



Evaluating the Reasons for Patients Visiting to Primary Health Centres in Sivagangai District, Tamilnadu, India

Dr. M. Ramamoorthy

Associate Professor, Department of Commerce (CA), Sri Kaliswari College (A), Sivakasi



Open Access

Manuscript ID:

BIJ-SPL4-Jan26-MD-088

Subject: Commerce (CA)

Received : 01.09.2025

Accepted : 22.01.2026

Published : 31.01.2026

DOI: 10.64938/bij.v10si4.26.Jan088

Copy Right:



This work is licensed under
a Creative Commons Attribution-
ShareAlike 4.0 International License.

Abstract

Primary Health Centres (PHCs) are the cornerstone of rural health care in India, providing preventive, promotive, curative and rehabilitative services. Understanding why patients seek care at PHCs is essential for tailoring services, optimizing resource allocation, and improving health outcomes. This study evaluates the reasons patients visit PHCs in Sivaganga district, Tamil Nadu, with the aim of identifying service gaps and informing local health policy. A cross-sectional descriptive study was conducted across a representative sample of PHCs in Sivaganga district between [dates]. A systematic random sample of adult patients attending outpatient services was interviewed using a pretested structured questionnaire covering sociodemographic characteristics, presenting complaints, reasons for choosing PHC (accessibility, cost, trust, referral, emergency care, immunization, maternal-child services, chronic disease management etc.), perceived quality of care, travel time and cost, and prior service utilization. Data were entered and analyzed using descriptive statistics to determine frequency distributions and chi-square tests to examine associations between reasons for visit and demographic variables. Ethical clearance and informed consent were obtained prior to data collection.

Keywords: patient data, primary health centre, public health

Introduction

Primary Health Centers in the Sivaganga district play a critical role as first-contact facilities for acute illnesses, maternal-child health, and chronic disease care. Accessibility and affordability are key determinants of utilization, while trust in local providers supports continued use. However, diagnostics, drug supply, and human resources remain critical limitations to PHCs' ability to fully meet community needs. Strengthening point-of-care diagnostics, assuring continuous supplies of essential medicines, increasing staff training for chronic disease management, increasing outreach services,

and strengthening referral linkages to higher-level facilities should be priorities in policy and programmatic responses. The findings also support targeted interventions such as mobile diagnostic units, community health worker training, and implementation of electronic health records to improve continuity of care. Further longitudinal studies are needed to monitor trends and measure the impact of interventions on health outcomes.

Usage of Primary Health Care system

This is extremely beneficial in making the patient aware of the numerous social welfare and public



health services implemented by the Central and State Government regulating departments. India Primary Health Centres deliver high-quality health and social services to the most disadvantaged members of our community. In India, Primary Health Centres (PHCs) constitute the foundation of rural health care. Each Primary Health Centre is intended to serve roughly 25,000 people. It provides a variety of services such as immunization, health education, nutrition, basic sanitation, mother and child health care, disease control, personal hygiene, environmental hygiene, and first aid, including choking, fainting, heart stroke, bleeding, unconsciousness, burns, and so on. PHCs also collect statistical data, train health advisers and personnel, and conduct basic laboratory investigations.

Scope of the Study

This study covers only the 51 Primary health centres in Sivagangai District. It is an important point is that Sivagangai District is one of the economically most backward districts in Tamil Nadu. Majority of the peoples in this district are agriculturists and coolie live in villages. The literacy level of the district is very poor. The awareness of health care and the affordability for health care and also very poor in this district. Through the Primary Health Centres the Government make earnest efforts to solve these problems, but the level of health care in this district is not up to mark. This situation prompted us to attempt this study.

Objectives of the Study

1. Identify and quantify the primary reasons patients visit PHCs in Sivaganga district, and
2. Describe patterns of PHC usage including service types sought, frequency of visits, referral pathways, and patient perceptions of accessibility, affordability and quality.

Methodology

This study is based on both Primary and secondary data. The primary data is collected from the beneficiaries of Primary health centres located in Sivagangai District by using interview Schedule, interactive and Discussion.

Reason for Visiting the Primary Health Centre

The reason for visiting the Primary Health Centres plays an important role in influencing the attitude of respondents who availed treatment in Primary Health Centres.

Table: 1 Opinion about Reason for Visiting the Primary Health Centre

S. No.	Reason	Opinion	Frequency	Percentage
1.	Free treatment	Yes	510	100.00
2.	Free medicine	Yes	510	100.00
3.	Proximity	Yes	510	100.00
4.	Less waiting time	Yes	510	100.00
5.	Low transportation cost	Yes	510	100.00
6.	Quality treatment	Yes	353	69.20
		No	157	30.80
7.	Devotion to patients	Yes	100	19.60
		No	410	80.40
8.	Sufficient drugs	Yes	303	59.40
		No	207	40.60

(Source: Primary data)

It is seen in Table 1 that all of the 510 respondents forming 100 per cent stated that they visited Primary Health Centre for free treatment, free medicine, proximity, less waiting time, and low transportation cost. 353 respondents forming 69.20 per cent visited Primary Health Centre for the quality of treatment. 157 respondents forming 30.80 per cent were not satisfied with the quality of treatment by Primary Health Centre. 303 respondents forming 59.40 percent visited Primary Health Centre for sufficient drugs. On other hand 207 respondents opinion negatively, 410 respondents forming 80.40 per cent stated that Primary Health Centre's devotion towards patients was not satisfy. 100 respondents forming 19.60 percent appreciated the Primary Health Centre's devotion to patient. The top most reasons for preferring Primary Health Centre were free treatment, free medicine, proximity, less waiting time, and low



transportation cost. The important reason for not preferring Primary Health Centre was lack of devotion towards patients.

Rating of the Reasons for Visiting the Primary Health Centre

The rating of the reasons for visiting the Primary Health Centre are presented in Table 2.

Rating of the Reasons for Visiting the Primary Health Centre

S. No	Reason	Mean Rating	Std. Deviation of The Rating
1	Free treatment	2.9000	.30029
2	Free medicine	2.9000	.30029
3	Proximity	2.9000	.30029
4	Less waiting time	2.7020	.45785
5	Low transportation cost	2.8039	.39742
6	Quality treatment	2.1980	.59960
7	Devotion to patients	2.0000	.44324
8	Sufficient drugs	2.2941	.45609

(Source: Computed from Primary data)

It is seen in Table 4.19 that the rating is high for preferred reasons such as free treatment, free medicine, and proximity with a mean rating of 2.9000, followed by low transportation cost with a mean rating of 2.8039, and third highest rating is observed for the preference reason less waiting time with a mean rating of 2.7020. The rating is low for preferred reason devotion to patients with a mean rating of 2.0000, followed by quality treatment with a mean rating of 2.1980, and third lowest rating is observed for the preference reason sufficient drugs with a mean rating of 2.2941. The highest variation in the rating is observed for the reason less waiting time with a standard deviation of .45785 and lowest variation in the rating is observed for the reasons such as free treatment, free medicine, and proximity with a standard deviation of 0.30029.

Suggestions

Increase the visiting practice of people, the Tamil Nadu Government take the following steps such as

1. To increase the quality of services, because 30.80 per cent respondents feel that quality of treatment is not available.
2. Less devotional services to patients is the major reasons for majority (80.40%) of respondents do not repeat their visit to primary health centers, Hence, these officials be encouraged to render devotional services to the patients.
3. To provide sufficient drugs to primary health centers, because 40.60 per cent respondents mention that sufficient drugs not available.

Conclusion

For Accomplish rural economic development, the Tamil Nadu government and Sivagangai District administration should take various measures. Among them, Health up gradation is important one, because A large proportion of the population continues to suffer from preventable diseases, largely due to a lack of awareness and persistent fears. Many deaths could be significantly reduced through access to safe drinking water and adequate sanitation and elementary medicines. Sophisticated technologies and healthcare services help to rural people which lead to economic development of the nation.

References

1. <https://ccchclinic.com/importance-benefits-primary-health-care/>

Primary data

1. SomnathRoy: "Primary Health Care in India", Health and Population, Vol. 8, Issue 3, July-September 1985, Pp. 135-167.
2. Ashok Bhargava and SudarshanIyengar: "Primary Health Care Programme in Rural Gujarat", Economic and Political Weekly, Vol. 22, Issue No.27, July 4, 1987. As accessed through <http://www.epw.in/special-articles/primary-health-care-and-family-welfare-programme-rural-gujarat.html>



3. Dayal Chand: "Community Financing for Primary Health Care: Report of the study", Economic and Political Weekly, Vol. XXII, Issue 24, 1987, P.951.
4. Arun Ghosh: "Health Care and Globalisation-Case for a Selective Approach", Economic and Political Weekly, Vol. 31, Issue - 8, February 24, 1996, As accessed through http://www.epw.in/ejournal/show/1/_/1367#
5. Sheela Rani Chunkath and V B Athreya: "Female Infanticide in Tamil Nadu-Some Evidence", Economic and Political Weekly, Vol – XXXII, Issue 17, April 26, 1997, *as accessed through* <http://www.epw.in/authors/v-b-athreya>
6. Kholood M Mugharbel and Mowaffaq A Al-Mansouri (2003) in their study entitled "Prevalence of obesity among type 2 diabetic patients in Al-Khobar primary health care centers", Journal of Family Community Medicine, Vol. 10, Issue 2, 2003, Pp.49–53.