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RESEARCH ARTICLE

PRIMARY HEALTH CENTRES AND PATIENTS SATISFACTION LEVEL IN HARIPAD COMMUNITY DEVELOPMENT BLOCK OF KERALA, INDIA

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ABSTRACT

The main objectives of the present study were to show the spatial distribution of Primary Health Centres in the Haripad Block of Kerala and to investigate the patients' perception regarding the services provided by the Primary Health Centres. Spatial distribution of Primary Health Centres was shown with the help of GIS mapping. Out of eight Primary Health Centres of the Block, five of them were selected by lottery method of simple random sampling for the present study. A pre designed schedule was used for the generation of primary data. The collected information was compiled, tabulated and analysed by using standard statistical methods. The main factors affecting the utilization of primary health care services in Haripad Block were easy accessibility, availability of medicine etc. The major problems of all sampled Primary Health Centres were the less number of doctors, absence of doctors from services, the lack of sanitary facilities and other infrastructure such as inpatients room, lab, bed etc.

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INTRODUCTION

Primary health care is a multitude of services rendered to individuals, families and communities as a whole especially in rural areas. Primary health care includes Adequacy, Availability, Accessibility, Affordability and Facility. It includes various curative and rehabilitative services provided by the Government (Park, 2009). The primary health care services cover a wider range of activities such as medical care, immunization, counselling health awareness education, sanitation, infrastructural facilities, social security and rehabilitation etc. The availability of such services is a must for attaining the goal 'Health for All', and is very much important in the field of primary health care. The concept of Primary Health Centre (PHC) is not new to India. The first all-round Community Development Programme was launched in the country on October1952. It was then proposed to establish one Primary Health Centre (PHC) for each Community Development Block (Lal, 2001). Subsequently, over the last many years the health services organization and infrastructure have undergone extensive changes and expansion in stages following the recommendation made by a number of expert committees (Shah *et al.,* 2010). The health planners in India have visualised the PHC and its Sub-Centres (SCs) as the proper infrastructure to provide health services to the rural population. India became signatory to the Alma Ata declaration of 1978 and committed to attaining the goal of `Health for All' by the year 2000 through Primary Health Care Services. Primary Health Care addresses the main health problems in the community, providing promotive, preventive, curative, supportive and rehabilitative services accordingly. Increasingly, these centres came under criticism, as they were not able to provide adequate health coverage; partly, because they were poorly staffed, not fully equipped and lacked basic amenities. Quality of services shows a variation between the patients and the provider (Rasheed *et al.,* 2012). Therefore it needs to be explored whether the quality of health care or the lack of quality can explain the utilization of government health care facilities. The main objectives of the present study are to show the spatial distribution of PHCs in the Haripad Community Development Block (after herein Haripad Block) of the Kerala state and to investigate the patients' perception regarding the services provided by the PHCs.

Stating the Problem

Kerala is considered one of the most developed states of India. During the last fifty years, the health infrastructure of the state has shown significant growth in terms of manpower, beds and institutions. In 1960, there were only about 1200 registered doctors under modern medicine; the number currently stands over 36,000. There doctor-population ratio is one doctor against 1250 people. Allied systems of health care contribute

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another large manpower pool, though their contribution to institutionalized care is only marginal. When PHC is considered, we see that the number of primary health centres has increased from 369 in 1960 to1356 in 2004. The provision of PHC facilities has far outstripped the increase in population, which rose only by a factor of two. A major development in Kerala's health sector is the domination of the private sector. Private hospitals dominate tertiary care sector, both in terms of manpower and interventional facilities. Even deliveries, which used to take place almost exclusively in government hospitals, are increasingly occurring in the private sector. The Directorate of Health Services neither influences health outcomes nor does it play an effective watchdog role. Health care has been turned into a commodity transaction and is increasingly dictated by monetary considerations. Doctors and hospitals of government sector are frequent targets of attack from the public and media. The momentum that was created in the sixties and ably sustained in the seventies and eighties in the last century has gone and now Kerala no longer stands first in certain indices of PHC (Soman, 2007). Keeping all these in mind an attempt has been made to address the important research question whether patients are satisfied by services provided to them.

MATERIALS AND METHODS

The study was mainly based on primary data. A detailed field work was carried out to find out the perception and satisfaction level of the respondents who were the patients of different PHCs. The field work was designed with the help of a suitable statistical method i.e. the simple random sampling. Out of the eight PHCs of Haripad Block, only five were selected following the lottery method. There were 125 respondents from all five PHCs considering 25 respondents from each PHC.

A pre designed schedule was used for the generation of primary data from each PHC considering the first 25 patients as respondents to know their perception regarding the services provided. When the numbers of patients interviewed were less than twenty five in the first day, the survey was continued further in the same PHC until the target had reached. The collected information was compiled, tabulated and analysed by using standard statistical methods. The base map of Haripad Block along with the Panchayat boundaries was collected from Information Kerala Mission, Trivandrum. The layer of rail and road transport network was over laid with the Panchayat of Haripad Block and then layout of the study area was prepared. The GPS readings of the PHCs were taken during the field visit for primary data collection. The map of spatial distribution of Primary Health Centres was prepared integrating with the transport network layer of the Block in a GIS environment.

Study Area

Haripad Block is located about 30km away from Alappuzha city on the south-western part of Alappuzha District and is connected by the NH-47 which runs between Kanyakumari and Salem. The geographical extend of the Block is from 9°14'N to 9°21'N latitudes and 76°24' E to 76°31' E longitudes (Fig.1). The Block has a total area of 114.39 sq.km with a total population of 1, 68,538 (Census of India, 2001). It is bordered by Pathanamthitta District, Chengannur Block and Mavelikara Block on the east and Champakulam, Ambalappuzha Panchayats on the north. The southern side is bordered by Muthukulam Block and on the western side by Arabian Sea. The Block is a part of Karthikapally Taluk of Alappuzha District and lies in the Onattukara and Kuttanadu regions of Kerala. This Block consists of 9 Gram Panchayats.

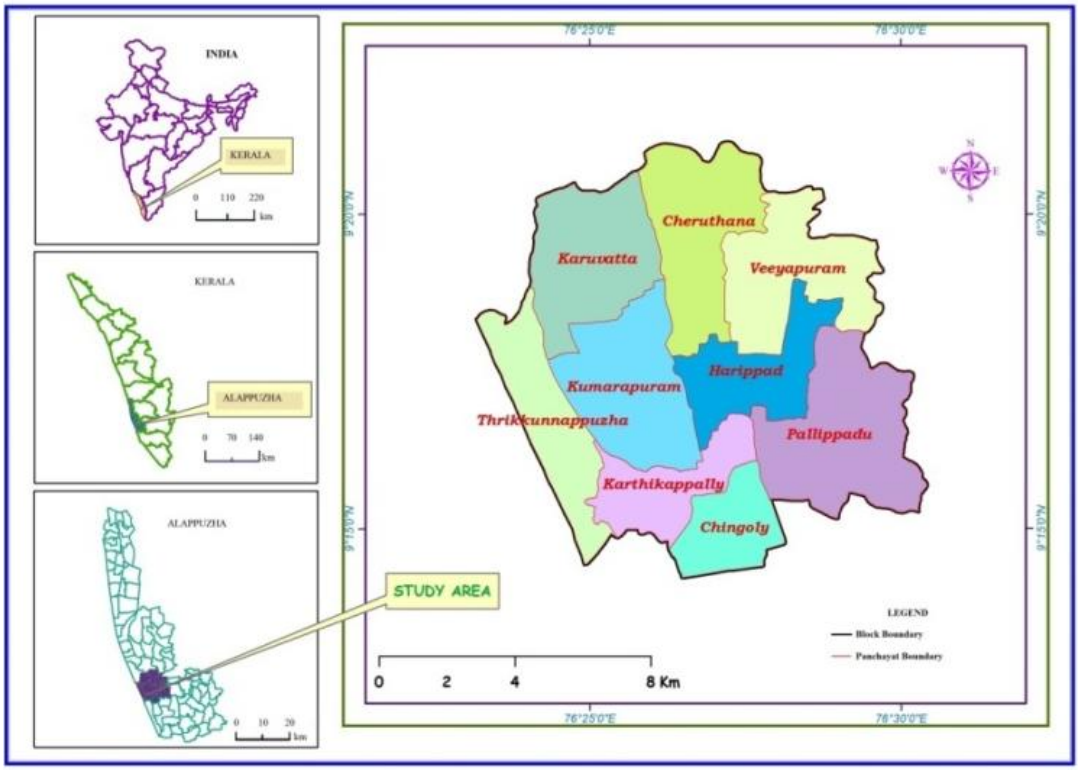

Figure 1. The location map of Haripad Block of Kerala

RESULTS AND DISCUSSION

Patients' Perception and Satisfaction Level on Services and Infrastructure

Medical Services

Medical services are meant for the people who avail these facilities. In the Haripad Block about 73% of the respondents are satisfied with the medical services in the PHCs. Remaining 27% of them were not satisfied with the medical services (Table-1).

Table 1. Satisfaction level in medical services

Level of Satisfaction	Respondents in percentage				
	Medical Services	Infrastructural Facilities	Sanitary Condition	Availability of Medicine	Behaviour of Staff
Satisfied	73	10	3	99	97
Unsatisfied	27	90	97	1	3

Infrastructural Facilities

It has been observed that all the sampled PHCs in the Haripad Block are in dearth of Infrastructures like, inpatient facilities, lab, injection room, bed and chairs for sitting. About 90% of the respondents are not satisfied with the infrastructures available in the PHCs and 10% of them are satisfied with these infrastructural facilities (Table-1).

Sanitary Condition within PHC Premises

All the sampled primary health centres in the Haripad Block do not have toilet facilities. The reflective result of this proves that 97% of the respondents were not satisfied with the sanitary conditions and only 3% of them were satisfied (Table-1).

Availability of Medicine

Most of the PHCs provide all types of medicines prescribed by doctors for the patients. It was found that 99% of the respondents were satisfied with the availability of medicines and only 1% of them were not satisfied (Table-1).

Behaviour of the Staff

Among the respondents, 97% of them were in good opinion about the behaviour of the staff and remaining 3% of respondents were unsatisfied regarding the behaviour of the staff (Table-1).

Waiting Time for Consultation with the Doctor

The time taken to consult with the Doctor is an important part in the functioning of a health Centre. Most of the people wait for a long time to consult with the doctor because of the less number of doctors in the PHCs. About 48% of the respondents stated that they had to wait for less than 15 minutes to consult with the doctor and 33% of them stated that they took 15-30 minutes to consult with the doctor. On the other hand, 10% of them took 30 minutes to 1hr and 9% of the respondents took more than 1 hour to meet the doctor (Table-2).

Table 2. Respondents view on waiting time for consulting a doctor

Waiting Time in minutes	Respondents in percentage
<15	48
15-30	33
30-60	10
>60	9

Doctors Man Power

About 49% of the respondents stated that the doctor man power was adequate and 40% stated that the doctor man power was inadequate. 6% of them stated that doctor man power was highly inadequate and the remaining 5% opined that doctor's man power was more than adequate (Table-3).

Paramedical Staff

About 66% of the respondents stated that the paramedical staffs were adequate and 18% stated that paramedical staffs were inadequate. 10% of them stated that the paramedical staffs were more than adequate and 6% stated that they were highly inadequate (Table-3).

Table 3. Availability of doctors' man power and paramedical staff

Level of Availability	Respondents in percentage	
	Doctors' Manpower	Paramedical Staff
More Than Adequate	5	10
Adequate	49	66
Inadequate	40	18
Highly Inadequate	6	6

Patients Satisfaction Level on Treatment and Recovery

Patients Comments on Treatment

About 61% of the respondents were completely recovered while, 26% of the respondents were somewhat recovered after treatment.

Table 4. Level of Recovery after Treatment

Level of Recovery	Respondents in percentage
Completely Recovered	61
Some WhatRecovered	26
Not at allRecovered	13

But, 13% of respondents have not at all recovered by the treatment they were provided in the PHCs. Most of the respondents were in opinion that they were completely recovered from the illness which indicates the positive sign of the treatment in PHCs (Table-4).

Table 6. Level of Satisfaction on Treatment

Treatment	Respondents in percentage
Excellent	24
Highly Satisfactory	20
Satisfactory	50
Not satisfactory	6

Patients Overall Satisfaction Level on Treatment

Regarding the perception on treatment, about 50% of respondent stated that it was satisfactory and 24% of them stated that the treatment was excellent where, 20% of them stated that the treatment in the sampled PHCs of Haripad Block were highly satisfactory. The remaining 6% stated that the treatment was not satisfactory.

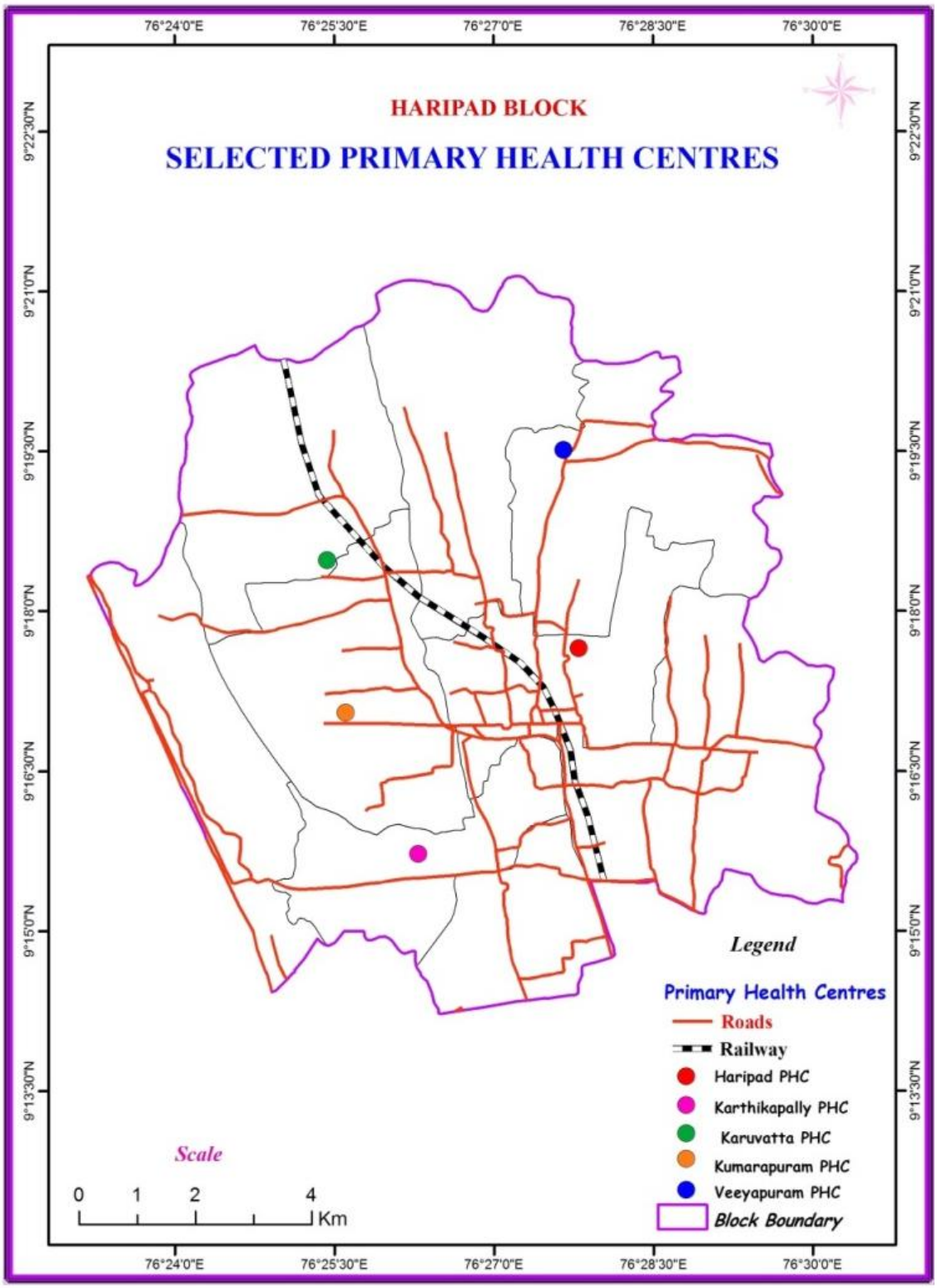

Figure 2. The distribution of selected PHCs in Haripad Block of Kerala

Conclusion

The GIS mapping method demonstrated in this study is a practical and feasible method for showing the distribution of primary health centres. The map indicates that the distribution of primary health centres in Haripad Block (Fig.-2) is almost uniform. All the sampled PHCs in this Block are located in the accessible areas where the patients can avail at least one mode of transportation i.e. road transport. We found that most of the patients were satisfied regarding the medical services, behaviour of staff and the availability of medicine. But in case of infrastructure and sanitary condition of PHCs more than 90% of respondents were unsatisfied. Regarding the doctors manpower, 54% of the respondents opined that doctors were more than adequate or adequate, but 46% of them were in view that the doctors were inadequate or highly inadequate.

Paramedical staffs in each PHC were adequate enough. The treatment getting by the patients was effective as most of them are completely recovered after the treatment. In terms of overall satisfaction level regarding the treatment in the PHCs 50% of the respondents was satisfied while 24% considered that the treatment was excellent. The main factors affecting the utilization of primary health care services in Haripad Block were easy accessibility, availability of medicine; less waiting time to consult with the doctor etc. The major problems of all sampled PHCs were the less number of doctors, absence of doctors from services, the lack of sanitary and other infrastructure facilities. It is expected that the solution of all those shortcomings in the PHCs will be helpful for the patients and therefore improvement in the satisfaction level.

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