

# Female Patient’s Awareness towards Public Health Centers -With special reference to Pollachi Taluk

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## ARTICLE DETAILS

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## ABSTRACT

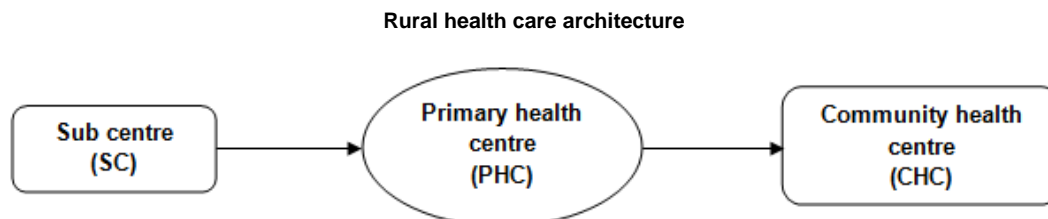
Health is a basic peripheral of human development as well as the society development. Health and socio economic development are inseparable. Primary health care is an important health care system which means scientifically and practically as well as socially acceptable method. The objective of the study is To identify the awareness level among the female patients about PHC. Simple percentage and Chi square test has been applied to analyse the data. Findings of the studies are: Majority of the respondents 94.5% (136) is belongs to village area. Majority 72.6% (106) of the respondents are lying under the age group of eighteen years to thirty years. Majority 45.2% (66) comes under primary class qualification.

Most 90.4% (132) of the respondents are married.

## 1. Introduction

Health is a basic peripheral of human development as well as the society development. Health and socio economic development are inseparable. Primary health care is an important health care system which means scientifically and practically as well as socially acceptable method. Especially in rural areas PHC’s plays an important role for improving rural community’s health. Government of India provides health care

services through public health centers in remote areas with the focus on developing and establishing a fully functional community owned regionalizes health delivery system. It places a middle role between sub and community centers. PHC’s are controlled by state government not by the central government. In rural areas the health care system has been developed in three tier architecture. (i.e. SC, PHC and CHC).



## 2. Statement of the problem

Now a day’s most of the patients are not having awareness about PHC’s. To create awareness among female patients in pollachi taluk. The following question has been raised in the mind of the researcher is as follows;

- How far the patients are aware about PHC?

## 3. Objectives of the study

The following objective has been framed by the researcher is as follows;

- To identify the awareness level among the female patients about PHC.

## 4. Methodology

The following methodology has been adopted in the study is explain under various heads like Data, Sampling and framework of analysis in the below paragraph

### 4.1 Sources Of Data

The present study is based on both primary and secondary data. The primary data has been collected through interview schedule with the help of questionnaire. The secondary data was collected through different sources like Books, articles, journals, magazines and news papers.

### 4.2 Size Of The Sample

Sample size indicates the number of respondents was selected for the study. Totally there are 150 questionnaire has been issued .But only 146 were answered in all the aspects.

### 4.3 Area of the study

The study is conducted in pollachi taluk.

### 4.4 Frame Work Analysis

The following statistical tools were employed to analyses the data are as follows;

1. Simple percentage method has been adopted for this study. To know the socio economic status of PHC patients.

- 2. Chi-square test used to analysis the significant relationship between one factors over the other factor.

- The study is covered only in pollachi taluk.
- The study conducted limited period (10 months) only.
- The sample is limited to 150 respondents only.

**4.5 Software Used For The Study**

The following software used for analysis the data.

**SPSS 13.0 for Windows**

Statistical package for Social Studies

SPSS 13,0 for windows package was used to perform frequency test ,chi-square test and weighted average test.

**5. Significance of the study**

The present study examines that the female patient awareness level of PHC. The result of the study may be helps to motivating the people for using PHC services and to create awareness of PHC services among the females in pollachi taluk.

**6. Limitation of the study**

The limitations of the study are as follows;

**7. Review of literature**

**BM.ABDELRAHMAN, A.AWAHID SAEED (2000)** in their study entitled that *“patients satisfaction with physician’s services in primary health centre’s in Kuwait.”* It found that 84% of respondents are satisfied with the primary health center physician care like waiting time, consultation time, explained about illness etc..,

**H.CHANDWANI, P.SIVARANJANI (2008)** in their study entitled that *“community perception and client satisfaction about the primary health care services in a tribal setting of Gujarat in India.”* It resulted that 82% were aware of the availability of primary health care centers.

**8. Socio economic profile**

**TABLE 1.1  
PERSONAL PROFILE**

PERSONAL PROFILE	NO OF RESPONDENT	PERCENTAGE
<b>Age</b>		
18 -30 years	106	72.6
31-45 years	21	14.4
46 - 60 years	15	10.3
Above 60 years	04	2.7
<b>Area</b>		
Village	137	93.8
Town	09	6.2
<b>Qualification</b>		
No formal education	17	11.6
Primary class	66	45.2
Secondary class	47	32.2
Higher secondary class	16	11.0
<b>Marital status</b>		
Single	14	9.6
Married	132	90.4
<b>Size of the family</b>		
Up to two members	41	28.1
Three to five members	73	50.0
Above five members	32	21.9
<b>Type of the family</b>		
Joint family	67	45.9
Nuclear family	79	54.1
<b>Occupation</b>		
Employed in government sector	4	2.7
Employed in private sector	26	18.4
Self employed	33	22.6
Home maker	53	36.3
<b>Monthly income of a family</b>		
Up to RS10000	32	21.9
RS 10001 – RS20000	40	27.4
RS 20001 – RS 25000	58	39.7
Above RS 25000	16	11.0

**9. Findings of the study**

In this parts presents the findings of the socio-economic profile of the respondents and the results are as follows.

- Majority of the respondents 94.5% (136) is belongs to village area.

- Majority 72.6% (106) of the respondents are lying under the age group of eighteen years to thirty years.
- Majority 45.2% (66) comes under primary class qualification.
- Most 90.4% (132) of the respondents are married.

- Majority comes under 50% (73) three to five members in a family.
- Majority 54.1% (79) of respondents are comes under nuclear family.
- Majority 36.3% (53) of the respondents are home makers.

Majority 39.7% (58) of the family’s monthly income is twenty thousand and one rupees to twenty five thousand rupees.

**10. Chi-Square Test Result**

HYPOTHESIS	RESULT	SUMMARY OF RESULT
There is no significant relationship between age and level of awareness about PHC	REJECTED	There is a significant relationship between age and level of awareness about PHC
There is no significant relationship between the occupation and level of awareness about PHC	REJECTED	There is a significant relationship between the occupation and level of awareness about PHC
There is no significant relationship between the marital status and level of awareness about PHC.	ACCEPTED	There is no significant relationship between the marital status and level of awareness about PHC.
There is no significant relationship between the size of the family and level of awareness about PHC.	REJECTED	There is a significant relationship between the size of the family and level of awareness about PHC.
There is no significant relationship between the type of the family and level of awareness about PHC.	REJECTED	There is a significant relationship between the type of the family and level of awareness about PHC.
There is no significant relationship between the monthly income of a family and level of awareness about PHC.	REJECTED	There is a significant relationship between the monthly income of a family and level of awareness about PHC.

**11. Suggestions of the study**

Based on the study conducted, the following are the various suggestions regarding public health center.

- Public health center need to improve the suitable buildings based on the patient illness.
- The government may appoint specialty doctor for all PHC streams.
- PHC has to provide health education for rural community.
- Each public health centre need to extend the lab facilities like scan center, blood test, urine test etc.,

**12. Conclusion**

Primary health care center plays a vital role in rural community .There are variety of private health care industry provide primary health care services to public. Instead of this government of india provides public health care services through PHC’s. It provides variety of services like free delivery care, new born baby care, free ambulance, maternity benefit fund etc., and rural community females are well aware about the PHC services. PHC users are rapidly increased because government of india provides maternity benefit fund and child care funds etc., So, all the public make use of this public health centers and get more benefits without spending any cost.

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