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A COMPARATIVE STUDY ON HEALTH CARE SERVICES IN TAMILNADU WITH SPECIAL REFERENCE TO KUMARATCHI PANCHAYAT UNION IN CUDDALORE DISTRICT

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Abstract

This paper is based on comparative study on health services provided by public and private health centres in Kumaratchi panchayat union in Cuddalore district. Main objectives of this study: (a) to analyse the public and private health service centres in the study area: and finally (b) to suggest some measures to improve the health status in the study area. This study is based on primary and secondary data. The primary is collected from Kumaratchi Panchyat Union respondents in this study area. The secondary data are collected from the publication, documents, reports, journals, magazines and books. For this study, totally 150 samples are collected from female respondents in Cuddalore district. This information is collected on the basis of simple random sample. This sample is analysed by percentile and Karl Pearson Correlation Co-efficient analysis.

Keywords: Hospitals, Human Development Index, Fertility, Maternal Mortality.

INTRODUCTION

In earlier days, the human development was measured by per capita income. Then it was measured by intake of calorific value. Unfortunately, these two criteria have not reflected effectively certain crucial aspects such as gender equality, literacy rate, health care, etc (Sudhir Anand & Amartya Sen, 1994)]. Therefore, the new tool of HDI (Human Development Index) was introduced which take care of all the above factors of Human Development. Among the factors said above, the concept of health is broader one. For a person to be considered healthy, his physiological conditions have to be normal. Apart from these functions, many other factors determine human health (Sakiko Fukuda-Parr 1999). This includes environmental, social and psychological factors. Also emotion, spiritual and intellectual wellbeing and not merely the absence of disease or infirmity is included in the concept of health. The right to live is the most basic human right.

In the context of health, at means that within the limitations of existing technology and resources, efforts must be made to ensure that everyone can lead a healthy life. Good health means freedom from illness and disease to acquire skills, human beings need sound health. Therefore healthcare becomes a prime candidate for attention in a district. Improvement in other domains will happen only if we create a conductive environment where there is a space for improving health conditions. Health is determined by the following variables and they are as follows: Birth Rate, Death Rate, Still Birth Rate, Infant Mortality Rate, Maternal Mortality, Antenatal Anaemia, Institutional Delivery and Low Birth Weight (World Health Organisation 2006).

Woman's health concern is influenced by interrelated biological, social and cultural factors. It is generally expected that woman can live other than men, but it does not necessarily ensure a better quality of life. Profound studies reported that women are more sickly and disabled than men throughout the life out the life cycle. It has been suggested that women are particularly vulnerable, where basic maternity care is unavailable. The contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. They have poor health consciousness and it has repercussions not only for women but also their families, to give birth to low weight infants be able to provide food and adequate care for their children. Finally, a women's health affects the household economic well be less productive capacity of the labour force (Lyla M Hernandez & Dan G Blazer, 2006).

More than two – third of the India's population are living in rural areas. About 60 per cent of the rural populates are living in below poverty line. Education and health facilities are low in Indian rural areas to compare with Indian urban areas. Due to this impact, literacy ratio is low and they do not get better, proper and easy access to medical care facilities in their areas. These factors exert a negative impact on the social, economic and empowerment (Sandeep Singh and Sorabh Badaya, 2014). They are facing many serious health concerns, because of the wide variation in cultures, religions and levels of development. Among India's 25 states and seven union territories, it is not surprising that women's health also varies greatly from state to state. Millions of million populations are suffered and affected by various health related issues. In India, nearly 40 per cent of populations are living urban areas. But, 80 per cent doctors and health care facilities are available in this area

Several key indicators have shown by Improvement in the health status of the population of

Tamilnadu. It is evident from the following data which shows in the following points:

- There is a sharp decline in the total fertility rate, from 3.9 in 2006 per 1000 population in 1971 to 16.2 in 2006 which points to Tamilnadu's movement towards replacement – level fertility.
- The crude death rate has decline from 14.4 per 1000 population in 1971 to 7.5 in 2006 per 1000 population.
- The maternal mortality ratio at 90 per 100000 live births in 2006, is down by 80 per cent from 1980.
- The infant mortality rate has fallen significant, from 113 per 1000 live births in 1971 and 59 in 1990 to 37 in 2005 and 2006.
- The neonatal mortality rate has declined by half in this period in 1971 the rate was 53 death per 1000. In 1990, this rate was 44. But 2005, it had fallen to 26; the percentage of deliveries taking place in institutions has risen from 67 per cent in 1993 – 94 to 98 per cent 2007 – 08.
- Life expectancy at birth has improved from 58.2 years for males and 57.8 years for females in 1981 – 86 to 67 years for males and 69.8 years for females in 2006.

OBJECTIVES

- To analyse the women health services in the study area: and
- To suggest some measures to improve the health status in this study area.

METHODOLOGY

This research is an analytical one and comprises both primary and secondary data. Primary data are collected from Kumaratchi block in Cuddalore district. This data has been collected through a well structured pre-tested questionnaire. Totally 150 samples are chosen to avail the primary information from this block. These samples are chosen on the basis of income groups and it is classified into three groups and they are follows: (1) Lower Income Group (Less Rs. 1 lakh); (2) Middles Income Group (Rs. 1 lakh – Rs. 5 lakh) and finally (3) Higher Income Group (More than Rs. 5 lakh). The researcher selected 50 samples from each income groups. It is chosen on the basis of simple random technique. The collected data is tabulated and interpretations have been given. Wherever necessary, percentages and tables have been used to explain the findings. The secondary data are collected from the various publications, documents, government reports, journals, magazines and books. Block level data are collected from the records of village panchayat office, district and officials, human development reports and official websites.

ANALYSIS

This part of study is going to discuss about analytical description of women health status in Kumaratchi block at Cuddalore district in Tamilnadu. This study includes the following questionnaire (a) Relationship between income of respondents and their place of availing medical treatment and (b) Relationship between income of respondents and their reason to get treatment from this centre.

RELATIONSHIP BETWEEN SAMPLES' INCOME AND THEIR PLACE OF AVAILING MEDICAL TREATMENT

The following study discusses about different categories of respondents' income and places of obtaining medical amenities in their research area. Different categories of samples' income groups are (a) Low (Less than Rs. 1 Lakh): (b) Middle (Rs. 1 Lakh to Rs. 5 Lakhs) and finally (c) Higher (More than Rs. 5 Lakhs). Classification of availing health care facilities is from (a) Government Hospitals and (b) Private Hospitals.

Hypothesis helps to prove theory. Different types of Hypothesis are available and they are follows: (a) Simple Hypothesis (b) Complex Hypothesis (c) Empirical Hypothesis (d) Null Hypothesis H_0 (e) Alternative Hypothesis H_1 (f) Logical Hypothesis (g) Statistical Hypothesis. This study consider these hypothesis H_0 & H_1.

H_0 = There is no association between income groups and places of availing medical treatment ($r = 0$)
H_1 = There is association between income groups and places of availing medical treatment $r \neq 0$)

TABLE NO.1
RELATIONSHIP BETWEEN INCOME OF RESPONDENTS AND THEIR PLACE OF AVAILING MEDICAL TREATMENT

Sl. No.	Income Groups	Places of Availing Medical Treatment					
		Public Hospital		Private Hospital		Total	
		Freq.	%	Freq.	%	Freq.	%
1.	Lower (Less than Rs.1 Lakh)	47	***94.0***	3	***6.0***	**50**	***33.3***
2.	Middle (Rs.1Lakh – Rs.5 Lakh)	23	***46.0***	27	***54.0***	**50**	***33.3***
3.	Higher (More than Rs.5Lakh)	2	***4.0***	48	***96.0***	**50**	***33.3***
Total		**72**	***48.0***	**78**	***52.0***	**100**	***100***
							r =0.782304

Source: Primary Data.

Above table represents that relationship between income groups and place of availing regular health check-up for Kumaratchi panchayat union.

LOWER INCOME GROUPS

In this block, about 94 per cent of low income groups of respondents want to avail treatment from public hospital. Remaining percentage of respondents is receiving medication from private hospitals. Hence it is concluded that most of the low income groups wants to avail treatment from government or public health centres, because of avail free of cost or cheap priced health care amenities. These groups of samples are acknowledged that they are curing their minor health problems for Government hospitals in-around the study area. Sometimes, they are getting major health related issues treatment from various places like Pudhucherry (JIPMER), Chidambaram (Raja Muthiah Medical College) and very few respondents are getting treatment from Chennai and Thanjavur (Government Medical Colleges).

MIDDLE INCOME GROUPS

In this category, most of the respondents (54 per cent) accepted that they are availing treatment from private hospitals. These respondents are told that they want to get better environmental and equipment oriented health care facilities. In this reason, they sought to private hospital for treatment. Remaining of these group members want to get treatment for emergency cases or most expensive oriented treatment from government hospitals.

HIGHER INCOME GROUPS

More than 90 per cent (96 per cent) of the respondents are accepted that they did not want to take treatment from public hospitals. Further, they want to maintain their social and income status. According their opinion, government hospitals did not maintain properly and it is not functioning good environment. In this reason, they did not prefer public hospitals so that they can get treatment in better environmental private hospitals.

In this section, there are two hypothesis are stated (Null & Alternative Hypothesis). These hypotheses are tested by Karl Pearson Correlation Co-efficient analysis. According to this analysis, there are three rules are stated and they are follows: (1) +0.1 to 0.3 range of value is Weakly Positive Associated (2) +0.3 to 0.5 range of value is Average Positive Associated (3) +0.5 to +1 range of value is Strongly Positive Associated. This analysis rejects the null hypothesis and accepted the alternative hypothesis. From this analysis, correlation value is 0.782304 and this value comes under third rule. In this reason, these variables are convincingly and optimistically connected with each other.

CONCLUSIONS

Development of human resource is one of the most important duties of every government. It means that government should provide more basic facilities like medical and education to all the citizens or grass-root level. But in India, above mentioned facilities are provided by government and it is not qualitatively and quantitatively. This service is not an adequate for entire citizens. Because, it is inadequate of doctors, infrastructure, equipments and finally drugs. .

This study shows that almost all the rich income groups did not like and come forward to get treatment from government hospitals and low income groups' only way to get medical facilities from this hospital. According to opinion on low income groups felt that average medical expenses are very high to compare with their income level. In this reason, they want to avail various basic medical facilities from public health centres. Because, it is based on free of cost or low cost. They responded that it is not provided properly or not available by sufficient level of patients. They viewed that availing of health care facilities must be same for all and there should be no discrimination or disparity between the poor and rich in access to this facility.

SUGGESTIONS

1. Government should establish public health each 2 kilometres once or public should easily avail this facility nearby places.
2. Government should appoint more doctors and their assistance like nurses.
3. Government should provide basic amenities like bed, X-ray and Scanning and it may be avail on the basis of sponsoring from charities, high income groups, contributors and foreign aid.
4. Government should provide all type of diagnosis and organs testing facilities centre each 10 kilometres.
5. Government may recommend for private hospitals for charging fees for in-patients and out-patients.
6. Government should provide life saving vehicles like ambulance services for each 5 kilometres. It must be provide free of cost.

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