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Utilization and Nature of Medical Services Public Health Care Centres in Kolhapur District (Maharashtra State)

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ABSTRACT

The Public health care units play a vital role in rural areas. That large number of population residing in rural areas is directly concerned with PHC's for basic and urgent health treatment. While Primary health care services have been provided with personal physician, well equipped facilities and by trained staff. In the given, following information is related with the primary health care centers practices adopted in entire Kolhapur district. The public health center is an important objective of proving health care services in rural area. Hence, all essential elements of preventive, primitive, curative and rehabilitative are covered by health services. Keeping this view in mind present research focuses on utilization of health services, utility and accessibility of public health care practices, health policies and programs, social determinant and sources of selected diseases in the study region.

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1. INTRODUCTION

The present part is primarily concerned with the perceptions of the beneficiaries' utilization of the Medical services. Outreach Medical services mean the given health care services to patients being taken to the doorstep of the patients. Healthy life is a mirror of happiness and wellbeing of human. Nation's healthy population lives a longer and more productive life. Therefore, its population plays a significant role in economic progression of country.

Here an attempt has made to diseases the Utility and accessibility of public health care practices, health policies and programs, social determinants and sources of selected diseases in the study area. The survey of health department is based on household provide information and utilization about the medical care facility of Kolhapur District. Utilization of Public Health Care Services of many models have been used in geography and other social sciences to describe, determine and forecast the utilization of health services. That geographical research in the field of medical geography began in mid-1960. The study has been carried out by R.L. Morrill and others at the University of Chicago for the urban- social analytical school under the auspices of the Chicago Regional Hospital. A number of research papers have been presented and published on the utility of health care services.

2. STUDY AREA

For the present study Kolhapur district of South Maharashtra has been determined as the study area. It occupying an area of 7685.00 km2, which is 2.50 percent of the total area of the state and a population of 38, 74,015(2011 census), If we look at the population growth rate of the last decade, the estimated population in 2021 will be 42, 24,868.which is 3.79 percent of the total population of the state. It ranks 24th in area and 10 th in population in the Maharashtra state.

This region is administratively divided into 12 tehsils comprising 1188 inhabited villages and 12 urban centres. The study area is bounded by Sangli district to the north, Ratnagiri and Sindhudurg districts to the west and Karnataka state to the south and east. Kolhapur district is a part of Sahyadri hill ranges having length about 154 km. The district has been spread between Warana River at the north to Tilari and Tamraparni rivers at the south The district has a long historical and rich cultural background. It is formed after the famous merger of Kolhapur Princely state.

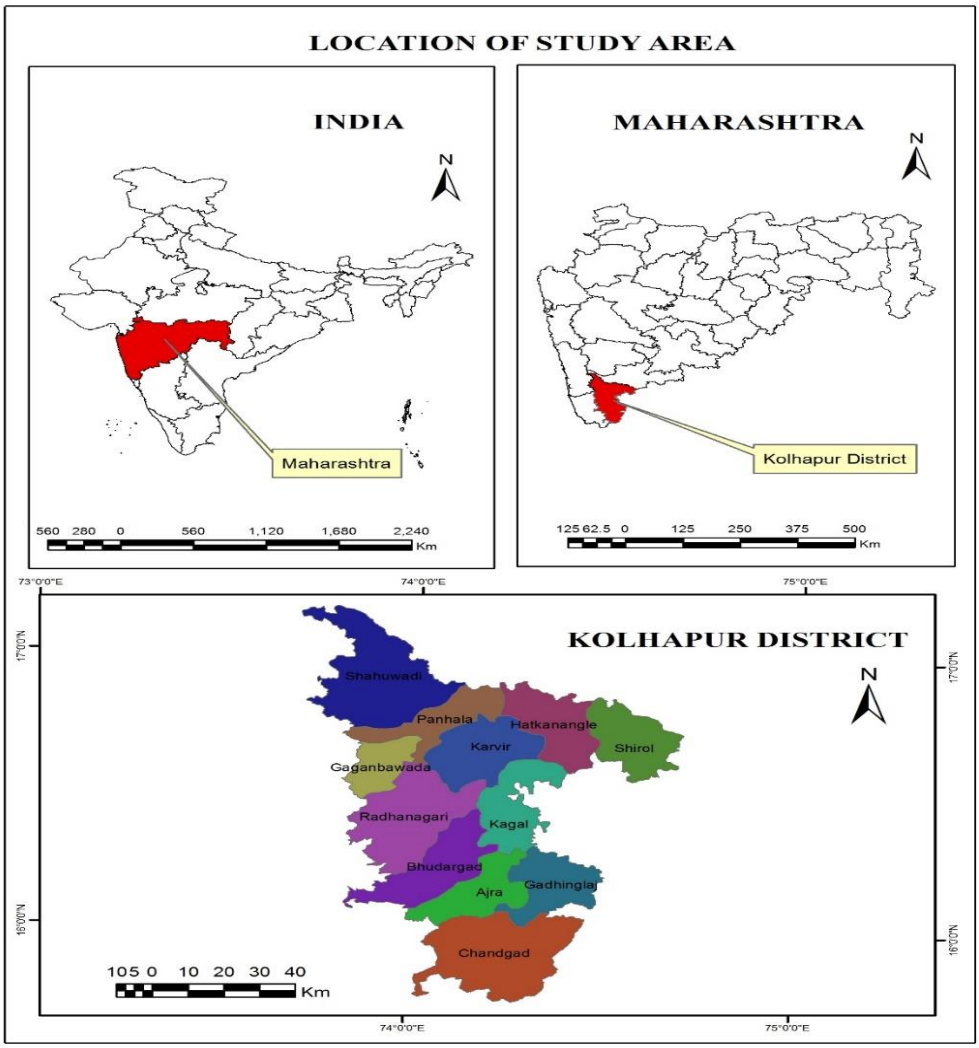

Fig. No 1

3. OBJECTIVES:

1. To study the utilization the modeling of public health care services
2. Utilization of Public Health Service on Demographic and Social influences.

4. DATA BASE AND METHODOLOGY:

The proposed research work will be based entirely on primary and secondary data. Many statistical methods and quantitative techniques have been used to study various aspects of health centres related to current practices. Statistical methods like correlation analysis will be applied to find out the relationship between health centres and area, population, inhabited village and net sown area etc.

5. UTILIZATION AND NATURE OF MEDICAL SERVICES

The Utility and accessibility of public health care practices, health policies and programs, social determinants and sources of selected diseases in the study area. The survey of health

department is based on household provide information and utilization about the medical care facility of Kolhapur District. As per 2011 census, rural population utilizes a very low quantity of health facility from primary health centers compare to urban population in the study area. There are following medical services provided by the primary health centers.

I) Immunization of children

II) Family Planning Operation

III) Treatment of communicable diseases, Malaria and Tuberculosis etc.

IV) Treatment of minor ailments

V) Antenatal care (ANC)

VI) Deliveries

I) Utilization the Modeling of Public Health Care Services

The research papers published on many factors of the hospital such as type of hospital, size and location of health center and finance of health care facility etc. Those factors and distances could influences on utilization of health facility by people. The gravity modeling is used to assign patients who go to primary health centers. The patient thinks about the distance, time, travelling and the location of health center from the house. By using this model the health centers predict and plan according to it. It is always logical to use them for providing health services based on behavioral assumptions.

In the present study an attempt has been made to explain the social, population and psychological variables and the utilization of health services. The sex, age and social class of beneficiaries and influence of providing health facilities, nature of health care system, distribution of health centers, capabilities and capacity services of health care centers etc. factors are influenced on the utilization of health services.

The more sophisticated and complex model by Gross (1972) incorporates behavioral components as major determinants of utilization. A causal model is proposed which includes accessibility; something generally omitted, assumed or glossed over in these earlier efforts

$$U= (E,P,A,H,X)$$

Where,

U =Utilization of various services reported by the individual or family.

E= Enabling factors such as income, family size, education

P= Predisposing factors such as attitudes to health care, knowledge of Source of care.

A= Accessibility factors such as distance and / or time from facility and service availability.

H= Perceived health level

X = Individual and area- wide exogenous variables

This is the model incorporates a wide range of variables, but their numerical expression and measurement can be very problematic. Indeed, veeder (1975), in a review of such models, indicates that the measurement and qualification of beliefs and attitudes, for example, has proved to be a stumbling block for most. A number of attempts have nevertheless been made to bring the gross model into operation although success has been restricted. This is the conceptually and mathematically most sophisticated of the models developed so far but, ironically, this may prove to be one of its empirical weaknesses, since data are rarely available with which measure the variables sufficiently precisely.

II) Utilization of Public Health Service on Demographic and Social influences

In the large number of factors which have been introduced, some inherently geographical in nature (Distance, Location and Morbidity).The particular influence of diagnosis has not been discussed in any depth, yet this can certainly influence potential for utilization and trends to travel inconvenient distances to facilities (Josef and Boeckle, 1981), e.g. Distances decay affects in utilization negatively to be correlated with severity of diagnosis in the case of mental illness.

There are specialized health services which are very important in recent times, but PHC's provide a simple diagnosis and simple treatments with the fixed local technology. There is possibility of flexible provision which will influence on future utilization pattern.

Two main groups have been investigated by the geographers that influence on utilization behavior of those who are concerned with distance and accessibility. Those are related to individual and health services. There are following factors affecting the utilization of health services.

A) Age and Sex

The Age and sex are the most significant variables concerned with different rate of utilization of medical services. It is the simply terms that, senior citizens people use primary health care services more than the younger people. Generally it has been observed that, females take more health services than the males. However, this fact depends upon the behavior of patients that is. The younger mother may be regular user of health care services associated with ante and post–natal care and regular "Health check-ups" by younger age group. Davies and Giles, (1979) examined that, "Females also seem to be more prone to depressive illnesses and neuroses but they can sufficiently be treated at home sometimes.

Mostly, the female patient comes in regular contact with medical officers. The female received approximately more percent of medical care than male. Table 1 shows still in the study area 53.29 percent of female and 46.70 percent of male received primary health care services in the study area. But female do not seek help for any particular problem like men. Females live longer life in developed countries. Women live longer life than the men, because the rate of morbid is less than the male. In addition to this there are higher incidents of accidents affected on the lives of men.

Table No.1

Kolhapur District: Primary Health Centers of Gender wise Respondents - 2019

Gender	Total Respondents of PHC	Percentage
Male	78	46.70
Female	89	53.29
Total	**167**	**100**

Source: Compiled by researcher and based on the field survey, 2019

In the information showing table no.1 reveals the respondents, who visited in primary health centers for the purpose of treatments. During field survey, different types of genders have visited in primary health centers. In the course of survey 89 (53.29%) female respondents and 78 (46.7 0%) male respondents have been found in primary health centers in study area.

B) Age

The age factor is also influences on health status of human. The age and human's health, both factors depend upon each other. There mostly age group of child and senior citizens are more unsafe from diseases. In order to find out correlation between various age groups and types of diseases of that respondent, they are classified into four age groups. Basically, the various stages of human beings are considered i.e. age stage of infant, child, adolescence, youth, and adult and old age group stages. The age groups are divided in to the 1-10, 11-20, 21– 30, 31-40,41-50 age and Above 50 and so on (Table 2).

Table No.2

Kolhapur District: Distribution of Respondent (Patient) to Their Age - 2019

Age	No. of Respondent	Percentage
1-10	19	6.33
11-20	30	10.00
21-30	55	18.33
31-40	42	14.00
41-50	58	19.33
Above - 50	96	32.00
Total	**300**	**100**

Source: Compiled by researcher and based on the field survey, 2019.

The table 2. Indicates that there are total 300 respondents who took the benefits from the primary health centers. It is the highest utilization of health facilities of PHC is age group of 1-10 is 19 (6.33 percent),11-20 age group of patient belonging-30 (10.00 percent), 21-30 age group of patient belonging – 55 (18.33 percent), 31-40 age group of patients belonging – 42 (14.00 percent), 41- 50 age group of patient belonging – 58 (19.33 percent) and above 50 age group of patients belonging- 96 (32.00 percent) respondent. From this observation it reveals that the proportion of patient from various age groups, is variable.

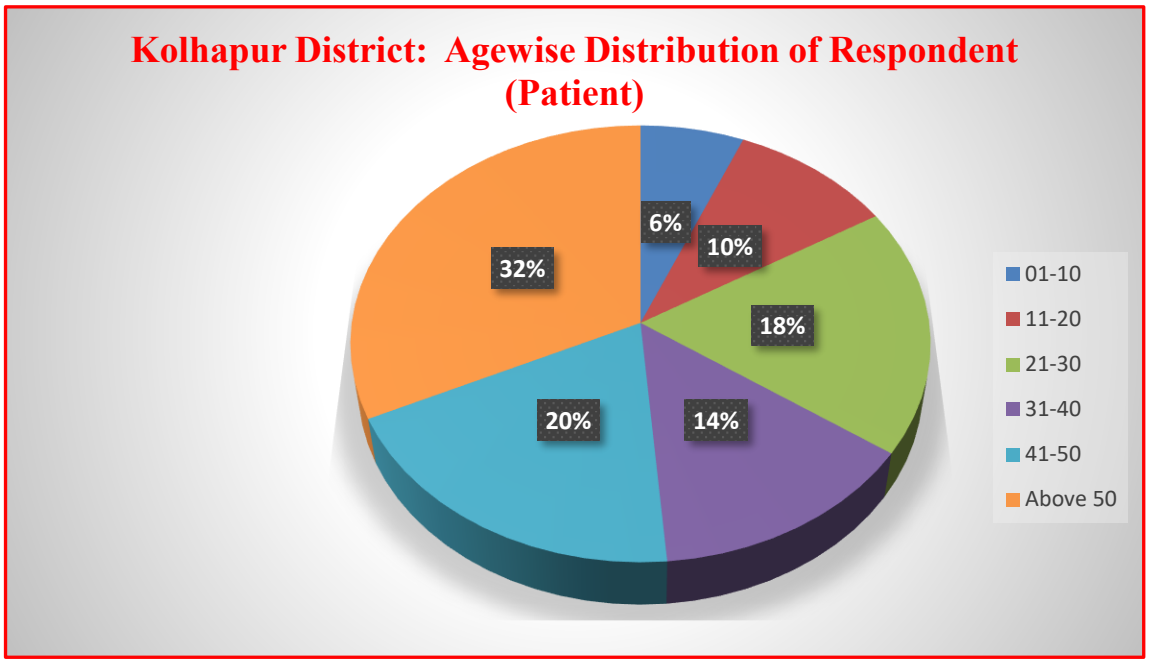

Fig no.1

C) Social Class

The Social class has been continuously identified as changeable. It influences on demand and rates of health services. Here, the difference has been observed between social group and professionals and health care utilization. This data indicates that lower socio-economic status is one which is always in want of primary health care. It is measured with the help of morbidity and mortality. The health services is available in different types of social groups but the type of quality not given clear evidences. Wherever, there are seen many problems of health, illness, class and any other variables, where the picture of social differentiation in disease and illness is clearly emerged.

D) Distortion

Distortion is also generally observed higher in lower social groups. It has been cleared by using data collected through survey of 2019.It is also illustrated that the diseases have been divided in to two groups. e. g. acute and chronic diseases. In the lower social groups it has been observed a greater incidences of illness in unskilled labor.

The rural area is backward in terms of socio-economic conditions as compare to the urban area. There are numbers of facilities available in the urban area, i.e. health services, income, education facilities, malnutrition problems, potable water, road facilities etc.

CONCLUSION

The Utility and accessibility of public health care practices, health policies and programs, social determinants and sources of selected diseases in the study area. The survey of health department is based on household provide information and utilization about the medical care facility of Kolhapur District.

In the present study an attempt has been made to explain the social, population and

psychological variables and the utilization of health services. The sex, age and social class of beneficiaries and influence of providing health facilities, nature of health care system, distribution of health centers, capabilities and capacity services of health care centers etc. factors are influenced on the utilization of health services.

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