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Availability and accessibility of health services for women in rural blocks of Tiruchirappalli District, Tamil Nadu

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Abstract
According to WHO (World Health Organization) guidelines, Health service delivery systems that are safe, accessible, high quality, people-centred, and integrated are critical for moving towards universal health coverage. Service delivery systems are responsible for providing health services for patients, persons, families, communities and populations in general, and not only care for patients. While patient-centred care is commonly understood as focusing on the individual seeking care (the patient), people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services. This paper is on assessing the health care services provided by State Government of Tamil Nadu for Rural women on maternal health care. The study was taken from 407 respondents from 5 rural blocks of Tiruchirapalli District of Tamil Nadu. The study found that very good health care services provided by State Government in Tamil Nadu and example of other states and countries.

Keywords: Tamil Nadu health services, rural women

Introduction
Good health is an essential pre-requisite which contributes significantly both to the improvement in labour productivity and human resource development. Health services are an important indicator to understand the healthcare delivery provisions and mechanisms in the State and are subdivided into three categories viz. primary, secondary and tertiary health care systems. The Primary Healthcare System consists of Primary Health Centres (PHCs) and Health Sub-Centres (HSCs). Secondary healthcare system comprises of District Head Quarters Hospitals, Taluk Hospitals, Womenand Children Hospitals, Dispensaries, Mobile Medical Units, Police Hospitals and Non-Taluk Hospitals etc., Tertiary healthcare system covers multi-specialty hospitals. In addition to Government efforts, the private sector is also contributing to the provision of Health Care Services.

Access to quality reproductive health services is also crucial for improved child survival and increased contraceptive use and consequent fertility decline in the developing countries (Ramachandran, 1989; United Nations, 1994; Phillips *et al*., 1998). Utilization of reproductive health services is in turn related to their availability and socio-economic, demographic and cultural factors such as women's age, education, employment, caste and autonomy (Obermeyer, 1991; Raghupathy, 1996; Dharmalingam *et al*., 1999; Addai, 2000; Acharya and Cleland, 2000) [5].

Objective
To observe the accessibility of health services for rural women in Tiruchirapalli district of Tamil Nadu.

Significance of the study
In general, utilization of maternal health care services was higher in the south Indian states than in the northern ones (IIPS, 1995; Govindasamy and Ramesh, 1997) [10]. It is because of good health care systems provided by States. In Tamil Nadu, we are assessing the health care services in Tiruchirapalli District. This paper focuses on assessing the satisfaction of health care services for rural women.

Methodology
The survey was conducted in 5 village panchyaths in Tiruchirapalli District of Tamil Nadu. The survey covered 407 randomly selected households through interview schedule. 10 enumerators are engaged during the survey for collecting information and consolidation. The study was included in the interview of Doctors, Nurses of Primary Health Centres.

The process of systematically solving a research problem is said to be research methodology. It is the science of studying how research work is done scientifically and the various steps that are generally adopted by the researcher in studying the research problem. The process of systematically solving a research problem is said to be research methodology. It is a science of studying how research work is done scientifically and the various steps that are generally adopted by a researcher in studying the research problem. The methodology used for the study includes the research design, construction of questionnaire, proposed research model, sample design and appropriate tools and techniques used for the analysis.

The study is a descriptive one. Primary data collected with the help of structured questionnaire administrated to all level of

women in rural areas. Data was collected from respective 5 Villages such as Mannachanallur, Musiri, Sevanthinadapuram, Uppiliyapuram and Thottiyam in Trichy District. In that 407 respondents were selected by adopting-Multi stage sampling

- Stage I: Selection of village panchayats using lottery method.
- Stage II: Identification of hamlets under each village panchayat.
- Stage III: Identification of target population in each hamlets.
- Stage IV: Selection of 20% of population as a sample from each hamlets using systematic random sampling technique.

To find out the suitability of the questionnaire a pilot study was carried out among 40 respondents and necessary additions and deletions were made in the questionnaire. A well-structured questionnaire was used to collect the primary data. For designing an effective questionnaire for the study, it was felt necessary to test the validity of the questionnaire. To test the reliability and validity of the data collected cronbach's alpha test was used and values of Coefficient alpha (Cronbach's Alpha) have been obtained, the minimum value of Coefficient alpha obtained was 0.846. This shows data has satisfactory internal consistency reliability.

Research Design

A research design is the basic framework which provides guidelines for the rest of the research process. The most important part of scientific research is the research design that has been adopted, which offers a base for drawing conclusions from the data collected. The research design used in this study is descriptive research design, since it describes clearly the characteristics of the sample as expressed by the respondents. The research design constitutes the blue print for the collection, measurement and analysis of data.

Tools

The collection of data was conducted in two ways; qualitative and quantitative. The qualitative methods were historical background, case studies, grounded theory and action research. The quantitative methods were using statistical and numerical analysis to generate results. The interviews were conducted to rural women.

Findings

Accessibility of health services

Table 1: Hospital nearby from place of the respondents (n=407)

Hospital in Nearby place	Frequency	Percent
Yes	290	71.3
No	117	28.7

Table 2: Accessibility of health care service by the respondents (n=407)

Status	Nearby Hospital				Total (n=407)	
	Yes n=290		No (n=117)			
	F	%	F	%	F	%
Type of Hospital						
Government hospital (GH)	119	41.0	97	82.9	216	53.1
Primary Health Centre (PHC)	116	40.0	5	4.3	121	29.8
Private	55	19.0	15	12.8	70	17.2
Mode of Transport						
Bus	262	90.3	113	96.6	375	92.1
Two Wheeler	21	7.2	0	0.0	21	5.2
By walk	5	1.7	0	0.0	5	1.2
Car	2	0.7	4	3.4	6	1.5
Time took to reach hospital						
30 minutes	120	41.4	0	0.0	120	29.5
45 minutes	99	34.1	97	82.9	196	48.2
60 minutes	71	24.5	18	15.4	89	21.9
More than 60 minutes	0	0.0	2	1.7	2	0.5

The above tables revealed that, more than two third of them were having hospitals nearby their residence (71.3%). Government is provided good accessibility for rural people on health care services. 83% of the hospitals are run by the Government and respondents are mostly using them because of good services.

Majority of the respondents (92%) were using bus as a mode of transport for hospital visits and 78% of them were reaching the hospital within 30 – 45 minutes. These findings proved that respondents have easy access to reach the hospital and good public transport system.

Satisfaction of health service centre

Table 3: Satisfaction of health care services and expenses per visit of the respondents (n=407)

Status	Frequency	Percent
Waiting time for doctor consultation		
30 minutes	215	52.8
60 minutes	186	45.7
more than 1 hour	6	1.5
Satisfaction of service		
Satisfied	399	98.0
Not satisfied	8	2.0
Expense per visit		
Up to Rs.50	224	55.0
Rs.50 -100	67	16.5
Rs.100 – 200	40	9.8
Rs.200 – 500	45	11.1
Above Rs.500	31	7.6

Among the respondents, half of them were waiting up to 30 minutes for getting doctor consultation and rest of them were waiting up to 60 minutes for getting doctor consultation. Almost everyone was satisfied about the health services provided by the health institution and more than half of them were spent up to Rs.50 for every visit. This amount spent for bus ticket charges only and they didn't pay for hospital services. This proves that respondents are getting free of cost health services from the hospitals. 98 % of them were satisfied with the services in terms of less waiting hours, available of drugs, equipments, on-time support, Government schemes related to maternal health etc.

Village Health Nurse Services

Table 4: village health nurse service, satisfaction and gender inequality felt by the respondents (n=407)

Status	Frequency	Percent
Type of service		
All	140	34.4
Maternity	2	0.5
Medicine	62	15.2
Vaccine	203	49.9
Gender inequality		
Faced	57	14.0
Not faced	350	86.0
Satisfaction		
Satisfied	406	99.8
Not satisfied	1	0.2

All of the respondents were received good services from village health nurse service (VHN). Among them, one third of them were received all services from VHN, half of them were received service of vaccine and rest of them were received medicine and maternity service. In gender inequality, majority of the respondents (86%) were not faced any kind of gender inequality only 14% were faced some form of gender inequality. However, almost all of them were satisfied about service provided by the village health nurse due to their service on vaccine, maternity, awareness creation, contraception etc. 86 percent of them are not faced any gender inequalities in providing the services by village health nurse. Because the village health nurses are closely worked with village people and helping the communities on maternal health, supply of drugs, supply of contraceptive materials, regular visits to the villages etc.

Gender is one of the main social determinants of health—which include social, economic, and political factors—that play a major role in the health outcomes of women in India and access to healthcare in India. Therefore, the high level of gender inequality in India negatively impacts the health of women. Studies have indicated that boys are more likely to receive treatment from health care facilities compared to girls, when controlled for SES status. This finding has led researchers to believe that the sex of a child leads to different levels of health care being administered in rural areas. There is also a gender component associated with mobility. Indian women are more likely to have difficulty travelling in public spaces than men, resulting in greater difficulty to access services.

In this study 14 % of themfaced gender inequalities in providing services from the health centres. They werehesitated to talk with health nurses and unskilled attendants in the health centres and lack knowledge on fertility, contraception, spacing etc due to their lower education status. Hence they were accompanied with their spouses for vesting the healthcentres and get clarified from them. The knowledge was transferred from their spouses to them. The respondents felt that the knowledge sharing was not directly provided by health centre staff to them.

Conclusion

This study sums up that the women were highly satisfied with the provision of health services and schemes by the health centres. They were not worrying about the medical expenses and got great services with free of cost. awareness created by health centres, doctors and nurses was effective on contraception, vaccine, maternity, motherhood, family planning etc. Health policies are perfectly framed and implementation was better in all the field.

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