# Assessment of population variances concerning gender age and socioeconomic status among subjects visiting government run primary healthcare centers of Chennai city, Tamil Nadu, India: A Multicentric Cross-Sectional Study

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**ABSTRACT:**

**Background :** is not only about primary care services. PHC-oriented systems offer a cost-effective, equitable, and accessible route to unreached populations. The objective is to examine the age, gender, and economic status differentials in healthcare utilization and the quality of primary healthcare service centers. **Methodology:** A cross-sectional study was conducted with sample of 349 patients selected from four government-run primary healthcare centers in Chennai, using a multistage random sampling technique based on patient load. Data collected included socio-demographic factors, levels of satisfaction with healthcare services, and opinions on service improvement. The study spanned from May to August 2024, and statistical analysis was performed using SPSS version 27, employing chi-square tests for comparisons. **Results:** The study revealed significant disparities in socioeconomic and gender-based healthcare utilization and satisfaction with 61% of respondents found the location of healthcare centers convenient. Cleanliness was rated "good" by 39.3% of patients, but 35.5% found it moderate. Healthcare access differs by gender, with men visiting more often than women and older women less frequently using healthcare. There was greater satisfaction with service access among low-income groups but less awareness of healthcare options among these groups. Waiting times are a major concern, with 35.8% of patients waiting more than an hour. **Conclusion:** The study found that gender, age, and socioeconomic status affect access to health care and disparities in satisfaction. Improving communication, reducing waiting times, and enhancing service accessibility, especially for lower socioeconomic levels and female patients, are critical to achieving equitable healthcare outcomes in public facilities.

Keywords: Primary Health Care (PHC), Healthcare utilization, age, gender, economy, Satisfaction, Equitable outcomes

## INTRODUCTION:

Equitable access to primary healthcare is one of the critical goals; seeking good healthcare is a fundamental human right, and most governments worldwide would agree to provide a better healthcare system that enables equal access to Care for all citizens[1]. Primary healthcare (PHC) has dominated the global healthcare agenda[2]. PHC is not only about primary care services: it describes a whole-of-society approach to health, including cross-sector community empowerment and imperatively —integrated health systems that include all levels of Care in utilization, but with a leading focus on essential public health functions and primary health care. PHC-oriented systems offer cost-effective, equitable, and accessible routes to unreached populations[3].People of low socioeconomic status encounter many obstacles to obtaining health care[4].One of the most critical factors that is affecting the utilization of health care is gender differential. This factor is more critical in developing countries. In most developing countries like India, utilization of basic health services has remained poor even though there has been expanding public and private expenditure on the amenities of advanced health care[6]. India's primary health care system has started ascending since independence. A detailed network of nearly 200,000 Government Primary Health Care Facilities (GPHCFs) in rural and urban areas[7]. Many studies have confirmed widespread gender discrepancy in healthcare in India[5].A study found that older women report lower healthcare utilization than older men and further found that older women report worse self-rated health and higher frequency of disability than men[8]. India faces a 'Triple burden of diseases' due to major discrepancies in social and economic determinants, which include communicable diseases, emerging non – communicable diseases, and infectious diseases[9]. There is a risk that the goals and reforms of primary health care centers may leave behind senior citizens of those poor. Primary health care (PHC) is crucial in bridging the gap for achieving "health for all"[10]. Socioeconomic inequalities are differences in income, social status, and occupational and educational background associated with disparities, where those with more deprived backgrounds are relative to experience adverse outcomes such as premature mortality, multiple chronic diseases, and disabilities[11]. The quality of service in health means a cheap and best services with less side effects that can cure the health problems of the patients[12]. Patients usually arrive with certain expectations. Their final satisfaction or dissatisfaction areas are the crucial indicators. Unfortunately, this aspect can sometimes be frustrating within the government healthcare delivery system. Measuring patient satisfaction and outpatient waiting time has become common in numerous healthcare settings due to its significant impact on overall quality[13]. Socioeconomic disparities in health system responsiveness may be damaging from a human rights perspective and assist confidence in the system.Addressing wider socioeconomic disparities may be the first method in improving the quality of health care services and patient satisfaction. The population of a rapidly developing country like India has witnessed a dramatic increase in social and economic inequality over the past two decades[14]. Inside a private hospital There have been dramatic changes in the cost and quality of health care services. As a result, the ability to pay and experience health care varies by socioeconomic status.On the other hand, socioeconomic disparities in the responsiveness of public health facilities contradict the basic principle on which this system was founded, that is, to ensure equity in health care access to all, irrespective of ability to pay for health services[15].Nearly 45% of India's disease burden is estimated action

on seniors should be taken by 2030, when age groups with high levels of chronic conditions will make up a much larger share of the total population. This will burden existing healthcare facilities that are still ineffective enough to provide quality geriatric care[16]. Coming Back to Gender inequality, Gender inequality is found not only in healthcare utilization but also in nutrition, immunization, and other aspects directly or indirectly related to healthcare[17]. Also, older adults are less likely to use inpatient care and more than outpatient care[18]. A study in India found that since men are decisions and are in ownership of all the resources, they play a paramount role in determining the health needs of women, and hence, they decide when and where their women should seek healthcare[19]. Studies document that men and women have disproportionate access to health care at various stages of the life cycle. For example, girl children are less immunized than boy children, have less exposure to hospital treatment, and are subject to fewer hospitalizations before death [20].Utilisation of primary healthcare is the measure of the population's use of primary healthcare services. The factors affecting the utilization of healthcare are the amount spent on healthcare access, availability of healthcare providers, the distance of health care center from the residence, the satisfaction level of the treatment, the medications prescribed, socioeconomic status of the family, and also earning members of the family have also been focussed in the study. Utilization of health services can be influenced by the cost of service, distance to health facilities, level of education, and other factors. It is important to study these factors to understand the basic pattern of utilization of health services. Health-seeking behavior is crucial to minimizing complications and upgrading the quality of life. The objective is to examine the age, gender, and economic status differentials in healthcare utilization and the quality of services offered at primary healthcare centers. The health-seeking behavior is one of the important attributes that help in understanding how well and frequently people use health services.

## MATERIALS AND METHODS:

The design was a cross-sectional study of patient's satisfaction with health care services provided by a primary health care center in Chennai with a population of 60,000 persons. The patients who attended the centers of both sexes and all ages were included, while those attending private centers were excluded from the study. Selection of the primary health care centers was done by stratified random sampling. Stratification was done according to the patients' load of the centers. Four out of the eleven PHC centers in the city were selected, two with high and two with low numbers of patients. The selection of patients within the selected PHC center was done by systematic sampling. The interval was computed by dividing the estimated average number of patients attending the center per day by the number of samples decided to be taken on the same day. A total of 349 was collected using a multistage random sampling technique from May 2024 to August 2024.The study was approved with ethical clearance from the Institutional Review Board of the college. A self-structured questionnaire was given to patients, and the response was collected to satisfy the treatment needs in public health centers. The questionnaire was translated into Tamil to facilitate communication with the respondents and was back-translated to English before data collection. The questionnaire included Socio-demographic data (age, gender, marital, literacy, occupation, and income),

level of satisfaction with the provided services and the opinion of respondents about how to improve the health services. A validated patient satisfaction questionnaire was adapted from a questionnaire designed to assess satisfaction among patients who attended the health centers in Chennai. Patients were asked 22 questions to rate satisfaction on different aspects of care delivery. Each question was scored on an ordinal scale: very satisfied, satisfied, neutral, and unsatisfied. A higher score on each item indicates a higher level of satisfaction. The objective of health services is to attain complete satisfaction, with the proportion of respondents who stated a neutral level of satisfaction being considered unsatisfied. The reliability of the study questionnaire kappa statistics. Training of data collectors regarding the questionnaire was done. The questionnaire was pre-tested at SRM Dental College, ramapuram, which was not included in the sample. The SPSS for Windows software, version 27, was employed to analyze the data. Descriptive statistics were used to assess frequency and percentage distribution. Comparisons between qualitative variables were made using the chi-square to test significance, and $p < 0.05$ was considered significant.

**RESULTS:**

The multicenter cross-sectional study examined differences in age, gender, and socioeconomic status among individuals attending government primary health care centers in Chennai. By considering factors that affect patient satisfaction such as comfort in using the space, cleanliness, doctor interaction, waiting time, awareness of available health care, services.

**Fig 1: Gender distribution:**

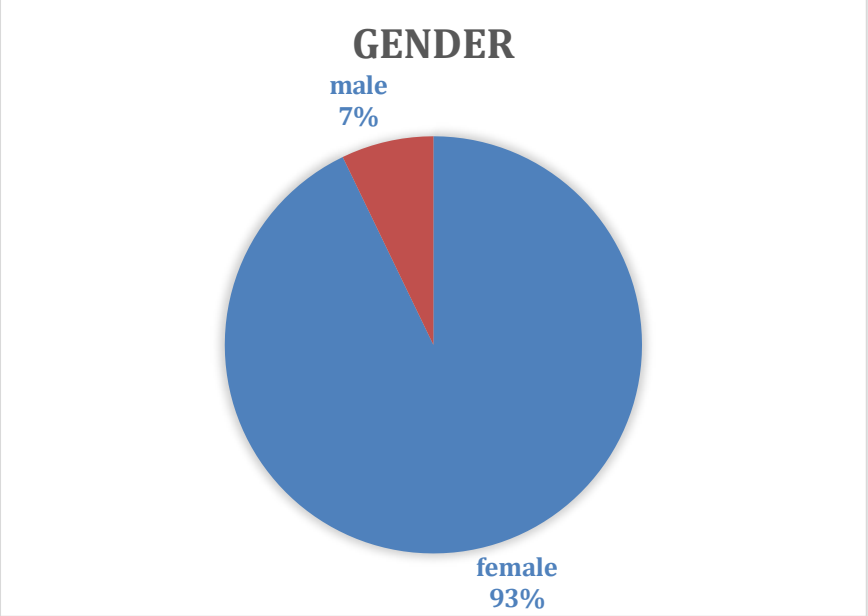
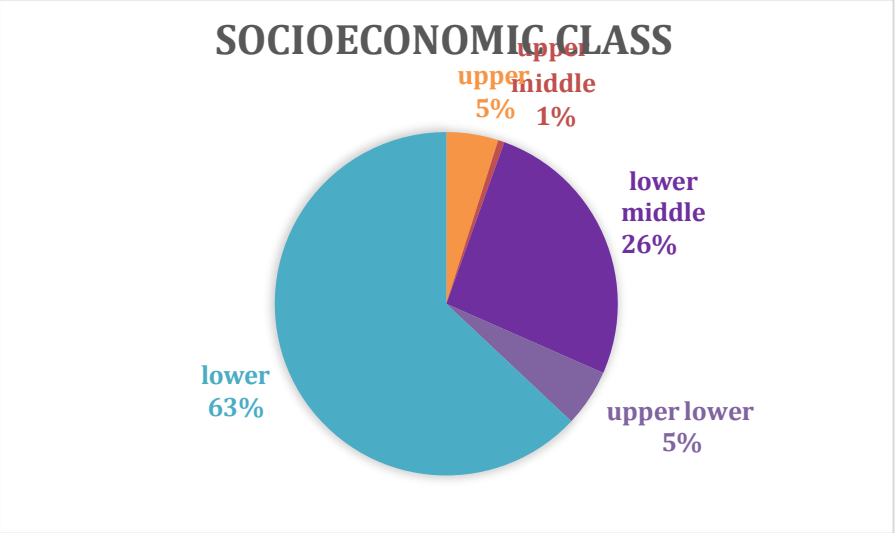



**Fig 1** represents the gender distribution of people attending two different PHC centers in Chennai.

**Fig 2: socioeconomic status**




The **fig 2** represents the socioeconomic status distribution of people attending two different PHC centers in Chennai.

**Table 1: Distribution of satisfaction level of people attending primary health centers based on the questionnaire**

| S.No | Questions | Options | Frequency (N) | Percentage (%) |
|---|---|---|---|---|
| 1. | How convenient is the primary health care centre location for you? | Highly convenient | 41 | 11% |
| | | Convenient | 213 | 61% |
| | | Low convenient | 95 | 27% |
| 2. | What is the usual waiting time? | No waiting time | 63 | 18.1 |
| | | Less than one hour | 161 | 46.1 |
| | | More than one hour | 125 | 35.8 |
| 3. | How well your problems are diagnosed and treated? | Very good | 62 | 17.8 |
| | | Good | 158 | 45 |
| | | Moderate | 67 | 19.2 |
| | | Poor | 59 | 16.9 |

| | | | | |
|---|---|---|---|---|
| | | Very poor | 3 | 1.1 |
| 4. | Were you informed about the side effects and symptoms of the medicines prescribed to you? | Yes | 162 | 46.4 |
| | | no | 187 | 53.6 |
| 5. | How frequently do you visit the primary health care center ? | Not often visiting | 96 | 27.5 |
| | | Rarely visiting | 138 | 39.5 |
| | | Often visting | 115 | 33.0 |
| 6. | How easy it is to navigate from your destination to primary health care center ? | Very easy | 57 | 16.3 |
| | | Easy | 184 | 52.7 |
| | | difficult | 108 | 30.9 |
| 7. | Are you able to express your problems to the health care service provider without any fear ? | Partially yes | 86 | 24.6 |
| | | Yes | 182 | 52.1 |
| | | No | 81 | 23.2 |
| 8. | Are you well aware of the health care services present? | Partially yes | 140 | 40.1 |
| | | Yes | 148 | 42.4 |
| | | No | 61 | 17.5 |
| 9. | How satisfied are you with doctor's treatment ? | Highly satisfied | 79 | 22.6 |
| | | Moderately satisfied | 192 | 55.0 |
| | | Not satisfied | 78 | 22.3 |
| 10. | Why do you prefer government hospitals over private ? | Service quality | 95 | 27.2 |
| | | Cost effective | 163 | 46.7 |
| | | Availability of doctors | 66 | 18.9 |
| | | Easily accessible location | 25 | 7.2 |

The **(table 1)**explains the survey on people's experiences with primary health care centers. Most respondents (61%) found the healthcare center location convenient, and nearly half (46.1%) reported a usual waiting time of less than one hour. When it comes to diagnosis and treatment, 45% rated the service as good, but a majority (53.6%) said they were not informed about the side effects of prescribed medicines. Regarding the frequency of visits, 39.5% rarely visit the center. Navigating to the center was easy for 52.7%, and 52.1% of respondents felt they could express their health concerns without fear.Additionally, 42.4 percent were aware of available health services. In terms of satisfaction, 55 percent were moderately satisfied with

the doctor's treatment. Finally, 46.7 percent liked government hospitals. Because it is more cost-effective than private hospitals This information provides a general view of respondents' experiences and preferences regarding health care.

**Table 2: Distribution of Patient Perspectives on Cleanliness, Care, and Service at Primary Health Centers**

| S,No | Questions | Options | Frequency (N) | Percentage (%) |
|---|---|---|---|---|
| 1. | How do you rate the cleanliness and hygiene of the primary health care centre? | Very good | 75 | 21.5 |
| | | Good | 137 | 39.3 |
| | | Moderate | 124 | 35.5 |
| | | Poor | 5 | 1.4 |
| | | Very poor | 8 | 2.3 |
| 2. | How do you rate the amount of time a doctor has spent with you? | Very good | 66 | 18.9 |
| | | Good | 155 | 44.4 |
| | | Moderate | 122 | 35 |
| | | Poor | 2 | 0.6 |
| | | Very poor | 4 | 1.1 |
| 3. | How would you rate your primary health care provider when it comes to prescribing your medications? | Very good | 66 | 18.9 |
| | | Good | 164 | 47 |
| | | Moderate | 110 | 31.5 |
| | | Poor | 8 | 2.3 |
| | | Very poor | 1 | 0.3 |
| 4. | How would you rate the quality of service at the primary health care centre? | Very good | 58 | 16.6 |
| | | Good | 152 | 43.6 |
| | | Moderate | 134 | 38.4 |
| | | Poor | 3 | 1.2 |
| | | Very poor | 2 | 0.2 |

The **(table 2)**contains results related to the quality of service and experiences at a primary health care center. Most respondents (39.3%) rated the cleanliness and hygiene of the center as good, while 35.5% found it moderate. The time doctors spent with patients was rated good by 44.4%, with 35% considering it moderate. Regarding prescribing, nearly half (47%) rated their healthcare provider as good, while 31.5% rated it as moderate. The overall service quality of the center was 43.6% good and 38.4% fair. This reflects the general satisfaction level of the respondents. Most of them rated the service as good. But a significant proportion rated the service as average.

**Table 3: Association between patient satisfaction and socioeconomic status**

| SL.NO | PATIENT SATISFACTION | | SOCIOECONOMIC CLASS | | | | | | | | | | P-VALUE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | UPPER | | UPPER MIDDLE | | LOWER MIDDLE | | UPPER LOWER | | LOWER | | |
| | | | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | |
| 1. | HOW CONVENIENT IS PRIMARY HEALTHCENTRE LOCATION FOR YOU? | HIGHLY CONVENIENT | 5 | 1.4 | 3 | 0.85 | 11 | 3.15 | 2 | 0.6 | 20 | 5.73 | 0.009* |
| | | CONVENIENT | 8 | 2.3 | 28 | 8.02 | 50 | 14.3 | 17 | 4.8 | 110 | 31.5 | |
| | | LOW CONVENIENT | 4 | 1.14 | 59 | 16.9 | 30 | 8.6 | 0 | 0 | 2 | 0.57 | |
| 2. | WHAT IS THE USUAL WAITING TIME? | NO WAITING TIME | 6 | 1.7 | 49 | 14 | 6 | 1.7 | 2 | 0.5 | 0 | 0 | 0.001* |
| | | LESS THAN ONE HOUR | 11 | 3.1 | 95 | 27.2 | 43 | 12.3 | 10 | 2.8 | 2 | 0.5 | |
| | | MORE THAN 1 HOUR | 0 | 0 | 76 | 21.7 | 42 | 12 | 7 | 2 | 0 | 0 | |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3. | WERE YOU INFORMED ABOUT THE SIDE EFFECTS AND SYMPTOMS OF MEDICINES PRESCRIBED TO YOU? | Yes | 7 | 2 | 90 | 25.7 | 50 | 14.3 | 15 | 4.2 | 0 | 0 | 0.004* |
| | | No | 10 | 2.8 | 130 | 37.2 | 41 | 11.7 | 4 | 1.1 | 2 | 0.5 | |
| 4 | HOW FREQUENTLY DO YOU VISIT THE PRIMARY HEALTH CARE CENTER? | NOT OFTEN VISITING | 7 | 2 | 59 | 16.9 | 26 | 7.4 | 4 | 1.1 | 0 | 0 | 0.002* |
| | | RARELY VISITING | 6 | 1.7 | 71 | 20.3 | 47 | 13.4 | 12 | 3.4 | 2 | 0.5 | |
| | | OFTEN VISITING | 4 | 1.1 | 90 | 25.7 | 18 | 5.1 | 3 | 0.8 | 0 | 0 | |

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| 5. | HOW EASY IT IS TO NAVIGATE FROM YOUR DESTINATION TO PRIMARY HEALTH CARE CENTER? | VERY EASY | 5 | 1.4 | 38 | 10.8 | 13 | 3.7 | 1 | 0.2 | 0 | 0 | 0.164 |
| | | EASY | 10 | 2.8 | 117 | 33.5 | 45 | 12.8 | 12 | 3.4 | 0 | 0 | |
| | | DIFFICULT | 2 | 0.5 | 65 | 18.6 | 33 | 9.4 | 6 | 1.7 | 2 | 0.5 | |
| 6. | ARE YOU ABLE TO EXPRESS YOUR PROBLEMS TO THE HEALTH CARE SERVICE PROVIDER WITHOUT ANY FEAR? | PARTIALLY YES | 8 | 2.2 | 43 | 12.3 | 22 | 6.3 | 11 | 3.1 | 2 | 0.5 | 0.001* |
| | | YES | 9 | 2.5 | 120 | 34.3 | 46 | 13.1 | 7 | 2 | 0 | 0 | |
| | | NO | 0 | 0 | 57 | 16.3 | 23 | 6.5 | 1 | 0.2 | 0 | 0 | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7. | ARE YOU WELL AWARE OF THE HEALTH CARE SERVICES PRESENT? | PARTIALLY YES | 12 | 3.4 | 71 | 20.3 | 49 | 14 | 6 | 1.7 | 2 | 0.5 | 0.001* |
| | | YES | 3 | 0.8 | 116 | 33.2 | 23 | 6.5 | 6 | 1.7 | 0 | 0 | |
| | | NO | 2 | 0.5 | 33 | 9.4 | 19 | 5.4 | 7 | 2 | 0 | 0 | |
| 8. | HOW SATISFIED ARE YOU WITH DOCTOR'S TREATMENT? | HIGHLY SATISFIED | 5 | 1.4 | 3 | 0.85 | 11 | 3.15 | 2 | 0.6 | 20 | 5.73 | 0.009* |
| | | MODERATELY SATISFIED | 8 | 2.3 | 28 | 8.02 16.9 | 50 | 14.3 | 17 | 4.8 | 110 | 31.5 | |
| | | NOT SATISFIED | 4 | 1.14 | 59 | 16.9 | 30 | 8.6 | 0 | 0 | 2 | 0.57 | |
| 9. | HOW WELL YOUR PROBLEMS ARE DIAGNOSED AND TREATED? | VERY GOOD | 2 | 0.5 | 50 | 14.3 | 10 | 2.8 | 0 | 0 | 0 | 0 | 0.001* |
| | | GOOD | 9 | 2.5 | 93 | 26.6 | 48 | 13.7 | 7 | 2 | 0 | 0 | |
| | | MODERATE | 4 | 1.1 | 35 | 10 | 16 | 4.5 | 10 | 2.8 | 0 | 0 | |
| | | POOR | 0 | 0 | 40 | 11.4 | 17 | 4.8 | 0 | 0 | 2 | 0.5 | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VERY POOR | 2 | 0.5 | 2 | 0.5 | 0 | 0 | 2 | 0.5 | 0 | 0 | |
| 10. | WHY DO YOU PREFER GOVERNMENT HOSPITALS OVER PRIVATE? | SERVICE QUALITY | 3 | 0.8 | 68 | 19.4 | 18 | 5.1 | 6 | 1.7 | 0 | 0 | 0.002* |
| | | COST EFFECTIVE | 12 | 3.4 | 92 | 26.3 | 48 | 13.7 | 11 | 3.1 | 0 | 0 | |
| | | AVAILABILITY OF DOCTORS | 0 | 0 | 46 | 13.1 | 16 | 4.5 | 2 | 0.5 | 2 | 0.5 | |

The **(Table 3)** presents patient satisfaction data of various socioeconomic classes. by evaluating their experiences with primary health centres. The data revealed significant changes in patient convenience. Waiting period and communication with health care providers.For instance, the location of a health center was rated as “very convenient” by 5.73% of low-end patients, while only 1.4% of upper-end patients felt the same. Significant differences were found in waiting times, with 27.2% of upper-middle class patients experiencing less than an hour, comprising 3.1% of the population. Awareness of side effects was also higher in upper-middle-class patients (25.7%) than in other groups, with a notable lack of understanding in the lower class.Furthermore, navigation to the health center was easiest for 33.5% of upper-middle-class patients, while no lower-class patients found it easy. In terms of communication with health care providers 34.3% of upper middle class patients expressed comfort in discussing their problems. This is despite the fact that only 2.5 percent of respondents were from the upper class. But this finding is supported by a statistically significant p value. This reinforces differences in health care experiences across socioeconomic class.

**Table 4: Association of Patient Perspectives on Cleanliness, Care, and Service at Primary Health Centers and Socioeconomic Status**

| SLNO | PATIENT SATISFACTION | | SOCIOECONOMIC CLASS | | | | | | | | | | P-VALUE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | QUESTIONS | OPTIONS | UPPER | | UPPER MIDDLE | | LOWER MIDDLE | | UPPER LOWER | | LOWER | | |
| | | | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage | |
| 1. | HOW DO YOU RATE THE CLEANLINESS AND HYGIENE OF PRIMARY HEALTH CARE CENTER? | VERY GOOD | 6 | 1.7 | 10 | 2.8 | 11 | 3.1 | 4 | 1.1 | 44 | 12.6 | 0.001* |
| | | GOOD | 5 | 1.4 | 39 | 11.1 | 40 | 11.4 | 6 | 1.7 | 47 | 13.4 | |
| | | MODERATE | 4 | 1.1 | 27 | 7.7 | 39 | 11.1 | 9 | 2.5 | 45 | 12.8 | |
| | | POOR | 0 | 0 | 5 | 1.4 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | VERY POOR | 2 | 0.5 | 3 | 0.8 | 1 | 0.2 | 0 | 0 | 2 | 0.5 | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2. | HOW DO YOU RATE THE AMOUNT OF TIME A DOCTOR HAS SPENT WITH YOU? | VERY GOOD | 5 | 1.4 | 47 | 13.4 | 11 | 3.1 | 3 | 0.8 | 0 | 0 | 0.001* |
| | | GOOD | 4 | 1.1 | 93 | 26.6 | 49 | 14 | 9 | 2.5 | 0 | 0 | |
| | | MODERATE | 8 | 2.2 | 78 | 22.3 | 30 | 8.5 | 6 | 1.7 | 0 | 0 | |
| | | POOR | 0 | 0 | 2 | 0.5 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | VERY POOR | 0 | 0 | 0 | 0 | 1 | 0.2 | 1 | 0.2 | 2 | 0.5 | |
| 3. | HOW WOULD YOU RATE YOUR HEALTHCARE PROVIDER WHEN IT COMES TO PRESCRIBING MEDICATIONS? | VERY GOOD | 4 | 1.1 | 52 | 14.8 | 9 | 2.5 | 1 | 0.2 | 0 | 0 | 0.001* |
| | | GOOD | 9 | 2.5 | 95 | 27.2 | 48 | 13.7 | 12 | 3.4 | 0 | 0 | |
| | | MODERATE | 4 | 1.1 | 67 | 19.2 | 33 | 9.4 | 6 | 1.7 | 0 | 0 | |
| | | POOR | 0 | 0 | 6 | 1.7 | 0 | 0 | 0 | 0 | 2 | 0.5 | |
| | | VERY POOR | 0 | 0 | 0 | 0 | 1 | 0.2 | 0 | 0 | 0 | 0 | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4. | HOW WOULD YOU RATE THE QUALITY OF SERVICE AT THE PRIMARY HEALTH CARE CENTER? | VERY GOOD | 2 | 0.5 | 47 | 13.4 | 8 | 2.2 | 1 | 0.2 | 0 | 0 | 0.126 |
| | | GOOD | 7 | 2 | 92 | 26.3 | 40 | 11.4 | 8 | 2.2 | 2 | 0.5 | |
| | | MODERATE | 6 | 1.7 | 70 | 20 | 40 | 11.4 | 7 | 2 | 0 | 0 | |
| | | POOR | 0 | 0 | 5 | 1.4 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | VERY POOR | 2 | 0.5 | 6 | 1.7 | 3 | 0.8 | 3 | 0.8 | 0 | 0 | |

The **(Table 4)** presents information on patient satisfaction in various socioeconomic groups. Emphasis is placed on the cleanliness of primary health care centers. Time with the doctor Quality of the prescription and quality of service. Patients from lower socioeconomic classes (12.6%) rated the cleanliness and hygiene as "very good," significantly higher than other classes, while the upper class gave lower ratings (1.7%). The amount of time doctors spent with patients was rated as "very good" by 13.4% of upper-middle-class respondents, but none from the lower class rated it the same. In the same way When evaluating prescriptions, 14.8% of patients in the upper middle class rated their experience as "very good," while none in the lower class gave it a final rating. In terms of overall service quality, 13.4% of upper middle class patients rated it as "very" good, while none of the lower middle class respondents. Several responses revealed statistical significance. This highlights the observed differences in patient perceptions based on socioeconomic status.

**DISCUSSION:**

The aim of our study was to examine population variation in age, gender, and socioeconomic status in the use of government-run primary health care centers. There is clear evidence of gender differences in the outcomes of some determinants of health service use.Patient satisfaction study in government-run primary health care centers in Chennai. The important findings came out that: 61% find it accessible, and 27% rated it unsatisfactory. Clearly, there is scope for further improvement regarding accessibility. Regarding hygiene, there was a mixed assessment because 39.3% of the responses were found "good", while 35.5% said "average". This indicates the need for stricter hygiene protocols. Interaction between doctors and patients was generally positive, with 44.4% of patients rating it as "good"...evaluated, although 35% felt this could be improved.Interactions between doctors and patients were generally positive, with 44.4% of patients rating them as "good," although 35% felt this could be improved. For 47% of the respondents, prescribing was good, but for 31.5% it was moderate. A lot of information is being given through medicines. Socioeconomic status impacted satisfaction; lower classes satisfied with location convenience and cleanliness..In contrast, the upper-middle class reported higher satisfaction with doctor interaction and medication. Additionally, 53.6% of patients were not informed about the side effects of drugs, showing a communication gap.Solving these problems Especially cleanliness, waiting times, doctor interaction. and communication It can improve patient satisfaction across all socioeconomic groups.

In Rattana Patela et. al [21,] men's health care visits increased with age, while Owen Bradfield et al found that elderly women had a lower baseline visit frequency.Younger women (25 years or less) showed increased visits over time, while those aged 45-50 had initially low but eventually high visit rates. This gender gap is skewed toward men because the men generally opt for more remote quality hospitals, thus indicating interest in quality care. Women opt for closer facilities. The other reason is that according to reports, men reported more satisfaction with care mainly because they prefer better-equipped, hence costly, hospitals.

In Dilip TR et al. and Pinto LM et al. [22,23] studies show the use, it has been found that both males and females prefer private hospitals over public hospitals for inpatient and outpatient care. Previous studies have established that people prefer private healthcare services because they perceive the quality of services and availability of doctors to be better than public healthcare facilities.

In Jabnoun N et al. [24], studies show the fact that public healthcare services, when compared to private healthcare services, are more affordable and have a wider reach in terms of their geographic coverage across the Country, it is natural to expect a higher utilization of public healthcare Services. However, this study reveals that people prefer private Healthcare providers over public healthcare providers. This is an awakening alarm to the government. Patients predominantly prefer Private hospitals, in the hope of receiving high-quality service.

In Alexander Darin- Mattsson et al. [25], Studies reveal that healthcare use decreased most significantly among patients under 20. Patients aged 20-39 years, often in families with

children May reduce use of health services to avoid exposure to disease Elderly patients with more severe disease have more exposure to primary care services and benefit from them. Studies also show that age and gender influence health behavior. The gender difference decreases with increasing age.. Education, social class, occupational complexity, income, and the SES index all correlate with late-life health, but income has the strongest association with adverse health outcomes and remains significant even when other SES factors are considered.

The studies in Chetna Malhotra [26] show that those Nonparticipants at baseline had a greater risk of poorer later life health than participants at baseline. This study is based on data from a social survey. The health measures used are based on self-report rather than clinical examination. It is unclear whether the findings from this study can be generalized to other health outcomes. Only income is independently associated with health in old age. Analysis shows these disparities exist among public and private health facility users in the Country.

Responsiveness was higher in private health facilities, especially for the lowest and highest education and wealth groups. Poorer individuals often rely on nearby facilities, which may lead to inadequate healthcare regardless of whether facilities are public or private. Socioeconomic disparities in access to quality public health facilities show that expanding public health coverage alone is insufficient; quality equity is essential. Improving responsiveness in such low-cost public facilities could help remove disparities and thus, efforts to bridge such disparities are more essential to develop the national health system[27].

This study has greatly shown a deep insight into how socioeconomic status affects healthcare experiences. While lower-income patients generally expressed higher satisfaction in some areas, their awareness and confidence in interacting with healthcare providers were notably lower. These findings suggest the need for targeted interventions to improve communication, education, and healthcare infrastructure in lower-income areas to ensure equitable healthcare experiences across all socioeconomic classes. The large disparities in patient satisfaction between socioeconomic groups indicate the need for more targeted policy initiatives that may eliminate these disparities. Research in the future must also explore the barriers that exist between lower-income patients and also assess interventions that may better satisfy patients and improve their health outcomes across all demographics.

## CONCLUSION:

In general, the respondents are satisfied with the government's health care services; however, there is emphasis on convenience, cleanliness, and interaction with the doctor. There is a need to improve the waiting times, side effects of medicines, and quality of services. The experience of the poorer segments of the population seems to be the worst; hence, there is a need for equity improvement for better health care. Socioeconomic class significantly influences perceptions of various aspects of healthcare.

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