

Problems on Primary Health Centre (PHC) Services: An Opinion Survey

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ABSTRACT

Drawback of government services will be come to light only if public opinion revealed on the particular to rectify. Hence, this study focuses the importance of primary health centres and its role for the strengthen of societies that need to all regions without deficiencies. Moreover, public opinion on problems and satisfaction of PHCs are also given as highlight of the study for find the remedies to attain targeted boundary. Both primary and secondary data have been applied and data presented as table formats which is easiest to perceive. 160 sample respondents have been chosen for primary data from two blocks of sivagangai district. Finally, this study has been concluded with information of overall study trend and suggestions for policy makers.

INTRODUCTION

Primary Health Centre has been launched not only on the basis of society demand in lack of health facilities, there are several factors are being behind as a reason for the purpose that is introduced which mean, transference of technology, outcome of more doctors and public service willingness were the influencing factor to undertake the challenges of assumption of Primary Health Centre. Moreover, it came from service minded people who were called as missionaries. The Christian Medical Commission which was specialized organization of the World Council of Churches and the Lutheran World Federation was created such activities in 1960s by medical missionaries working in developing countries. And another important inspiration was that the global popularity which massive expansion of rural medical services in Communist China that experienced in the “barefoot doctors. (Marcos Cueto, 2004). Primary Health Care (PHC) is associated with the Alma Ata which were in an International Conference of Kazakhstan (known as the “Alma Ata Declaration”) in 1978. Alma-Ata has put health equity on the international political agenda for the first time and later PHC became a core concept of the World Health Organization’s (WHO) a goal of Health for all. The concept of PHC was proposed in a paper submitted to the Executive Board of WHO in January 1975 as a form of seven principles that should be followed by governments focusing to improve their health services. (Socrates Litsios, 2015). Primary health care centers provides medical care for individuals before shifting to more advanced hospital-based care like the general specialist and super specialist during their unhealthy situation and it mostly located in the several rural community. Moreover, primary health care forms effective country’s health system and report which is required to assess the socio-economic development of the community. All primary health care clinics tend to focus more quality of the service that should offer to all at cost effectiveness base. The clinics on primary health care services are usually being a team approach that facilitates appropriate hospitality to an individual and community. It has responsible to share the health care information to all needy in the act of promoting the health, preventing illness, and other chronic conditions at latest aspects. Moreover, primary health

care also focuses a new connection and participation within the members of a community. (<https://ccchclinic.com/low-income-clinics/importance-benefits-primary-health-care/>)

ROLE AND BENEFITS OF PRIMARY HEALTH CARE

The main function of primary health care is to provide continuous and comprehensive health care to the patients and also supports in making societies free from prime diseases which leading for social welfare and well public health services to be utilised that initiated by the governing bodies and organizations. Moreover, as a major role of primary health care center is to bestow quality health and social services to the underprivileged sections of the society. As benefits of primary health care to the members of a community, it provides a set of professional care to the patients by incorporating a proactive approach that utilizes several preventive measures, management of chronic disease, and promoting self-care. Along with that, primary health care provides increased accessibility to advanced health care system for the community to improve excellent health outcomes and prevention of delay in services. Above all, primary health care centre contains a dedicated team of healthcare professionals delivering the best medical services. They provide a coordinated approach in the delivery of health care that ensures the beneficiaries must receive the best care from the right health provider. (<https://ccchclinic.com/low-income-clinics/importance-benefits-primary-health-care/>).

OBJECTIVES

Objectives are the hearts of the research work which gives lives towards solution of the problems that has been as a suggestion for the policy makers. Hence, this study has enunciated some of objectives for the purposes of providing solution of the selected problems in association with PHC.

- To point out the life trend of Primary Health Centre in India.
- To bring out the public opinion on status of Primary Health Centre in selected area.

DATA SOURCES AND METHODOLOGY

A probe will be certified as research, only if the set of methodology which gives proper design about research come through is applied in the work. Because, methodology is a systematic theory which identifies the work done is original or vain. Hence, this research work signifies this part to build the study as an impact of society and for the public policy that should be implemented for the well being of the same. The study covered both primary and secondary data, individual publication in association of Primary Health Centre on limitations and government reports were the useful secondary sources. Moreover, Primary data covered 160 sample respondents from two blocks of sivagangai district even it has total of 12 blocks containing several PHCs. Researcher has been chosen only two blocks which is being aside of researcher residency namely, Thirupattur and Singampuneri. Major purpose of the research undertaken is researcher as an experienced in this and Public afflictions about primary health care problems come to domestic debate are signifies this work to be spread. Selected two blocks are consists eight primary health centres each having four of the same. Randomly 20 sample respondents have been approached from the nearer area of each primary health centres of two blocks. Structured questionnaires have been prepared to interview the respondents and response from them has been used as primary data. Further, Primary data have been given as the opinion of Public on PHCs Services quality and collected data brought out as table formats that gives easiest understanding of data interpretation.

AREA PROFILE

Sivagangai District is an organizational district of Tamil Nadu state in southern India. The city of Sivaganga is the district headquarters. It is bounded by Pudukkottai district on the Noth East, Tiruchirapalli district on the North, Ramanathapuram district on South East, Virudhunagar district on South West and Madurai District on the West (<http://www.tamilselvi.com/sivagangai-district.html>). District has six taluks namely, karaikudi, Sivagangai, Thirupattur, Manamadurai, Devakottai and Ilayankudi (<https://www.census2011.co.in/data/district/44-sivaganga-tamil-nadu.html>). According to 2011 census, Sivaganga had a population of 40,403 with a sex-ratio of 990 females for every 1,000 males (<https://en.m.wikipedia.org/wiki/Sivaganga>). Moreover, according to the ministry of health and family welfare, PHCs are located in 12 blocks and comes around 48 PHCs in throughout districts (Table:3). But this study taken only two blocks that consists eight PHCs each has four.

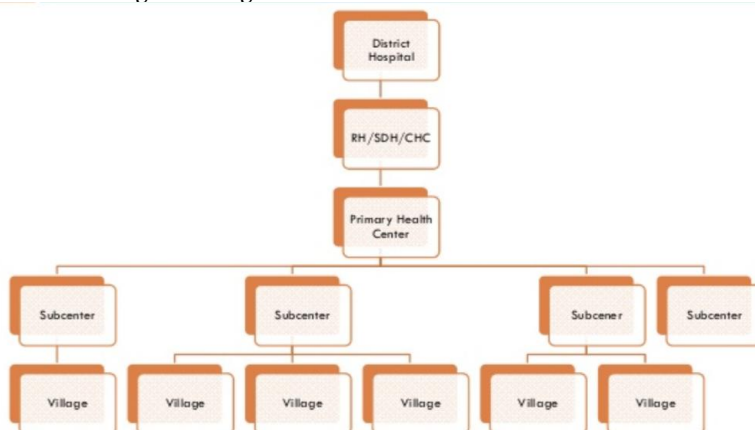
Tirupathur is a Town Panchayat city in district of Sivaganga, Tamil Nadu and it has been divided into 18 wards for elections which is held every 5 years. Tirupathur Town Panchayat has a total of 6,431 houses and population of 25,980 that contained 12,780 males and 13,200 females from the report released by Census India 2011. Literacy rate of Tirupathur town is 90.07 percent, which is higher than state average of 80.09 percent. And also the male literacy is around 94.24 percent while female literacy rate is 86.02 percent.

Singampuneri is a Town Panchayat city in the district of Sivaganga, Tamil Nadu and it has been divided into 18 wards for elections which will be held every 5 years. The Singampuneri Town Panchayat has 4,442 houses with a population of 18,143 that consists 9,041 males and 9,102 females reported by Census India 2011. Literacy rate of Singampuneri town is 85.05 percent which is higher than state average of 80.09 percent. And also the male literacy is around 90.84 percent while female literacy rate is 79.38 percent (www.census2011.co.in > data > subdistrict).

PRIMARY HEALTH CARE IN INDIA

People in India belonging to poor economic sections faces the problems of seeking effective health care at a cost they can afford, and at a distance they can travel, and with a dignity that they deserve. They make compromises depending on their situation that it may with cost, or quality, or dignity. In many cases, families' shops for healthcare across different providers at different levels are still a poor deal at the end. Summation of these as reflection in an individual health condition is poor and outcomes at the population level also questionable (such as high levels of mortality, high prevalence of diseases such as tuberculosis etc), high levels of inequalities are also among communities. Further, it resulted that impoverishment being among families due to high recurrent of catastrophic expenditures on health care. Hence, these situation making us to bring vast changes among societies in association of health care so as it came light that 85 percent of all healthcare needs can be managed effectively at the primary care level and the costs of care should be substantially lower. From the evidence across the world, it appears that the countries which have a strong primary health care system, those gets better health outcomes, lower inequalities and affordable costs for caring by Primary Health Centre. (Primary Care, 2014).

Figure.1. Organizational structure of PHC in India



Source: Pradip Awate, <https://www.slideshare.net/mobile/pradipawate7/primary-health-care-in-india>

For the great extended services should be do, primary care requires a team of health professionals, workers, and volunteers. Although, volunteers having judicious skills are often required in the field depending on the resources available while most systems would be coordinated by a physician. Increasingly the nurses are playing a central role in providing

primary health care in developed as well as in the developing countries. On the other hand, professionals who are interested in this job should have clinical, public health, and management skills, as well as social skills, to perform effectively as primary health care provider. (Primary Care, 2014).

Table: 1. Manpower in PHC in India

Staff	Type A		Type B	
	Essential	Desirable	Essential	Desirable
Medical Officer - MBBS	1		1	1*
Medical Officer - AYUSH		1*		1*
Accountant cum Data Entry Operator	1		1	
Pharmacist	1		1	
Pharmacist AYUSH		1		1
Nurse-midwife (staff nurse)	3	+1	4	+1
Health worker	1*		1*	
Health Assistant (male)	1		1	
Health Assistant (female)/Lady Health Visitor	1		1	
Health Educator		1		1
Laboratory Technician	1		1	
Cold chain & Vaccine Logistic Assistant		1		1
Multi-skilled Group D worker	2		3	
Sanitary worker fun watchman	1		1	+1
Total	13	18	14	21

- For Sub-centre area of PHC.
- If the delivery case load is 30 or more per month, one of the medical officer (MBBS) should be female.
- To provide choices to the people wherever an AYUSH public facility is not available in the near vicinity.

Source: Preyas Joshi, <https://www.slideshare.net/mobile/preyasjoshi3/dental-manpower-planning-in-india>

Even this structure requested to role primary health centre in applicable areas, India as a developing country has primary health care system already. But, several drawbacks are still discoverable among many rural of India which being as an evidence to report that the country is still lack in providing sufficient health services to public. Mostly, Primary health care services in India are located too far from the population they serve, provided too little services, and have too difficult to access little resources. Moreover, primary health care in India suffers from inadequate public investments. Per capita public expenditure on health in India is US \$43.8, as opposed to US \$268 in Thailand. Each PHC in India is to serve a population of 25-30,000 which makes them too far for many families to

reach, and for the providers to provide continued care while functional primary health care facility at a population of 2000-3000 in many parts of the world. Moreover, PHCs services in India totally rely too heavily on the presence of doctors, despite having a shortage of doctors nationally. Since many doctors do not often live in the rural areas, especially in remote areas, the primary health centres become dysfunctional. Like western countries where Physicians and Nurse Clinicians are the certified as primary care providers, there is no prompt about primary care providers are serving well in the country. Doctors qualified with MBBS are not gets additional training in serving primary health care while even nurses are also need to be assisted to the doctors (Primary Care, 2014).

Table.2. Statue wise availability of PHC in India

State/UT	Govt. Building	Rented building	Rent free building	Building under construction	Buildings required to be constructed	Total
Andra Pradesh	1296	413	0	199	214	1709
Arunachal Pradesh	117	0	0	0	0	117
Assam	993	21	0	86	NA	1014
Andaman & Nicobar	22	0	0	0	0	22
Bihar	NA	NA	NA	NA	NA	1883
Chhattisgarh	556	3	224	103	124	783
Chandigarh	0	0	0	0	0	0
Delhi	5	0	0	0	0	5
Daman & Diu	3	0	0	1	NA	3
Dadra nagar & Haveli	7	0	0	0	0	7
Goa	21	0	0	0	0	21
Gujarat	1004	6	148	51	103	1158

Haryana	390	4	60	42	22	454
Himachal Pradesh	372	39	78	164	NA	489
Jammu & Kashmir	474	163	0	22	141	637
Jarkhand	255	30	45	34	41	330
Karnataka	2160	3	70	71	2	2233
Kerala	794	17	18	0	35	829
Lakshadweep	3	1	0	0	1	3
Madhya Pradesh	1062	95	0	95	0	1157
Maharashtra	1645	6	160	93	73	1811
Manipur	85	0	0	9	NA	85
Maghalaya	108	0	0	0	0	108
Mizoram	57	0	0	0	0	57
Nagaland	120	0	6	0	6	126
Odisha	1261	10	34	33	11	1305
Punjab	383	0	44	2	42	427
Pandicherry	24	0	0	0	0	24
Rajasthan	1426	3	653	60	590	2082
Sikkim	24	0	0	0	0	24
Tamilnadu	1249	2	118	118	2	1369
Tripura	84	0	0	16	NA	84
Uttarakhand	220	32	5	0	37	257
Uttar Pradesh	3392	105	0	40	65	3497
West bengal	909	0	0	38	NA	909
All India	20521	953	1663	1283	1509	20521

Source: <https://visualize.data.gov.in/?inst=50965091-f7ec-47d0-ad27-bd0a978d570c&vid=2263#>

DRAWBACKS OF PRIMARY HEALTH CENTRE

In a poor country like India, that calls itself as a 'socialist' republic, states of the country have to take care of its citizens' health through implementing several health related policies and programmes so that each and everyone can afford to get sufficient benefits in the matter of health during requires. The government has to set up designated PHCs (Primary Health Centres) across the state by assessing availability of health care facilities. On the other hand, the trend line of poverty reports as many rural people are still getting inadequate treatment in these centres. While go for search such experiences regard this, that expresses that people are badly disillusioned with a health care system due to some doctors liberty, they shouting with patients during service. As we know that the major responsibilities of the primary health centres is to provide maternal and reproductive support. Yet, reports reveals that there have been 178 maternal deaths out of 1,00,00 live births in 2012, just because of poor hygiene practices. Moreover, good maintenance of hygiene is not a priority in primary health centres which the resources can afford by private hospitals. As a public expression a young girl complains that how sanitary pads are littered in hospital washrooms and as very common blood is spotted in such places. Moreover, availing toilet facilities are not satisfying the patients to use whenever they need due to improper maintenance. And the utensils which commonly used for the patients can easily spread infections to another because of not washing well for further purposes.

Government spends lot of money that should be used to space probe to Mars, but not caring health services as much of giving important to the probe (Sourodipto Sanyal). When the Ashok Gehlot government introduced positive initiatives in the health sector, the fifth Common Review Mission (CRM), ministry of health and family welfare reported by the Natinal Rural Health Mission (NRHM) that there is glaring deficiencies in Rajasthan. Hyped scheme Janani Shishu Suraksha Yojana (JSSY) has led the sub-centres (SC) to handle about 27.68 percent of institutional deliveries in 2010-11 as compared to 12.26 percent in 2008-09. But, this ratio has found that it is ironical when the Common Review Mission team visited institutional deliveries at the primary health centre (PHC) and health sub-centres in Rajasthan and has been found that it is very poor in Barmer and Chittorgarh. An inspection conducted on availing facilities in sub-centre of Mukne ka tala and Alamsar, PHC of Dhanau where caring about deliveries is found that there is lacked basic infrastructure like drinking water, electricity (available only 6 hours in a day), clean toilets, and clean delivery rooms (including linen). In addition to that the facilities lacked a regular waste disposal mechanism after deliveries. Also, there was shortage of Class IV employees to sweep and clean the SCs and PHCs after delivery. At PHC Dhanau in Barmer, the labour table was broken and rusted even after the delivery load at PHC Dhanau is high (Rachna Singh, 2013).

Table: 3 Availability of Primary Health Centre in Sivagangai district

Blocks in Sivagangai District		Availability of PHCs	No. of PHCs
Elayankudi	MainPHC	Salaigramam	1
	Addl.PHC	Sooranam, Thayamangalam, Munaivendri	3
Kalayarkoil	MainPHC	Kalayarkoil	1
	Addl.PHC	Kalayarmangalam, Maravamangalam, Nattarasankottai, Paganeri,	5

		Satharasankottai	
Manamadurai	MainPHC	Muthanandal	1
	Addl.PHC	Thanjakur, Periakottai, Kombukaranendal	3
Sivaganga	MainPHC	Keelapoongudi	1
	Addl.PHC	Arasanoor, Edayamelur, Thamarakki	3
Thirupuvanam	MainPHC	Poovanthi, Thirupuvanam	2
	Addl.PHC	Kondagai, Palayanoor,	2
Devakottai	MainPHC	Velayuthapattinam, Thiruvegampattu	2
	Addl.PHC	Shanmuganathapuram, Munikarmankudi, Kulamangalam	3
Kallal	MainPHC	Sembanur	1
	Addl.PHC	Maruthankudi, Kandramanickam, Kundrakudi, S.R.Pattinam, Panangudi	5
Kannankudi	MainPHC	Kannankudi	1
	Addl.PHC	-	-
S.Pudur	MainPHC	Pudur.V, Puzhudhipatti	2
	Addl.PHC	-	-
Sakkottai	MainPHC	Puduvayal	1
	Addl.PHC	Kottaiyur, Peerakalaikadu, Siruvayal.O	3
Singampuneri	MainPHC	Piranmalai	1
	Addl.PHC	Mallakottai, Soorakudi.M, Yeriyur	3
Thirupattur	MainPHC	Nerkuppai	1
	Addl.PHC	Keelasevalpatti, Sevinipatti, Thirukoshtiyur	3
Total			48

Source: <http://www.tnmoa.com/tnmoa/phclist.php?hud=sivagangai>

Thus, deficiencies among primary health centre are still being without rectifying and being not satisfying among public. Hence, this study enhanced further with primary data among two blocks of sivagangai district to bring out public satisfaction and opinion in using health services where delivering. Around 48 (Table.3) primary health centres are availing in the sivagangai district that covers several blocks among many rural areas and received information regarding imperfect sanitation that has been prevailing here. So, the data on satisfaction and

opinion in using health services may identify the real drawbacks being in this district. Public opinion in assessing services is the way of identifying quality of PHCs that possible to enhance moreover or rectify. Hence, public opinion has been observed from eight primary health centres being under selected two blocks of the district. People expressed their own observation regarding the quality services of Primary Health Centres.

Table:4. Public Opinion in Assessing Quality of PHCs

Problems in PHCs	PHCs among two blocks								Total
	Singampuneri				Thirupattur				
	Piranmalai	Mallakottai	Soorakudi.M	Yeriyur	Nerkuppai	Keelasevalpattai	Sevinipattai	Thirukoshtiyur	
Sanitary contamination	2 (10.0)	1 (5.0)	2 (10.0)	1 (5.0)	0 (0.0)	3 (15.0)	2 (10.0)	3 (15.0)	14 (8.75)
Lack of Medicinal Availability	1 (5.0)	0 (0.0)	1 (5.0)	2 (10.0)	1 (5.0)	1 (5.0)	1 (5.0)	2 (10.0)	9 (5.625)
Limited infrastructure facilities	1 (5.0)	3 (15.0)	0 (0.0)	2 (10.0)	3 (15.0)	2 (10.0)	0 (0.0)	2 (10.0)	13 (8.125)
Improper maintenance	2 (10.0)	3 (15.0)	2 (10.0)	1 (5.0)	0 (0.0)	1 (5.0)	2 (10.0)	3 (15.0)	14 (8.75)
Wrong Administrative Guidance	2 (10.0)	4 (20.0)	2 (10.0)	2 (10.0)	3 (15.0)	2 (10.0)	1 (5.0)	3 (15.0)	19 (11.875)
All of these	12 (60.0)	9 (45.0)	13 (65.0)	12 (60.0)	13 (65.0)	11 (55.0)	14 (70.0)	7 (35.0)	91 (56.875)
Total	20 (100.0)	20 (100.0)	20 (100.0)	20 (100.0)	20 (100.0)	20 (100.0)	20 (100.0)	20 (100.0)	160 (100.0)

Source: Primary data

Note: Figures in brackets are percentage to the total

Table:4. Reveals that problems of Primary Health Centre still exist that making patients to be not satisfied and the same that being herein without taken any rectifying steps for the aim of PHC enacted. Data from among 160 sample respondents that covered two blocks of the district is focuses that all the problems pointed are being among all primary health centres it

has been highly reported from 91(56.875 percent) respondents. 19 respondents are resulting that the administrator leading patients to approach their personal clinic for cost to recover. Primary Health Centres maintenance is still improper that reported by 14 respondents and another 14 respondents are says that very bad sanitary conditions are being there. 13

respondents are focuses about infrastructure facilities that given very limited for a group of public and very less nine respondents out of 160 says that there is lack of Medicinal facilities.

There are many health care services are providing by the state and central governments for the welfare of society in making free from prime diseases and infections. Announcing policies and programmes in association of health care and making people to be aware about forthcoming health problems are the major act of governments. Moreover, as an important

job that provides health care on Infant Immunization, Anti-epidemic, Birth Control and Pregnancy Care may be an emphasised services that should be done by the primary health centre although, public opinion only can exposed the real report about these services whether it is apt for prolong or really is it making satisfaction among public?. Taste and the level of satisfaction will be differed based on several internal factors of patients. Hence, knowing the quality of health care services by collecting opinion from the respondents surly will make strong health care services should be provided in future.

Table:5. Public Opinion in Utilizing PHCs Programmes

PHCs among two blocks		PHCs Service and Public Opinion								Total
		Infant Immunization		Anti-epidemic		Birth Control		Pregnancy Care and Emergencies		
		Satisfied	Not Satisfied	Satisfied	Not Satisfied	Satisfied	Not Satisfied	Satisfied	Not Satisfied	
Singampuneri	Piranmalai	4 (20.0)	1 (5.0)	2 (10.0)	3 (15.0)	1 (5.0)	4 (20.0)	5 (25.0)	0 (0.0)	20 (100.0)
	Mallakottai	4 (20.0)	1 (5.0)	1 (5.0)	4 (20.0)	2 (10.0)	3 (15.0)	3 (15.0)	2 (10.0)	20 (100.0)
	Soorakudi.M	5 (25.0)	0 (0.0)	2 (10.0)	3 (15.0)	1 (5.0)	4 (20.0)	5 (25.0)	0 (0.0)	20 (100.0)
	Yeriyur	4 (20.0)	1 (5.0)	2 (10.0)	3 (15.0)	3 (15.0)	2 (10.0)	5 (25.0)	0 (0.0)	20 (100.0)
Thiruppatur	Nerkuppai	4 (20.0)	1 (5.0)	1 (5.0)	4 (20.0)	1 (5.0)	4 (20.0)	4 (20.0)	1 (5.0)	20 (100.0)
	Keelasevalpattai	5 (25.0)	0 (0.0)	3 (15.0)	2 (10.0)	2 (10.0)	3 (15.0)	3 (15.0)	2 (10.0)	20 (100.0)
	Sevinipattai	4 (20.0)	1 (5.0)	2 (10.0)	3 (15.0)	1 (5.0)	4 (20.0)	4 (20.0)	1 (5.0)	20 (100.0)
	Thirukoshtiyur	5 (25.0)	0 (0.0)	1 (5.0)	4 (20.0)	2 (10.0)	3 (15.0)	5 (25.0)	0 (0.0)	20 (100.0)
Total		35 (21.875)	5 (3.125)	14 (8.75)	26 (16.25)	13 (8.125)	27 (16.875)	34 (21.25)	6 (3.75)	160 (100.0)

Source: Primary data

Note: Figures in brackets are percentage to the total

Table:5 says public opinion on satisfaction of Primary Health Centre services which is given as prime job for makes the societies free from diseases. Opinion on these services surly identify the status of Primary Health Centre that how is serving for the welfare of Public and will be offered plans to how it should be for further. 35 respondents are satisfied about infant immunisation, 34 respondents are fulfilled about pregnancy

care and 14, 13 respondents are satisfied about anti-epidemic and birth control services. Moreover, highly 27 respondents are not satisfied about birth control programmes and 26 of them are not liked anti-epidemic programmes. Very less five and six respondents out of 160 are not fulfilled about infant immunisation and pregnancy care services.

Table:6. Public Satisfaction in PHCs Services

PHCs Services	Opinion Categories		
	Satisfied	Not Satisfied	Total
Infant Immunization	35 (21.875)	5 (3.125)	40 (100.0)
Anti-epidemic	14 (8.75)	26 (16.25)	40 (100.0)
Birth Control	13 (8.125)	27 (16.875)	40 (100.0)
Pregnancy Care and Emergencies	34 (21.25)	6 (3.75)	40 (100.0)
Total	96 (60.0)	64 (40.0)	160 (100.0)

Source: Derived from Table:5

Table:6 focuses the agrigate public opinion on various services of Primary Health Care. Out of 160 respondents 96 (60 percent) of them have been approved that providing services are made us satisfaction. And 40 percent which mean 64 respondents are resulted about offering primary health care services are not fulfils due to various internal and external factors in association of health related ministry.

DISCUSSION OF THE RESULTS

Selected problems should not conclude without discussion which can lead towards effective solution and to identify the factors being behind for this problem. Hence, the part of result discussion role is significantly need to bring in research work. As an opinion survey taken to this study for focuses the quality of Primary Health Centre services to the needy of people has been emphasised and brought out to the discussion for ensure

the empowered solution to attain the targeted boundary in the matter of health. Sanitary contamination, Lack of Medicinal Availability, Limited infrastructure facilities, Improper maintenance, Wrong Administrative Guidance are the major problems that brought out in this study as variables by accessing public on their experience of PHC approaches. Public complaints about the PHC are, drinking water, toilets and other basic facilities are being there in lack of good sanitation. During emergency for child and elders, demanded medicines are not availing in PHCs. PHCs is built on the basis of prescribed number of population it may expected about 25000-30000 people So, availability of 4-6 beds are not sufficient and such other infrastructure facilities also there with lack like scanning. Maintenance of hospital related infrastructures also not good which mean things they are using for the purpose is mostly already used by other patients it served without wash and other maintenance. And also administrator guiding the

patents after given them limited services for free of cost in PHC and directed them to approach their own clinical offices for pay and benefited. Such service orientated problems are still prevailing among most of PHCs so out of 160 respondents, 91 of them resulted that these all problems are there. Table.5 says the satisfaction of Public on PHCs Services. As a services of Primary Health Centre doing Infant Immunization, Anti-epidemic, Birth Control and Pregnancy Care and Emergencies. Public reports that the infant immunisation is positive impact to the societies because it reduced the problems related to Childs. Anti-epidemic programme also get welcome among public due to sufficient target attained in reduction of health affection. Birth Control also a service of PHCs that possible to reduce over population it also created huge impact to the societies but some of drawbacks are domestically debates. Pregnancy Care and Emergencies is making satisfaction among public and certified that well treatment giving us untill the birth of child. Moreover, while we come to talk about satisfaction of Public on PHCs Services, highly 35 respondents are satisfied about infant immunisation and five of resulted that not satisfied because of lack of Medicinal availability to child. 34 respondents are satisfied about pregnancy care and emergency and six of them are not satisfied because, people reports that untill the birth services of PHCs is good but next of child birth the primary health care does not caring about both mother and child and they directed them to approach hospitals for further requirements. Thus, table.6 reveals the overall satisfaction of Public on PHCs is around 96 (60 percent) respondents are satisfied about and 64 (40 percent) of them are not satisfied about PHCs Services.

CONCLUSION

Health care system is very important to all even to developed countries. Health is wealth of human beings to survive untill their life span reached. A systematic treatment during illness of human will make the sufficient human

REFERENCES

- [1] Marcos Cueto, 2004, 'The ORIGINS of Primary Health Care and SELECTIVE Primary Health Care', American Journal of Public Health, American Public Health Association, Vol 94, No 11, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448553/>.
 - [2] Socrates Litsios, 2015, 'Chapter1 On the Origin of Primary Health Care', NCBI Bookshelf, <https://www.ncbi.nlm.nih.gov/books/NBK316278/>.
 - [3] 'The Importance and Benefits of Primary Health Care', Complete Care Community Health Centre, <https://ccchclinic.com/low-income-clinics/importance-benefits-primary-health-care/>.
 - [4] Sivagangai District, Tamil selvi, <http://www.tamilselvi.com/sivagangai-district.html>.
 - [5] Census 2011, <https://www.census2011.co.in/data/district/44-sivaganga-tamil-nadu.html>.
 - [6] <https://en.m.wikipedia.org/wiki/Sivaganga>.
 - [7] Villages & Towns in Tirupathur Taluka of Sivaganga, Tamil Nadu - Census 2011, [www.census2011.co.in > data > subdistrict](http://www.census2011.co.in/data/subdistrict)
 - [8] Primary Care, 2014, 'Basic Health Care Services', <http://bhs.org.in/why-is-primary-health-care-the-best-approach-for-future-of-health-care-in-india/>.
 - [9] Pradip Awate, 'Primary Health Care System in India-Structure and Services', <https://www.slideshare.net/mobile/pradipawate7/primary-health-care-in-india>.
 - [10] Preyas Joshi, 'Dental Manpower Planning in India', <https://www.slideshare.net/mobile/preyasjoshi3/dental-manpower-planning-in-india>.
 - [11] National Informatics Centre (NIC), Ministry of Electronics & Information Technology, Government of India, <https://visualize.data.gov.in/?inst=50965091-f7ec-47d0-ad27-bd0a978d570c&vid=2263#>.
 - [12] Rachna Singh, 2013, 'Health facilities at primary health centers very poor: Report', https://www.google.co.in/amp/s/m.timesofindia.com/city/jaipur/Health-facilities-at-primary-health-centers-very-poor-Report/amp_articles/18786117.cms.
 - [13] List of PHCs in Sivagangai, <http://www.tnmoa.com/tnmoa/phclist.php?hud=sivagangai>.
- Sourodipto Sanyal, 'Watch: The Reality Of India's Primary Healthcare Centres No One Told You About', <https://www.google.co.in/amp/s/www.youthkiawaaz.com/2017/05/primary-health-centres-india/amp/>.

resources for various economic productive purposes. An introduction of Primary Health Centre to the societies is a great contribution of government that caring the health of Public without any profit motive. Hence, this study constructed the very importance of health services that need to all human being at affordable places and role of the centres to the enhancements of rural health also informed. Moreover, public opinion on PHCs and satisfaction of the services also brought out as a primary data collected from the study area. Overall study result focuses that primary health centre services need to be enriched for the welfare of societies to attain targeted boundary in relation to health.

SUGGESTIONS

Possible solutions are always welcomes among policy makers to enact affective programmes for the welfare of societies in the matter of health. Because, an effective recommendations will identify the availability and required sources for the welfare programs. Hence, this research work also bringing out some suggestions for rectify the problems being among primary health centre which still making not satisfaction among public.

- ✓ Government needs to emphasis the good sanitation services.
- ✓ Medicinal facilities should be improved for all during their unhealthy
- ✓ Prescribed infrastructure facilities need to increase.
- ✓ To provide good health services, availability of Medicinal related infrastructures should be maintained clean.
- ✓ Government should take necessary steps to prohibit wrong Guidance of PHCs staff members.
- ✓ Health care system need to extend even after the birth of child also.