



**UTILIZATION OF PRIMARY HEALTH CARE SERVICES
DELIVERED THROUGH PRIMARY HEALTH CENTRE AMONG
COMMUNITY PEOPLE**

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ABSTRACT

Background: With 30,813 primary health centers (PHCs) and 157,921 sub-centers, India has a considerable public health infrastructure that serves the country's 72.2% rural population. A primary health care service is an approach to health that considers the community as a whole and aims to maintain the highest degree of health and wellbeing. **Aim:** The goal of the study was to evaluate and identify any relationships between the use of primary healthcare services and particular demographic factors. **Methods:** 384 people were recruited, and the households were chosen using a stratified random sample technique. A self-structured checklist was used to evaluate how often community members used basic healthcare services. **Results:** One-fifth of the studied population did not use primary health care services at the PHC level, according to the study. **Conclusion:** The study shed light on the shortcomings of some of the primary health center's services as well as the barriers that locals may have in accessing these services. These services might be expanded with the aid of improved healthcare facilities. Also, it provides insight into the route towards increasing consumption of primary health care services.

**Key words: Utilization, Primary health centre, Primary health care service, Rural areas,
Community people**

INTRODUCTION

Health is central to human well-being and development. It also makes an important contribution to economic progress, as healthy population live longer and are more productive [1]. Health has impact on development and poverty reduction, and conversely, development policies can contribute to the achievement of health goals. Therefore, health must be prioritized in particular, to achieve social and economic development [1, 2].

Equity of health care services, along with inter-sectoral co-ordination, community participation, appropriate technology and focus on prevention has been depicted as the principles and pillars of primary health care services [3].

In India, the provision of primary health care is a basic service designed to be cost effective and bring healthcare as close as possible to the inhabitants, particularly to those public of low financial status [3]. It is a service which is provided free of charge by the Indian government and as part of the millennium health goals, it is deliberated that the service should be easy to get to the common people and be effectively utilized [2].

Primary Health Care is defined as “Essential health care made universally accessible to individuals and families in the community by means acceptable to them,

through their full participation, and at a cost that community and country can afford” has been suggested as a set of health services that can conformed the challenges of a dynamic world [1]. This was meant to aid in bridging the gap of existing inequality in health status among different people of various socioeconomic backgrounds in developed and developing countries of the world [3].

The three-tier system comprises the primary health care level managed by the Indian government, which is the first point of access to health care for individuals and communities. Primary Health Care (PHC) is considered to be one of the key strategies for achieving Universal Health Coverage (UHC) [3]. However, in low- and middle-income countries (LMICs), PHC services tend to be underutilized [4]. Primary Health Care is the first level of connection between the individuals, the family and the community with the community health system, which brings health care as close as accessible to the common people where they live and work [4, 5]. In India, the PHCs play the key role in delivering health care to rural people [6, 7]. The PHCs are assumed to provide preventive, promotive and curative health care to the public [8].

In most developing countries such as India, utilization of basic health services has

remained poor even though there has been increasing public and private expenditure on the provision of advanced health care [8, 9]. A mixture of research studies have been done to evaluate the utilization of the public and private sector health services. The utilization rates in public health services systems ranges from 10- 30% [9, 10].

The Primary Health Centres (PHCs) play the central role in delivering health care to rural India [10], with no exception. Apart from mere delivery of direct services to individuals visiting the centre, the PHCs provide health education, nutrition promotion, immunization, mother child and family welfare services, and information on basic sanitation [10, 11].

The slanted rural and urban accessibility of public health services is well known that which are 70% of the hospitals and 85% of hospital beds under the public domain are located in urban metropolitan areas while 70% of the population lives in the rural and backward areas of the country [7]. In streak with National Health Policy, major thrusts of successive Government health plans have been provided to improve medical care in the rural sector. Despite having several studies in the past with respect to utilization of health especially in rural areas, the ground situation is highly specific. The local needs and demands for basic health care services vary from place to place [7, 12].

People in India either choose higher level of Government facilities for primary health care needs or attend a private provider, both situations are not good for a well- functioning health system [12, 13]. The challenge of weak PHC in India are increasingly being recognized and acknowledged. The national health policy 2017 of India proposed to strengthen PHC systems, invest two-third or more government funding for health to 2.5% of gross domestic product by 2015, against 1.18% in 2015-16. Following on the NHP 2017, the government in India announced Ayushman Bharat program in February 2018 with two components such as firstly Health and Wellness centres to strengthen & deliver comprehensive primary health care services for entire population and secondly Pradhan Mantri Jan Arogya Yojana for secondary and tertiary level hospitalization services for bottom 40% of families in India [14-16].

The extent of the utilization of the primary health care services through Primary Health Centre, which may not be most favourable, and the factors impeding the utilization of health care services will have to be looked into.

MATERIAL AND METHODS

A cross-sectional, descriptive survey study design was employed in which self-structured checklist was used to assess

utilization primary health care services. The informed consent was taken from each subject after explaining the objectives of the study. A person residing for at least one year in the area was considered as a resident and included in the study. The subjects whose native place was other than present place of residence but the duration of stay was more than one year were also included in the study. Those subjects living in the area for less than one year were not included in the study. A predesigned interview schedule and self-structured checklist was used to obtain information on socio-demographic characteristics, awareness and utilization of Primary Health Care services. The self-structured checklist was pretested and necessary modifications were made in the self-structured checklist to overcome the difficulties encountered during pretesting.

The households were selected using stratified random sampling method. The stratification was done on the basis of distance of the villages from the PHC less than 2 kms (nearby), 2-5 kms (in between) and >5 kms (far away). A list of villages was prepared under the identified areas falling in these three groups and two villages from each group were selected randomly. Thus a total of 6 villages were included in this study. The sample size was calculated on the basis of following formula:

$$n = \frac{(SD)^2 \times p \times q}{(df)^2}$$

To estimate the sample size, researchers were considered to generalize the findings.

$$n = \frac{(SD)^2 \times p \times q}{(df)^2}$$

$$P = 0.48$$

$$q = 1 - p$$

$$q = 1 - 0.48$$

$$q = 0.52$$

$$n = \frac{(1.96)^2 \times 0.48 \times 0.52}{(0.05)^2}$$

$$n = \frac{3.8416 \times 0.2496}{0.0025}$$

$$n = \frac{0.95886336}{0.0025}$$

$$n = 383.54$$

$$n = 384$$

The interview was taken with the head of the household, and if head of the family was not available, next to him/her person in the family was interviewed and administered self-structured checklist. Each participant's was explained about the purpose of the study prior to administration of tool. The confidentiality was assured. Interview was switched on with general discussion to gain confidence and it gradually extended to the specific point. The data collected was entered in Microsoft Excel and checked for any discrepancy. The analysis was carried out by using SPSS 20.0 version.

RESULTS

A total of 384 subjects could be covered and interviewed about their awareness on existing of Primary Health Centre (PHC) and utilization of Primary Health Care services. All the (100%) subjects were

aware about the PHC in their area and utilization of its services was found to be 79.7%. and 20.3% of the subjects were not utilizing primary health care services. Mean and standard deviation values are 27.11 and 5.394 respectively (**Table 1**).

Table 2 shows that the reasons for utilization of primary health care services by inhabitants from PHC. The main reason for the utilization of primary health care services delivered through Primary Health Centre (PHC) among inhabitants was free treatment (20.8%), availability of drugs (21.9%), near to the place of residence (17.7), availability of 24X7 delivery services (15.9%) and good health care services (12.5) among inhabitants.

The main reason for non-utilization of primary health care services by inhabitants

were unsuitable working hours (13%), long waiting hours among (12.5%), poor supply of drugs (12.0%) and others (**Table 3**).

The χ^2 values was less than the table value in terms of as age in years, gender, employment status, monthly family income, type of family, frequent use of PHC, PHC services utilized in month, Reason for utilization of PHC services, Reason for not utilization of PHC services, services provided at PHC. Hence the research hypothesis H_1 stated that there is a statistically significant association between utilization of primary health care services and selected demographic variables is **rejected** except in terms of educational status and how you know about PHC (**Table 4**).

Table 1: Utilization of primary health care services among community people (n=384)

Sr. No.	Scores	Interpretation	Frequency	Percentage	Mean	Standard deviation
1.	1-20	Not utilizing	78	20.3%	27.11	5.394
2.	21-40	Utilizing	306	79.7%		

Table 2: Frequency and percentage distribution of demographic variables of the subjects (n=384)

Sr. No	Demographic Variables		Frequency	Percentage
1.	Age in years	a. 18-28	104	27.1%
		b. 29-38	168	43.8%
		c. 39-48	98	25.5%
		d. 49-58	10	2.6%
		e. 59 and above	4	1%
2.	Gender	a. Male	258	67.2%
		b. Female	126	32.8%
3.	Educational Status	a. No formal education	105	27.3%
		b. Primary education	123	32%
		c. Secondary education	80	20.8%
		d. Higher Secondary education	48	12.5%
		e. Graduate	24	6.3%
		f. Post graduate	4	1.04%
		g. Any other	0	0
4.		a. Home maker	80	20.8%

	Occupational status	b. Private employee	89	23.2%
		c. Govt. Employee	40	10.4%
		d. Others	175	45.6%
5.		Family monthly income in rupees	a. Below 5,000	20
	b. 5,000-10,000		145	37.8%
	c. 10,000-15,000		183	47.7%
	d. 15000-20,000		35	9.1%
	e. More than 20,000		1	0.3%
6.	Religion	a. Hindu	384	100%
		b. Muslim	0	0%
		c. Christian	0	0%
7.	Type of Family	a. Nuclear family	43	11.9%
		b. Joint family	338	88%
8.	Have you aware about PHC	a. Yes	384	100%
		b. No	0	0%
9.	Reason for Utilization	a. Easy approach	26	6.8
		b. Free treatment	109	28.4
		c. Qualified health personnel	24	6.3
		d. Availability of drugs	84	21.9
		e. Good health services	48	12.5
		f. Provided health services meet my health needs	18	4.7
		g. Near to the place of residence	68	17.7

Table 3: Frequency and percentage distribution of demographic variables of the subjects (n=384)

Sr. No	Demographic Variables		Frequency	Percentage
10.	Reason for non-utilization	a. Long waiting hour	48	12.5%
		b. Poor supply of drugs	46	12.0%
		c. Unaware of services	38	9.9%
		d. Bad behavior of health personnel	38	9.9%
		e. Unsuitable working hours	50	13.0%
		f. Dissatisfactory Health services	42	10.9%
		g. Health Personnel in Hospitals are more qualified than PHC Health Personnel.	23	6.0%
		h. My Health condition does not require PHC services	27	7.0%
		i. Lack of knowledge regarding PHC existing.	42	10.9%

Table 4: Association between the utilization of Primary Health Care services and with selected demographic variables (n=384)

Sr. No.	Demographic variable	Utilization		Level of significance at 0.05 level
		Not utilizing	Utilizing	
1.	Educational status			$\chi^2 = 11.092$ df=5 S*
	No formal education	18	86	
	Primary education	19	105	
	Secondary education	17	63	
	Higher secondary education	16	32	
	Graduate	8	16	
2.	How you know about PHC			$\chi^2 = 10.252$ df=3 S*
	The community	6	59	
	Family/friends	8	53	
	Media (TV, radio)	21	59	
	Health personnel	43	135	

DISCUSSION

The health services utilization model developed by Anderson proposes three factors that can influence the utilization of a health service use [17]. They are:

- Predisposing factors: This includes the factors such as age, gender, religion, ethnicity, education, occupation, social capital, knowledge and prior experience about the illness and health service
- Enabling factors: This refers to factors such as availability of services, affordability, health insurance and social network support.
- Need factors: These factors refer to the perception of severity of illness, days lost due to illness, outside help for care.

Further modification in the above mentioned model has identified factors from the health systems such as policy guidelines, health resources, and organization of health system and health care delivery also influence the utilization of a particular model of health care [18].

In the present study, findings revealed that (44%), (67.2%), (27.3%), (45.6%) & (46.4%) were belongs to the age of 29-38 year, male, had primary education, in other occupation, knew about PHC through the healthcare personnel respectively. The

supportive study conducted by Mr. Adetola Osifeso *et al.* revealed that (70%), (63.3%), (57.2%), (75.5%) & (100%) were between the age group of 15 to 39 years, were female, had secondary education, knew about the PHC from other sources like religious institutions, schools and seminars [19]. The study supported by Rajpurohit AC, Srivastava AK, Srivastava VK revealed that awareness was lower among illiterates particularly among those living far from the PHC [6].

Lindstrand, *et al* [20] described that the possible determinant for choosing a specific healthcare provider may be the education level of the household. Education is considered as the most important determinant of health care after the economic status. The utilization of the health services helps to prove the importance of some socio-economic differences in health and in use of health care services. Poorer sections of the society made more use of the public healthcare facility than the economically well of sections of the society [21].

The findings of the study depict that (88%), & (48%) were from joint family, family monthly income of Rs. 10,000/- to Rs. 15,000/- per month. The supportive study conducted by Thunga Usha Rani the major finding revealed that there were (60%), (40%) were from nuclear family and family

monthly income of Rs. Rs. 3001-6000 per month [22].

The present study focused on the utilization of primary health care services by the rural community. All the (100%) subjects were aware about the PHC in their area and utilization of its services was found to be 79.7%. and 20.3% of the subjects were not utilizing primary health care services..The study supported by Rajpurohit AC, Srivastava AK, Srivastava VK revealed that the majority (76.2%) of the subjects were aware about the PHC in their area whereas its utilization was only 36.3% [6].

In this study also, there was association between demographic variables (in terms of educational status and how you know about PHC) with the utilization of PHC services. Analyzing the various reasons given by the respondents in choosing PHC helps to understand the driving force behind the choice of a particular health care. It is evident from the response that among the respondents, trust and distance are the major driving force.

CONCLUSION

The awareness about the Primary Health Centre is far above the ground; however, the utilization of its services is quite low among the inhabitants. The study spotlighted that weaknesses in some of the services which offered at the primary health centre and the factors which can hinder the residents from

patronize primary health care services. Improving the health facilities may help to increase these services. Further it provides insight into the direction towards increasing utilization of primary health care services.

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