

Primary Health Care System in India: An Analysis with Focus On Quality of Health Care & Reproductive Health Care Services

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Abstract

India has a rich centuries-old heritage of medical and health sciences. However, over the centuries, with the intrusion of foreign influences and mingling of cultures, various systems of medicines evolved and have continued to be practiced widely. The allopathic system of medicine gained popularity under the British rule and made a major impact on the entire approach to health care in the country after Independence. The health care system in India, at present, has a three-tier structure to provide health care services to its people. The first tier known as primary tier has been developed to provide health care services to the vast majority of rural people. India has been focusing on relevant infrastructure, technology, disease control, and health outcomes in terms of deaths and disability-adjusted life years, and largely ignoring the quality of healthcare & reproductive healthcare services to the rural population through the primary health care system. Many researchers have found the failure in the PHC system in delivering the services namely the unavailability of facilities at health centers, unsatisfactory situation of patients, absenteeism of doctors, lack of rehabilitative services, under five mortality and child mortality etc. These outcomes show us the failure of primary health care system. This writing makes an attempt to find the answer to the question; whether the primary health care system in India is at the cross roads with regards to delivery of quality of healthcare and reproductive healthcare services? This writing is solely based on the secondary data.

Key Words: Primary Healthcare, Quality of Healthcare, Reproductive Healthcare.

1. Introduction

"India is the cradle of human race, the birthplace of human speech, the mother of history, the grandmother of legend and the great grandmother of tradition, our most valuable and most instructive materials in history of man are treasured up in India only"—Mark Twain. (*India year book 2010*)

The health care system in India, at present, has a three-tier structure to provide health care services to its people. Namely; primary, secondary and tertiary health care. The first tier, known as primary tier, has been developed to provide health care services to the vast majority of rural people. In India one of the most striking differences between urban and rural population is the reproductive healthcare delivery system. The availability and distribution of adequate health resources to the whole population should be a primary concern. As urban centers of the country leap forward in their ability and

access to a better reproductive health, we must consider how to also make these services available to rural populations.

The primary tier comprises three types of health care institutions: 1. Sub Centre (SC) 2. Primary Health Centre (PHC) 3. Community Health Centre (CHC) the rural health care infrastructure has been developed to provide primary health care services through a network of integrated health and family welfare delivery system. India is a signatory to the Alma Ata Declaration of 1978 and was committed to attaining the goal of "Health for All by the Year 2000 A.D" through the universal provision of primary health care services. (*Govt. of India 1983*).

The major thrust in this direction is the National Rural Health Mission (NRHM) which aims at major qualitative improvements in standards of public health and health care in rural areas through strengthening of institutions, community participation, decentralization and innovative methods of reaching all habitations. (*India year book 2011*)

This writing makes an attempt to find at how the current system is delivering the quality of healthcare & reproductive healthcare services through the Primary healthcare system, based on an analysis of the selected literature.

Research Objectives: **a)** To understand the efficiency of the primary health care system in delivering the quality of healthcare and reproductive healthcare services. **b)** To make recommendations in the improvement of the quality of care and the reproductive healthcare services delivered by the PHC system.

Relevance:

Healthcare is one of the seven thrust areas under the National Common Minimum Program (NCMP) and improvement in health continues to be an important part in the overall strategy for socio-economic development over the planning period. The National Rural Health Mission (NRHM) is the key plank for giving effect to the existing programs of the NCMP. The NRHM also provides an overarching umbrella to the existing programs of health and family welfare including RCH-II (*India year book 2010*)

The International Conference on Population and Development in 1994 (ICPD) at Cairo, **quality of care** is coming to be acknowledged as equal in importance with access to **reproductive health services**.

Thus, from the above, the quality of healthcare and reproductive health services must be a part of PHC system, this paper analyzes the secondary literatures/articles in the field of quality of care and RCH services delivered by PHC system, by this we can find the present status of primary healthcare system with regards to quality of care and reproductive health services.

What is the Primary Health Care?

Primary Health Care is defined by the World Health Organization: "Essential health care, based on practical, scientifically sound, and socially acceptable method and technology, universally accessible to all in the community through their full participation, at an affordable cost, and geared toward self-reliance and self-determination" (*WHO & UNICEF, 1978*).

Functions of the PHC: The functions of the primary health center in India cover all the 8 ‘essential’ elements of primary health care as outlined in Alma-Ata declaration they are;

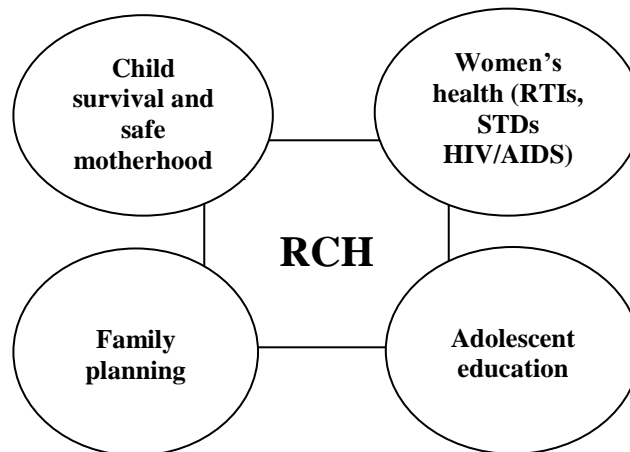
1. Medical care
2. MCH including family planning
3. Safe water supply & basic sanitation
4. Prevention & control of locally endemic diseases
5. Collection & reporting of vital statistics
6. Education about health
7. National health programs as relevant
8. Referral service
9. Training of health guides, health, local dais & health assistants
10. Basic laboratory services (*K.Park 2000*)

REPRODUCTIVE HEALTH

Cairo Definition of Reproductive Health: The 1994 International Conference on Population and Development in Cairo defines, “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicitly in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulations of fertility which are not against the law and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

ELEMENTS OF INTEGRATED REPRODUCTIVE HEALTH SERVICES

- Safe childbearing; access to appropriate health-care services; antenatal, Safe delivery, Postnatal and infant care.
- Care of gynecological health problems.
- Access to safe and affordable abortion services.
- The capability to reproduce; infertility.
- A safe sex life free from the fear of disease.
- Access to safe, effective affordable and acceptable methods of family planning of their choice.
- Special attention to adolescents and youth, both female and male.
- Access to quality of care for the prevention and care of reproductive health problems.



Quality of healthcare

Quality health care can be more exactly described as striving for and reaching excellent standards of care. It involves assessing the appropriateness of medical tests and treatments and measures to continually improve personal health care in all fields of medicine.

Improving Quality of Care;

Improving quality of care for clients means understanding their cultural values, previous experiences and perceptions of the role of the health system, and then bringing reproductive health service providers and the community together to map out a shared vision of quality. Similarly, enhancing quality of care for providers requires identifying their motivations, addressing their needs (including general administrative and logistical support from the health care system), and helping them to better understand and address clients' concepts of quality.

Whether the Primary Health Care System in India is at the cross roads with regards to delivery of Quality of care and reproductive health services? The important the functions of PHC system including reproductive healthcare services delivered by the primary healthcare system gives the clear picture and identity of a good PHC system including its duties and services. However, there are many reports and studies viz., NFHS, DLHS and many more articles published in various journals which shows the failure of the primary health care system with regards to the quality of care and reproductive healthcare services, the articles which referred in this report shows many negative results of PHC system such as, lack of legislative and regulatory support to PHC, stereo type practice, lack of human resources, financial problem, doctor and nurse absenteeism, poor infrastructure, absence of community based rehabilitation, shortage of general practice physicians, high rate of under five mortality and child mortality etc. these findings stimulate us to look at the of poor quality of care and the failure RCH service in PHC system.

Critical review of the literature;

- The studies conducted by *Monica das Gupta, Giridhara Babu, Manju Rani* et al, in their article, focused on the quality of service and quality of care of the primary healthcare system. They focused on the policies of government. We do agree that good polices are necessary to provide quality services to the people, but their study totally neglected the client perspective which is very important

with regards to quality of care, and the reproductive services delivered by the system. Giridhara babu in his article speaks about the absence of people need assessment in the system without focusing on what are the need they required for ex: counseling, different methods of treatment, etc. and also he has not focused on any reproductive issues of the system. Similarly these all articles focused only on quality of service and care based issues like poor healthcare infrastructure/facilities, absenteeism of doctors and nurse, lack of drugs/equipments, weak referral service, etc these type of studies shows the lake of quality care in PHC system. But largely neglected the reproductive health matters.

- The studies conducted by *Keera Allendorf, Aparegita Chattopadhyay, Nozer , M E Khan*, have spoke about the emerging reproductive health issues like maternal mortality, (which is still higher in some places) lake of emergency obstetric care, antenatal care, unsafe abortion, contraception, male sterilization, fertility, family planning infant mortality, neonatal post neonatal and child mortality etc. this kind of studies shows that reproductive health is restricted only to mother, child and their reproductive health. But, none of the studies have not focused on HIV, AIDS, STIs, adolescent health care, etc. which are the part of primary healthcare service.

Recommendations

1. The government should enact the public health act to provide the basic legislative strength for primary health care system, and should establish the separate public health directorates with their own budgets and staff will be more benefit for the system.
2. Revitalization of public health cadre, the ideas and policies cannot be static, planning must have enough flexibility to cope with the fast-changing world of science and technology and the policies should be culturally congruent.
3. The quality of reproductive health service in PHC should be improved therefore the indicators for measuring the quality of reproductive health services from the perspective of the client are necessary.
4. The primary healthcare service has to be provided by the NGO's for the effective result.
5. The strengthening of the programs and creating the proper awareness by incorporating educational programs to the rural population helps in success of the system.
6. Communication between the primary healthcare hospitals and the other health sections at the top level is must, and the wide gap that exists between these sections have to be reduced.
7. The Community Based Rehabilitation must be a part of primary health care. A sensitive counseling and sound referral services for the adolescents, infertile couples, and to pregnant mothers have to be created.
8. Promoting the sex education programs for the adolescent (both male and female) and providing counseling for adolescent girls in solving the psychological problems and to improve their nutritional status, access to health services, information and increase in their age at marriage etc.
9. Encouraging the medical students to pursue general internal medicine as a specialty, and motivating them to serve the rural people.

Conclusion

A “universal access to sexual and reproductive health and the protection and promotion of reproductive rights” is very important, and there is a need for effective strategies to focus on Reproductive health program, the matters which we discussed in this report brings out clearly the need to have effective strategies to capture the rural people and other disadvantage sections under the package of reproductive health services and to gear program to suit their specific requirements. It is proving quite a challenge to reduce maternal mortality morbidity, infant mortality, unsafe abortions etc where the utilization of health services is far from universal, and where the preparedness of the health system to treat emergencies is inadequate.

The recommendations which are made in this report are based on the thought of many experts and authors in this field, so in order to bring a fruitful change in the primary healthcare system the mentioned recommendations may be helpful.

Finally, India was the first country to have started with programs for family planning. The launch of National Rural Health Mission has been the recent success story in health reforms underway in India. However, such a program is rarity, and the need is much more intense. We cannot allow Indian children to suffer from measles, adults to get cardiovascular diseases or elders to succumb to cancer. All these conditions are very common in our country and very little is being done; yet we claim ourselves to be one of the fastest growing and developing nations. It is high time that we focus on fixing the health system, and take steps that will improve the picture of the primary healthcare in the country.

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