

## **NEW PARADIGM OF PRIMARY HEALTH CARE CENTERS IN POST COVID '19: CHANGING ATTITUDE OF GENERAL PUBLIC**

**Dr.K.Bharath<sup>1</sup>, Dr.S.Dharamalingam<sup>2</sup>, Dr.P.Mohanraj<sup>3</sup>, Dr.A.Padmapriya<sup>4</sup>, Dr.B.Preethi<sup>5</sup>**

*1. Associate Professor, Department of Management Sciences,  
Hindusthan Institute of Technology, Coimbatore  
Tamil Nadu 641032  
E-mail:bharath.slm86@gmail.com*

*2. Professor, Department of Management Studies,  
Chettinad College of Engineering & Technology, Karur,  
Tamil Nadu 639114  
E-mail:dharmasm@gmail.com*

*3. Professor, Department of Management Studies,  
Er. Perumal Manimekalai College of Engineering, Hosur,  
Tamil Nadu 635117  
E-mail:drpmohanrajmba@gmail.com*

*4. Professor, Department of Management Studies,  
Chettinad College of Engineering & Technology, Karur,  
Tamil Nadu 639114  
E-mail:padmapriyaugc@gmail.com*

*5. Senior Assistant Professor, Department of Management Studies,  
Chettinad College of Engineering & Technology, Karur,  
Tamil Nadu 639114  
E-mail:preethi@chettinadtech.ac.in*

### **Abstract**

*This article seeks to examine the awareness and attitude about various services provided by the two PHCs in Madukkarai blocks, Coimbatore district, in order to notice the variance in travel patterns with regard to accessibility while accounting for age and gender differences. The data were obtained through interviews with patients and the general public at each of the defined service delivery sites in the PHC to measure awareness and attitude about the various services provided by the PHCs.*

### **INTRODUCTION**

India is a country with almost 130 crore people and will always fall short of infrastructure and timely facilities. When a pandemic disease comes into picture, you not only need to make people aware about the situation but it becomes equally important to bring self-motivation in people to respond to the situation fastly. Money is the costliest thing in the world but only to fall next to health in the times of pandemic situation like Spanish flue (1918 influenza pandemic) and Covid-19 in 21st century. Health care's become so important that people in India starts visiting them for every small things like what for temples are visited on most occasions. It becomes difficult for the government like India to balance between the most critical things at that particular time. Since the formation of India, there has been a huge push for primary health care in the country, including a more or less realistic action plan to achieve this. National health policies passed in 1983 and again in 2002 repeatedly emphasized the importance of primary care. Primary health care center lost its sole importance and implementation over the years. Though it has improved in last decade or two it comes into picture only when there are alarm signs that something is amiss. India has the second largest population in the world, and is predicted to surpass China in the

next forty years. An increase in life expectancy and a gradually reducing death rate over the years have contributed to the increasing population. In an effort to cope with this growth, public health expenditure has been on a rise since 2014. In a developing country like India where 90% of the population falls under middle class and lower class with respect to income they earn. People fall into confusion on spending whether to spend on lively wood or the health care. Most of them choose the later one for not having enough money for both.

Indian healthcare delivery system is categorized into two major components public and private. Government, i.e. public healthcare system, comprises limited secondary and tertiary care institutions in key cities. Private sector provides majority of secondary, tertiary, and quaternary care with major concentration in tier I and tier II cities. Health care system to be successful in rural areas is a big challenge for the health ministry of India to take care of. Though there are several schemes run by government but there is lack of implementation as a cause which arises and results into non access of basic needs like availability of medicines.

**SELECTION OF STUDY AREA**

The rural public health system in India is governed by the National Rural Health Mission (NRHM) under IPHS guidelines, which is an agreement between the Indian government and the Indian Private Health Organisation (IPHOB). The top tier of the structure is administered by the Health Councils (CHCs) with PHCs being at the top, PHCs at the middle and SCs at the bottom. Every district is split into blocks for the purposes of rural health management. Coimbatore district is divided into 11 blocks, each with a block PHC (Fig. 1) and supplementary PHC.

S. NO	NAME OF THE REVENUE DISTRICT	NAME OF THE HEALTH UNIT DISTRICT	NAME OF THE BLOCK	NAME OF THE PRIMARY HEALTH CENTRE
1	COIMBATORE	COIMBATORE	KARANADAI	KARANADAI
2	COIMBATORE	COIMBATORE		SIRUGUDI
3	COIMBATORE	COIMBATORE		C.KALLIPATTY
4	COIMBATORE	COIMBATORE		HULIBERAL
5	COIMBATORE	COIMBATORE	S.S.KULANI	BELLYUR
6	COIMBATORE	COIMBATORE		VELLAKINAP
7	COIMBATORE	COIMBATORE	PERUR	S.S.SUTHEER
8	COIMBATORE	COIMBATORE		PODANUR
9	COIMBATORE	COIMBATORE	MADUKKARAI	SRIPALAYAM
10	COIMBATORE	COIMBATORE		T.M.PALAYAM
11	COIMBATORE	COIMBATORE		NIYERIPALAYAM
12	COIMBATORE	COIMBATORE	KINATHUKADAVU	SALATIIPALAYAM
13	COIMBATORE	COIMBATORE		SOKRANUR
14	COIMBATORE	COIMBATORE		KINATHUKADAVU
15	COIMBATORE	COIMBATORE	POLLACHI NORTH	NEGANJAM
16	COIMBATORE	COIMBATORE		KANARATTAI
17	COIMBATORE	COIMBATORE	POLLACHI SOUTH	Z.PURAVIPALAYAM
18	COIMBATORE	COIMBATORE		KOLAPPATTY
19	COIMBATORE	COIMBATORE		KANJANIPATTY
20	COIMBATORE	COIMBATORE	ANAMALAI	Z.UTHUKULI
21	COIMBATORE	COIMBATORE		PERIARODU
22	COIMBATORE	COIMBATORE		BETHULADAI
23	COIMBATORE	COIMBATORE	VALPARAI	ANAMALAI
24	COIMBATORE	COIMBATORE		ALLANAGAR
25	COIMBATORE	COIMBATORE		POPPIE
26	COIMBATORE	COIMBATORE	THONDANUTHUR	PETHANAIKKANUR
27	COIMBATORE	COIMBATORE		VALPARAI
28	COIMBATORE	COIMBATORE		SHOLAPPINAGAR
29	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	NUDDIAGAR
30	COIMBATORE	COIMBATORE		POOLUAPATTY
31	COIMBATORE	COIMBATORE		KALIVERAMPALAYAM
32	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	KARADULADAI
33	COIMBATORE	COIMBATORE		PERIYANAIKKENPALAYAM
34	COIMBATORE	COIMBATORE		THUDIALUR
35	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	DEVALUR
36	COIMBATORE	COIMBATORE		THUDIALUR
37	COIMBATORE	COIMBATORE		DEVALUR
38	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
39	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
40	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
41	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
42	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
43	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
44	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
45	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
46	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
47	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
48	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
49	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
50	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
51	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
52	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
53	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
54	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
55	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
56	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
57	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
58	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
59	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
60	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
61	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
62	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
63	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
64	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
65	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
66	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
67	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
68	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
69	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
70	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
71	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
72	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
73	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
74	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
75	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
76	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
77	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
78	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
79	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
80	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
81	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
82	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
83	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
84	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
85	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
86	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
87	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
88	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
89	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
90	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
91	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
92	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
93	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
94	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
95	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
96	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
97	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
98	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
99	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	
100	COIMBATORE	COIMBATORE	PERIYANAIKKENPALAYAM	

Source: [https://www.nhm.gov.in/images/pdf/nrhm-in-state/state-wise- information/tamilnadu/24x7\\_phc\\_tamilnadu.pdf](https://www.nhm.gov.in/images/pdf/nrhm-in-state/state-wise- information/tamilnadu/24x7_phc_tamilnadu.pdf)

**STATEMENT OF THE PROBLEM**

People are always less concerned about their health when they are healthy and more concerned when they become ill for whatever reason, which makes the job of government health care centers even more difficult as their efforts, if any, to make people aware of the importance of being healthy and maintaining sanitation in living places. However, this begs the question of whether people are truly concerned about Primary Health Care Centers and their facilities, or whether they are not informed enough to take use of the services provided by our government and PHC centers. Covid-19 – a situation in which society's most important work boils down to the most basic aspects of life (being health conscious), why are so many government institutions failing to control and break the chain of Covid-19 spread, is it the government's sole responsibility to save its people's lives, or are we not that careless about our lives? Because it is human nature to be drawn to the negative, we discourse exhaustively about the shortcomings of each facility rather than making the most use of what is at least accessible. However, it ultimately depends on how much people are aware of Covid-19 and how to prevent it by making the greatest use of PHC clinics and their services.

**OBJECTIVES**

- To investigate the level of awareness of various primary health care centers services in the Madukkarai block of Coimbatore.
- To ascertain people's attitudes toward the acceptance of primary health care centers and their services.
- To identify the assistance offered by primary health care centers during the epidemic.
- To look for ways to improve the primary health care center's services.

**METHODOLOGY:**

- Area of study: Out of 11 blocks in Coimbatore district, madukkarai block was located next and four PHCs were selected.
- Sample selection: 200 respondents were equally selected i.e., 50 each from PHCs limit.
- Tool for data collection: Interview schedule was used as the survey was done in rural areas.
- Tools for analysis: Percentage analysis and ANOVA were applied to analyses the collected data and draw inferences.

## REVIEW OF LITERATURE

**Ronald Olum1\*†, Gaudencia Chekwech1, Godfrey Wekha1, Dianah Rhoda Nassozi1 and Felix Bongomin (2020)** the study was done to 581 HCWs approached, 136 (23%) responded. A vast majority of the participants were male (n = 87, n = 64%), with a median age of 32 (range: 20–66) years. Eighty-four (62%) were medical doctors and 125 (92%) had at least a bachelor's degree. Overall, 69% (n = 94) had sufficient knowledge, 21% (n = 29) had positive attitude, and 74% (n = 101) had good practices toward COVID-19. Factors associated with knowledge were age >40 years (aOR: 0.3; 95% CI: 0.1–1.0; p = 0.047) and news media (aOR: 4.8; 95% CI: 1.4–17.0; p = 0.015). Factors associated with good practices were age 40 years or more (aOR: 48.4; 95% CI: 3.1–742.9; p = 0.005) and holding a diploma (aOR: 18.4; 95% CI: 1–322.9; p = 0.046)

**JayanthiPandian, Saradha Suresh,1 B. R. Desikachari,2 and P. Padmanaban(2019)** Women centered policies; support from NRHM, strengthening PHCs with adequate Infrastructure and provision of 24 × 7 services have paved the way for increased utilization of PHCs for birthing care. However, mere infrastructures and human resources do not guarantee its use. Provision of user friendly services and innovative marketing of services has helped to create a demand in the community. Good managerial systems, motivated staff, enabling environment for the staff to practice their skills are added factors. Such multipronged effort has led to a trend of increased utilization of PHCs for birthing care, compared to the situation 6 years back. Health systems of other states and developing countries could explore the possibilities of replicating this model at primary level which would help to optimally use the investment made towards PHCs and also reduce the load of normal deliveries in the secondary and tertiary centers which can focus on complicated cases.

**ArulprakashSivanandan, S. Ganesh kumar, and Krishnanmoorthy (2018)** done the study of proportion of individuals availing health care services from rural health care A community based cross-sectional study was conducted in Puducherry, coastal South India, among 367 households with 1510 individuals. More than one-fourth of the study population not utilized services at PHC level. Improving the health facilities may help to increase these services.

**Dr. NavithaThimmaiah (2015)**examined that the study of Kadakala PHC in Mysore district has been undertaken. For the sake of analysis, techniques like dummy regression, correlation and chi-square have been employed. It was found that only 82% of people have access to PHC. The reason for not accessing PHC services in the study area are recognized as income level, distance and education level. The distance to the PHC is found as major determinant to the access of health care services from PHC, as it is found to be significant at 10%.

**Dr. NavithaThimmaiah (2014)** examined that the study of Kadakala PHC in Mysore district has been undertaken. For the sake of analysis, techniques like dummy regression, correlation and chi-square have been employed. It was found that only 82% of people have access to PHC. The reason for not accessing PHC services in the study area are recognized as income level, distance and education level. The distance to the PHC is found as major determinant to the access of health care services from PHC, as it is found to be significant at 10%.

**Adetolaosifeso (2012)** reviewed that the study level of utilization of PHC centers by the residents of Agbowo community in Ikosi-Ejinrin Local council development area (LCDA), Lagos State. The study employed a descriptive cross-sectional survey conducted using interviewer administered semi-structured questionnaire among residents of Agbowo community between October and November 2012. Analysis of the result was done using the Epi-info 2012 statistical software. This study has shown that there is a high level of utilization of the services available at PHC centers in Agbowo community. The level of utilization of the PHC centers among the residents is not affected by their level of education or occupation.

## ANALYSIS AND INTERPRETATION

### I. PERCENTAGE ANALYSIS

The following are the results of percentage analysis

**Table 1: Demographic profile of the mothers visiting Block PHCs (n=200)**

S.No	Variables	Groups	Percentage(%)
1.	Gender	Male	57
		Female	43

2.	Age(in years)	Less than 20years	01
		21-40years	37
		41-60years	54
		Above 60 years	08
3.	Education ofthe Respondents	Up to School Level	38
		Under Graduation Level	18
		Post-Graduation Level	08
		No formal education	28
4.	Occupation ofthe Respondents	Others	08
		Agriculture Farming	02
		Self Employed	82
		Employed	07
		Profession	01
5.	Family incomepermonth ( in Rs)	Upto10,000	31
		10,001 – 25,000	44
		25,001 – 50,000	20
		50,001 – 75,000	04
		More than 75,000	01
6.	Knowing about PHC Center Services	Due to Infection of Covid - 19	22
		During the Spread of Covid 19 disease	52
		Establishment of PHCC	26
		Don't known till now	00
7.	DistanceofPHC from Residence	Less than1 km	45
		1 -3 Kms	17
		Above3 Kms	38

The socio-demographic profile revealed the following characteristic soft he respondents. The gender based classification say 57 % male and 43% are female, respondentsagedbetween41to60 years visited PHCs for health services constituted the major population (54%) followed by 21-40yearswhoformed37%ofthesamplepopulation and above 60yearsconstitutedonly 8% of the population. Majority 38% of the respondents had atleast up to school level, 28% had no formal education and 18% were educated upto under graduation level. Only 8% were Farmers and 82% are employed.7%wereprofessionals and2%wereinvolvedinself-employment and allied activities. The highest percentage of population, 44% falls into the income group of ₹10,000– ₹20000p.m.and20%intoincomegroupofupto ₹25,000-₹50,000p.m.62%oftherespondents know about PHC Center during the Spread of Covid 19 disease, 22% of the respondents due to Infection of Covid – 19and 26% of the respondents know since establishment of PHCC.45% of the respondents were located within a kilometre from the PHC and 38%travelledmorethan 3 kilo meters to reach the PHCs.

**Table 2: Perception of mothers on Block PHCs (n=100)**

S.No.	Dimensions of Perception	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)	Total (%)

<b>1.</b>	<b>Doctors behavior:</b>						
a)	Medical problems are taken seriously by the doctor.	29	49	11	7	4	100
b)	The doctor devotes enough attention to his patients.	19	12	7	12	19	100
<b>2.</b>	<b>Attitude of nurses:</b>						
a)	Nurses have a pleasant demeanor.	53	30	3	5	9	100
b)	Nurses respond quickly to all needs.	19	50	12	15	4	100
<b>3</b>	<b>Infrastructure:</b>						
a)	There are enough beds available.	20	61	9	5	5	100
b)	Water and toilets are kept clean and sanitary.	55	14	9	17	5	100
<b>4</b>	<b>Availability of drugs &amp; equipment:</b>						
a)	There are essential medications accessible.	24	41	7	12	16	100
b)	There is an adequate supply of basic equipment.	21	49	13	4	13	100
<b>5</b>	<b>Emergency service:</b>						
a)	There is a 24-hour service available.	12	66	3	16	6	100
b)	During the pandemic, expert staff service was provided.	53	16	10	5	16	100

The respondents' perceptions were measured using five factors, each with two criteria, and scored using a five-point rating scale; the findings are detailed below.

- i. **Doctors' behavior:** The sample population had a fairly favorable impression of doctors. 49 percent of them 'agree' that the doctor is concerned about medical concerns. 50% 'strongly agree' that their doctor spends enough time with them, whereas 19% 'strongly disagree' that their doctor does not spend enough time with them.
- ii. **Attitude of nurses:** The view of nursing services was also fairly favorable. 53 percent 'strongly agree' that nurses should have a happy attitude, and 50 percent 'agree' that nurses should attend to every need.
- iii. **Infrastructure:** 61 percent 'agree' that beds are available, while 55 percent 'strongly agree' that clean drinking water and toilet cleanliness are available. Only 5% 'strongly disagree' on infrastructure availability.
- iv. **Availability of drugs & equipment:** 41% and 49% of respondents believe that drugs and necessary equipment are always available, respectively, while 28% disagree.
- v. **Emergency service:** Both components of the service parameter are highly agreed upon. During Covid 19, 53% 'strongly agree' with the personnel and 66% 'agree' with 24-hour access to health care.

#### ANOVA

The following are the hypotheses framed and inferences derived based on ANOVA test.

1. Null Hypothesis (H<sub>0</sub>): There is no significant relationship between age, education level, employment, monthly family income, amount of medical expense paid, and distance travelled to reach PHC, and perception of Block PHC services.
2. Alternative Hypothesis (H<sub>1</sub>): There is significant relationship between age, education level, employment, monthly family income, amount of medical expense paid, and distance travelled to reach PHC, and perception of Block PHC services.

**Table 3: ANOVA - Demographic variables and Perception on Block PHCs**

S.No	Variable	Calculated 'F' Value	Table value	Inference
1.	Gender	4.362	3.992	Significant

2.	Age	18.178	3.992	Significant
3.	Educational qualification	5.052	2.311	Significant
4.	Occupation	0.822	2.467	Not Significant
5.	Family income per month	6.131	3.992	Significant
6.	Knowing about PHC Center & Services	25.117	3.992	Significant
7.	Distance from residence	0.362	3.090	Not Significant

The following conclusions were reached based on the above analysis. The ANOVA test was used, and the results were obtained at the 1% and 5% levels of significance. The estimated 'f' value was compared to the critical value, and the link between demographic characteristics and respondents' perceptions of Block PHCs was analysed based on the results.

The analysis found that the estimated value is higher than the table value for demographic parameters such as age, educational qualification, monthly household income, knowledge about PHC clinics and their services, and distance from dwelling. As a result, the null hypothesis (H<sub>0</sub>) is rejected. The alternative hypothesis (H<sub>1</sub>) holds true, saying that the aforementioned elements have an effect on the perception score, either positively or negatively. The findings contradicted the findings of (Adetolaosifeso (2012), who found that characteristics such as education level, community, family size, employment status, and income level have no effect on satisfaction level.

Conversely, for factors like occupation of the respondents and distance travelled from residence the calculated value is lesser than the table value there by accepting the null hypothesis(H<sub>0</sub>). Hence, these factors have no impact on the perception of the respondents towards services offered in Block PHCs.

In contrast, for characteristics such as respondents' employment and distance travelled from home, the computed value is smaller than the table value, implying that the null hypothesis is accepted (H<sub>0</sub>). As a result, these characteristics had little effect on respondents' perceptions of services provided by Block PHCs.

## CONCLUSION

Knowing the primary health care centre demonstrates the successful usage of PHCs to a large extent, since in the current survey 52 percent had come to know the PHCs only after COVID, demonstrating that the majority of the respondents use the PHCs. Surprisingly, 44 percent of respondents with a middle-income of Rs10,000 to 25,000 choose PHCs for routine treatments. It is also established that the kind of profession and distance are unimportant criteria when quality is used as a criterion for improved perception. This survey reveals that the public health system in Coimbatore is considerably superior than other regions of the country, as most residents have voiced good attitudes regarding numerous metrics. Despite the fact that the system is the same everywhere, the attention offered by responsible physicians and committed nurses is the cause for such a great opinion. Few concerns, such as keeping buildings and equipment in excellent working order, enhancing campus cleanliness, and having a duty doctor on duty around the clock, require the authorities' attention.

## REFERENCE:

- Timothy Powell-Jackson, Arnab Acharya & Anne Mills "An Assessment of the Quality of Primary Health Care in India" Vol-XLVIII No,19, May 11, 2013
- Patro BK., Kumar R, Goswami A, Nonkynrih B, Pandav CS, UG Study Group. Community Perception and clients satisfaction about the Primary Health Care Services in an Urban Resettlement Colony of New Delhi. Indian Community Med. 2008;33,(4):250-254.
- Reshma C.U, Sheheersha S.K, Saravanabavan.V, (2015) A Case Study on the Influence of Socio-Economic Status of Woman on Infant Health Care In Kerala State" International Journal of Physical & Social Sciences Vol.5 Issue 1, pp 128-140, 2015, ISSN: 2249-5894
- Saravanabavan.V, Reejo R, JNeethidevi.A and Jayashree.R (2006) "Travel and Healthcare Utilization pattern of patients in Vadipattipanchayat union – A Micro Level Study Using GIS" Paper published in the journal of Deccan Geographer, Pune Vol.44 No 2 pp 97-108, 2006 ISSN.NO 0011-7269.
- Saravanabavan V, (2013) "Patients Perception and Travel Behaviour Pattern in Primary Health Care Center in Haripad Block - A Micro Geo- medical Study" Paper published in the Journal of Language in India, Vol.13:4, April 2013, ISSN 1930 - 2940 2013 Pp 194-207

- Saravanabavan VSudharsan R BalajiD, RahamathNisha.R(2014)“Patient’s Perception and Epidemiological characteristic of dengue in Madurai city-using factor analysis” published in the International Journal of Mosquito Research; 1 (2):19-26, 2014 ISSN: 2348-5906, 2014
- Saravanabavan V, BalajiD, Sudharsan R (2014) “A Geo-Medical Analysis of Chikungunya and Patients Environmental Perception in Madurai City” Journal of JAC Journal of Science, Humanities, and Management, Vol. I No 2 June, Pp 111-120, 2014, ISSN 2347-9868, 2014.