

A SOCIOLOGICAL STUDY ON PRIMARY HEALTH CARE SERVICES IN CHIKKABALLAPUR DISTRICT

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Abstract:

Primary Health Centers are essential toward maintain the physical condition of individuals. Basically, it is a scientific method but socially acceptable technology. The state government has taken various initiatives to maintain Sustainable health in society. The government expenditure on health is continuously increasing this will give enhanced good strength of the public. The main intention of this article is To Study the Profile of the Health Sub-Center in the District and To Analyze the Health Care Delivery Services in the Rural Area. In this process, the present study is based on a mixed methodology because it is qualitative and quantitative in nature and the primary and secondary data have been collected from the Female Multipurpose Health Worker (FMPHW). In this study, Total 120 respondents were selected from six taluks of Chikkaballapur district by using a non-random sampling method. The present study finds out that where the staff is assigned tasks relating to bringing behavioral changes in the community related to Remote diagnosis, consultation, care and monitoring, maternal and child health, nutrition, immunization etc, In this background the study is conducted in the Chikkaballapur district of Karnataka.

Keywords: Profile of the Health Sub-Centers, Health facilities in Rural Area.

I. Introduction:

India is a democratic country it gives six fundamental rights to the public especially the right to life is important for everyone. The constitution of India Article 21 says that health, education, privacy, etc. from last 50 years of our nation has faced some Health related problems like transmissible and non-transmissible disease, environmental sanitation disease, and population problems, etc., these harms should be controlled by the government and department of Health. For this reason central and state governments must ensure a good quality of life to the people. Hence it needful to develop Primary Health Care Services at the district level. The Primary Health Care services must available easily to all people and families with their complete support. The announcement of **Alma-Ata** at the international conference in 1978 on primary health care (PHC), make clear the need for public health centers in the country. the World Health Organization (WHO) briefly explains “the need for quick activities through all Governments, physical conditions of people and an increasing the number of staff in medical, and all the peoples save from harm and support the **Health of All** the people in the world” (Shrimee, Apurva Sharma)

II. Profile of the Chikkaballapur district

Chikkaballapura is a district of Karnataka state in India. It was started on 10th November 2007, it spread across six taluks such as Gauribidanur, Gudibanda, Bagegalli, Chikballapur, Sidlaghatta, and Chintamani. Totally 1,255,104, the population in this district. The district had a 298 density of population. The sex ratio of Chikkaballapura district had 968 females per 1000 males and total 70.08% literacy rate in the district. The Primary health centers playing significant responsibility in maintaining the stable health of the people especially in the rural area total of 61 centers in the district. These centers provide good health facilities to the people. (Census, 2011)

III. Review of the Literature

(Prasanna B Joshi and Mukta S Adi, 2017) Were stated that Health is an important factor not just for individuals but also a prime factor for nation-building the very objective of the primary health center (PHC) is to ensure health care facilities accessible, acceptable and affordable to all the people. Public health expenditure has been increasing in all the states, therefore the Governments have encouraged private players to invest in the health sector, improve service quality, and share the cost burden. Therefore this approach finds its application in public-private partnerships in promoting good health care facilities which are gaining prominence in recent years. Karnataka being a pioneer in promoting health services, the state had already established several primary health centers (PHC). (Sambala EZ, Sapsed S, Mkandawire, 2010) Were explains that the responsibility of the government is to develop the medical facility in the country. To boost entrée to necessary medicine and begin through the present summary of the PHC approach is to civilizing the contact to health care. The basic function of Public Health Cares in the humanizing situation, and the challenge of the PHCs replica explored inside the rising theme of global level, for instance world market, distribution in sequence, and the new worldwide supremacy of investigation and growth.

IV. Statement of the Research Problem

The several studies already conducted on primary health care centers at the macro level and no one sociological study have been made to find out the Primary Health Care Services in Chikkaballapur District at the micro level to improve facilities of primary health care services, there must be needed maximum support of central and state government to provide medical facilities in the rural area and the majority of the people do not have proper medical services in their villages because of deficient in of infrastructure, poor of staffs and poor in health awareness in the rural people. In this background, the present study has undertaken to examine the responsibility of Primary Health Care services in Chikkaballapur district with special reference to rural people.

V. The objective of the Study

- To Study the profile of the Health sub-center in the Chikkaballapur district.
- To analyze the Health Care delivery services in the rural area of Chikkaballapur district.

VI. The methodology of the Study

The present study base on the qualitative and quantitative in the feature. the primary and secondary data have been collected through a random sampling method. In this process total, 120 respondents were selected from six taluks of Chikkaballapur district from each taluk 20 respondents were selected. The respondents are classified into Female Multipurpose Health Worker (FMPHW), Medical staffs, Nurse, and beneficiaries of rural households.etc, and Secondary data had collected through the annual report of national rural health mission (NRHM), Chikkaballapur at a glance, Report f Health Department, etc are collected regarding the figure of hospitals, Primary Health Centers and Sub-Centers, and other health facilities Chikkaballapur district.

6.1 Results and Discussion:

Table: 1 Socio-Demographic status of Rural Households in Chikkaballapur District of Karnataka.

<i>Variables</i>	<i>Classification</i>	<i>Frequenc y</i>	<i>Percentage(%)</i>
<i>Gender</i>	Male	68	56.66(%)
	Female	52	43.33(%)
<i>Age</i>	0-20	17	14.16(%)
	20-45	58	48.33(%)
	More Than 45	45	37.5(%)
<i>Family</i>	Joint	79	65.83(%)
	Nuclear	41	34.16(%)

Socio-Economic Status	Upper Class	35	29.16(%)
	Lower Middle	42	35(%)
	Upper Lower	30	25(%)
	Lower	13	10.83(%)
Education	Illiterate	28	23.33(%)
	Primary/secondary	32	26.66(%)
	Under Graduation	45	37.5(%)
	Post Graduation	15	12.5(%)

Sources: primary data from respondents

6.2 The Profile of the Health Sub-Centers in the Chikkaballapur District

Table No: 2

SL/no	District	No of Primary Health Centers	No of Beds	Ambulance Services	Total beneficiaries of medical service	Total beneficiaries of Janani Suraksha Yojana
	Bagegalli	09	64	03	1153	1419
	Chikballapur	06	46	04	2025	2383
	Chintamani	11	70	03	2915	3066
	Gauribidanur	20	147	03	1907	2389
	Gudibanda	03	18	01	701	665
	Sidlaghatta	11	66	02	1192	1416
	Total	60	411	16	9893	11,338

Sources: Chikkaballapur at a glance (2016-2017)

6.3 The Health Care Services at the Sub-Center

Table: 3

Elements	N=120	Percentage (%)
Gaining entry into the health care system	120	100 (%)
Accessing a health care location	115	95.83(%)
Finding a health care provider	96	80 (%)
Lack of availability of drugs	70	58.33(%)
Cost effectiveness	110	91.66(%)

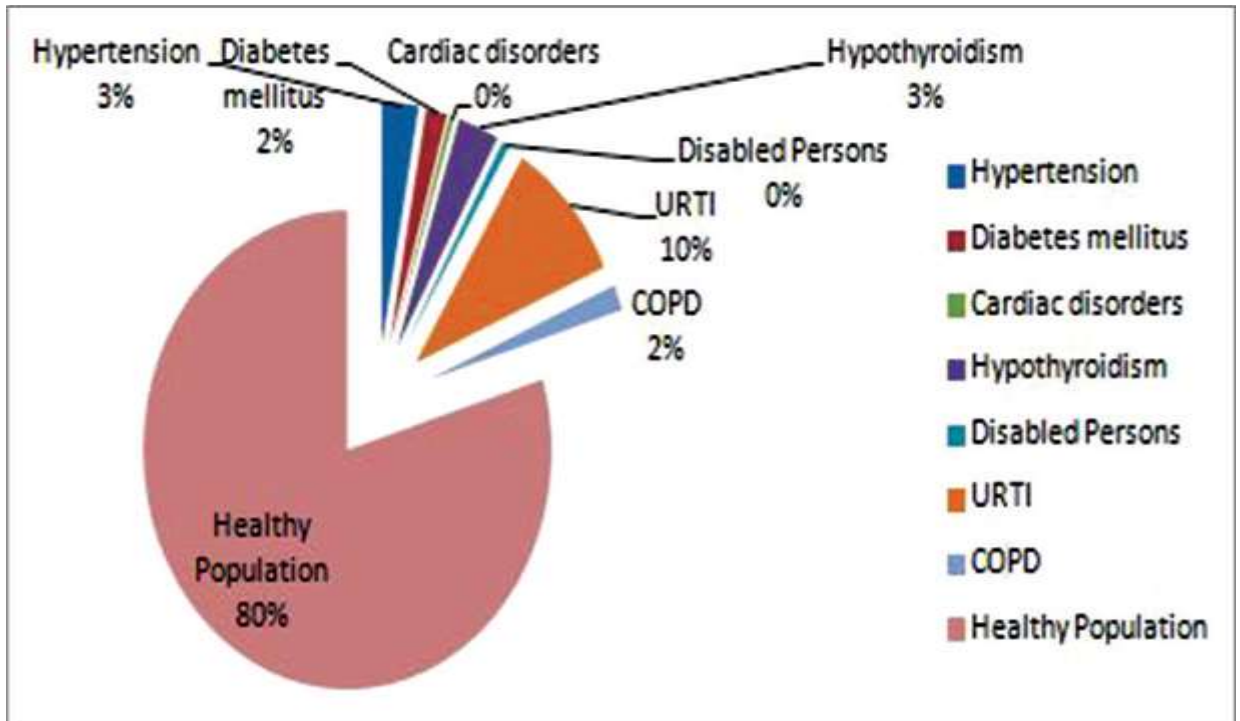
Sources: Directorate of health and family welfare services.

➤ The Primary Health Care is running under the efficient twenty Programme. The State is following the central Pattern of three-tier Health Infrastructure in the representation of Primary Health Care

by establishing health institutions viz., sub-centers, Primary Health Centers, and Community Health Centers.

➤ **Sub-Centers:** very sub-centers have one Female or Male health worker. It is recognized per every 5000 people in one area and per 3000 population in hilly and tribal areas. this is contiguous among the primary health care system in the society and Total 8,143 Sub-Centers in Karnataka.

6.4 Figure 1: URTI: Upper respiratory tract infection. COPD: Chronic obstructed pulmonary disease. Disease profiling of community subjects of sub-center in the district.



➤ **Primary Health Care Centers:** Each primary health center has established for all 30,000 populated areas also every 20,000 Population in hilly and tribal areas. the primary health center is linking the village people and health representatives besides it managed by the health officer also supported by 14 Para-medical and other workers. It is a recommendation unit for five to eight Sub-Centers. Besides, there is several bed facility for the patients. The PHC provide remedial, defensive, and family welfare services to the people. Total 2195 PHCs in Karnataka.

➤ **Sub centers and primary health care centers provide basic health care services to rural people such as follows:**

- ❖ Infant vaccination program condition of health checkup.
- ❖ Effectively implement family planning in the district.
- ❖ Create awareness about cleanliness also provide pure drinking water to the people.
- ❖ Avoid local widespread disease.
- ❖ Collecting and reporting medical data.
- ❖ Create awareness about environmental pollution.
- ❖ Introduce nationwide health programs.
- ❖ Guidance to the medical staff.
- ❖ Basic laboratory workers and Medical Emergencies.
- ❖ Anti-epidemic programs and Birth control programs

VII. Discussion

In the present study, we observed that the sub-center activities. There is a good relationship between health sub-centers and rural communities. The staff in the Sub-Centers is assign designated responsibilities concerning to

bringing behavioral changes in the community, and they offer services related to maternal and infant health, nutrition, vaccination, family welfare and contraception, school health services, adolescent health care, water and sanitation, disease surveillance, controlling of transmissible diseases, implementation of national medical programs, house-to-house visits, and field services with full dedication.

Most of the community population has a positive attitude toward the accessibility of health care services provided by the sub-center with few community members finding it difficult to reach the sub-center location and complaining about the non-availability of drugs. This may be due to the over expectation of community members to receive secondary care at the primary level.

VIII. Conclusion

The Government program is to generate and enlarge the Primary Health Centers all over the nation. It is reliable with the elements of Alma-Ata announcement. In every district Health and Family Welfare Department responsible for delivering health services in rural areas. In Chikballapur district total of 72 medical institutions (2.12%) provide good health facilities and also establishes the number of Sub-Centers per lakh rural people. In Chikballapur district Crude birth rate, Crude death rate and infant mortality rate decreasing from last ten years and rural people of the Chikballapur district have effectively implemented many of the Government health schemes such as Janani Suraksha Yojana, Arogya Kavacha, Bhagyalakshmi Yojana, etc, but there is health inequality in the district especially in a rural area to avoid regional disparities of health care services essential in the Chikballapur district.

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