 300% indicating a large amount of household saving goes to availing health services. In 2008 the Government of India brought the National health insurance scheme for the rural population of India. This scheme provided medical coverage of worth 3 lakh rupees to a family working in the unorganised sector. A similar scheme was also introduced at the state level, but none of these



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schemes followed a particular standard. The National Health Protection Mission or Aayushman Bharat Yojna is launched by the government is the first major step in the direction to improve Primary Health care in India.

It will focus on providing good Healthcare to the weaker section of the society. It aims to provide insurance up to 5 Lakh Rupees to each family. This scheme also intends to improve the secondary and tertiary sector. According to the government, it is the world's largest healthcare scheme ever. But we think that the time will tell the worthiness of this scheme. Under the National Health Mission (NHM), Primary Health Centre (PHC) are established to cover a population of 30,000 in rural areas and 20,000 in hilly, tribal and desert areas. PHCs are established to cover defined population. As per the Rural Health Statistics-2019, as on 31.03.2019, a total of 24,855 rural PHCs and 5,190 urban PHCs have been functional in the country. Percentage of PHCs functioning in government buildings has increased significantly from 69% in 2005 to 94.5% in 2019. State-wise details (more than 1000 PHCs) are given below:

**Table No.1: Number of Primary Health Centres (PHCs) Functioning in Rural and Urban Areas**

State/UT	PRIMARY HEALTH CENTRES (PHCs)		
	Rural	Urban	Total
Andhra Pradesh	1,145	364	1,509
Assam	946	55	1,001
Bihar	1,899	95	1,994
Gujarat	1,476	318	1,794
Karnataka	2,127	435	2,562



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Madhya Pradesh	1,199	136	1,335
Maharashtra	1,828	538	2,366
Odisha	1,288	87	1,375
Rajasthan	2,082	377	2,459
Tamil Nadu	1,422	463	1,885
Uttar Pradesh	2,936	624	3,560
West Bengal	908	448	1,356
All India	24,855	5,190	30,045

Source: NHM for the years 2017-18 to 2020-21.

## Way forward

- Now there is a need to shift focus from hospital centred model to strengthened primary health care system in India. For this, medical practises should provide training and encourage working in primary healthcare provider in decision making bodies like MCI.
- Primary healthcare is a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing.
- It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary health care ensures people receive comprehensive care –



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ranging from promotion and prevention to treatment, rehabilitation and palliative care – as close as feasible to people’s everyday environment.

- Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage. It contributes to the attainment of other goals beyond the health goal (SDG3), including those on poverty, hunger, education, gender equality, clean water and sanitation, work and economic growth, reducing inequality and climate action.
- WHO recognizes the central role of primary health care for achieving health and well-being for all, at all ages. India’s 2017 National Health Policy commits the government to investing a major proportion (>2/3rds) of resources to PHC. The main mechanism to achieve this are the 150 000 Health and Wellness Centres (HWCs), which are intended to become the main points of contact for communities within the public health system. These centres will provide comprehensive health care, covering around 70% of out-patient care, including noncommunicable diseases and maternal and child health services. These centres will also provide free essential drugs and diagnostic services as well as referral access to secondary and tertiary healthcare.
- This is part of the government’s effort to achieve universal health coverage through its flagship initiative, the Ayushman Bharat programme. Launched in 2018, the programme includes the health insurance component, the Pradhan Mantri Jan Aarogya Yojana (PM-JAY).

## **Conclusion**

Strengthening PHCs for quality preventive, promotive, curative, supervisory and outreach services through: Adequate and regular supply of essential quality drugs and equipment (including supply of auto disabled syringes for immunization) to PHCs. Observance of



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Standard treatment guidelines & protocols. However, looking at the pace of achievements of the targets so far and future targets, it needs to focus more on framing of the policies in terms of building capacity of existing human resources, enhancing further allocation of finances dedicated toward healthcare, identifying areas through operational research, which can enhance quantity and quality of healthcare in India. The path is set and we need to operationalize and move forward. The priority will be to develop effective and sustainable health systems that can meet the dual demands posed by the growth in non-communicable diseases and peoples' needs for better quality and higher levels of health care. There is a global consensus that universal health coverage can only be achieved on the foundation of stronger primary health care system. There is a renewed attention on strengthening and delivering comprehensive primary health care services in India through health and wellness centres. Therefore, the health policy-makers and managers have to take necessary steps to enhance healthcare professionals. Thus, the public health approach is strengthened through human resource development. The experience from India can have lessons and learnings for other low and middle-income countries to strengthen primary health care in journey towards universal health coverage.

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