SYNOPSIS

ECONOMICS OF PRIMARY HEALTH CARE SERVICES – A COMPARATIVE STUDY OF RURAL AND URBAN AREAS OF MADURAI DISTRICT IN TAMIL NADU

INTRODUCTION

“Health is one of the prime concerns of any nations because of the tremendous impact the health of the people have on economic development of a country”. Health is an important entitlement that enhances capabilities of the masses. Healthy people refer to those who are physically, mentally and intellectually healthy. A healthy mind and proper intellectual development will help proper manpower that is suitable for economic development. On the other hand with greater economic development better health facilities are needed and are also possible because of the environmental implications of development as well as the opportunities created for attaining health through better facilities. Health determines and is determined by the socio-economic factors like education, nutrition, population growth, income and environment.

In recent years, the meaning of development has shifted from economic improvement to improvement in human resources. Health should be considered as a fundamental human right and therefore the attainment of the highest level of health should be the most important goal. The Directive Principles of state policy
of the Indian Constitution mentions the state shall regard raising the level of nutrition and the standard of living of its people and improvement of public health as among its primary duties. The constitution of the WHO says, “Enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition”.

Welfare economics has branched off into many applied disciplines and important among them with significant social relevance is “Economics of Health”. Awareness of the economic manifestation of health and diseases and the limited resources allocated to health care services has brought to the focus, a new discipline – health economics. The ultimate aim of all human activities is social well-being. Maximization of welfare is the keynote of modern planning. In the human resources development process, health occupies a predominant position. Health care is an important objective of normative economics. Improvement in the health status of the population is a priority and appropriate political, economic and social action is called for, apart from the development of the science of health care as such. Man is the primary factor of production. Basic standards of health and improvements thereof provide an entry point to change agents.
STATEMENT OF THE PROBLEM

Health has been identified and accepted as an important factor in human development. The Constitution of World Health Organisation (WHO) defines health as, “a State of complete physical, mental and social well being and not merely the absence of disease or infirmity”. Thus, health of the community has to be viewed in a broad perspective than merely in terms of demographic indicators. The basic objective of any health care delivery system, therefore, would be to provide and organise the services in such a way that it reaches to everyone and the available resources, knowledge and technology are optimally utilised. In India, several policy initiatives have been taken up from time to time in this direction to deal with various aspects of delivery of health care and family welfare.

Health and development are closely interlinked. It is now established that the poor State of health slows down economic development and that insufficient economic development perpetuates a bad State of health. General health improvement tends to increase worker productivity and thus contributes to economic growth. Hence, the human health has come to be regarded as a pre-requisite for optimum socio-economic development.

In Tamil Nadu, Government has taken pains to provide health care services free of cost or at low cost and make them easily accessible. At this juncture, it is the duty of the researcher to review the economics of primary health care services
provided by the Government in rural and urban areas. Hence, the present study is an attempt to analyse and compare the role of PHCs to promote health status of the people in rural and urban areas of Madurai district.

OBJECTIVES OF THE STUDY

The aim of this study is to evaluate the health status of the people of Tamil Nadu with special reference to rural and urban areas in Madurai district. The specific objectives of the study are:

1. To examine the trends in health indicators in Tamil Nadu and Madurai district.
2. To identify the determinants of health status of people in Tamil Nadu and Madurai district.
3. To discuss the general aspects relating to revenue villages covered, staff pattern, beds, budget allocation and number of out patients treated at the selected PHCs.
4. To study the socio-economic conditions of the sample respondents (users of PHCs) in rural and urban areas.
5. To study the morbidity level and health awareness among the sample respondents.
6. To examine the reasons for preferring public and private health care services by the sample respondents.
To offer a few suggestions to the policy makers based on the findings to improve the health status in the study area.

HYPOTHESES OF THE STUDY

Hypothesis (null) is a statement of generalisation and assumption that has to be tested empirically. Hypotheses are framed based on the objectives of the study. The following are the null hypotheses formulated to test in the study.

1. Infant mortality rate is independent of female literacy rate.
2. The total government spending for health care has not improved the life expectancy at birth of people.
3. Among the users of the health services in PHCs, both male and female are equal in number.
4. Distance is not a factor in making use of health services provided by Primary Health Centres.
5. Getting immunisation to children aged under five does not reflect the health awareness among the sample respondents.

METHODOLOGY

Designing a suitable methodology and selection of analytical tools are important for a meaningful analysis of any research problem. This section is
devoted to a description of the methodology which includes choice of the study area, sampling procedure, period of study, collection of data and tools of analysis.

**Choice of the Study Area**

Madurai district in Tamil Nadu State has been selected as the study area for several specific reasons. Madurai district is considered to be one of the developed districts in the state. Madurai district has the population of 25,62,279 persons (2001 Census). The rural and urban population was 11,29,028 and 14,33,251 persons respectively. This distinction is not a matter for celebration, rather it is a matter of serious concern to realise and act upon, to tackle the problems relating to growth, population at a fast rate and its wider ramifications on health care services to such a large multitude of people. Madurai district has one medical college hospital, nine Government taluk hospitals, forty two Primary Health Centres and three hundred and fourteen health sub-centres. Primary Health Centres cover a wide area and a large percentage of population in this district. Most of the people in this district, avail of the health care services, through health care programmes at Primary Health Centres. These are the main reasons for selecting Madurai district for the study. Easy accessibility for collection of data also has been a compelling reason for the selection of Madurai district since the researcher resides in this district.
Sources of Data

The present study is based both on secondary as well as primary data.

The study period covers 15 years from 1994-95 to 2008-09 as far as secondary data is concerned. Secondary data have been used to evaluate the health status in Tamil Nadu and Madurai district and to assess the trend in the health determinants in the district. Primary data have been collected for the purpose for analysing the working performance of the selected PHCs and people’s felt need in availing of the health care services of Primary Health Centres both in rural and urban areas.

The secondary data were collected from the published and unpublished reports, hand books, performance budget and pamphlets of (i) Department of Economics and Statistics, Chennai (ii) Directorate of Public Health and Preventive Medicine, Chennai (iii) Directorate of Health and Family Welfare, Chennai, (iv) Joint Directorate of Health and Medical Services, Madurai and (v) Deputy Directorates of Health Services, PHCs in Madurai district. In addition Journals, books and magazines have also been used.

Sampling Procedure

Madurai district comprises 7 taluks namely, Madurai North, Madurai South, Melur, Vadipatti, Thirumanalam, Usilampatti and Peraiyur constitute forty
two Primary Health Centres. Each block has one main Primary Health Centre. Totally there are 42 blocks in the district and hence there are 42 main Primary Health Centres in Madurai district.

The researcher has taken Madurai district for a study purpose. So, it was decided to study 10 PHCs each, 5 in rural and urban areas. For this purpose, a random method was adopted to select 5 PHCs in rural and urban areas. 300 users of PHCs, 30 each from PHCs in rural and urban areas of Madurai district were randomly selected for primary data collection.

For the purpose of analyse the functions of the selected PHCs, total of 50 staff working in PHCs namely 20 medical officers and 30 paramedical staff were randomly selected from 10 PHCs.

The primary data were collected through personal interviews with users of PHCs in Madurai district. The researcher personally contacted the respondents and filled up the schedules.

**Period of Data Collection**

Actual collection of data extended over a period of 7 months, from September 2008 to March 2009. Therefore the period of study has been the year 2008-09, as far as primary data is concerned.
Tools of Analysis

In order to analyse the movement of health indicators and determinants in the study area for the period from 1994-95 to 2008-09, the linear trend model was used:

In order to identify the factors influencing the health status namely Life Expectancy and Birth Rate, multiple regression technique was used.

In order to analyse the influence of the health status namely Death rate and Infant mortality Rate, multiple regression technique was used.

To identify the important activities and functions of the selected PHCs, Garrett ranking technique was used.

To test the null hypotheses namely to assess the level of health awareness of people by considering the immunisation to children aged under five, to analyse importance of physical accessibility, that is, the distance factor in availing one self of health care services of Primary Health Centre and to study the number of users in Primary Health Centres among males and females, Chi-Square test technique was adopted.

SCHEME OF WORK

Keeping the objectives in mind, the present study is divided into seven chapters.

Chapter I highlights the importance of health care services, health care programmes in India, level of morbidity, health status in Tamil Nadu, health care
infrastructure, statement of the problem, objectives of the study, hypotheses, limitations and scheme of work.

Chapter II reviews the earlier studies relating to general health care programmes, Primary Health Centres, health expenditure and health insurance and various concepts used in the study.

Chapter III describes the methodology which includes the choice of the study area, sampling procedure, collection of data, period of study and tools of analysis. Further, the profile of the study area is also presented in this chapter.

Chapter IV evaluates the health status in Tamil Nadu and Madurai district. Further, it analyses the factors influencing the health status.

Chapter V analyses the working performance of the selected Primary Health Centres (PHCs) in rural and urban areas of Madurai district.

Chapter VI deals with the socio-economic conditions of the users of PHCs and the health awareness.

Chapter VII presents the summary of findings along with conclusion and suggestions based on the study.