



A STUDY OF PROBLEMS AND POTENTIAL OF RURAL PRIMARY HEALTH CENTERS

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ABSTRACT

The problems and future of health care services in India are discussed in this article. Primary Health Centre's (PHCs), often known as public health centres, are state-owned medical facilities in India. Health is one of the key concepts. India's economy has been expanding quickly, especially since the New Economic Policy of 1991 was implemented. However, social growth, especially in the health sector, has not kept pace with this increased economic success. When it comes to resource allocation, the health sector has been given relatively little importance. Less than 1% of GDP is spent by the government on health care. The majority of rural residents are impoverished and cannot afford the high costs of care at private hospitals. Their health will improve since primary health centres are providing them with the best medical care. The study's primary goals are to assess the significance of health in India, investigate the roles of Primary Health Centre's (PHCs) in rural areas, and comprehend the issues and future possibilities of PHCs in rural areas. The present study is basically theoretical background. It is based on secondary data. This study covers problems and prospects of PHCs in rural areas.

KEYWORDS: Primary Health Centre's, Public Expenditure, Rural Area, Problems and Prospects and Gross Domestic Product.

INTRODUCTION

Better health is concentrated on human happiness and wellbeing. It also makes a very important role to economic development. As healthy populations survive longer life, more productive and save more. Many factors influence health status and a country's ability to provide

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quality health services for its people. World Health organization (WHO's) work on 'Health and development' tries to make sense of these complex links. It is concerned with the impact on better health development and poverty reduction and the impact of development policies on the achievement of health goals. Rural Health care is one of the biggest challenges facing the Health Ministry of India. With more than 70 percent population living in rural areas and low level of health facilities, mortality rates due to diseases are on a high. Healthcare is the right of every individual. Central Council of Health at its first meeting held on January 1953 had recommended the establishment of primary health centre's in community development blocks so as to provide it is meant only for rural areas. Urban areas have the privilege of enjoying medical care, but rural areas this dichotomous approach, hence creates the impression that primary health care excludes medical care or curative services. It has earned primary health care a bad name in the country. In context, the prime role of primary health centre's in rural areas. Hence, to understand the problems and prospects of Primary Health Centre's in rural areas.

OBJECTIVES OF THE STUDY

The following are objectives of present research study.

1. To analyse the importance of health in India.
2. To examine the functions of Primary Health Centre's in rural areas.
3. To understand the problems and prospects of Primary Health Centre's (PHCs) in rural areas.

Comprehensive health care to the rural population.

India's primary health care system is based on the Primary Health Centre's (PHCs) and these PHCs provide treatment free of cost. Dalal et al. stated that the Majority of the rural people is poor and there are not able to pay heavy medical fees for private hospitals. They are getting the best medical treatment from primary health centres and their health status will be improved.

NEED OF THE STUDY

Health is a very important to human being. The Indian health care system depends upon three layers, i.e. Primary Health Care, Secondary Health Care and Tertiary Health Care. But primary health care provided by the Primary Health Centre's. Mittal et al. [6] stated about Primary health care in India is that it is meant only for rural areas. Urban areas have the privilege of enjoying medical care, but rural areas this dichotomous approach, hence creates the impression that primary health care excludes medical care or curative services. It has earned primary health care a bad name in the country. In context, the prime role of primary health centre's in rural areas. Hence, to understand the problems and prospects of Primary Health Centre's in rural areas.

METHODOLOGY

This paper is basically theoretical background. It is based on secondary data. Secondary data collected from Books, published reports, journals, Census Reports and websites etc.



HEALTH CARE SYSTEM IN INDIA

The Indian health care systems divided into three levels. These are very important steps of the health care system in India. These levels represent different types of care involving varying degrees of complexity. It is customary to describe health care service at 3 levels, viz. stated about Primary health care in India is that

- ❖ Primary Health Care
- ❖ Secondary Health Care
- ❖ Tertiary Health Care

Primary Health Care:

It is the first level of contact of individuals, the family and community with the national health system, where “primary health care” (“Essential” health care) is provided. In the Indian Context, primary health care is provided by the complex of primary health centers and their sub centers through the agency of multipurpose health Workers, village health guide and trained dais. Besides providing primary health care, the village “health teams” bridge the cultural and communication gap between the rural people and organized health sector. Since India opted for “Health for All” by 2020AD, the primary health care system has been reorganized and strengthened to make the primary health care delivery system more effective. India is one of the signatories of the Alma-Ata Declaration and committed to the goal of ‘Health for all’. Primary health centers are an integral part of the health care system. They are the providers of primary health care at the grass-root level. They have an important role to play in realizing the goal of “Health for all” many norms are imposed on PHCs for their effective functioning’s. Primary Health center (PHC) is the first contact point between the village community and the medical

officer. The PHCs were envisaged to provide an integrated curative and primitive health care to the rural population. The PHCs are established and maintained by the state governments under the minimum needs programme (MNP) / Basic minimum services programs (BMS).

Secondary Health Care:

The next higher level of care is the secondary (intermediate) health care level. At this level more complex problems are dealt with. In India, this kind of care is generally provided in district hospitals and community health centers, which also serve as the first referral level. ii)

Tertiary Health Care: The tertiary level is a more specialized level than secondary care level and requires specific facilities and attention of highly specialized health workers. This care is provided by the regional or central level institutions, e.g., medical college hospitals, all India institutes, regional hospitals, specialized hospitals and other apex institutions.

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FUNCTIONS OF PRIMARY HEALTH CENTERS

The functions of the primary health centers in India, as outlined below, cover all the eight in WHO definition of primary health care.

- ❖ Medical care
- ❖ Mother and child care including family planning.
- ❖ Safe water and basic sanitation.
- ❖ Prevention and control of locally endemic diseases. e) Collection and reporting of vital statistics.
- ❖ Education about health.
- ❖ National Health programmes as relevant.
- ❖ Referral services.
- ❖ Training of health guide, health workers, health assistant and local 'Dais'.

PROBLEMS OF PRIMARY HEALTH CENTERS

The image of the PHC in rural areas is very poor. Primary health centers facing different types of problems. These are under:

- Shortage of funds
- Lack of materials and equipment
- Shortage of appropriate staffs

- Lack of information
- Inadequate community participation
- Rapid turnover of policy makers

PROSPECTS OF PRIMARY HEALTH CENTERS

This presents huge challenge to the current primary healthcare system in India. Within the next few decades, we will see an extraordinary increase in the number of older people worldwide. The public health benefit of preventive medicine in old age comes from the compression of the time spent in dependency to a minimum. The rising morbidities clearly showed that a regular, complete health checkup of the elderly should be embedded in the essential elements of the primary healthcare. Patient satisfaction represents a key marker for the quality of healthcare delivery and this internationally accepted factor needs to be studied repeatedly for smooth functioning of the healthcare systems (Rani et al.). A better appreciation of the factors pertaining to client satisfaction would result in implementation of custom-made programs according to the requirements of the patients, as perceived by patients and service providers. It has been observed that there is poor level of client satisfaction in rural as well as urban areas of India regarding primary healthcare services (Saini et al.). Client satisfaction is an important measure of the quality of healthcare and needs to be addressed in order to improve the utilization of primary healthcare services. Patients often complain of rude and abrupt health workers that discriminate against women and minorities from scheduled castes or tribes.

CONCLUSION

A vital part of human resource development is health. In order to create healthy citizens and a society that can successfully contribute to social and economic progress, good health care facilities and services are crucial. The modern world is becoming increasingly concerned about health-related difficulties and challenges due to rising urbanisation, industrialisation, and environmental change. The foundation of the nation's current rural health care system is the primary health centre. The number of physicians, nurses, health assistants, and infrastructure in the primary health care unit must be increased in order to close the gap between supply and demand for primary healthcare.

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