



Research article

A study to assess the principle based practices of primary health care among primary health workers of PHC in urban and rural areas of Navi Mumbai

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Abstract

The Bhore committee in 1946 recommended an integrated health services comprising primary health care and other levels of care. "Primary health care is an essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individual and families in community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self reliance and self determination". The research was conducted on the statement "A study to assess the principle based practices of primary health care among primary health workers of PHC in urban and rural areas of Navi Mumbai." The study is a non-experimental comparative research design. The study conducted was on 50 samples in urban and 50 samples in rural population. Before the main study a pilot study was conducted on 20 samples. The findings of the pilot study were analyzed by mean and frequency. The study design was then found to be feasible and convenient for main study. A self-structured interview schedule was prepared and used for data collection. Data was analyzed using descriptive and inferential statistics like frequency and percentage, mean and standard deviation. The results show that the primary health care workers in rural area provide better principle based primary health care as compared to the primary health care workers in urban area.

Keywords: Principle based practices, primary health workers, navi Mumbai.

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1. Introduction

"Primary health care is essential health care made universally accessible to individuals and acceptable to them through their full participation and at a cost the community and country can afford." [1] [Alma ata conference]

Primary health is a popular phrase which has come into practice, in the field of health after the Alma ata conference [1978], and is an evidence of the measures of health

services. Before this conference synonymous terms like basic health services, first contact care, and easily accessible care were in use. Therefore, in World Health Conference it was emphasized to use the primary health care as the major tool. Health system is based on the strong primary health care system. It is more effective and efficient than those centered on specialty and tertiary care. Primary health care services in India is the health provided at the primary level of care, which is the first level of contact of the community with the health system. Cases which are more complex and need specialized care are

referred to the secondary [district hospital] and tertiary level [regional and national hospitals] It is often abbreviated as PHC.[2]

According to WHO, primary health care policy have five principles that have been designed to work together and be implemented simultaneously to bring about a better health outcome for the entire population. These principles are globally accepted everywhere and following with the purpose of integration of health WHO has given the following five principles of primary health care:

- Equitable distribution
- Community participation
- Appropriate technology
- Prevention
- Multi-sectoral co-ordination [3].

Primary health care in India is very diverse both in public sector and private sector. Primary health care workers plays a key role in satisfying the need and demand for essential health services and build a sustainable platform in providing services.

It is expected that India's 12th five year plan [2012-2017] will focus on health and recommend the strengthening of primary care as a key means to delivering this goal [4]

The most recent International example of successful implementation of primary health is the Brazil Family Health Programme [5].

Need of the study:

Primary health care in India is in urgent need of reform to meet the need of the people and there is a little evidence of effective manpower planning in primary health care system.

Health care model was adopted in the declaration of the international conference on primary health care held in "Alma Ata" Kazakhstan in 1978 [known as Alma Ata declaration] and became a core concept of world health organization goal of health for all.

The Alma Ata conference mobilized a primary health care movement of professionals and institutions. Government and civil society organization, researchers and grass-root organizations that undertook to tackle the "politically socially and economically unacceptable." The principles of primary health care have been made to bridge the gap of health inequalities in the country [6].

During our community posting, we were posted in primary health centre and we observed that the standard principles are not properly practiced by primary health care workers because of resource shortage, shortage of manpower, low educational status.

Hence there is need to do a study to assess the principle based practices of primary health care among primary health workers of PHC in urban and rural areas. So we can improve/ reduce the health inequalities in India. And will be able to follow the norm "health for all" through community participation and standardization of practices followed by primary health workers at PHC

The major differences between states in urbanization, economic resources, availability of health care workers and primary care related health outcome. Example: Kerala had an Infant Mortality Rate of 12/1000 and supply of locally well trained nurses to staff their primary facilities while Bihar had an Infant Mortality Rate of 51/1000 and no primary health care training facility [7].

Statement:

"A study to assess the principle based practices of primary health care among primary health workers of PHC in urban and rural areas of Navi Mumbai."

Objectives:

1] To assess the demographic data.

2] To assess the principle based practices of primary health care among primary health workers at PHC in urban areas of Navi Mumbai.

3] To assess the principle based practices of primary health care among primary health

Workers at PHC in rural areas of Navi Mumbai

Hypothesis:

- H0- There will be no difference in the principle based practices among primary health workers in urban and rural PHC.
- H1- There will be difference in the principle based practices among primary health workers in urban and rural areas

2. Methodology

Research methodology or design refers to the researcher overall plan for addressing a research question, including specification for enhancing the integrity of the study. Research methodology is a way to solve the research problem systematically provides a systematic course of action for the researcher to progress toward the end of study [8].

Research design:

It is an overall plan for how to obtain answer to question, being studied how to handle some of the difficulties encountered clearly research process. The non-experimental design was used for this study [9].

Sample:

The sample selected for the present study comprised of the people residing in Sambaji Nagar and Nere village [10].

Sample size:

Total 100 samples, out of it 50 from urban [Sambhaji Nagar] and 50 from rural [Nere village].

Sample technique:

A non probability convenient sampling technique was used for selecting 100 people who met the designated set of criteria during the period of data collection.

Sample Criteria:

Inclusive Criteria:

1. People residing in urban and rural areas of Navi Mumbai
2. People who know Hindi and Marathi.
3. People available during data collection period.
4. People who are willing.

Exclusive criteria:

1. People less than 17 years of age.
2. Not residing in selected rural and urban area.
3. Relatives of primary health care workers.

Data collection technique and tool:

The self-structured interview schedule was administered

Study instruments used by the researcher consisted of:

Section I: Demographic variables.

Section II: Self structured interview schedule to assess principle based practices of Primary health workers at PHCs.

Validity: To ensure content validity of the tool it was submitted to six experts.

Data analysis and interpretation

Data analyzed using descriptive and inferential statistics. The demographic variable was analyzed using descriptive statistics. The statistics method used as mean, mode and percentage [11].

A study was undertaken to assess the principle based practices of primary health workers in the rural and urban area of navi mumbai. After the data collection the tool was analyzed in three parts,

Section I– Demographic variables.

Section II– Self structured question related to knowledge

Section III– Self structured question related to practice

In present study a total number of sample size collected was 50. The findings of the study are as follows

Section I: Demographic data.**Age of people at urban and rural areas**

No. of people	17-27 Years	27-37 Years	37-47 Years	>47 Years
Urban	6	13	17	14
Rural	11	12	12	15

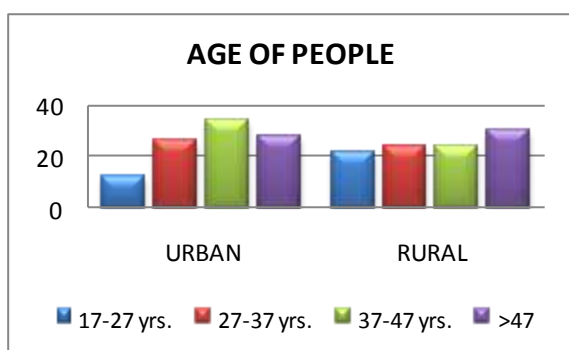


Diagram 1: Age of people at urban and rural

From the above bar diagram it states that in urban area 12% people were in between 17-27 years of age, 26% were 27-37 years, 34% were 37-47 and 28% were above 47. While in rural area 22% were in 17-27 years, 24% were in between 27-37, 24% people were in between 37-47 years of age and 30% of people were more than 47 years of age

The gender of people at urban and rural:

No. of people	Male	Female
Urban	19	31
Rural	23	27

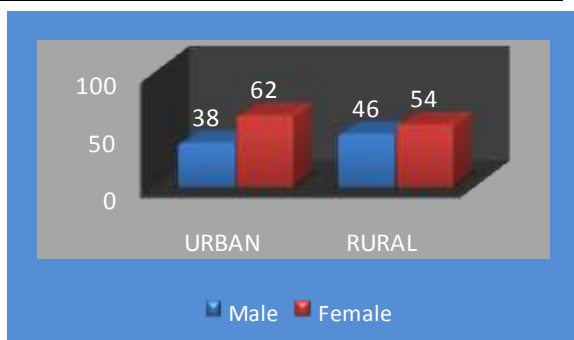


Diagram 2:- Gender of people at urban and rural

From the above bar diagram it states that in the urban area there were 38% of males and 62% of female population. While in rural there were 46% of males and 54% of female population.

Education of people at urban and rural

No. of people	Illiterate	1*	2*	Others
Urban	27	11	12	00
Rural	25	8	14	3

1*: Primary; 2*: Secondary

From the above bar diagram it denotes that 54% people were illiterate, 22% were primary, 24% were secondary and 0% people were graduated in urban area as compared to people in rural was 50% were illiterate, 16% were primary, 28% were secondary and 6% people were graduate

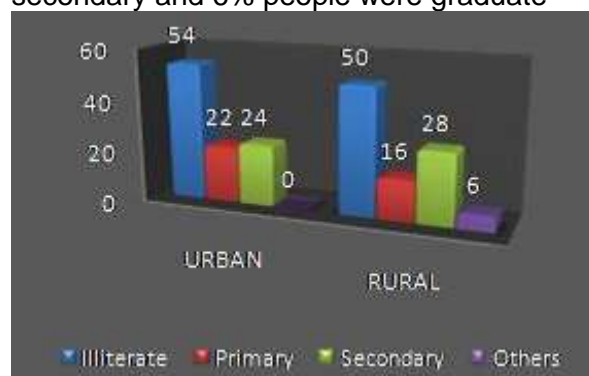


Diagram 3: Education of people at urban and rural

Religion of the population at urban and rural

No. of people	Hindu	Muslim	Sikh	Christian
Urban	50	00	00	00
Rural	50	00	00	00

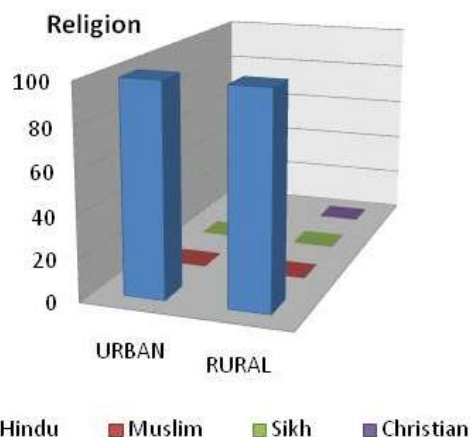


Diagram 4: Religion of the population at urban and rural

Occupation of people at urban and rural

No. of people	Unemployed	Job	Labour	Business
Urban	23	6	19	2
Rural	33	5	9	3

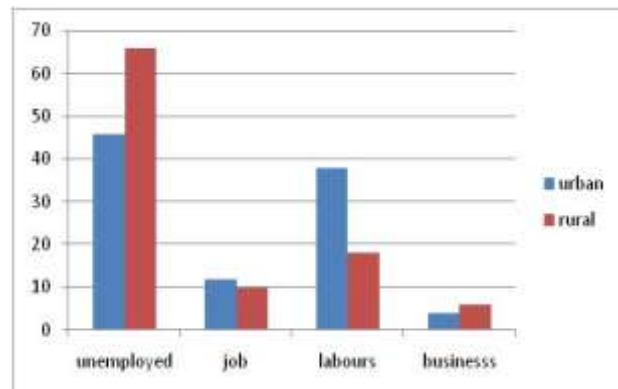


Diagram 5: Occupation of people at urban and rural

Section II: Mean Value of Principles of primary health care in urban and rural areas.

Mean (M)	Equitable distribution	Community participation
Urban (U)	0.738	0.21
Rural (R)	0.935	0.225

M	Appropriate technology	Focus on prevention	Multi-sectoral co-ordination.
U	0.173	0.399	0.158
R	0.182	0.447	0.156

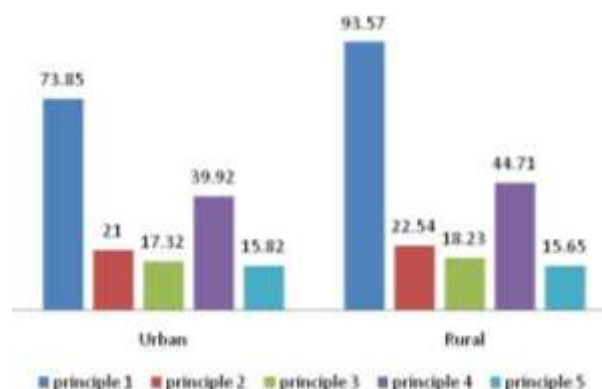


Diagram 6: Principles of primary health care followed by PHC workers at urban and rural in percentage.

Variance is disproportional to principles based practices followed by PHC workers. In Urban area we have seen more variance while in Rural area the variance is less. It shows that the Rural PHC workers focus more on principal based practices.

Summary

The research was conducted on the statement "A study to assess the principle based practices of primary health care among primary health workers of PHC in urban and rural areas of Navi Mumbai."

Objective of the study:

- 1] To assess the demographic data.
- 2] To assess the principle based practices of primary health care among primary health workers at PHC in urban areas of Navi Mumbai.
- 3] To assess the principle based practices of primary health care among primary health workers at PHC in rural areas of Navi Mumbai.

The study is a non-experimental design. The study conducted was on 50 samples in urban and 50 samples in rural group of people of Navi Mumbai and Nere Village. Before the main study a pilot study was conducted on 20 samples on basis of following tool:

Section 1: Demographic data

Section 2: Self structured interview schedule.

The experts determined the content validity of tool. Hence, final tool was used for pilot study. After collecting the data the tool was analyzed using differential statistics like frequency and percentage. The study design was then found to be feasible and convenient to main study.

Discussion:

The findings of the study are discussed with reference of the objectives, hypothesis, and findings of similar studies.

A study on Primary healthcare worker knowledge related to prenatal and immediate newborn care: a cross sectional study was done in Masindi, Uganda in 2013.

3. Results

Level of care being hospital/health centre level IV was not significantly associated with having adequate knowledge in prenatal or newborn care with reference to health centers of level III/II.

A study conducted by Saji Saraswathy Gopalan, Satyanarayan Mohanty, Ashis Das. Assessing community health workers' performance motivation: a mixed-methods approach on India's Accredited Social Health Activists [ASHA] programme in 2012. Results were the level of performance motivation was the highest for the individual and the community level. Those ASHAs who felt having more community and system-level recognition also had a sense of social responsibility and a feeling of self efficiency on their responsibilities. There

was no association established between their level of dissatisfaction and the extent of motivation. The inadequate healthcare delivery status and certain working modalities reduced their motivation.

So in the present study analysis was made by using frequency, percentage, mean and standard deviation. Maximum of the people were between the age group of 37-47 years [34%] in urban while in rural it was [24%]. Illiteracy rate shows maximum of people were illiterate [54%] in urban while [50%] in rural.

Results says that Equitable distribution in rural [0.935] is followed better than in urban [0.7385] whereas Community participation in urban [0.21] is seen better than in rural [0.225] although Appropriate technology is followed effectively in rural [0.182] than in urban [0.1735], Focus on prevention in urban [0.399] is less effectively followed than in rural [0.447] whereas Multi-sectoral coordination is effectively followed in urban [0.158] than in rural [0.156]. Overall, the principle based practices were more effectively followed by PHC Workers at Rural than in Urban

Implication

Nursing administration:

It will help the nursing administrators to provide quality and principle based care to the people in the community and could utilize the finding of the present study. They should encourage the staff and student to carry out similar research

Nursing education

The nurse educators have the responsibility to update the knowledge of the nursing personnel regarding importance of principle based care. The finding of the study can serve guidelines for the nurse educator for planning and conducting educational programme for the student nurses.

Nursing services

Nursing services includes preventive, promotive, and curative services to the people in the community. Nurses play important role in providing primary health care to the community.

Nursing research

The result of the study and tool used contributes to the body of knowledge of nursing. The suggestion and recommendation can be utilized by other researchers conducting further study in the same field. The finding of study has been added to the nursing literature.

Conclusion

The results show that the primary health care workers in rural area provide better principle based primary health care as compared to the primary health care workers in urban area.

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