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# CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	<b>SERVICE QUALITY DIMENSIONS IN RETAIL SETTINGS: AN EMPIRICAL STUDY AT SELECTED APPAREL SPECIALTY STORES OF MUMBAI</b> <i>DR. SUDHEER DHUME</i>	1
2.	<b>REDUCING HEALTH INEQUALITIES: KERALA COMPREHENSIVE HEALTH INSURANCE SCHEME A ROLE MODEL FOR DEVELOPING COUNTRIES</b> <i>DEVI NAIR &amp; KORA TUSHUNE</i>	6
3.	<b>FACTOR AFFECTING FOREIGN DIRECT INVESTMENT (FDI) INFLOW IN THE BUILDING AND CONSTRUCTION SECTOR</b> <i>DR. S.A. BUSTANI, I.S. YESUFU, E.A. UFUAH &amp; DR. S.M. JIMAH</i>	13
4.	<b>ESTABLISHING CRM IN SMALL ENTERPRISES</b> <i>BORIS MILOVIC</i>	18
5.	<b>FINANCIAL DEVELOPMENT AND AGRICULTURAL SECTOR GROWTH IN CAMEROON</b> <i>DR. ARMAND GILBERT NOULA &amp; NEBA CLETUS YAH</i>	22
6.	<b>ECONOMIC COST IMPLICATIONS OF THE USE OF GENERATORS AS ALTERNATIVE SOURCE OF ENERGY IN KANO METROPOLIS - NIGERIA</b> <i>DR. AHMAD MUHAMMAD TSAUNI &amp; ABUBAKAR HASSAN</i>	28
7.	<b>FACTORS INFLUENCING PATIENT'S DECISION OF SELECTING A HOSPITAL</b> <i>MOHAMMED ARIF RAZA</i>	34
8.	<b>AVAILABILITY AND AWARENESS OF MICROFINANCE IN JAMMU &amp; KASHMIR STATE</b> <i>MUBASHIR NABI &amp; DR. ASHOK AIMA</i>	40
9.	<b>RURAL LIVELIHOOD MARKETS AND ECONOMIES</b> <i>DR. NITIN RAGHUNATH ZAWARE</i>	48
10.	<b>NREGA UNDER SOCIAL AUDIT: A SWOT ANALYSIS</b> <i>S.P. NAGANAGOUD &amp; DR. H. H. ULIVEPPA</i>	51
11.	<b>PERCEPTION AND PRACTICES OF INDIVIDUALS ON PUBLIC HEALTH CENTRES</b> <i>V. SANGEETHA, DR. G. PAULRAJ, DR. S. RAMESHKUMAR &amp; L. DINESH.</i>	56
12.	<b>THE EFFECT OF MERGERS AND ACQUISITIONS ON SHAREHOLDERS' WEALTH – AN EMPIRICAL ANALYSIS</b> <i>DR. S. VANITHA &amp; DR. M. SELVAM</i>	59
13.	<b>A STUDY ON ROADSIDE FOOD STALLS IN TIRUCHIRAPPALLI CORPORATION WITH SPECIAL REFERENCE TO FOOD INDUSTRY AND HOTEL INDUSTRY</b> <i>DR. J. MOHAN RAJ</i>	70
14.	<b>BIOFUELS CONSUMPTION IN EASTERN HIMALAYAS HOUSEHOLDS - AN EMPIRICAL ANALYSIS</b> <i>DR. RABINJYOTI KHATANAR &amp; DR. BIDYUT JYOTI BHATTACHARJEE</i>	75
15.	<b>IMPACT OF WOMAN EMPOWERMENT THROUGH MICRO FINANCE INSTITUTES: SOCIO-ECONOMIC AND BEHAVIORAL PERSPECTIVES AFFECTING TO RULER SEGMENT WOMAN OF GANDHINAGAR IN GUJARAT</b> <i>URVI AMIN &amp; BANSI PATEL</i>	81
16.	<b>A STUDY OF BANK TRANSACTION COST OF PCARDBS IN MYSORE DISTRICT</b> <i>DR. C. MAHADEVA MURTHY &amp; DR. VEENA. K.P</i>	89
17.	<b>WOMEN ENTREPRENEURSHIP THROUGH SELF-HELP GROUPS: A CASE STUDY OF TIRUNELVELI DISTRICT, TAMIL NADU</b> <i>A. ANGEL ANILA</i>	93
18.	<b>HANDLOOM AS AN ACTIVITY TO ENSURE FOOD SECURITY SPECIAL REFERENCE TO WEST BENGAL</b> <i>CHITTARANJAN DAS</i>	97
19.	<b>AGRICULTURAL INFRASTRUCTURE DEVELOPMENT IN THE GENERATION OF INCOME AMONG THE SMALL AND MARGINAL FARMERS</b> <i>DR. C. GUNASEKARAN</i>	102
20.	<b>FACTORS INFLUENCING THE EFFECTIVE FUNCTIONING OF THE SELF-HELP GROUPS - AN ANALYTICAL STUDY</b> <i>DR. M. GURUPANDI</i>	104
21.	<b>PUBLIC DISTRIBUTION SYSTEM IN TAMIL NADU NEEDS DEFINITE OVERHAULING</b> <i>DR. S. MAYILVAGANAN &amp; B. VARADARAJAN</i>	108
22.	<b>PERCEPTION OF ORGANIZATIONAL CLIMATE: A STUDY OF SMALL ENTERPRISES IN AMRITSAR</b> <i>DR. GURPREET RANDHAWA &amp; KULDEEP KAUR</i>	110
23.	<b>ROLE OF EXCESS OF MALES IN MARRIAGE SQUEEZE OF INDIA AND ITS EAG STATES</b> <i>RANJANA KESARWANI</i>	114
24.	<b>PERFORMANCE EVALUATION OF MUTUAL FUNDS IN INDIA: AN APPLICATION OF RISK-ADJUSTED THEORETICAL PARAMETERS</b> <i>JOITY TOMER</i>	120
25.	<b>SMALL FAMILY NORMS IN INDIA AND ITS QUALITATIVE IMPLICATIONS ON CHILD CARE: A MULTIVARIATE ANALYSIS</b> <i>RITWIKA MUKHERJEE</i>	134
	<b>REQUEST FOR FEEDBACK</b>	142

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**PERCEPTION AND PRACTICES OF INDIVIDUALS ON PUBLIC HEALTH CENTRES**

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**ABSTRACT**

*Health is an important determinant of well-being. Good health is more important than any other aspect of life. Personal health behaviours contribute to over 50 percent of all major causes of death. The primary health care services for a specific target population is to understand how that population reacts to the mix of services provided and the way in which the delivery system is organized. Hospitals are a very important part of any health system. The personnel of a hospital to restore health of sick and injured people. The establishment of PHC ensures the peripheral level to render preventive and curative medical services to the rural community. Health status of a population is shaped by a variety of factors like food, water, sanitation, household income, education and availability and accessibility to health care services. Hence a study of the health status as a population may provide another dimension to their socio-economic well-being.*

**KEYWORDS**

health, health care services, preventive measures, welfare program.

**INTRODUCTION**

A healthy person is one who is considered to be free of disease or illness. In the early 1900's, the leading causes of death were infectious disease such as bacteria and viruses. With most infectious diseases under control diseases that can be directly linked to life-style are now among the leading causes of death. Today, poor health is highly related to live and many of the diseases can be avoided or treated effectively. Therefore the health focus of today is on wellness a positive, whole – health approach includes physical, intellectual, social and emotional well-being.

Good health is more important than any other aspect of life. All the riches or fame or popularity in the world cannot buy the happiness or satisfaction that being well provided. Treasure the health and keep it safe by selecting and keeping trusted health-care professionals. The people in villages, who mostly economically backward, depend Primary Health Center (PHC) for the health care because of its free treatment or nearly and easily accessible for them. Its establishment ensures the peripheral level to render preventive and curative medical services to the rural community. The primary health care and sub-centre should include certain basic health services including education on prevailing health problems and the method of identifying, preventing and controlling them, adequate supply with regard to proper nutrition, supply of safe water and basic sanitation, maternal and child health care including family planning, immunization against the major infectious diseases, prevention and control of local endemic diseases and injuries, promotion of mental health and provision of essential drugs. These health activities are often categorized as curative, preventive and primitive service. These are the actual programmes of PHCs and sub-centers. The present study is conducted with the objectives relating to know the health conditions of the people in Veppalodai village; to analyze people's awareness on health related aspects; to know the awareness of the respondents towards the preventive measures undertaken for diseases; and to analyze the demographic factors of the respondents in the treating their diseases.

**MATERIALS AND METHODS**

The research is basically focused on an awareness and utilization of PHC in Veppalodai village, Thoothukudi District, TamilNadu, India. It encompasses both primary and secondary data. The primary data were collected through a well structured interview schedule. The secondary data relating to health care services was obtained from text books, journals and websites. The primary data were collected from about 200 respondents who reside in the study area by applying simple random sampling technique. The collected data have analyzed by using appropriate statistical tools like ratio analysis and chi-square test for arriving conclusions.

**HEALTH BEHAVIOUR**

Personal health behaviors contribute to over 50 percent of all major causes of death. That is the personal life-style greatly affects the quality of health. Over the years, research has identified a variety of behaviors that promote good health and tend to increase the average length of life. These behaviors include sleeping 7

to 8 hours daily; eating breakfast daily; rarely eating between meals; maintaining a healthy weight; reducing fat and salt in meals; getting regular physical exercise; avoiding the use of tobacco and alcohol; and appropriately using only legal medications.

The National Health Policy (1983) of India reiterates India's commitment to attain health for all. Lots of efforts have been made towards this end, however a number of factors like high population growth, poverty, illiteracy, lack of resources etc. make it difficult to reach anywhere near the above objective. In the Twenty first century, still it witnesses high rates of infant and child mortality, low expectation of life at birth etc.

## RESULTS AND DISCUSSIONS

The PHC renders many fold services to the people in a village. It deals with maternity and child health and family planning; improvement of environmental sanitation with priority for providing safe drinking water, disposal of human wastes; collection and reporting of vital statistics; control of surveillance of communicable diseases; providing health education and National health programmes; training for Villagers, and providing services through health guide, health workers and health assistant. In spite of providing these services, the individuals have to bear much amount if they opt private hospitals for treatment. The cost of ill health is increasing not only by the cost of curative care but also indirect costs like productivity loss, loss of man labor days and so on. Also ill health is one among the major determinants of poverty. Gun war Nugroho (1997)

Again the poor economic status of the house holds is the major cause for poor status of child health along with poor literacy, lack of infrastructure in sufficient public health services etc. Hence radical policy changes on allocation of resource and power is an immediate concern for the improvement of child health and to reduce the rural and urban disparities. Among the poverty stricken house holds women and children are serious victims of ill health. This can tackle only by taking effective measures like increasing family income, housing, water supply, sanitation, food and environmental safety Thiruvengadaswamy (1997). Generally the people in villages do not use the hospitals for taking treatment of diseases rather they rely on native treatment. It is framed the null hypothesis that  $H_0(1)$  there is no significant difference between the gender of the respondents and taking treatment in PHCs. At 5 percent level of significance, the critical value of  $X^2$  is 7.815. Since the computed value of 23.00 is greater than critical value, the null hypothesis is rejected and concluding that gender does not influence the individuals to take treatment in PHCs.

A well known proverb of "Prevention is better than cure" is applicable for all. In order to check whether the people in sample area is taken preventive measures in treating the diseases. More than 56 percent of male respondents took precautions while more than 65 percent of female respondents least bother about the preventive measures like maintaining cleanliness at home and environment and taking immediate treatment when symptoms are seen; lack of continuous exercise; yearly medical check up; diet control and so on. It is worth mentioning to recall the words of Chopra (1996) that the alarming rise in various deadly diseases like Heart Attack, Cancer, AIDS etc., in recent years, the author stresses the need for taking preventive measures including creating awareness among the masses. Tobacco, according to him, is the most prevalent and the biggest preventable menace to mankind.

TABLE – 1: TREATMENT OF DISEASES

Figures in parentheses indicate percentage

Diseases	PHC	Private	G.H.	Native Treatment	Total
Fever / Headache	164(71.92)	6 (26.31)	4 (1.75)	-	228
Running nose / cold	133 (65.51)	47(23.15)	23(11.33)	-	203
Cough	152(69.40)	55(25.11)	12(5.47)	-	219
Fracture	6(30)	7(35)	4(20)	3(15)	20
Stroke	13(59.09)	6(27.27)	3(13.63)	-	22
Skin Diseases	19(82.60)	2(8.69)	2(8.69)	-	23
Poor Vision	2(7.40)	11(40.74)	14(51.85)	-	27
Stomach Ache	149(65.06)	63(27.51)	17(7.42)	-	229
Body Pain	49(51.04)	18(18.75)	10(10.41)	19(19.79)	96
Joint Pain	4(25)	-	9(56.25)	3(18.75)	16
Ulcer	2(50)	-	2(50)	-	4
Cancer	1(100)	-	-	-	1
T.B.	1(50)	-	1(50)	-	2
Pregnant Women Health Checkup	33(50)	11(16.66)	22(33.33)	-	66
Diabetes	4(66.66)	-	2(33.33)	-	6
Blood Pressure	6(50)	2(16.66)	4(33.33)	-	12
Delivery	61(84.72)	8(11.11)	3(4.16)	-	45
General Health Checkup	13(28.88)	5(11.11)	27(60)	-	72
Family Planning	14(73.68)	2(10.52)	3(15.78)	-	19
Breathing Trouble	5(62.5)	2(25)	1(12.5)	-	8

The total family members of the sample respondents are 1318 who use PHC for all diseases. It is observed from the study that the most affecting diseases are fever and headache, running nose and cold and cough which are treated in the PHCs. Besides stomach pain which affects more people is another disease treated in PHC. The problems like poor vision, joint pain and general health checkup are mostly treated in G.H. Native treatment applied for fracture, body pain and joint pain to some extent. Inference can be drawn from the analysis that almost all the respondents are widely using the PHC for taking treatment. In the absence of PHCs, people rely on private hospitals which provide high – tech facilities with abundant fees. Reisheda Bhagat (1995) in order to provide better service major health care initiative by about 130 private hospitals that have entered into a joint venture with a US based Medical University. This will ensure said objective.

Over all opinion of the respondents on the function of PHC is favorable for it. The respondents who are illiterates do not support that the function of the PHC is worst. Certainly, the function of the PHC is very good as much as 42.85 percent of respondents of school level followed by illiterates accounting for 28.84 percent. It should be noted that very meager number of five respondents are not satisfied with the functions of PHC. Rest of 195 respondents is supporting the PHC's commendable functions. In nutshell more than 95 percent of the respondents are overwhelming the functions of the PHC. Further most of the respondents are widely used the PHC for treatment irrespective of their age group. An attempt is taken to know whether the people in the sample area take treatment for curable diseases. In this area, though it is a village, people do not take native treatment rather depending either PHC or private hospitals.

It is framed the null hypothesis that  $H_0(2)$  there is no significant difference between the educational qualifications of the respondents and a place where they take treatment. At 5 percent level of significance, the computed value of 20.62 is greater than critical  $X^2=12.59$ ; the null hypothesis is rejected implying that there exists significant difference between the education levels of the respondents and their treatment taken. People pay due importance for their health. If any one suffers from any particular disease he wants to take treatment from the specialist. The researchers attempted to test the awareness of the respondents on various specialists visited the hospital. Their awareness on the specialists are: Gynecology, Pediatrics, Orthopedics, Surgery and E.N.T.



TABLE 2: TYPE OF SPECIALISTS' VISIT

Type of Specialists	Frequency	Percentage
Gynecology	59	44.02
Pediatrics	14	10.44
Orthopedics	26	19.40
Surgery	2	1.49
E.N.T	33	24.62
<b>Total</b>	<b>134</b>	<b>100</b>

About 44 percent of the respondents aware of gynecology specialist visit to the PHC. Another 24.62 percent of the respondents know E.N.T. specialists. More than 19 percent of the total respondents identified the visit of orthopedics, while only 10.44 percent of the respondents have known the pediatrics specialist's visit. The surgery specialist's visit to PHC is well aware to only 1.49 percent of respondents. Indeed by-and-large it is more accessible and known specialist is gynecologist. Even there seems a more crowd in PHC which does not mean that all are satisfied with the services provided by it. As far as PHC in Veppalodai is concerned, it seems myriad patients visited every day, what they feel about the services of the centre is analyzed in table 3.

TABLE 3: LEVEL OF SATISFACTION

Education	Highly Satisfied	Satisfied	No Opinion	Not Satisfied	Highly Not Satisfied	Total
Illiterate	27	35	0	1	0	63
	(42.85)	(55.55)	(0)	(1.58)	(0)	
School Level	28	54	3	0	0	85
	(32.94)	(63.52)	(3.52)	(0)	(0)	
College Level	13	32	4	2	1	52
	(25)	(61.53)	(7.69)	(3.84)	(1.92)	
<b>Total</b>	<b>68</b>	<b>121</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>200</b>

Satisfaction of the patients transcends the way in which they treated in the center, providing enough amounts of tablets, etc. The respondents who are under illiterate category are highly satisfied with the services of PHC at 42.85 percent. However in other two categories namely respondents with school level of education and collegiate are opinioned satisfaction at 63.52 percent and 61.53 percent respectively. It is noted that the persons who do not satisfied and highly - not - satisfied are very minimal. No arguable that more than 94.5 percent of the respondents in total are satisfied with the services of PHC. The establishment and functioning of this center is more useful for these people with disseminating some additional message to them.

## CONCLUSION

From the study it is clear that health status of the people in Veppalodai village is considerably good in the sample respondents who widely use PHC for treating almost all diseases. However their awareness on the specialists' visit to PHC is somewhat less in number. It should be taken due consideration in spreading information regarding availability of specialists in PHC among the people. Again the basic need indicators such as health and education are closely related with each other. The Government should ensure the increased level of health status, which will definitely bring in to the goal of "Health for all" and it will go a long way in meeting the social needs of people.

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