



KERALA STATE INSTITUTE OF DESIGN , CHANDANATHOPE, KOLLAM

RESEARCH METHODS

**AVAILABILITY OF MEDICAL SERVICES IN  
CHANDANATHOPE, KOLLAM**

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## CONTENTS

| TITLE                                    | PG.NO. |
|--|--------|
| 1. Introduction                          | 1      |
| 2. Literature Review                     | 2      |
| 3. Methodology Followed for the Research | 3      |
| 4. Analysis of the Data Collected        | 4      |
| 5. Outcome                               | 8      |
| 6. Conclusion                            | 10     |
| 7. Reference                             | 10     |

### LIST OF IMAGES AND CHARTS

|  |    |
|--|----|
| 1. P1 . Chandanthope Railway Station   | 1  |
| 2. P2. Newspaper Article in Indian Express                                     | 3  |
| 3. P3. Conducting Survey in the locality                                       | 3  |
| 4. P4 & P5 Primary Health Center, Kuzhiyam                                     | 5  |
| 5. P6. One of the medical stores at Chandanathope                              | 8  |
| 6. P7. One of the residents of ITI ward, Chandanathope                         | 8  |
| 7. P8. House visited during the survey   | 8  |
| 8. P9& P10. People who participated in the survey and interactions             | 9  |
| 9. P11. Government ITI campus  | 9  |
| 10. P12. LMS Hospital, Kottiyam  | 9  |
| 11. P13. Upasana Hospital, Kollam  | 9  |
| 12. P14. Map Showing the Medical Services Available In Chandanathope           | 10 |
| 13. P15. Road Near ITI Campus  | 10 |
| 14. C1 Age groups of people  | 6  |
| 15. C2 Educational Qualification of People                                     | 6  |
| 16. C3 The Frequency a person falls ill  | 6  |
| 17. C4 The age group who falls ill frequently                                  | 6  |
| 18. C5 The Distance of the Nearest Hospital                                    | 7  |
| 19. C6 Chances of having Emergency Situations                                  | 7  |
| 20. C7 The mode of transport people use for visiting hospitals                 | 7  |
| 21. C8 Details regarding the people who purchase medicine without prescription | 7  |
| 22. C9. People who needs medical services in this area                         | 8  |

## INTRODUCTION

Medical Services is an essential part of any community as health and development of a people are closely related. Medical Services means any health related service which is carried out to benefit the people and solve their health issues. The Research was to study about the availability of Medical services to the local community present in Chandanathope. There are more than 1000 families residing in this area. The study was carried out, as people need to travel long distance in order to reach a hospital or clinic they were looking for, in a time when the lives of people are getting busy day by day. The people in this region find it difficult to find a place for consulting Doctors. The topic was also chosen due to the experiences my friends have had due to the lack of availability of medical services in Chandanathope and due to this how the illness worsened. The area of study chosen was Chandanathope, where you find two major institutions, ITI and KSID and also market places and shops that are involved in different activities. There are two medical clinics (Azeezia and Janatha) near the railway cross in Chandanathope. Presence of these institutions is not enough for the whole locality. The focus of the Research was on providing medical assistance during emergency situations and for the common illness or diseases that people can be affected with.

As said earlier, Chandanathope has got a mixture of different shops and also culture as individuals from different strata of the community live in a harmony here. Also, as an individual living in this very locality of Chandanathope, availing medical services can help myself and the community I live with. The study also helped in understanding the problems the local people face and the financial crisis they go through. There are schemes from Panchayat and government for giving assistance for health and welfare of the people.

The research was carried out also keeping in mind, the benefits or the value a person receives after reading this report. This study also helped in understanding the health and hygienic conditions of the people and methods in improving their conditions. This study also helps in the development of locality and immediate surroundings. A person falls ill depending on his habits, health and hygienic qualities. So by availing or providing medical services, there is a chance of improving the lifestyle of the people, to keep them away from diseases.

The study also helped in knowing the surroundings

that you live in, to established good relationship with the people in the locality. This also helped in understanding the way to talk and approach people who would become the users of your services in the future. The reality that I would face, can be very different from what the local people face. So the research helped in understanding the people's perspective, view point and understanding it as a part of the reality that I have tried to study. Interacting with these people really helped in understanding their beliefs, how they saw things, what they valued the most and the different reactions given by different people for the same reality.

Finally the research study can be taken to a different level where a designer's approach can be brought in and the solutions for the problem can be generated and implemented which would open up a better world for the people.



P1. Chandanathope Railway Station

## LITERATURE REVIEW

In an article published in Indian Express on 22<sup>nd</sup> Sep 2013, there is only one doctor for every 1,700 people in India. Despite the efforts of the government and the incentives provided the young doctors are not willing to work in rural areas due to the poor infrastructure, non availability of medicines equipments and the basic amenities. According to the WHO, there should be at least one doctor per 1000 people. Even though there are 6-6.5laks doctors are available, India would need about 4 lakh more by 2020 to meet the ratio of 1 doctor per 1000 people. The article also describes about an accident which occurred in Odisha where an 8 yr old girl suffered severe burns and was rushed to the primary health care center. Due to the absence of the doctor, she was given first aid and sent to a hospital which was 72 km away from that place. From there, again she was referred to another hospital which was 300km away. This time lag and untimely treatment lead to the death of the child. [1]

Kerala has got the best health indicators , but there is a Shortage of Doctors – 0.2 doctor per 1000 people, the ratio given by a study conducted by a healthcare research firm IMS consulting. Popularity of Ayurveda and other alternative medicines have created the tendency of not consulting doctors for the illness they go through. [2]

|  |    |
|--|----|
| No. of Primary Health Centers in Kollam  | 48 |
| No. of Primary Health Centers ( 24X7)    | 6  |
| No.of Community Health Centers in Kollam | 17 |
| No. of Taluk Hospitals in Kollam         | 8  |
| No. of District Hospitals in Kollam      | 1  |

[3]

In India, health care delivery system starts from village level and reaches up to a super speciality medical center providing emergency medical services. The role of Emergency Medical Services becomes very critical in saving lives, but there is a lack of such services in India. According to American College of Emergency Physicians, Emergency is defined as any condition perceived by a prudent layperson or someone on his or her behalf, as requiring immediate medical or surgical evaluation and treatment. In EMS, trained technicians or paramedics provide first aid to the patient that is pre hospital care and then the patient is shifted to appropriate facilities.

India comprises of 4276 Community Health Centers , 23458 Primary Health centers and 46036 Sub Centers as on March 2005. As per report of National Commission on Macroeconomics and Health Ministry of Health and Family Welfare, Government of India, a villager has to travel an average distance of 2.2km to reach the first health post for getting a paracetamol tablet, over 6 km for blood test and nearly 20km for hospital care. Also ,according to National Family Health Survey III, private medical sector remains primary source of health care for majority of households in urban and rural areas. [4]

Kerala Emergency Medical Services Project (KEMP) was initiated in the state for hiring services of an expert organization under the notion of Public ,Private , Partnerships. This is established through a network of ambulances connected and controlled with an emergency Response Center. [5]

In a news article that came on Dec 20th 2014, in India Today, Union Minister Rajnath Singh ensured the maximum health facilities would be available in the country in 5 to 10 yrs. There were proposals of setting up 12 new medical colleges and 4 AIIMS which was passed. This was considered to be insufficient when national average is taken into consideration. The article also says that the poor are not getting the facilities and there is also a need to strengthen the primary and secondary community health centers. This would reduce the burden on major institutes by 80-85%. This also includes clean drinking water and sanitation. Singh has also called on fresh graduates to be sensitive towards the sufferings of people. [6]

“Lack of Doctors paralyses the Hospitals - The healthcare facility in the district is hit hard by the lack of doctors in many government hospitals.” The problem in providing quality healthcare at government is the lack of facilities of the institutions. Doctors join Compulsory rural services on contract basis and they leave their service for postgraduate studies. There are problems arising as some community health centers are upgraded to taluk hospitals and there is a lack of doctors in the emergency ward.

“At Njarackal, when the government hospital with an in-patient facility was upgraded to taluk-level hospital, it should have been provided with a full-time casualty service and major specialties. All these issues remain unaddressed by the government, said the medical officer. The district panchayat funds can be utilized for bettering the health facilities at these hospitals, but order to create posts has to come from the Directorate of Health Service.”<sup>[7]</sup>



P2. News Article in Indian Express 22<sup>nd</sup> Sep 2013

locality. Observed the lifestyle of the people and their attitude towards other people.

Conducted **Surveys**, were a particular set of questions were asked to a number of families in Chandanathope to know about the medical services, the emergencies they can have and how do they manage their medical needs.



P3. Conducting Survey in the locality

## METHODOLOGY THAT WAS FOLLOWED

The Methodology followed in this Research was **Mixed method**. A mixed method is using both qualitative and quantitative methods together to study a topic. The methodology was also more interaction based. The houses in and around Chandanathope were studied to know more about the need for availing medical services in this area. This was carried out through establishing a good relationship with the local people which in turn helped me in knowing more about them.

The people in this locality were very interactive and was willing to share everything they know and their experiences. **Interviews** were carried out to know more about the existing medical services which include hospitals, clinics and pharmacies. Interacted with Doctors, pharmacy owners and the local people living in this area.

**Observing** the people is another way of studying and collecting information about the particular

Visited Doctors in this locality, Dr. Sharon Aseem, the General Physician at Azeezia Clinic, Chandanathope, Dr. Sangeeth, Cardiologist and Physician at Janatha Clinic, Chandanathope, Dr. Jomy, Physician at Primary Health Center, Kuzhiyam and Dr. Renny John Panicker, Pediatrician, Kundara. Also interacted with Mrs. Mini, Nursing Superintendent at Shankar's Shashty Abdapoorthi Memorial Hospital, Kollam and Mrs. Suja, Head Nurse at LMS Hospital, Kottiyam.

Also interacted with the medical store owners and Panchayat President to know about the help provided by them for the medical services in their panchayat.

## ANALYSIS OF THE DATA COLLECTED

Following are the Data collected through interviews with Doctors, Panchayat members and Pharmacies-

➤ People buy Medicines without prescription for illness like Fever, Cold, Cough and Headaches. Also some of them have a misconception of consulting the pharmacist for their illness and having medicines they give.

➤ Mostly people are affected by Asthma, Diabetes, Blood Pressure and Cholesterol and they become patients for the whole life time.

➤ The Panchayat has conducted 5 camps in different areas of the Panchayat and people were diagnosed with Jaundice in Edavattam, a place near Chandanathope due to the lack of sanitation facilities and drinking water.

➤ Each ward in a Panchayat has got 2 ASHA Workers. ASHA means **Accredited Social Health Activist**.

➤ "ASHA must primarily be a woman resident of the village married/ widowed/ divorced, preferably in the age group of 25 to 45 years.

➤ She should be a literate woman with due preference in selection to those who are qualified up to 10 standard wherever they are interested and available in good numbers. This may be relaxed only if no suitable person with this qualification is available.

➤ ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.

➤ Capacity building of ASHA is being seen as a continuous process. ASHA will have to undergo series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.

➤ The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets.

➤ Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village.

➤ ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.

➤ ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services.

➤ She would be a promoter of good health practices

and will also provide a minimum package of curative care as appropriate and feasible for that level and make timely referrals.

➤ ASHA will provide information to the community on determinants of health such as nutrition, basic sanitation & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services.

➤ She will counsel women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child.

➤ ASHA will mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, Ante Natal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government.

➤ She will act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFA), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.

➤ At the village level it is recognised that ASHA cannot function without adequate institutional support. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be a major source of support to ASHA"<sup>18]</sup>

The ASHA Worker takes care of hygienic conditions like proper waste disposal, sanitation and other cleanliness issues.

• 20 wards are provided with 1 Primary Health Center (PHC, Kuzhiyam) and 4 wards share 1 Sub PHC. PHC provides with free medicines and services at a consultation fee of Rs.2 for a month.

• The main aim of PHC is prevention of diseases. There are 8 staff members in the PHC at Kuzhiyam which includes 1 Physician, 1 nurse, 1 clerk, 1 sweeper, 1 nursing assistant and 1 pharmacist.

➤Emergency Cases that are brought here are mainly Respiratory problems, Chest Pain, Bike Accidents and wounds. PHCs are not well equipped for such emergency cases so the situation of the patient is stabilised by given first hand treatment and taken to Community Health Center , Kundara.



P4 &P5. The Primary Health Center at Kuzhiyam

➤The clinic opens by 8am and closes by 4pm. There are more than 300 patients having Diabetes and Pressure . There are field workers like JPHN ( Junior Public Health Nurse) under PHC who visits places and takes the measures and provides with medicines.

➤Different days of a week are dedicated to different patients like Monday for Pregnant Ladies were they are provided with medicines and a check up is conducted. Wednesdays are Children and anti natal day and Thursdays for patients with non communicable diseases like Diabetes, Blood Pressure and Cholesterol.

➤There are projects of PHC which is run with the support of Panchayat like Palliative Care for bedridden patients and cancer patients. The no.of Cancer patients has been increasing gradually. This is 450000 Rs project were a nurse along with all medical kit and equipments visits the patients at home and are provided with treatment. There 12 home care visits in a month and there are 7 patients receiving this facility in the panchayat.

➤The PHCs does not have an ambulance service of their own. The patients to these PHCs are not only the poor but any one who needs a government medical service.

➤There are more than 3 Cancer patients in this area. So Palliative care is provided in the local clinics and hospitals.

➤Most of the hospitals have an on call ambulance as they do not have an ambulance of their own.

➤A Cardiac Camp was organised in 2009, in which 108 people participated and 12 was found diseased. The clinics in this area have a lot of patients who comes for routine check ups and medicines.

➤The community here consists of Mostly Muslims and Hindus. Life style plays an important role in the health of a person. Most of the Muslims suffer from cholesterol , Diabetes and blood pressure due to their eating habits and the hindus takes a late treatment .

➤The people in this area are financially not secure , so they are not able to afford most of the treatment given in private hospitals. So most of them consults doctors at Government hospitals (District Hospital , Kollam) and ESI clinics .

➤Most of the hospitals have 24hrs service with Duty Doctors at night time.

➤The emergency cases mostly that come here are high fever for children , Bike accidents, Gynecology and Fluctuations in Blood Pressure levels and Diabetes and heart problems.

➤The people in this area are workers in Cashew factories near by and people who work under Rural Employment Guarantee Scheme. The cashew factory workers has allergy problems . Most of the women work for Kudumbasree.

➤On an average ,there 60 out patients a day for clinics in Chandanathope.

➤Private hospitals like Upasana has got 2 ambulances and also specialized departments for different emergencies like Heart Center and Kidney Center. Anti Venom cases are accepted in this hospital.

➤There are ICUs and casualties available at all the hospitals , sometimes the patients are referred to some other hospitals after giving Pre hospital treatments. Doctors are not available for on the spot treatments.

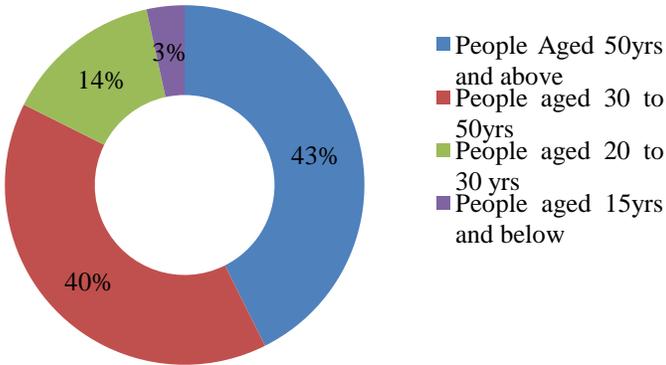
➤ESI Clinics are also preferred by people as they can avail medicines and consultation for free. **Employees State Insurance Scheme** of India , is a multi dimensional social security system to provide socio economic protection to the worker and his family. <sup>[9]</sup>

➤All the hospitals have pharmacies inside the hospital and people by medicines which are not available in the pharmacy from medical stores outside the hospitals.

# ANALYSIS OF QUESTIONNAIRE

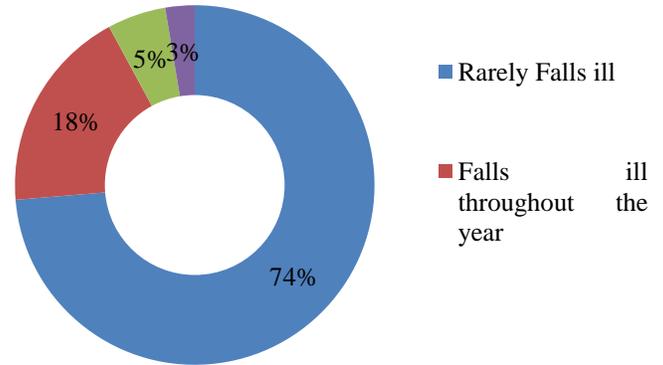
41 Surveys were taken from this locality

## Age Groups



C1. Chart showing the Age groups of people in this area

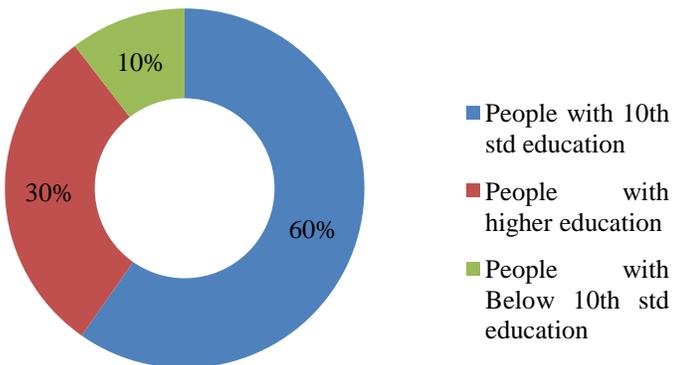
## Frequency of a person falling ill



C3. Chart showing how frequently a person falls ill

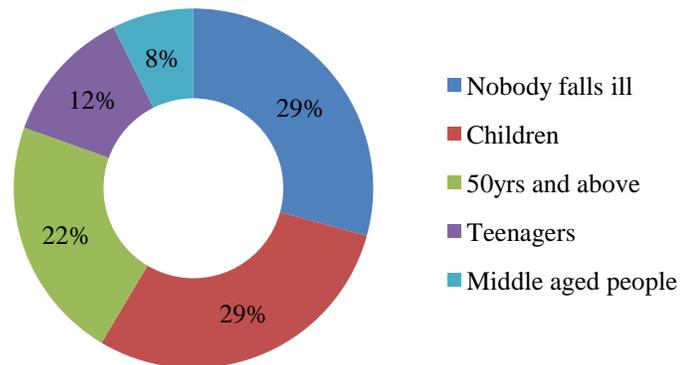
No one knows the number of an **ambulance service** which can be called during emergency situations

## Education Qualification



C2. Chart showing the education qualification of people in this area

## The Age group Which falls ill frequently

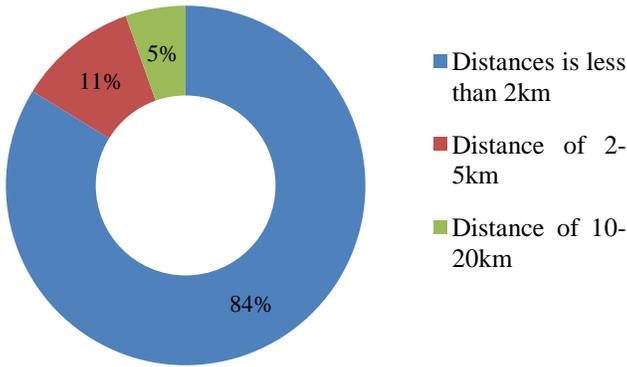


C4. Chart showing the age group who falls ill frequently

**Profession** – Most of the people work under Rural Employment Guarantee Scheme . The rest works in Cashew factory, as Drivers and painters were the income generated is very less. A few people work as Engineers and Teachers.

During emergency situations , people take the patients to the hospital, usually a government hospital , which they usually visits. Even though Azeezia is the nearest hospital available, most of the people knows about it but does not take patients there as they cannot afford the charges.

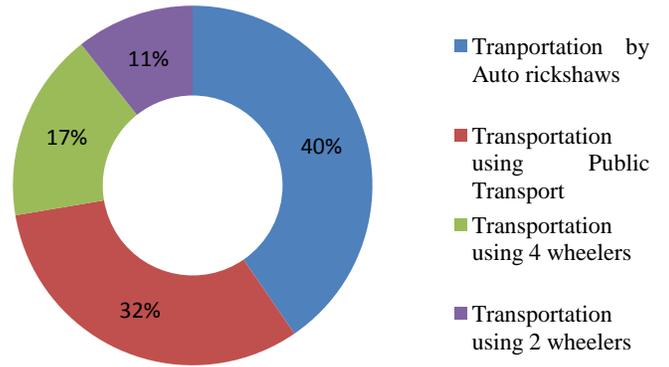
**Nearest Hospital**



C5. Chart showing the distance of the nearest hospital

People prefers to go to government hospitals than private hospitals

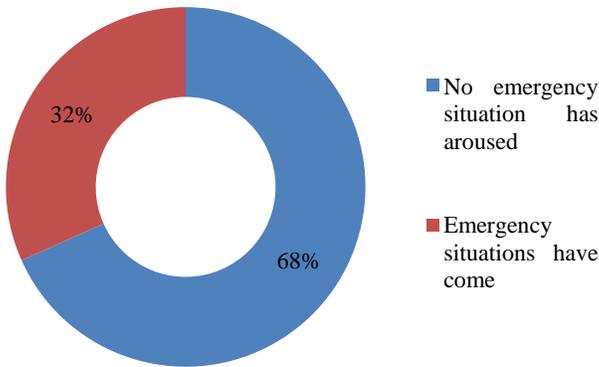
**Mode of Transportation**



C7. Chart showing the mode of transport used by people while visiting hospitals

Most of them uses public transport and auto rickshaw services. All the hospitals have 24 hrs service except for the government clinics these people visits.

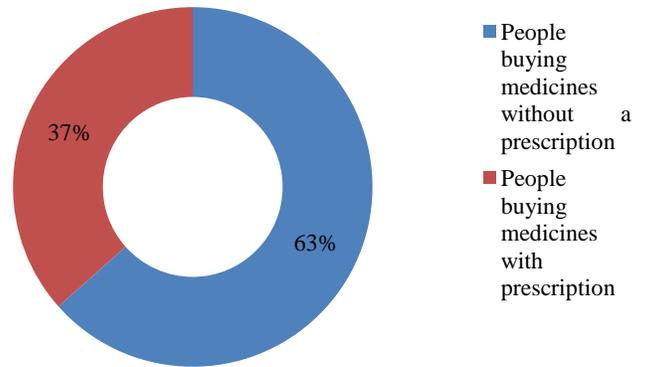
**Rise of Emergency Situations**



C6. Chart Showing the chances of having emergency situations

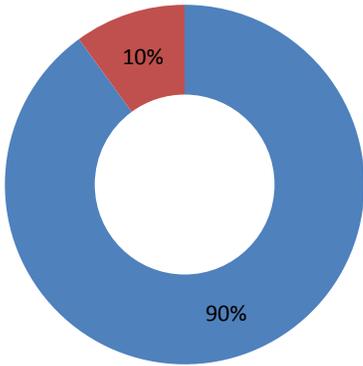
The cases of Emergency that have aroused are due to high fever for children, heart attacks, Diabetes and Disc or stomach problems

**Medicines without a Prescription**



C8. Chart showing the details about people purchasing medicines without prescriptions

### Need for Medical Services



- There is a need for medical services in this area
- There are enough services in this area

C9. Chart showing the interest of people in need of a medical service in this area

Some of them do not feel the importance of a medical service in the areas they have not come across such situations at their home.

90% of the people buy medicines from hospitals itself, the amount gets refunded for medicines they buy outside the hospital as most of them has ESI .

There are more than 40 medical stores near Chandanathope , maximum at distance of 6km. There are 3 pharmacies at Chandanathope Junction.



P7. One of the residents of ITI ward, Chandanathope

Another observation made was that most of the people have only 2-3 cents of land and the houses are tightly packed. Even though this is the condition ,the premises of the houses are neat and clean.



P8. One of the houses visited during survey



P6. One of the medical stores at Cahndanathope



P9 & P10 . People who participated in the Survey and Interactions

The Government ITI has a visiting Doctor who comes once in a week and provides treatment for the ill. The students in ITI are not aware of any medical Services in this locality and Emergency Services.



P11. The Government ITI Campus.

Also people are given awareness through posters in PHCs regarding sanitation, different communicable diseases and cancer.



P12.LMS Hospital, Kottiyam



P13. Upasana Hospital , Kollam

## THE OUTCOMES

➤The people in this locality are financially not sound. Due to the lack of job and money, people tend to go to government hospitals . In these hospitals they have to wait for a long time and mostly the attitude of Doctors is not good , they would prescribe a medicine even without enquiring about the disease.

➤Lack of Education has also led to habits such as purchasing medicines without a prescription , without knowing what would happen with an extra dose of medicine. Also the time lag between taking the patient to the doctor is some times high as people think they will get well soon.

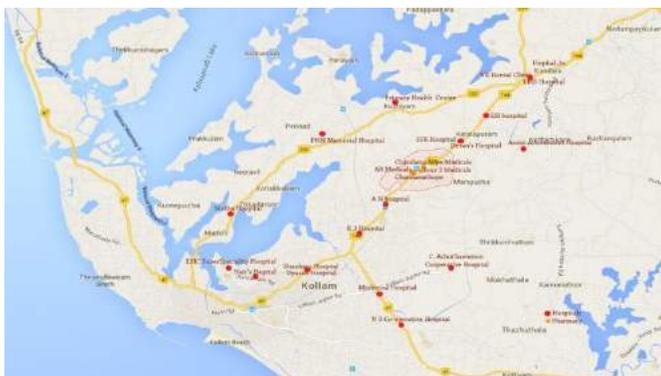
➤During emergency situations, at night people find it very difficult to take a patient to the hospital as no cab services are available in the locality at that time . This situation arises as they do not have a vehicle of their own . Also people have to travel long distances , at least 3kmt to go to a hospital and wait for a long time to meet the doctor.

➤There are houses where only women are residing and houses where only elderly people are staying. In such Situations a medical service in the near by locality would help them a lot as they would have to travel only very less.

➤Most of them visits the Government Hospital and ESI clinics as they provide free medicines and services to people.

### List of Hospitals near Chandanathope –

- Government District Hospital
- Govt. Victoria Hospital
- District TB Centre, Chinnakada
- Kumar Hospital, High School Jn.
- Dr.Nairs Hospital , Ashramam ,Kollam
- Shanker’s Institute of Medical Sciences, Kollam
- Upasana Hospital, Kollam
- Bishop Benziger Hospital, Beach Road, Kollam
- Medicity, N H Bypass, Kollam
- Matha Medical Centre, Anchalumoodu
- P.N.N Memorial Hospital, Anchalumoodu
- Amardeep Eye Hospital, Kilikollur
- ESIC Hospital, Kottiyam
- ESIC Hospital, Ezhukone
- Azeezia Clinic , Chandanathope
- Janatha Clinic ,Chandanathope
- ESIC Hospital, Keralapuram
- Devan’s Hospital , Keralapuram
- SSR Hospital ,Keralapuram
- London Missionary Society Boys' Brigade Hospital (LMS), Kundara
- Assisi Atonement Hospital, Kottamkara
- Lekshmi Trust Hospital, Kundara
- Royal Hospital, Chathannoor
- Sri Sathya Sai Super Speciality Hospital, Kottarakara
- Govt. Taluk Hospital, Kottarakara
- Christhuraj Hospital, Kottarakara
- Lotus Heart Hospital, Kottarakara



P14. A map showing the Medical Services near Chandanathope( More Closer view is given in the last page)

### CONCLUSION

The aim of this research was to study about the availability of Medical Services in Chandanathope. The study was to understand the surroundings and viewpoints of different people in the locality. The study helped in understanding the Socio economic condition of the people and these people visiting Government Hospitals for treatment. The people are not aware of the clinics near by and medical services available in different hospitals. The people should be

given an awareness regarding the emergency services in their locality and the importance of knowing your surroundings. Presence of some sought of a medical services in Chandanathope would help people to visit the doctors easily and they donot have to travel a lot to consult doctors, by the time the disease would have worsened. A community should always have good health conditions in for the better development of the society.



P15- The road Near to ITI campus

### REFERENCE

- [1]. <http://www.newindianexpress.com/magazine/India-has-just-one-doctor-for-every-1700-people/2013/09/22/article1792010.ece> (22nd Sep 2013)
- [2]. [http://articles.economictimes.indiatimes.com/2013-08-03/news/41034041\\_1\\_general-practitioners-doctors-kerala](http://articles.economictimes.indiatimes.com/2013-08-03/news/41034041_1_general-practitioners-doctors-kerala) (3rd Aug 2013)
- [3]. <http://www.aogyakeralam.gov.in/docs/temp/standardised%20list%20of%20institutions.pdf> ( As per 14th Feb 2011)
- [4]. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3299154/> (2008)
- [5]. <http://www.aogyakeralam.gov.in/index.php/special-initiaves/kemp> (2010)
- [6]. <http://m.indiatoday.in/story/rajnath-singh-aiims-medical-services-in-india-medical-colleges/1/408039.html> (20th Dec 2014)
- [7]. <http://www.thehindu.com/todays-paper/tp-national/tp-kerala/lack-of-doctors-paralyses-district-hospitals/article3925248.ece> ( 22nd Sep 2012)
- [8]. <http://nrhm.gov.in/communitisation/asha/about-asha.html>
- [9] <http://www.esic.nic.in/index.php>

