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Status and role of primary health care in India

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Abstract

Primary health care (PHC) is the frontline care of the health care system that is comprehensive and coordinated. PHC provides multidisciplinary, patient-centered care with a focus on both the treatment and prevention of various conditions. It is first point of contact to keep people well and improve their quality of life. A strong, accessible PHC system reduces pressure on hospitals by supporting people to manage their health issues in the society. The ultimate goal of primary health care is better health for all. WHO has identified key elements to achieving that goal: reducing exclusion and social disparities in health, organizing health services around people's needs and expectations? Present paper is related to status and role of primary health care in India.

Keywords: Primary Health Care, Patient Centered, Rural Health

1. Introduction

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the society through their participation and at a cost that the society and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of the country's health system, of which it is the central function and main focus, and of the overall health care development. It is the first level of contact of individuals, the family and society with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

As per the Rural Health Statistics 2015, as on 31.3.2015 the status of public health facilities in the Country is as: 1, 53,655 Sub Centers (SCs), 25, 308 Primary Health Centers (PHCs) and 5, 396 Community Health Centers (CHCs). According to the provisions a Primary Health Centre should be established per 30,000 population in general areas and per 20,000 population in difficult/tribal and hilly areas. PHC is the first contact point between village community and the medical officer. The PHCs were envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. The PHCs are established and maintained by the State governments under the Minimum Needs Programme (MNP)/ Basic Minimum Services (BMS) Programme.

It recognizes the social, economic and environmental determinants of health and promotes the importance of society participation. Primary care provides the first level of professional care within a locality, occupying the interface between self-care and hospital-based secondary (general specialist) and tertiary (super specialist) care. PHC is a part of the care system which people contact first when they have a health problem. Functions of primary health care are identifying and controlling prevailing health problems, food supply and proper nutrition, attention on safe water and basic sanitation, maternal and child health care, family planning, immunization, treatment of common diseases, provision of essential drugs. Other tasks of PHC are to provide continuous and comprehensive care, to refer to specialists and hospital services, to co-ordinate health services, to guide the patient within the network of public health services, to provide the best possible health services.

Health service reforms are moving towards primary care-centered services. A higher primary care orientation is likely to produce better health for a population at a lower cost.

It is also known for patient satisfaction and reduced health-care costs. Primary care-centered services are not always cheaper than hospital based services. The main role of primary health-care staff is to be alert to the possibility of health problems. Team usually involves health visitors, social work staff and nurses as well as the doctor are particularly essential in tackling simple problems. Good communication between members of the team is also essential, and visits to the home. For more major problems, it is usually desirable to seek help from specialist. Primary health care centers take care cases of children’s conduct disorders, learning disabilities and autism, adolescent behavioral disturbance, marital and family conflict, sexual dysfunction, drug and alcohol misuse, family violence and child abuse, pre-marital counseling, divorce mediation, eating disorders, suicide prevention.

2. Methodology

The present study is based on survey. Data is collected from health centers, hospitals, health departments, websites, newspapers and magazines. Collected Data is tabulated and analyzed. 4 tables are prepared out of which table-1 contains data regarding status of primary health care centers in India. Data related to no. of primary health centers and detail of health beneficiaries are depicted in table-2 and table-3 respectively. Table-4 denotes problems of health centers.

3. Finding and Analysis

Table 1: Primary Health Centre Status in India

Average rural population covered by Primary Health Centre	32944
Average rural area (sq. K. m.) covered by Primary Health Centre	123.09
Average radial distance (K. m.) covered by Primary Health Centre	6.26
Average Number of Villages covered Primary Health Centre	25

Table 2: No. of Primary Health Centers in India

Area	No. of Primary Health Centers
India	25308
Madhya Pradesh	1171
Karnataka	2353
Rajasthan	2083
Uttar Pradesh	3497
Bihar	1883

Table 3: Detail of Health Beneficiaries Age wise

Age Group	Beneficiaries %
0-5 year	73
6-12 year	64
13-18 years	55
above 18 year	42

Table 4: Problems of Health Centers

Problem	Extent in %
Lack of Medicines	34
Lack of Facilities	37
Lack of Doctors	31
Undeveloped Infrastructure	53
Lack of expert Staff	42

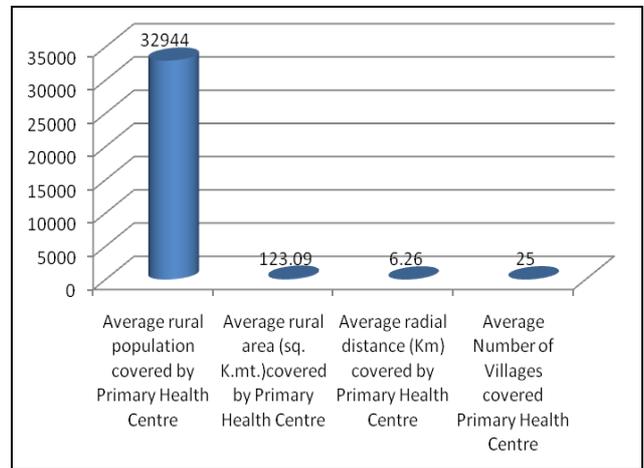


Fig 1: Primary Health Centre Status in India

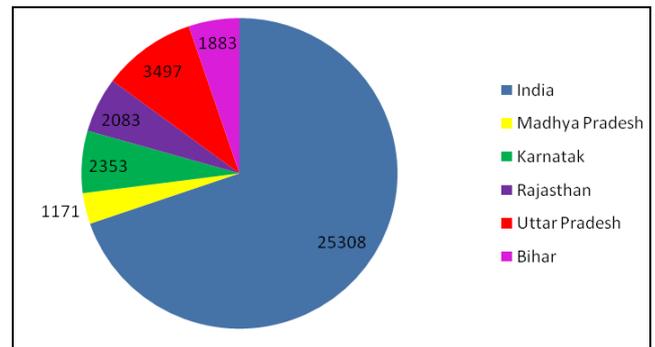


Fig 2: No. of Primary Health Centers in India

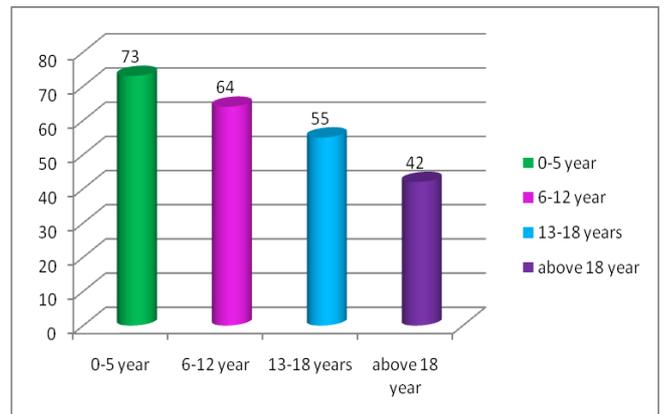


Fig 3: No. of Health Beneficiaries Age wise (%)

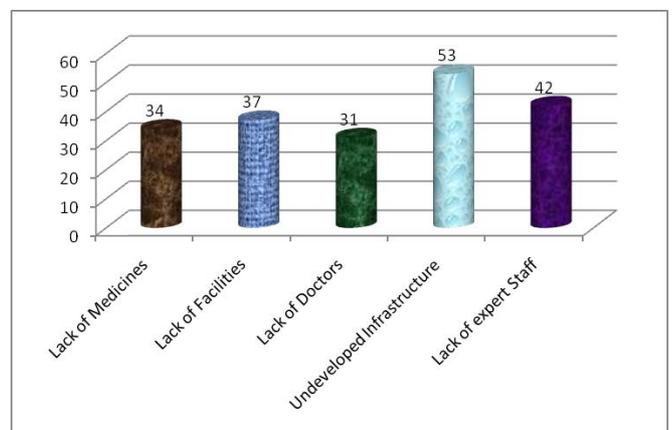


Fig 4: Problems of Health Centers

4. Conclusion

When the status of health services is studied, the principles of health equity, people-centered care and a central role for communities in health action are considered radical. Research suggests that these values are becoming main stream in modernizing societies. They correspond to the way people look at health and what they expect from their health systems. Rising social expectations regarding health and health care must be seen as a major driver of primary health care reforms.

5. References

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