

A Study on Rural Women Utilizing Health Services of The Government Sub Centers Karumbakkam, Salavakkam Block, Kancheepuram District – Tamil Nadu

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Abstract: Health services in India are provided by Government sector that is publicly financed and managed from primary to tertiary level, throughout the country and is free of cost. This research study focuses on studying rural women's utilization of government health services offered by the Government Sub-centers in Karumbakkam Village, Salavakkam Block of Kancheepuram District. This study was conducted in Kancheepuram district because it is known for its best practices in the ICDS centers. The literacy rate is high and the enrollment of children is 100%. The District Level Health Survey III, 2008 shows that this district excels in antenatal check ups and immunization coverage (above 90%). Such a study will enable the social work fraternity to understand better the functioning of such similar programs and interconnect the contributions of the profession of social work in such situations. The Sub-center in this context is the most peripheral health institution available to the rural population.

Keywords: Health, Government Sub-centre, Utilization, Wellbeing, Women

I. Introduction

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political, economic or social”- (Constitution of WHO, 1948).

Recognizing the importance of health in the process of economic and social development and improving the quality of life of our citizens, the Government of India resolved to launch the National Rural Health Mission (2005-2012) to carry out necessary architectural correction in the basic health care delivery system. The Goal of the Mission was to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. The National Rural Health Mission seeks to provide effective healthcare to the rural population, especially the disadvantaged groups including women and children, by improving access, enabling community ownership and demand for services, strengthening public health systems. Tamilnadu has implemented the activities of National Rural Health Mission efficiently and effectively for attaining the goals and objectives of National Population Policy and Millennium Development Goals. A total of 8683 Sub-centers are functional with an Auxiliary Health Nurse. There are 383 Doctors, 4128 Staff Nurse recruited on contractual basis. Joint account has been started in all the 15158 Sub-centers, 24 hours facility have been initiated at 2800 primary health centers (State Data Sheet as on 15.05.2009) Selection of ASHA and training has not been under taken but few volunteers have been selected by the village health nurse to coordinate the work. The study at Karumbakkam aimed to find the utilization of health services of the Government Sub-centers by rural women.

II. Review of Literature

The District Level Household Survey III was initiated in 2006-2008 with a view to assess the utilization of services provided by Government health care facilities and people's perception about the quality of services. The District Level Household Survey III is the third in the series of district survey, preceded by DLHS I in 1998-99 and DLHS II in 2002-04. As in DLHS III the International Institute for Population Sciences was the nodal agency to conduct DLHS I and DLHS II, DLHS III like other two earlier round, was designed to provide estimate on important indicators on maternal and child health, family planning and other reproductive health services. In addition, DLHS III provides information on important interventions of National Rural Health Mission. Unlike other two rounds in which only currently married women (15-44 years) were interviewed, DLHS III interviewed ever-married women (15-49 years) and never married women (15- 24 years). The study involved two stage stratified sampling. The sample size was one thousand. The report reveals that more than 90% of children are covered under immunization and more than 80% of women underwent pre natal and ante natal check- ups.

Utilization and determinants of selected MCH care services in rural areas of Tamilnadu – A study made by Kavitha N. and Audinarayana N. at Coimbatore in 1995 aimed to explore some of the determinants of utilization of selected maternal and child health care services, such as antenatal (antenatal check-up and iron and folic acid tablets), natal (place of delivery) and postnatal (check-up) health care services in rural areas of Tamilnadu. The sample consisted of 134 currently married women with at least one living child less than four years of age from two villages of a district. Information was gathered on 172 live-born and currently living children. Caste, respondent's education, spouse's education, respondent's work status, monthly family income, exposure to mass media and number of living children were treated as explanatory variables. Following were the findings: Woman's educational level had a positive influence on the utilization of antenatal and natal services. Women from higher castes were also more likely to avail of antenatal and postnatal care. Women belonging to non-SC communities and of lower parity utilised the postnatal check-up services more than women of scheduled castes and higher parity.

Monthly family income had a positive influence on postnatal care. Use of antenatal services had a positive effect on the place of delivery. Interestingly, working women mostly engaged in agriculture and weaving were less likely to utilize antenatal services than non working women. In conclusion it was suggested that education in general and female education in particular must be encouraged in rural areas. Adult education and social education could be used as vehicles for this purpose. Village-level meetings to interact with women educate them and clarify issues related to maternal and child health care was recommended.

A study conducted by the fifty second round of National Sample Survey Organization 1995-96, National Family Health Survey report and National Council of Applied Economic Research study shows that there were distinct patterns for the utilization of out patient and inpatient services. A majority of the population both from below and from above the poverty line, approached the private sector for outpatient curative care for minor ailments. However, when it came to obtaining immunization or antenatal care, most people, irrespective of their income status went to government institutions, the sub centers. For inpatient care for all ailments 60 per cent of the below poverty line families tend to use government hospitals and while an equal proportion of above poverty line families prefer private hospitals. Available data from National Sample Survey Organization research carried out by independent investigators and studies funded by the Department of Health suggest that a majority of the physicians in both the modern system of medicine and Indian system of medicine and Health, work in the private sector.

A majority of government and private sector hospitals and beds are located in urban areas. Qualified and registered private sector doctors or private sector institutions are not readily available in remote rural and tribal areas because people do not have ability to pay and there is a lack of social infrastructure. Thus the population in these areas where health care needs are the greatest have very poor access to functioning government health services or private facilities. In spite of the abundant supply of registered physicians in modern system of medicine and Indian System of Medicine, unqualified persons still provide health care especially to the poorer segments of the population living in urban slums, remote rural and tribal areas.

III. Methodology

The study particularly aimed at studying the sub center service utilization pattern of women having children below five years of age. The objectives were to study the demographic profile of the respondents and to find the respondents' utilization of the health services of the Sub-centers and reasons for utilization. It was a quantitative study. Random sampling was used for the study. The unit of analysis was individual (woman having children below five years enrolled in the ICDS centre). It was a Quantitative study and descriptive design and simple random sampling was adopted to select the respondents and study their level of utilization of health services of the Government Sub- centers.

IV. Major Findings

Following were the major findings of the study

- Seventy (70%) percent of respondents were below 25 years.
- Eighty five (85%) percent of respondents live in nuclear families.
- Seventy percent (70%) of the respondents were hindus.
- Seventy percent (70%) of the respondents belong to Scheduled caste.
- Forty five percent (45%) of the respondents were illiterates.
- All the respondents (100%) belong to below poverty line families.
- Forty (40%) percent of the respondents were aware that the Sub-center should have a female and a male health worker.
- Forty five (45%) percent were aware that the medicines for common illnesses should be available all the time.

- Forty five (45%) percent of the respondents were aware that immunization for children is an obligatory function of the health worker.
- Forty five (45%) percent of the respondents were aware that gynecological problems have to be identified and treated by the health worker.
- Fifty (50%) percent of the respondents have undergone health check up during pregnancy.
- Forty five (45%) percent have taken tetanus injection.
- Sixty (60%) percent of respondents have utilized the health services of the sub centre for common illnesses.
- Fifty five (55%) percent had utilized the services of the sub centres for gynecological problems.
- Eighty five (85%) percent had utilized the immunization services for children.
- Sixty percent (60%) agreed that health workers positive attitude towards them is the reason for utilizing the services.
- Forty five (45%) percent agreed that sub centre not being open is the reason for not utilizing the services.
- Fifty five (55%) percent are satisfied with the services of the sub centre.
- Forty five (45%) percent agreed that they would use the private facilities if they have time to access those hospitals.

V. Conclusion

The study shows that the rural women are dependent on the health services of the Sub centers. Reasons for utilization and non utilization of services were program related. Health services should be based on priority and must meet the health needs of people. The need of those residing in village is residential stay of the health worker in their villages to provide emergency care hence measures should be undertaken for the Sub center should be open on all the days, the staff members especially the health worker to report for duty on time and stay in the Sub center. Services of the health worker are much appreciated in spite of her not staying in the centre. The services of Sub centers reach the mothers and children because of the ICDS centers which bring the children below five years together. Role of ICDS centers in health services is applauded. Selection of ASHA and intensive training for her with the drug kit will be definitely helpful for the villagers and the basic health services would be available round the clock thereby the problem of man power in the Sub center will be solved. Political awareness of health, the ability to demand when services are not provided should be developed within the people.

Social Workers have methods and tools which are effective for promoting and ensuring the health rights for the poor and oppressed. But adopting a human rights perspective and practice based on Empowerment, Anti oppressive and Strength based approach will hold significant in today's context. Community health social workers, health researchers and health activists in NGO's can use various strategies

- To build capacity of communities to demand the health services
- Organize campaigns to humanize the health systems towards health needs
- Mobilize people's opinion from local to international level and create public pressure to bring changes in the system.
- Use Public Interest Litigation and Right to Information Act.
- Collaborate and join people's movements across the world and demand the right to health for all.

"It is my aspiration that health will finally be seen not as a blessing to be wished for but as a human right to be fought for" -Kofi Annan, Former UN Secretary General.

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