CHAPTER V

A SUMMARY OF FINDINGS AND POLICY SUGGESTIONS

The present study— "A study on Women and Children Health Care Services By Primary Health Centres in Nagapattinam District" was taken up to with a view to analysing the functioning of the sample PHCs selected in respect of the health care of women and children. For this purpose secondary data were collected from the health records of the PHCs details relating to Health Improvement and Immunization Programmes for Children, Antenatal Care extent to women, Family Welfare Measures, Infant Births, Infant and Maternal Mortality and details of Crude Deaths. Primary data were also collected with the help of schedule methods from the beneficiaries of the same PHCs selected to elicit opinion about the quality of functioning of PHCs services.

Based on the data analyses and interpretations made on the comparative study of the health care activities of the PHCs of Sembanarkoil Block and Kuttalam Block during 1993 – 2002, in the concluding chapter, the study has brought to light 1) the major findings of the study related to the functioning of PHCs in the two Blocks 2) findings related to impact study on working of PHCs from beneficiaries point of view 3) findings related to infrastructural facilities available at PHCs, based on observations made 4) enlisted policy suggestions in the Light of the findings to raise levels of the working of the PHCs in respect of the subject matter discussed and 5) projections for further research.
V.1. Findings Related to the Functioning of PHCs

V.1.1. Infant Mortality

The aggregate of male infant deaths registered at PHCs of Sembanarkoil Block and Kuttalam Block during 0-7 days reportedly were 124 and 142.

The aggregate of female infant deaths found in the said two Blocks respectively were 125 and 98.

In regard to male infant deaths during 8-28 days, the total of the kind reckoned respectively at PHCs of Sembanarkoil Block and Kuttalam Block were 83 and 93.

The aggregate of female infant deaths (8-28 days) registered in the respective two Blocks was 79 and 74.

PHCs of Sembanarkoil and Kuttalam Blocks respectively had a total of male infant deaths (29-365 days) to the tune of 105 and 126 respectively.

The aggregate of female infant deaths (29-365 days) reported at PHC levels of Sembanarkoil and Kuttalam Blocks respectively was 168 and 114.

During the period of study PHCs of Sembanarkoil and Kuttalam Blocks showed the total (0-7, 8-28 and 29-365 days) male infant deaths to the tune of 275 and 283.

Similarly the aggregates of female infant deaths calculated for PHCs of both the Blocks were 233 and 286.
In respect of male infant deaths, PHCs of Sembanarkoil Block showed a negative deviation to the extent of 37 per cent while it was negative to the extent of 23.5 per cent at PHCs of Kuttalam Block.

In regard to female infant deaths registered at PHCs of Sembanarkoil Block and Kuttalam Block, there existed a negative deviation to the extent of 33.3 per cent in the former case and it was negative to the extent of 23.0 per cent in the latter case.

The details stated related to Infant mortality in the two Blocks during the period of the study brought to light the fact that the working of PHCs at Sembanarkoil Block seems to be better than Kuttalam Block.

V.1.2. Health Improvement Programmes

In terms of the percentage deviation worked out for the overall health improvement programmes which had taken place during the period in the study area, Sembanarkoil Block was in the forefront with an increase in terms of the distribution of (1) Vitamin A (solution) I Dose (102.5 per cent), (2) Vitamin A (solution) II Dose (81.1 per cent), (3) Vitamin Iron Tablets I Dose (5.8 per cent) and (4) Vitamin Iron Tablets II Dose (5.8 per cent) compared to the Kuttalam Block [ (1) Vitamin - A (solution) I Dose (9.6 per cent), (2) Vitamin A (solution) II Dose (9.2 per cent), (3) Vitamin Iron Tablets I Dose (6.4 per cent) and (4) Vitamin Iron Tablets II Dose (6.5 per cent)]. Against this in terms of provision of Vitamin Iron Tablet III Dose, Kuttalam Block was found at a favorable position (-40.7 per cent) compared to its counterpart (-38.3 per cent).
V.1.3. Immunization Programmes

The comparative performance is better for PHCs in Sembanarkoil Block in overall immunization programmes other than TT 10 years Dose II and TT 16 years Dose II meant for children which exhibited greater percentage deviations in respect of OPV (57.6 per cent), 0 Days BCG (28.7 per cent), 45 Days DPT – Dose I (25.8 per cent), 75 Days DPT Dose II (33.8 per cent), 105 Days DPT Dose III (32.9 per cent) Measles 9 months (29.6 per cent) DT 5 years (23.8 per cent), TT 10 years Dose I (35.5 per cent) TT 16 years Dose I (81.6 per cent) in contrast to PHCs at Kuttalam Block [OPV (4.6 per cent) 0 Days BCG(4.6 per cent), 45 Days DPT Dose I (0.09 per cent), 75 Days DPT Dose II (0.4 per cent), 105 Days Dose III (-0.3 per cent) Measles 9 months (3.0 per cent) DT 5 years (5.1 per cent) TT 10 years Dose I (3.1 percent) TT 10 years Dose II (3.3 per cent), TT 16 years Dose I (7.0 per cent) TT 16 years Dose II (3.8 per cent)].

V.1.4. Infant Births (Institutional)

In terms of percentage deviations worked out for domiciliary births, PHC areas of both Sembanarkoil and Kuttalam Blocks showed a negative deviation of 46.3 and 43.4 per cent respectively.

Based on the percentage deviations worked out in respect of normal births, PHCs of Sembanarkoil Block had an upper hand with 6.7 per cent increase, in contrast to the increase of 5.6 per cent in PHCs of Kuttalam Block.

Percentage deviations worked out regarding other institutional births and domiciliary (non-institutional) births revealed the truth that PHCs of Kuttalam Block lead in the forefront viz., caesarean: -10.1 per cent, viz., forceps: -4.8 per cent and, domiciliary: -43.4 per cent, in
contrast to PHCs of Sembanarkoil Block (caesarean: 7.1 per cent, forceps: -9.2 per cent and, domiciliary: 46.3 per cent). It is understood that the functioning of PHCs at Sembanarkoil Block was comparatively weak and unsatisfactory.

The ratio worked out between institutional births and domiciliary in respect of PHCs, Sembanarkoil Block and PHCs, Kuttalam Block respectively were 1:0.085 and 1:0.11

V.1.5. Maternal Deaths

The period of study in question shows a total and an average of antenatal maternal deaths to the tune of 24 and 2.4 at PHCs of Sembanarkoil Block. In contrast, PHCs of Kuttalam Block witnessed a total of 7 and an average of 0.7 maternal deaths during the same period.

PHCs of Kuttalam Block witnessed a total and an average of 6 and 0.6 postnatal maternal deaths in contrast to the same were 28 and 2.8 in respect of its counterpart.

Maternal death natal of type 2 each in PHCs of Sembanarkoil Block and PHCs of Kuttalam Block were found, with an average of 0.2 each in respect of the two Blocks concerned.

PHCs of Kuttalam Block stood in a more favourable position with 7 antenatal maternal death while it was 24 in Sembanarkoil Block. In postnatal maternal deaths, PHCs of Sembanarkoil Block were in an advantageous position with 6 maternal deaths whereas it was as high as 28 in PHCs of Kuttalam Block. In regard to natal maternal death both Blocks were sailing with equal strength of 2 each.
On the whole from the data collected in respect of a number of maternal death in the PHC areas of Sembanarkoil Block and Kuttalam Block, the result proved to be favouring Sembanarkoil Block with less number of maternal death namely 32 whereas PHC areas of Kuttalam Block registered the highest number of 37 maternal death during the period in question.

V.1.6. Antenatal Care

In terms of the percentage deviations worked out in respect of the PHCs of two Blocks, it is found out that PHCs of Sembanarkoil Block tended to enjoy an upper hand over PHCs of Kuttalam Block in respect of Urine test (28.7 per cent / 2.7 per cent), H.B. Blood test (26.1 per cent / 2.7 per cent) and ANC TT Dose I and II (20.3 per cent and 22.1 per cent / 2.7 per cent each). Similarly, PHCs of Kuttalam Block tended to exhibit an upper hand over their counterpart of Sembanarkoil Block in respect of Therapeutic Doses I to III (12.9 per cent each / 2.3 per cent, 3.3 per cent and -11.9 per cent) and Ferrous sulphate prophylactic Doses I to III (1.6 per cent each / -4.5 per cent and -5.5 per cent).

V.1.7. Family Welfare Programmes (Non-Clinical Methods)

PHCs of Sembanarkoil Block were responsible for distributing a total and an average of 16,025 and 1602.5 oral pills. In contrast to the same were 10,616 and 1061.6 oral pills in respect of PHCs of Kuttalam Block.

Condom distribution at PHCs of Sembanarkoil Block registered a total of 39,380. In contrast to the same was 49,807 in respect of their counterparts. The respective averages reckoned in this case were 3938.0 and 4980.7.
A total of 6,899 IUD insertions had taken place at PHCs of Sembanarkoil Block. On the other hand, PHCs of Kuttalam Block showed a total performance of 5,475.

**Clinical (or) Permanent Methods**

A total of 7,600 women underwent Tubectomy sterilization in PHCs of Sembanarkoil Block. In contrast, PHCs of Kuttalam Block recorded a total of 4,026 women undergone Tubectomy.

Laproscopy sterilization was performed for 219 and 216 women respectively at PHCs of Sembanarkoil Block and Kuttalam Block.

From the study of percentage deviations in respect of permanent methods of family planning programmes, PHCs of Sembanarkoil Block were made to sit at the back compared to PHCs of Kuttalam Block. PHCs of Kuttalam Block exhibited greater positive deviations in respect of tubectomy, i.e., 46.5 per cent, in contrast to PHCs of Sembanarkoil Block (tubectomy 1.8 per cent). Similarly PHCs in respect of the execution of laproscopy surgery though sizeable fall in the form of percentage deviations were witnessed at PHCs of both the Blocks. The fall exhibited by PHCs of Kuttalam Block is comparatively smaller i.e., 23.8 per cent. Whereas it was 14.2 per cent in the case of PHCs of Sembanarkoil Block.

In respect of temporary methods, PHCs of Sembanarkoil Block found placed at favorable position with a positive deviation of 21.8 per cent in respect of IUD whereas the same was -11.0 per cent at PHCs of Kuttalam Block. Similarly, in regard to oral pills distribution to PHCs Sembanarkoil Block exhibited a greater positive deviations to the extent of 203.1 per cent in contrast to the same was 108.9 per cent in regard to PHCs of Kuttalam Block.
V.1.8. Crude Deaths

In the PHC areas of Sembanarkoil Block, the total number of male and female death registered was 4,037 and 3,909 respectively whereas the same was 4,105 and 3,803 in PHCs areas of Kuttalam Block.

Put together both male and female death in both the Blocks, the total was 7,946 and 7,908 respectively in PHC areas of Sembanarkoil Block and Kuttalam Block.

The study of percentage deviations worked out separately for male, female and total death in respect of both the Blocks during the period of study clearly demonstrated that there had been a fall in male death to the tune of 17.6 per cent, female death to the extent of 26.2 per cent and the total death to the level of 21.9 per cent in PHC areas of Kuttalam Block. In contrast a rising trend to the tune of 42.4 per cent, 27.5 per cent and 34.9 per cent was witnessed in male, female and total death in PHC areas of Sembanarkoil Block.

V.2. Findings Related to Impact Study on Working of PHCs, from Beneficiaries’ View Point

Demographic: The survey revealed that most of the respondents (34.3 per cent) belonged to the age group of 41-50 years, the majority were Hindus. The maximum number of beneficiaries (88 per cent) were married. The highest percentage of beneficiaries (38 per cent) belonged to Backward community. Majority (50.4 per cent) of them were not educated beyond middle school level. Good number of respondents had members varying from 5 to 7 in their families. The majority of the beneficiaries were agricultural labourers and most of the beneficiaries came from low income group. It is found that the maximum number of beneficiaries (78.3 per cent) had houses with thatched-roof and mud wall.
**Knowledge of PHC’s Existence:** It was found that the maximum of 70 per cent of respondents had awareness about the existence of PHCs.

**Choice of PHC:** The survey conducted revealed the fact that the highest (56 per cent) of the respondents chose to receive treatment from PHC due to its nearness to their living place.

**Distance Travelled:** In regard to distance travelled to reach PHC, out of 300 respondents surveyed, the highest 36.1 per cent of the respondents had a distance of 1 km travel to reach PHC. It was found that only those people who are within 2-3 kms of PHCs, are the frequent visitors to the PHC.

**Working Time:** The highest 66 per cent and the lowest 0.4 per cent of the respondents had a waiting time less than 1 hr and 2hrs respectively for getting their treatment.

**Hygiene and Sanitation:** The maximum of 56 per cent respondents revealed the fact that the hygiene and sanitation in PHC was “Poor”.

**Conditions of Laboratory Equipment:** A majority of 54 per cent of respondents expressed their “Unawareness” about the conditions of laboratory equipments.

**Quality of Medicine Provided:** The maximum of 59.3 per cent of the beneficiaries were “Unaware” of the quality of medicines supplied by the PHCs.

**Treatment Extended to Women and Children:** The majority of 74 per cent of the beneficiaries expressed their views as “Average”.
Approach of Doctors Towards Patients: The maximum number, i.e., 62 per cent of respondents felt that the approach of Doctors towards patients was “Poor”.

Supportive Health Personnel Approach Towards Patients: With regard to the attitude of supportive medical staff, the majority of (40 per cent) respondents stated that it was “Poor”.

Working Time and Punctuality of Health Staff: The majority 58.7 per cent of respondents were satisfied (average) with the working time and punctuality of health staff.

Overall Functioning of PHCs: It was found from the survey conducted that the majority of 56 per cent of respondents were of the opinion that the overall functioning of PHC was “Average”. Only a small proportion of (14 per cent) respondents expressed the view as “Good” in this regard.

V.3. Findings related to Infrastructural Facilities Available at PHCs, based on observations made.

General observation was made during the survey conducted at PHCs of the study area regarding the constraints faced by the health administrative staff in delivering the health care services to the beneficiaries. It was found that lack of organizational structure for peoples participation. Almost all the PHCs are functioning in buildings which have limited space, lack of health education, most of the PHCs location in the study area are not ideal, the supply of medicines and equipments was inadequate, poor linkage between the PHC staff and the community and lack of good accommodation facilities.
V.4. POLICY SUGGESTIONS MADE

In the light of the major findings of the study made in the foregone section of this chapter regarding health care activities of PHCs of the two Blocks selected in relation to women and children, since the findings revealed certain deficiencies and weaknesses in the functioning of the PHCs of the said Blocks, the study felt it pertinent to bring out worthy and practicable suggestions to overcome the same.

V.4.1. Size of Population and Number of PHCs

A study of population details of the PHC areas of Sembanarkoil Block and Kuttalam Block exposed the fact that the size of population for sampling in former block was found to be definitely unmanageable compared to the size of population found in the latter case in extending health care services. Both in terms of the total population and percentage deviations in the growth of population worked out, Semananarkoil Block had been at a unfavorable position in delivering health care benefits to the chosen sections of the population. In both the Blocks it is also found that irrespective of the size of population accorded to them, the number of PHCs remained one and the same during the period of study. The unmanageable size of population found at PHCs of Sembanarkoil Block might also be given to the sudden merger of PHC so far functioning at Porayar with PHC at Akkur during the period in question. Keeping in mind the problem exposed by the study, while establishing PHCs in rural areas to cater to the health care needs of the population, the size of population be fixed to it and also the block where it is functioning must be taken care of. To put it in a simple way the ratio of PHC to population, i.e., 1 PHC : 30,000 population must be strictly adhered to.
V.4.2. Institutional Birth Care and Infant Deaths

The study of comparison made between PHCs of Sembanarkoil Block and Kuttalam Block has brought to light the fact that in terms of actual number and percentage deviations worked out for caesarean and forceps births and infant deaths, PHCs of Kuttalam Block performed well during the period in question, compared to PHCs of Sembanarkoil Block. The PHCs of Sembanarkoil Block have been relegated to the background because of lack of health care facilities including technical staff handling institutional births compared to PHCs of Kuttalam Block. Hence, it is suggested that any such deficiency in this regard could be corrected only by maintaining proper monitoring of the working of institutional births through posting of noncorrupt flying health squads. Similarly, the ratio of PHCs and number of male and female doctors and other health staff must also be strictly maintained.

V.4.3. Awareness Towards for Health Improvement and Immunization Programmes

The study of comparison undertaken between PHCs of Sembanarkoil Block and Kuttalam Block pertaining to health improvement programme and immunization programme meant for children during the period in question brought to light the fact that PHCs of Kuttalam Block were placed in the second position. Despite the fact that compared to PHCs of Sembanarkoil Block, PHCs of Kuttalam Block have been endowed with less population and a fall in male and female population during the period in question. Its failure may be due to lack of efforts to bring into its fold the eligible children to receive the health care benefits provided by PHCs. To overcome this snag, it is suggested that effective awareness campaigns on
children’s health improvement and immunization programmes must be undertaken by PHCs of Kuttalam Block in particular.

V.4.4. Proper Antenatal Care and Awareness

The comparative study made in respect of Antenatal Care by PHCs of Sembanarkoil Block and Kuttalam Block revealed the truth that PHCs found in both Blocks were unable to show a good record of their performance in terms of every items of ante-natal care extended. The failure on the part of PHCs of Sembanarkoil Block could be given to the unmanageable size of population and also lack of awareness about ante-natal programmes executed for the women in particular. On the other hand, in respect of PHCs of Kuttalam Block the failure witnessed in extending proper antenatal care could be given to the indifferent attitude of the health staff. Taking into account of these facts, it is suggested that work consciousness must be created among the health staff by making them realize their duties that they owe to the needy people especially women. Adequate supply of ante natal care medicines and facilities must be assured to PHCs. Similarly, PHCs must be enabled to create awareness among the common public particularly women about the benefits of antenatal care extended to them by the PHCs through proper propagandas and health camps.

V.4.5. Need to Arrest Maternal Deaths through Spread of Knowledge and Health Awareness

Taking into account the good performance of PHCs of Sembanarkoil block, the number of (32) maternal death during the period of study while the same was 37 in Kuttalam Block. The number of maternal deaths registered may be due to the indifferent attitude of the pregnant women in not consuming the health tablets and tonics distributed to them by the PHCs. Hence, what is suggested here is that a good and constant monitoring of the pregnant women by the trained health staff during
antenatal, natal and postnatal periods must be strictly adhered to. Apart from this, the pregnant women must also be duly educated in respect of the due care they have to take and adherence to instructions got from PHCs during pregnancy and post-pregnancy periods.

V.4.6. Intensive Application of “Small - family Norm”

In contrast to the response in following non-clinical method of family welfare, the response, which the women folk showed for the use of clinical methods, was not commendable at PHCs of both the Blocks. Non - responsiveness for this kind of sterilization practices among women might be due to their lack of awareness to the problems which they face on account of having a big family size. To avert such irresponsiveness to clinical methods by women, it is essential to give them the knowledge of the benefits of small family norm in particular and to the rural eligible adults in general. To achieve this end, the spread of population education using any suitable media to rural people at large and rural women in particular should be made mandatory on the part of doctors and other health staff who work for PHCs in rural areas.

V.4.7. Absence of organizational Structure for People’s Participation

The study did not find any organized structure in a block at any level to involve the beneficiaries and utilise their potential energy profitably. There is need for some structure or groups of people to help themselves under the guidance of the expert advice offered by the government. Therefore it is suggested that the Health Department may try to set up voluntary organizations of the people in collaboration with other developmental agencies to ensure effective communication and understanding.
V.4.8. Inadequate PHC Buildings

It was found from the study conducted that all the PHCs are functioning in buildings which have limited space. Besides there is no sufficient availability of residential accommodation in remote rural areas, which is acting as a great deterrent in motivating medical officers to work in such areas. Therefore the study suggests that there is an urgent need to provide adequate building accommodation in each centre to provide good environment for service.

V.4.9. Health Education

The PHCs are supposed to provide health education to the people. It was observed that health education of the people was not being done scientifically since the respondents were found ignorant about the basic health and hygienic practices. The study suggests that this would be possible only if the premises of PHCs are clean and well equipped.

V.4.10. Location not ideal

It was found from the study that most of the PHCs location in the study area are not ideal as it was revealed that only those people who are within 2-3 Kms of the PHCs are frequent visitors to the PHC. Therefore the study suggests that while opening a new PHC care may be taken in selecting a site which should be easily accessible to the largest number of villagers in the block.

V.4.11. Medicines and Equipment

It was observed from the survey that the supply of medicines and equipment was inadequate in most of the PHCs due to the paucity of resources. It is suggested that steps may be taken to ensure adequate and
timely supply of medicines and equipment to health centres. This will raise
the confidence of the people in the functioning of PHCs.

V.4.12. Linkage between community and PHC

It was observed from the survey conducted that there are very poor
linkages between the PHC staff and the community. The health staff rarely
find time to visit the community and diagnose its problems to ascertain
its needs. It is suggested that the PHC staff must visit once a week to provide
health education through well arranged lectures in school building or in
panchayat or arrange exhibitions.

V.4.13. Vacant posts need to the filled

Immediate steps may be taken to fill up the vacant posts of doctors and other para-medical staff to provide health care to the people. One lady doctor may be posted in each Primary Health Centre, since rural women generally prefer to be examined by a lady doctor.

V.4.14. Good Accommodation Facilities

It was observed that the doctors and the staff are by and large dissatisfied with the distance and accessibility of PHCs from their residence as a typical employee has to travel more than 15 kms from his/her residence to reach the work place. In order to overcome the constraints, it is suggested that the health department must ensure the compulsory stay of doctors and other health staff either by constructing good accommodation or by hiring good houses nearer to PHC for them.

V.5. Projections for Further Research

A good researcher always thinks in terms of caring not only for his/her self development in research field but also takes due care to lend the
necessary helping hand to the future researchers who work in the same line of thought by pin-pointing the areas either partially or totally untouched as areas which await their attention. Keeping this good spirit and culture in mind, the researcher concerned has listed out the following areas for the use and benefit of future researcher in the same field, viz.,

1. A study on administrative problems and prospects of PHCs in backward districts in comparison to those in the forward districts of obte.

2. A study on the working of PHCs with special reference to health care of men and aged people.

3. A study on funding aspects of the activities of the PHCs

4. An exclusive study on family welfare activities of PHCs in wet and dry areas of a state.

5. An inter-district and inter-state study of the working of PHCs

6. A study on the impact of the working of PHCs from the beneficiaries’ point of view.

7. A study on the aptitude, attitude and awareness of rural people towards the functioning of PHCs in rural areas, and

8. A study on health care services by PHCs and Non-Governmental health care institutions seen in rural and urban areas.

V.6. CONCLUDING REMARKS

The results reveal that the services rendered by PHCs at Sembanarkoil and Kuttalam Block are deficient in many respects in the perception of beneficiaries. Having ransacked the secondary data collected at the Primary Health Centres of the two blocks and carried out a comparative study between them, the study concludes
that the comparative performance of PHCs of Sembanarkoil Block are considered to put up good show in some of the aspects related to child health improvement and immunization programme, antenatal care, maternal mortality and crude death. On the other hand, in some other aspects like institutional and non-institutional births, infant mortality and family welfare measures the PHCs at Kuttalam Block exhibited a strong hold over their counterpart at Sembanarkoil Block. To nullify said drawbacks it is pertinent to point out the positive suggestions to tone up the working of the PHCs of the sample blocks in a specific manner and weaker PHCs wherever found, in general. In a nutshell, the study suggests that to improve the quality of functioning of PHCs services and to ensure their customer orientation, it is essential to improve the utilization of available facilities. For this, the doctors and the health staff must be made more committed by changing their attitude and mindset. The governments need to think innovatively to find resources for providing basic infrastructural facilities, and necessary logistic support to PHCs. Further, the study suggests that adequate community support and local participation are necessary in making PHC’s services effective and people-oriented.