



RESEARCH ARTICLE

An Empirical Study on Measuring the Perception for Selected Health Care Services Provided by Primary Health Care Centers (PHCs) in the Selected Villages of Vadodara District

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ABSTRACT

India is currently in a good position to design a particularly Indian set of health reforms to help the health system meet the growing demands of its consumers and personnel. There are several managerial obstacles to ensuring availability, access, affordability, and equity in delivering health services to fulfil community requirements efficiently and effectively for Healthy India's Sustainable Development. In this paper, an attempt has been made to analyse the opinions of users who avail of services offered by Primary Health Centres (PHCs) in selected villages of Vadodara District. The data were analysed using descriptive statistics and the hypothesis is assessed by using Chi Square test as well as Friedman Rank Test was applied to know the preferences and measure perception of users considering the selected criteria of services offered by the PHCs.

Keywords: Healthcare, Sustainable development, Primary health centers (PHCs), Equity, Health reforms

INTRODUCTION

Health care encompasses not just medical care but also all elements of preventative care. Since its independence, the Government of India has given top priority to health issues by preparing and implementing many plans and proposals. But, along with economic growth health continues to remain in the state of greatest predicament. Even the slogan 'Health for All' given by World Health Organization (WHO), 'Millennium Development Goals' and 'Universal Health Care' have not translated into meaningful action for the health care.

Primary Health Care seeks to offer preventative, curative, and rehabilitative medical treatments, which is another aspect of its holistic approach. The many health policies and programmes of India are intended to raise the country's overall population's health to an acceptable level. In the Economic Survey of 2023, India's public expenditure on healthcare stood at 2.1% of GDP in 2021-22 against 1.8% in 2020-21. Growth will be fuelled by rising money, increased health

awareness, lifestyle illnesses, and more insurance access. India's government wants to make it a worldwide healthcare powerhouse. In the Union Budget 2023-24, the government allocated Rs. 89,155 crore (US\$ 10.76 billion) to the Ministry of Health and Family Welfare (MoHFW). By the year 2030, India

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would need an additional 2.07 million physicians to reach a doctor-to-population ratio of 1:1000. A vast pool of well-trained medical personnel is available in the nation. From 827,006 in the year 2010, the number of doctors with recognized medical credentials registered with state medical councils/ medical councils of India grew to 1,255,786 in September 2020. The e-health market size is estimated to reach US\$ 10.6 billion by 2025. Recently The Government ordered 11 million doses of the Oxford COVID-19 vaccine, Covishield, from the Serum Institute of India (SII) in January 2021. India intends to start its COVID-19 immunization campaign, the world's largest inoculation campaign, on January 16, 2020, with a focus on almost three crore healthcare personnel and frontline workers.

REVIEW OF LITERATURE

Selvaraj and Karan (2009), had argued that India's public healthcare provision has reached unprecedented lows. While private healthcare expenses have risen dramatically, Government health institutions are increasingly pressuring people to seek out private sources for medicines and tests. Millions of households face catastrophic costs as a result of these changes, and millions more are driven below the poverty line each year.

Christiana *et al.* (2010) had found in their research study that for rural communities, strategies to improve access and availability of health care services are of paramount importance. Monetary assistance allows moms from low-income families to get health services that will benefit them. Health promotion initiatives aimed at low-income moms are critical for raising their knowledge of the need for prenatal care.

Shukla *et al.* (2011) presented the first three rounds of data gathered and discussed by members of local health committees in Maharashtra's 225 pilot villages and presented strengths and weaknesses, as

well as the challenges it faced with the primary health care.

Barbara (2011) studied PHC's contribution as a step toward more sustainable healthcare delivery services outside of the traditional healthcare system, which is primarily concerned with developing and executing long-term healthcare delivery policies.

Thomas (2012) discussed the potential for mobile messaging and various applications to improve health care and service delivery by expanding the use of preventive care, patients and public health professionals can make better choices to successfully change their behavior and become healthy.

Joice (2013) had attempted to measure the difficult challenges of appealing, hiring, training, and keeping people engaged in the healthcare business, as well as potential solutions for improved results.

Qadeer (2013) had examined the current concept of Universal Health Care (UHC) in key legislative and policy reports, arguing that the UHC recommendations in these reports imply a disclaimer of state responsibility for health care, with a focus on shifting from a public supply for administrative agencies to simply ensuring universal access to good governance. The Commission's demonstrations, i.e. public-private partnership [PPP] proposals; Identifying and aligning a basic welfare package for the vulnerable to ensure broad access to minds and oversight will ultimately empower the private and professional sectors.

Subsequently, the current UHC technique utilizes value as a device for advancing the private area in clinical consideration as opposed to wellbeing for all.

Mahajan (2013) described several key rules for a better public health system in India and also suggested the principles for the best public health system. The researcher also described a brief evaluation of their viability.

Dar (2015) opined that people are increasingly employing the services of rural Primary Health Centers as a result of their obsession with private medical practitioners and their high treatment fees and

inadequate treatment. They found that each PHC obtains 22.5 per cent of its needed medication supply on average. The lack of essential medical supplies creates a barrier between the people and their use of these health centers' services. The findings revealed that individuals are becoming increasingly reliant on rural primary health centers as a result of high treatment expenses and poor care provided by private medical practitioners.

White (2015) found that if rural PHCs and Public health policies work in Raven Pairs, which can be seen as the underlying strengths and solid foundation of universal health insurance.

Kushner *et al.* (2018) studied the practicality of gathering work-related openness data inside an essential consideration clinical setting. They concluded that when patients have a health problem that they believe is connected to job exposure, physicians ask work exposure-related inquiries. There was no apparent clinical need for asking exposure questions regularly.

Dowell (2019) discussed the relevance of Telemedicine in rural regions, as well as how Telemedicine programs can be used to provide remote second opinions, on-demand and scheduled visits, triage in the emergency department, and promote outreach between providers.

RESEARCH GAP

There appears to be a practical- knowledge gap (Miles, 2017) in the prior research and a lack of rigorous research in the prior literature, some of these unexplored criteria and dimensions/ variables of Healthcare Services appear to be lacking in the practice of Primary Healthcare Centers. However, here in this study researcher will attempt to measure the perception of Patients and users towards the selected health care services as provided by rural Primary Healthcare Centers (PHCs) in selected villages of the Vadodara District of the Gujarat State which includes several unexplored dimensions that lately have engrossed

research attention. However, there are very few practical studies or action research in the field of evaluating the experience of users of Primary Health Care Services to offer meaningful suggestions for policy reforms as well as for improving the state of affairs of the Primary Health care delivery system functioning in the selected villages of the Vadodara District of Gujarat State to provide health coverage for all.

Thus, an investigation of these issues is important because this study shall serve a clear picture of the Primary Health Centers to better understand expected service quality outcomes in the healthcare setting.

Conceptual Model Developed for the Research Study

The review of the relevant past research served as the basis for the development of the research model (Figure 1).

Based on the above model, an attempt was made in this research study to empirically study and examine the relationship between Primary Health Care Services, the Selected Service Quality Criteria and the Effectiveness of Health Care Service Delivery on health and healthiness.

RESEARCH METHODOLOGY

The researcher's goal is to provide a concise overview of the various methodological steps and conceptual aspects of the research methodology. These primarily include the objectives, hypotheses, sources of primary and secondary data, sampling designs, data analysis, and interpretation of the research study.

OBJECTIVES OF THE RESEARCH STUDY

The key objective of the proposed research study is to measure the perception of patients and users towards the selected health care services as provided by rural Primary Health Care Centers (PHCs) in selected villages of the Vadodara District of the Gujarat State.

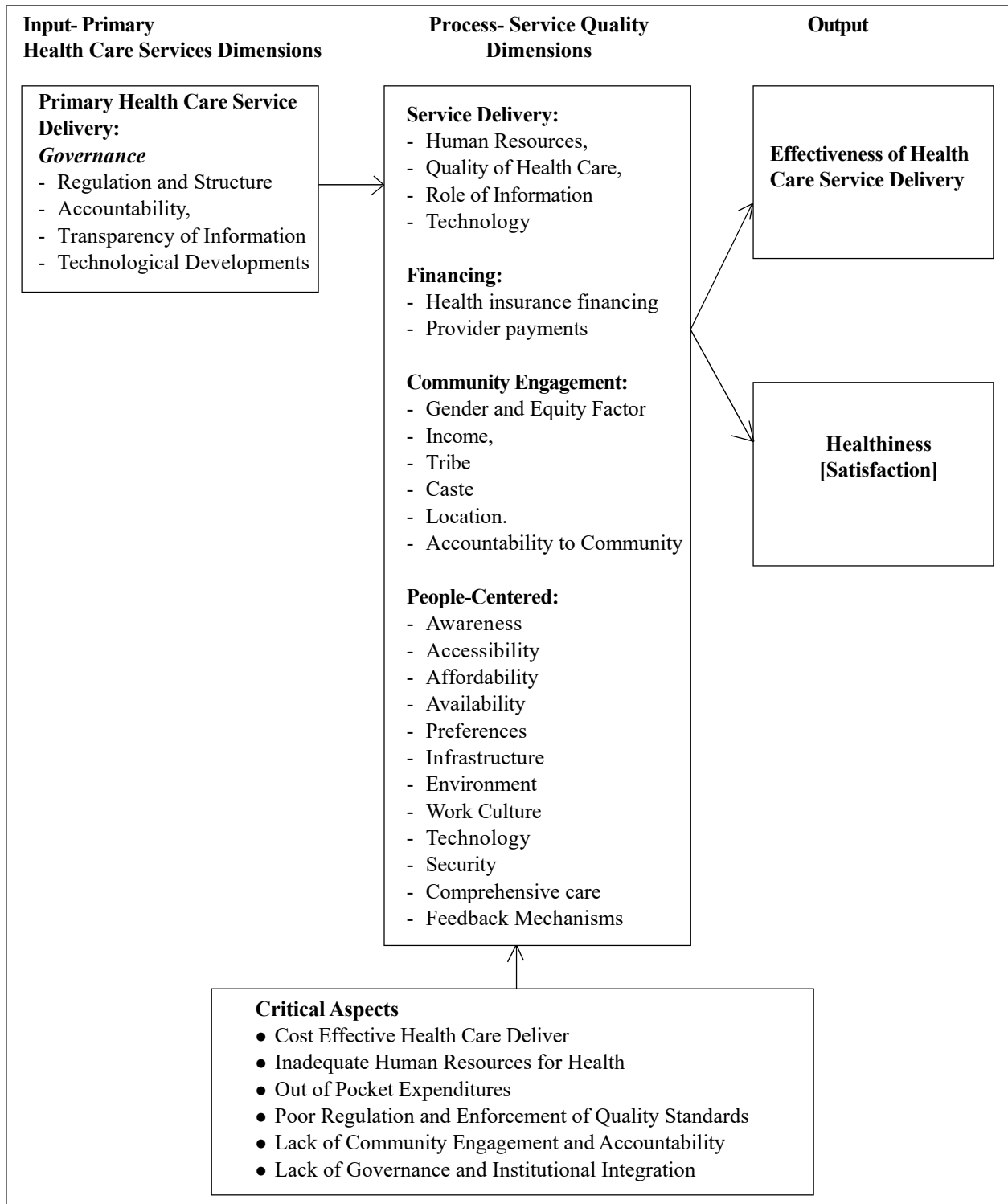


Figure 1: The Conceptual Model of the Research Study

Source: Model of Research Study Adapted from Priya Anant *et al.* (2016)

Other Objectives of the Research Study

- To study the awareness among the villagers who are users of Health Care Services and its facilities as provided to them by selected rural Primary Health Care Centres (PHCs);
- To understand the influence of demographic factors having an impact on the acceptance of available Health Care facilities as availed by the users of the selected health care services as to them provided by the rural Primary Health Care Centres (PHCs) in the selected villages of the Vadodara District of the Gujarat State;
- To study the primary health care services as offered by the Government and its linkages with the effectiveness of health care service delivery, and health of users of selected health care services as provided to them by rural Primary Health Care Centres (PHCs) in selected Villages of the Vadodara District of the Gujarat State;

Sources of Information

Secondary data

To obtain information about rural PHCs, the researcher employed a variety of secondary sources, including research journals, business magazines, business newspapers, research reports, published and unpublished studies, websites, and search engines.

Primary data

The primary data was gathered from a cross-section of people who used specific health services offered by rural PHCs in a few villages in Gujarat State's Vadodara District. These people came from different age groups, professions, occupations, and genders. A sample of 102 respondents who utilise the rural PHCs has been selected for this study.

RESEARCH INSTRUMENT

For the purpose of gathering the necessary primary data, the researcher has employed a personal interview

schedule in conjunction with structured, non-disguised questionnaires. Before using a structured questionnaire that will be created for the collection of the essential primary data, the researcher would conduct reliability and validity testing as well as scale measurements as needed and as the case may be.

Sampling Decisions

It would mainly consist of the following.

A Representative Sample

At the time of primary data collection, the users of this research study's representative sample were those who utilised health services offered by rural PHCs in particular villages in the Vadodara District of Gujarat State.

Sampling Frame

The cross-section of users availing health care services provided by rural PHCs has been drawn based on data published by the Government of Gujarat State and data procured from Gram-Panchayat office, Sarpanch, various local bodies, and opinion leaders shall be taken into consideration for drawing the sample from the selected cities selected villages of the Vadodara District of the Gujarat State.

Sample Size

For this research study, a sample has been drawn of 102 respondents who are users of the services of rural PHCs. This research study has been conducted in the selected villages of the Vadodara District of Gujarat State.

Sampling Design and Methods

The non-probability sampling design has been applied based on a convenience sampling method for purposively drawing the selected beneficiaries availing primary health care services from amongst the selected villages of the Vadodara District of the Gujarat State.

Sampling Medias

In this research study, the structured non-disguised questionnaire was personally administered to beneficiaries receiving primary health care services from among the chosen villages in the Vadodara District of the Gujarat State.

Reliability and Validity of the Research Instrument

To test the reliability and validity of various constructs of the questionnaire, the Cronbach coefficient alpha (equivalent to the average of all the split-half correlation coefficients) will be used by the researcher.

Table 1: Reliability of Opinion of Users of Rural Primary Health Centres [PHC]

Variables	Cronbach's Alpha
Accessibility	0.865
Affordability	0.703
Availability	0.749
Environment	0.735
Infrastructure [Physical Faculties]	0.817
Work Culture	0.865
Service Delivery	0.821
Community Engagement	0.772
Perception for use of PHC Services	0.823
Preference for PHC	0.737
Overall Reliability of All Criteria	0.942

Source: Field Work

As given in the Table 1 the Cronbach Alpha score (Cronbach, 1991) showed the value of the opinion of users of rural Primary Health Centers [PHC] ranging from 0.703 to 0.865 that showed internal reliability of the scale and reflected the degree of cohesiveness amongst the selected items (Malhotra, 2007 and Nunnally, 1981).

Data Analysis and Interpretation

The aims and parameters of the research study will be taken into consideration when we analyse and evaluate

the data we've collected. The research study's findings have been inferred using a variety of statistical techniques. The mean has been calculated by the researcher using frequency analysis. The significance of the statistical hypotheses that were developed was examined using the chi-square test before the study's findings were presented. Data analysis has outlined the demographics of the chosen respondents who visited the rural PHCs in the villages of the Vadodara District and their awareness of, access to, and participation with PHCs in the community.

The researcher assessed validity by comparing scale mean scores to other measures of the same concept. The above-mentioned Table 2 clearly shows that the identical construct's means were evaluated, and less variation was seen in the given question categories, as well as similarity in the average satisfaction score. The majority of replies were determined to be somewhere between Agree and Strongly Agree, satisfying the validity criteria.

Demographic Profile of the Respondents

Table 3 shows the Demographic profile of the selected respondents. Male respondents were 86 per cent using rural Primary Health Centers (PHCs) more than the female respondent which was 14 per cent. Considering the education, 36 per cent of respondents possess only primary education, 32 per cent possess a graduation degree and only a handful number of respondents possess a post-graduation Degree. Considering occupation Mix responses were received from the people of different occupations. In the terms of occupation, 42.2 per cent were farmers followed by service-going people 35.3 per cent, and 13.7 per cent were homemaker's/house wife. Traders and students were minimum in numbers.

Ranking of the Selected Criteria of Rural PHCs

The Friedman Test was applied to compare the mean rank preference for the Selected Criteria of PHCs and its result is shown in Table 4.

Table 2: Comparison of Mean Scores Opinion of Users of Rural Primary Health Centres [PHCs]

Opinion of Users of Rural Primary Health Centers (PHCs) concerning Criteria (Q. 10 – Item 1 to 96). Rating Scale 1 [Strongly Disagree] to 5 [Strongly Agree]		Overall Opinion of Users of Rural Primary Health Centers (PHCs) concerning Criteria (Q. 11 – Item 1 to 10). Rating Scale 1 [Strongly Disagree] to 5 [Strongly Agree]		The difference in Mean Count [Column B - Column D]
Average Score	Mean Score	Average Score	Mean Score	Mean Score
(Q- 10 - 1 to 96)	(Rank)	(Q-11 -1 to 10)	(Rank)	(Rank)
A	B	C	D	B-D
Accessibility	4.09	Accessibility	4.48	-0.39
Affordability	3.95	Affordability	4.57	-0.62
Availability	4.26	Availability	4.51	-0.25
Environment	4.31	Environment	4.71	-0.4
Infrastructure [Physical Faculties]	4.21	Infrastructure [Physical Faculties]	4.55	-0.34
Work Culture	4.36	Work Culture	2.50	1.86
Service Delivery	4.21	Service Delivery	4.44	-0.23
Community Engagement	4.42	Community Engagement	4.53	-0.11
Perception for use of PHC Services	4.31	Perception for use of PHC Services	4.52	-0.21
Preference for PHC	4.58	Preference for PHC	4.66	-0.08
Overall Average	4.27	Overall Average	4.35	-0.08

Source: Field Work

Table 3: Demographic Details

Parameters		Responses	Percentage
Age (Years)	Below 30 Years	12	11.8
	31 to 50 Years	45	44.1
	50 Years an Above	45	44.1
	Total	102	100
Gender	Male	88	86.3
	Female	14	13.7
	Total	102	100
Educational Qualifications	No Formal Education	4	3.9
	Primary	36	35.3
	12 th Pass	22	21.6
	Graduation	33	32.4
	Post-Graduation	7	6.9
	Total	102	100

Table 3 contd....

Parameters		Responses	Percentage
Occupation	Farmer	43	42.2
	Trader	7	6.9
	Home Maker/House Wife	14	13.7
	Student	2	2.0
	Service	36	35.3
	Total	102	100
Monthly Family Income	Below Rs. 10,000	19	18.6
	Rs. 10,001 to Rs. 20,000	18	17.6
	Rs. 20,001 to Rs. 30,000	22	21.6
	Rs. 30,001 and Above	43	42.2
	Total	102	100

Source: Field Work

Table 4: Ranking of The Selected Criteria of PHCs

Descriptive Statistics (N= 299)					Mean Rank	Median Value	Friedman Test Score Value	Rank
Selected Criteria of PHCs	N	Percentiles						
		25 th	50 th (Median)	75 th				
Accessibility	102	3.82	4.29	4.57	5.06	4.29	$\chi^2 =$	4
Affordability	102	3.40	3.80	4.65	3.92	3.80	166.396	8
Availability	102	3.89	4.22	4.56	5.35	4.22	df = 9	3
Environment	102	3.78	4.33	4.81	4.75	4.33	P-Value	5
Infrastructure (Physical facilities)	102	3.91	4.00	5.00	4.68	4.00	=0.000	6
Work Culture	102	4.11	4.22	5.00	6.07	4.22		2
Service Delivery	102	3.82	4.00	5.00	4.68	4.00		7
Community Engagement	102	4.17	4.25	5.00	6.77	4.25		1

Source: Field Work

Table 4 displays the results of a Friedman Test, which was used to compare respondents' mean rank preference for the Selected Criteria of rural PHCs from villages in the Vadodara District. With an χ^2 value (DF 9) = 166.396, p 0.00, it was discovered that there is an overall statistically significant difference between the mean rankings of the associated groups. This section presents the research study's major results. The collected primary data were tabulated and

evaluated using various technologies in order to make significant conclusions and give implications.

Kolmogorov-Smirnov Test of Normality

A normality test was performed to determine the correlation test to be used on the data. The test results are shown in Table 5. The table shows that the p-values for all variables range from 0.000 to 0.05, indicating significant results; hence, we reject the null

Table 5: Kolmogorov-Smirnov test of Normality

Factors	Statistic	df	P-value
Accessibility	.209	102	.000
Affordability	.119	102	.001
Availability	.107	102	.006
Environment	.163	102	.000
Infrastructure (Physical facilities)	.279	102	.000
Work Culture	.262	102	.000
Service Delivery	.217	102	.000
Community Engagement	.289	102	.000
Perception	.287	102	.000
Preference	.234	102	.000

Source: Field Work

hypothesis H0 that the data is regularly distributed.

Findings of Applications of Chi-square Test

The chi-square test was applied to test the association between the age and Accessibility, Affordability, Availability, Environment, Infrastructure Facilities, Work Culture, Service Delivery, Community Engagement, Perception of use of PHC services, and preference for PHC.

Hypotheses of the Research Study

H0: Accessibility, Affordability, Availability, Environment, Infrastructure Facilities, Work Culture, Service Delivery, Community Engagement, Perception for use of PHC services, and preference for PHC has not significant relationship with the age of users of medical services offered by PHCs.

H1: Accessibility, Affordability, Availability, Environment, Infrastructure Facilities, Work Culture, Service Delivery, Community Engagement, Perception for use of PHC services, and preference for PHC has a significant relationship with the age of users of medical services offered by PHCs.

Implications of the Research Study based on Results of Chi-square test between Age and Factors under Study

It can be inferred that the H0 is rejected by the criteria marks with * and facts of the data obtained from the variables from the respondents. It can be derived from the study that age has a key role in the relationship with the said criteria and sub-variables. We fail to reject H0 for criteria not marked with * as it showing non-significant relationship between the age and selected criteria to related factors.

Overall Implications of The Research Study

It implies that overall services offered at the rural PHCs are easily accessible and rural communities easily avail the services of the rural PHCs. The rural people have shown satisfaction in reaching out to the rural PHCs without any disturbance. It also implied that the rural PHCs are less expensive and people easily afford the charges taken by the rural PHCs. The infrastructure of the rural PHCs was not properly planned but the basic amenities were always available all the time with good medical services. Doctors of rural PHCs have shown positive attitudes towards the patients and maintain equality while treating patients. The rural population is satisfied with the services provided by the doctors and the staff of the rural PHCs. Community Engagement is the topmost priority of the rural PHCs as the main goal of the rural PHCs is Patients Centric Approach while providing service to the rural people. It was also observed that the rural people are happy with the behaviour of staff of the rural PHCs for their services provided. As the rural people are satisfied with services provided by the rural PHCs So, they would prefer others to take services from rural PHCs.

Recommendations and Suggestions for the Research Study

- Rural Primary health centers are one of the essential services for the rural people who often

Table 6: Results of Chi-square test Between Age and Selected Factors under study

Statements	'P' Value of Chi-square
Accessibility	
Easily visit of PHC	0.000*
Convenient location of PHC	0.085
Availability of medical services	0.001*
Medical services to all income group	0.079
Gender equality at PHC	0.081
Patients easily approach doctors at PHC	0.080
Affordability	
Patients easily approach paramedical staff at PHC	0.012*
PHC is inexpensive	0.022*
Patients are not to spend for medical services at PHC	0.161
Charges as per rules at PHC	0.503
Patients can spend money to reach PHC	0.285
Affordability of hospitalization at the PHC	0.007*
Availability	
Doctors Availability at PHC	0.094
Medicines prescribed by doctors are available at the PHC	0.094
Patients get all the medicines free of cost at the PHC	0.013*
PHC offers services of testing blood, urine, and sputum of patients	0.221
Hospitalization is available at PHC	0.968
Minor surgeries are available at PHC	0.428
Ambulance service available at PHC	0.002*
Laboratory technicians available at PHC	0.008*
Pharmacist available at PHC	0.004*
Environment	
Water logging around PHC	0.044*
Clean PHC in village	0.523
Garbage around PHC in village	0.972
PHC has drainage facilities	0.197
People in the village have jobs survival	0.059
Availability of schools in the village	0.672
Natural Lights in PHC	0.083
PHC noise pollution free in village	0.387
PHC is infection-free in village	0.177

Table 6 contd....

Statements	'P' Value of Chi-square
Infrastructure	
PHC is in good condition	0.139
PHC building are painted	0.703
The doors and windows of PHC are in good condition	0.156
Water leakages in rooms of PHC	0.032*
Electricity supply in PHC	0.001*
Drinking water facilities at PHC	0.513
Toilet facilities at PHC	0.801
Availability of beds for patients at PHC	0.066
Testing of blood, urine, sputum for patients at PHC	0.152
Ambulance available at PHC	0.020*
Medical equipment available at PHC	0.117
Work Culture	
Doctors explain illness to patients	0.538
Doctors supports patients while treatment	0.180
Doctors behave politely with patients	0.130
Doctors show a positive attitude towards patients	0.029*
Doctors take patients into confidence while testing	0.437
Paramedical staff explains medical treatment	0.080
Paramedical staff are polite	0.190
Paramedical staff answers to queries of patients	0.972
Paramedical staff listen to suggestions of patient	0.246
Service Delivery	
Patients feel safe while availing medical treatment at PHC	0.195
Doctor, Nurse, or any other PHC worker does not ask for money other than for the case paper	0.550
The staff of PHC collects feedback from the patient	0.161
Doctors refer to other doctors online for giving medical treatment	0.140
Rules, procedures are followed by PHC	0.580
Doctors ask patients to visit their own or any other doctor's private clinic	0.553
Doctors examine patients using the stethoscope	0.770
The doctor explains about patient's illness in his/her language	0.951
The behaviour of the nurse, pharmacist, and lab technician is polite and courteous	0.989
PHC staff wears the hygienic gloves	0.712
Post medical treatment is explained by doctors to patients	0.030*
Community Engagement	
The staff of PHC organizes meeting with the sarpanch and community	0.393
The staff of PHC gives a presentation in the village about health/medical issues	0.573

Table 6 contd....

Statements	'P' Value of Chi-square
The staff of PHC visits families in the village to advise about precautions for maintaining good health	0.000*
The staff of PHC show posters to inform people of the village about good health	0.952
The staff of PHC train people of the village to develop awareness about medical issues	0.453
The staff of PHC gives health education to children in the school in the village	0.661
The staff of PHC organizes health camps	0.695
The staff of PHC goes to gram panchayat meetings to make people aware of health issues	0.517
The staff of PHC collects feedback from people of the village on services provided by PHC	0.006*
The staff of PHC meets Mahila mandals to develop an awareness of health issues	0.784
The staff of PHC assesses the health need of the people of the village	0.295
The health care center organizes free medical check-ups in the village	0.313
Perception for use of PHC Service	
People visit PHC when the first symptoms of diseases arise	0.134
People visit PHC when diseases in its advanced stage	0.010*
Medication should be continued as recommended by PHC	0.071
People follow the advice given by PHC	0.811
People accept the advice of the doctor at PHC on the prevention of medical illness	0.009*
People feel happy when doctors ask questions about my medical illness	0.591
People feel comfortable while sitting inside PHC	0.335
People find no overcrowding in PHC	0.236
Attitude of PHC staff is positive	0.972
People are satisfied with the medical treatment provided by PHC	0.150
Hygiene and sanitary conditions of PHC are good	0.313
People visit PHC again if medical services of PHC have improved my health	0.365
People visit Higher-level health facilities if PHC's medication did not help them in becoming physically fit	0.163
Preference for PHC	
PHC charges are reasonable	0.453
People prefer PHC as quality service acceptable	0.287
Health personnel remain available at PHC	0.290
Availability of drugs at PHC	0.015*
Good behavior of health staff at PHC	0.048*
People have faith in doctors at PHC	0.018*
People get treatment at PHC as the response of staff positive	0.406
Not much waiting time at PHC	0.035*
People found hygiene at PHC	0.456
Provision for health information at PHC	0.656

*. Association is significant at the 0.05 level (2-tailed); **. Association is significant at the 0.01 level (2-tailed)

Source: Field Work

tend to treat themselves with superstitions and other home remedies which may not always help them. It becomes a need for these rural people to adopt modern health care services at the same time there should availability of PHC in their respective rural areas.

- It is suggested that the rural authorities should create transport facilities for access to these rural primary health centers which are not located in their areas. It is also implicit that if there are no transport facilities, the government officials need to consider this and do the needful.
- It is suggested that the authorities governing the rural areas need to consider the idea of having sanctioned rural PHCs in the areas which do not have them.
- It is suggested that the authorities governing the rural areas need to consider the location for the ease of access to the rural PHCs and this enables the smooth functioning of the very purpose of having rural PHCs.
- It is suggested that the authorities governing the rural areas need to keep in mind the transport facilities and location before finalizing the spot of the PHC buildings.
- It is suggested that the authorities governing the rural areas need to keep in mind the distance of PHC buildings because there are fair chances of snake bites, road accidents, and other mishaps which may need urgent treatment.
- It is suggested that the governing body that is Ministry of Health and Family Welfare should hire specialized doctors who are available on all days for the PHCs in the rural areas.
- Nevertheless, it is suggested that the governing body that is Ministry of Health and Family Welfare should hire more doctors and staff not only to face situations of calamities and sudden mishaps but also to cater to the needs of the population which may access the rural PHCs from other places.

CONCLUDING REMARKS

The health of the population significantly affects both social development and economic progress. Given the relevance of health for human well-being and social welfare, it is important to ensure equitable access to healthcare services by identifying priority areas and ensuring improvements in the quality of healthcare services.

As stated by PWC Report (2017) the Funding by the Government in Indian healthcare need to improvise and rise in cost of healthcare demands on India's health systems. Governments are expected to focus on challenges faces for funding in the and skilled labour shortages. Availability of fund has been one of the biggest roadblocks to the growth of the Indian healthcare sector. Along with building highways, collecting implementation in power plants, and ensuring there is a roof over every Indian's head, there is a need to focus on healthcare in the country. The private sector has contributed in building the healthcare infrastructure in the country, with active participation from private equity players and an increase in FDI. However, to meet India's burgeoning healthcare needs, both the public and private sectors will have to join hands to build infrastructure and the skill sets required to deliver care.

This means that conventional modes of healthcare funding will need to be aided by innovative modes of funding to improve healthcare investments. The government will need to play a critical role as a catalyst by creating an enabling ecosystem that draws investments from both domestic and international players. Thus it is concluded that the Government should recruit more staff at the rural PHCs because rural people can get the easy facility of healthcare. It is also suggested that there should be free medical camps for the rural people so that they are aware of the rural PHCs and start taking service from there. The maximum access to these services will have more implications for achieving Universal Healthcare

Standards. It is also suggested that the rural PHCs should also provide Ambulance services in the rural areas in an emergency. Also, it is suggestive that the environment of the Laboratory should be proper for the diagnosis of the diseases. Rural PHCs should continue to offer medical services in the interest of rural people for the sustainable development of a healthy India. Government should focus on developing the proper framework of rural healthcare as half of the population are residing in rural areas. It is also recommended that the government scheme structure should also be available at the rural PHCs so rural people can understand the scheme and take the maximum advantage of the same and which leads to the sustainable development of a healthy India.

LIMITATIONS OF THE RESEARCH STUDY

- With the first-hand data and information from rural communities, it was incorrect to generalize that it was accurate and applied to Gujarat State's entire population.
- The research was primarily conducted in selected villages in the Vadodara District. Therefore, this study did not intend to provide a comprehensive picture of all Gujarat State's village healthcare service customers.
- The research study's conclusions suffered from constraints such as a small sample size and the use of a convenience sampling method.
- The findings of the research study may not have been generalized
- It was not easy to obtain basic information on healthcare service users because they were dynamic and constantly fluctuated over time.
- Results were influenced since the research study's time limit and funding was constrained.
- The skewed viewpoint of healthcare service users may not have conveyed honest and accurate facts.
- The various model viewpoints of experts may have varied in this regard.

DIRECTION FOR FUTURE RESEARCH STUDY

In order to gain a more comprehensive understanding of the perception, behavioural intention, and future usage of healthcare services throughout India, it may be beneficial for future researchers to conduct studies on healthcare service stakeholders in other districts of Gujarat as well as in other states of India. By expanding the scope of the research beyond the Vadodara District, researchers may be able to obtain a more diverse sample of healthcare service users with a variety of perspectives and experiences. This would help to ensure that any conclusions drawn from the research are more representative of the broader population of healthcare service users in India. In addition to expanding the scope of the research geographically, future studies may also consider using different research methods to overcome some of the limitations of the previous study. For example, a larger sample size and a more representative sampling method could help to increase the generalizability of the findings. Additionally, researchers may consider conducting longitudinal studies to track changes in perception and usage of healthcare services over time. Overall, by conducting future studies on healthcare service stakeholders in other districts of Gujarat and other states of India, researchers may be able to provide valuable insights that could inform the development of healthcare policies and services throughout the country.

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