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Urban Health Care: A Case Study in Tirupattur Taluk

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GOOD HEALTH is considered as a pre-requisite for economic development and social welfare. Good health is an important factor for the provision of regular supply of labour as it avoids them disruptions caused by sickness and resulting absenteeism. Good health promotes high moral and labour productivity. Health has been declared as a fundamental human right. This implies that the state has a responsibility for the health of its people. All over the world the nations are striving to expand and improve their health care services. The Western countries focus on human rights while developing countries refuse to acknowledge that public health is also a basic right and support its fulfillments.

Health Care

Health Care and Health Services imply organisation delivery staffing regulation and quality control. The term medical care refers to the personal services that are provided directly by physicians.

Urban Population

Indian census defines town and cities in terms of local self governance. All places with a municipality, corporation cantonment board and notified area committee are considered urban centres. Other settlements, which do not satisfy the proceeding criteria but fulfill the following three conditions: Minimum population of 5000, at least 75 per cent of male working population engaged in non-agricultural activities. A population density of at least 400 persons per square km. are considered as urban centres.

Urbanisation is a process through which rural population tends to move over to cities and towns in search of livelihood and better amenities and good life styles. The Report of the Technical group on population projections constituted by the National Commission on population estimates that around 38 per cent of our population will live in cities and towns by 2026.

An Overview of Trend and Pattern of Urbanisation

The fact that the share of Asia in world urban population has

gone up from 32 per cent in 1950 to 50 per cent in 2005. A glance at Table 1 reveals that the speed of urbanisation was spectacular, which led the percentage of urban population to group from 50 per cent. The growth rates in urban population in India are reasonably high but have fluctuated over the past decades. The rates were above that of the world average. (Kundu and Kundu 2009).

URBANISATION IN INDIA

According to census of India 2001, there were 4368 towns of which 394 were class I towns with population exceeding one lakh each. During the last two censuses (1991-2001) 672 new settlements were designated as urban areas of which 15 per cent were class I towns. Nearly 70 per cent of urban population reside in class I towns but they account for only nine per cent of towns. The distribution of urban population is thus skewed with in class I cities, the million cities constitute another class. These cities are large in size and have stronger economic base of manufacturing trade and commercial activities and provide employment opportunities in traditional and non-traditional sectors.

There were 27 cities having more than one million population in 2001 an increase from 18 in 1991. These are 21 cities accounted for 10 per cent of population of class I cities; cities grew on account of urban pull factors created due to emergence of economic opportunities and

TABLE 1: URBANISATION SCENARIO IN MAJOR REGIONS OF THE WORLD AND COUNTRIES IN ASIA – PERCENTAGE OF URBAN TO TOTAL POPULATION

Sl. No.	*Years*	*1950*	*1970*	*1990*	*2000*	*2005*	*2025*
1	World	29.06	36.01	42.96	46.60	48.58	57.23
2	Africa	14.51	23.60	32.00	35.95	37.89	97.19
3	Europe	51.21	62.77	70.57	71.42	71.92	76.21
4	Asia	19.22	26.00	34.45	37.05	39.41	48.54
5	China	13.00	17.40	27.40	35.78	40.42	56.87
6	India	17.04	19.76	25.55	27.66	28.70	37.17

SOURCES: United Nations 2005, The World Urbanisation Prospects.

push-factors from rural areas, about 30 per cent of urban population contributes 60 per cent of national income. One third of the total urban population constitutes slum population and it is estimated that there are 50 million slum dwellers in India.

Health Care Facilities in Tamil Nadu

Tamil Nadu is one of the most urbanised states in the country with 46 per cent of the households in urban areas.

TABLE 2: TAMIL NADU HEALTH CARE 2006-07

Sl. No.	*Items*	*Total (In numbers)*
1	Hospitals	327
2	Dispensaries	215
3	Primary Health Centres	1417
4	Health Sub-Centres	8683
5	Bed Strength	52536
6	Number of Doctors	10882
7	Number of Nurses	24504

SOURCE: Industrial Economist, May 2009, Vol. XLII, No.3, p.2.

From Table 2 one comes to the conclusion that, the Health Care facilities are good in Tamil Nadu. Through the years investment in health care has been registering handsome increases. The health care sector covers the providers of health care at the primary level consisting of facilities for preventive care and basic diagnostic care. Secondary care with diagnostic centres equipped with advanced facilities like C.T. scan and Tertiary care.

Tamil Nadu had a good infrastructure for health care even at the time of Independence. The state has been witnessing spectacular growth in medical education research and treatment, with several super speciality hospitals managed by renowned specialists, the state in fact emerging as a health care hub not just for drawing patients from other parts of the country but also from several countries. Tamil Nadu scores high in a variety of indices related to human health. Constitutionally, health is the responsibility of the state government although in certain limited areas the Central government exercises

its direct control. The central list of legislative functions includes aspects of international health prescription and enforcement of medical standards with respect to medical education besides the management of central health agencies and a few institutions of research. Provision of medical facilities and preventive health care to the people is the direct responsibility of the state government or the union territory administration. In addition, local bodies and voluntary agencies provide medical facilities to people.

Levels in the Delivery System

The delivery of health care services to people takes place at three levels: a) the government b) intermediate and c) apex level grassroot level agencies provide the first point contact between individuals and the delivery system where people obtain primary health facilities. There are primary health centres, sub centres and dispensaries in the rural areas and dispensaries and hospitals in urban areas. Besides providing the basic medical care, these centres have facilities for preliminary investigations. When the facilities at first point of contact (grossroots level) are inadequate, individuals are referred to agencies at the intermediate level that generally provide better curative services and testing facilities of a higher order, such as, bio-chemical tests, blood and urine culture, blood urea, ultrasound, ECG tests and so forth.

At the apex level, health institutions provide specialised medical care and super special services such as cardio-therapic surgery, neuro-surgery and so forth. Besides conducting medical research.

In Tamil Nadu, a separate Director of Medical Education also exists. The health delivery system in urban areas in the state operates through a hierarchy of agencies that may be put into the following three categories: State headquarters/ District headquarters, Taluk headquarters/Small town, agencies, well equipped hospitals and hospitals associated with medical college, general hospitals/taluk hospitals and dispensaries depending on the population size.

The Problems of the Study

The slum population remains ignored. There also exists a vast discrepancy between the quality of health care delivered by the private sector with in the different sections of urban population.

The health delivery system of an urban area particularly that of large cities, consists of hospitals, dispensaries and maternal and child health and urban family welfare centres run by the government,

municipal corporation, Central government health scheme and employees state insurance scheme. Network of health centres and sub centres such as those planned in rural areas do not exist in urban situations. In practice many people in the city go to pharmacists for basic advice and visit hospitals only when there is an emergency. This practice inevitably leads to highly cooperative and irrational approach to health care.

The health standards in Tirupattur town are no better; the high death rate prevailing at Tirupattur town is an indicator of insufficient health care facilities in the town. The death rate was 38 per cent in 2000-01.

Shortage of qualified health personnel, inadequate and irregular supply of medicines, inadequate training facilities for the different categories of staff required—are some of the other factors, which discourage the people from utilising fully the health care services provided by the government.

The problems faced by these consumers' government and private hospitals in the delivery of health care services vis-a-vis target population of these services can be effectively evaluated on the basis of the result of the study.

Objectives of the Study

1. To study the choice of health care services and estimates the relative influence of variables determining the choice.
2. To examine the people's perception to improve the health care services in the study area.

Data Collection

One hundred respondents populations were selected to conduct the field work with different areas in the Tirupattur town. Population was stratified simple random sampling technique was used to select the sample size. A pre-tested and well structured interview schedule was used for data collection. Data were collected from different age groups and different sex. The collected data was analysed with simple average and percentage methods.

The year 2007-2008 is used for data collection. Tirupattur was upgraded in 1977. There are 33 wards in the municipality. According to 2001 census the total population was 60805—male 30940, female 29863 literacy rate was 73.73 per cent. The main occupation was trade

TABLE 3: DISEASE WISE PATIENTS TREATED IN TIRUPATTUR GOVERNMENT HOSPITAL 2007-2008

Sl.No.	*Name of Disease*	*No. of Patients treated*
1	Entric Fever	2267
2	Abdomen pain	478
3	Snake bite	200
4	PVO	12775
5	Resp. Injection	8675
6	T.B.	1277
7	Diahorrea	4879
8	Other diseases	10360
	Total	

SOURCES: Data collected from Tirupattur GH

TABLE 4: DEMOGRAPHIC PROFILE OF THE RESPONDENTS IN TIRUPATTUR TOWN

Town – Tirupattur	*Percentage of Sample Respondents*
Age distribution	
15 – 24	33.0
25 – 34	32.0
35 and above	35.0
Education	
Less than complete secondary	39.0
Completed secondary	28.0
Higher qualifications	33.0
Marital Status	
Married	69
Single	31
Income	
Low income Rs.42,000	52
Middle Income Group Rs.42,000 to 90,000	48

and commerce. There are six slums in the Tirupattur town i.e. Sivarajpet, New Colony, Gowthampet, Georgepet, Annanagar, Auvai street.

TABLE 5: PERSONS AFFECTED BY COMMON DISEASES

Diseases	*Low*	*Middle*
Fever	1.85	13.0
Malaria	0.25	69.0
Typhoid	0.21	23.0
Diahorrea	0.30	30.0
Anemia	0.11	27.0
Jaundice	0.03	25.1
Snake bite	0.2	28.1

SOURCE : Data collected from primary heath centres.

TABLE 6: CHRONIC DISEASES

Diseases	*Low*	*Middle*
Asthma	36	23.1
TB	33	41.1
Heart Problem	60.9	21.1
Diabetes	60.1	28.6
Cancer	61.1	29.1
Hypertension	50.1	28.1

TABLE 7: CHOICE OF SERVICE FOR TREATMENT OF COMMON DISEASES

Choice of Hospital	*Income Groups*	
	Low	Middle
Government	75	27.7
Private	25	73.0

The birth rate was 17.9, death rate 7.3. Infant death rate was 36.6, and death at the time of delivery was seven, during pregnancy 21. After child birth within 42 days 46, private hospitals 29, 31 in clinics. There are 65 doctors and 202 beds in Tirupattur Town.

The main services provided by the Government hospital is immunization services, maternal and child health care services, anti-natal and post-natal care services.

The Table 4 indicates the sample household in the survey area. Among the respondents aged 35 and above was 35 per cent, 15 to 24 age only 33 per cent. Education: most of the respondents were less than completed secondary school education in the study region. Income of the respondents 52 percentage of them were low income of Rs.42,000 per annum. Most of them are from business and trade.

TABLE 8: CHOICE OF CHILD DELIVERY

Hospital	*Low*	*Middle*
Government	47.3	42.4
Private	63.0	63.8
At Home	55.6	44.4

The annual income of the sample respondents was classified as low, middle income groups and presented in Table 9. It was found that 70 respondents spend Rs.2000 from low income group and 90 from middle income group.

TABLE 9: ANNUAL EXPENDITURE ON HEALTH

Income Group	*72000*	*2001-4000*	*4001-6000*	*<6000*
Low	70	22	9	05
Middle	90	28	10	7.1

Health expenditure decreases as the income goes up. Diseases affected by the people in the study area are classified as common diseases and chronic diseases. The common diseases are fever, malaria, typhoid, diahorrea, anemia, jaundice, snake bite. Most of the respondents from low-income group affected by 1.85 per cent fever, middle-income group 69.0 per cent were affected by malaria. Chronic diseases 61.1 per cent in low-income and 41.1 per cent TB in middle-income groups were affected.

Choice of health care services on the basis of different nature of treatment in the sample households: majority of them, i.e. 75 per cent from low income group selected government hospital whereas the middle income group constituted of 73 per cent. They prefer to go to private hospitals. It clearly indicated that the private hospitals in the study area is more in numbers and they provide 24 hours treatment with good facilities.

Choice of child delivery: low income group people prefer government hospital i.e., 47.3 per cent, whereas from middle income group choose private hospital is preferred by 163.8 per cent low income group normal delivery at home is 55.6 per cent whereas for middle income group 44.4 per cent. It clearly shows that normal delivery is common in the study region due to hard work and environmental conditions.

CONCLUSION

The above study clearly indicated that in Tirupattur Town there are instances of people affected by the fever and malaria, T.B. and other diseases like AIDS, HIV. This is because of poor water and sanitation and lack of awareness among the people. The health delivery system was not up to the expectations both in the private and government hospitals. There are no qualified doctors for such diseases. So the Rural Health Mission and New Health Insurance and other programmes should effectively implemented in Tirupattur urban place so that the health problems can be solved.

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