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ASSESSMENT OF THE ACCESSIBILITY OF PRIMARY HEALTH CARE FACILITIES IN GILGIT BALITISTAN; DELIVERY ISSUES AND CHALLENGES

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ABSTRACT

The primary health care is referred to the healthcare, provided for the community as an initial approach to a medical staff. It centres on the well-being and fulfilment of basic preferences of communities, families and individuals. The primary health care addresses the broader determinants which are comprehensive and interrelated aspects of social, mental and physical aspects. The basic principles of primary health care are public participation, their accessibility; appropriate technology and the use of intersect oral cooperation. In view of the underlying factors this research is conducted with the objectives of assessing the accessibilities puff primary health care in district Gilgit. The delivery issues and challenges are addressed using the mix method approach, where the qualitative and quantitative techniques are significantly applied. The research finds that primary health care is a deprived sector in Gilgit district and it requires inclusive appraisal with the development of new primary health care facilities. The revised PHCs can support the major diseases or the pandemics like COVID-19 by capturing the immediate local population. It is recommended that PHCs be established in accordance with the status of population in the selected area and tensile of district Gilgit. This will have intimidating impressions on the health and well-being of patients affected both by pandemics and common diseases.

Keywords: Primary Health Care, Accessibility, Utilization, Socio-Economic Condition

INTRODUCTION

The far-flung and hard-core areas of Gilgit & Skardu require a comprehensive system of primary health care (Panezai et al., 2017). This is because of wide spectrum of heath care where lack of state-of-the-art equipment and trained technicians is a major cause of delivery challenge. The invisibility of the treatment options at southern region of the country due to such issues left patient with wait for divine intervention or time for decadence (Rehman et al., 2019). The key challenges of health delivery are because of absence of the doctors, followed by the un-availability of laboratory intervention and the serious challenges of operation staff.

Moreover, medicines are not procurable and it led to the people for approaching doctors at major cities of Pakistan. Poor financial condition of the individuals sometime restricts them to for outside the city and have intervention (Malik&Bhutta, 2018). The issues of water supply shortage, maintenance and extreme hygiene facilities are not regulated in the hospitals. Gilgit Baltistan is a semi provincial autonomous body administrated by Government of Pakistan. It located in the north adjacent of the country with area of 72,971 km² and population of 1.8 million. Major portion of population lives in rural areas. Approximately 80% of population living in rural areas, It has divided in 3 divisions and 10 districts. Most of the region is encompasses on mountainous zones. It is very problematic for people to have all facilities of Quality Health. The health Care stature of GB is not in an appropriate condition. Maternal and child health care, accident, emergency departments and mental health are among the most weakened and forsaken areas of healthcare, in the most areas of GB region of Pakistan.

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Of the academics have various approaches regarding the gaps and the challenges of primary health care. This study will stand differently due to its nature. It investigates the real time issues of accessibility in primary health care sector of Gilgit Baltistan which will help in further policy making process.

Therefore, the objective of this study is to explore the status of primary health care facilities in Gilgit Baltistan, to examine the healthcare accessibility for various populations and to identify the deprived areas and site suitability for future primary health care in Gilgit District. To meet these objectives, current study will find the answer of important question such as

RQ 1: What is the current status of Primary Health Care Facilities in Gilgit Baltistan?

RQ 2: How the accessibility of healthcare influencing the population of those in need Of effective PHC?

RQ 3: How the deprived destinations would impact the future of PHC in the district of Gilgit Baltistan?

This study is very significant in much aspect. As in the first level of healthcare, where patients have their initial interaction with system and it provides curative and preventive Healthcare Services. Basic Health Units & Rural Health Centres Basic Health Units (BHUs) are located at Union Council level and serves catchment population of up to 25,000 (Zafar et al., 2019). Preventive curative and referral services are provided. Maternal and child health (MCH) services are also part of services packages at Basic Health Units. BHUs also provide clinical, logistical, and managerial support to Lady Health Workers (LHWs). Rural Health Centers (RHCs) serve catchment population of up to 100,000 people. Here provided pre-emptive, preventive, curative, diagnostics, and referrals along with inpatient services. Also provide clinical, logistic, and managerial support to BHUs, LHW and MCH Centers (Sobhani, 2018). Pakistan has a relatively large primary health care infrastructure. This includes 5000 basic health units, 600 rural health centres, 7500 other first-level care facilities and over 100 000 lady health workers providing services across Pakistan. Pakistan is the sixth most populous country in the world with 64 present of population living in rural areas.

This research is significant as there is rapid population growth since the health came into existence. The current rate of population growth, Pakistan will be the fifth most populous country globally by 2050. Such a huge rate of population growth, leads us towards numerous health care issues in Pakistan. The population is projected to increase over 227 million by 2025. This overwhelming growth will create various issues in the context of health.

1. Literature review

The issue of developing countries in context of the Primary Health Care requires a comprehensive plan of action in achieving the goal of healthy community. As right to health is a universal human right of every individual it is a top priority for the policy makers and experts of the developing

countries to extend the quality of health care (Afif et al., 2016). Due to economic and social influx of problems, issues developing countries are fail to assess the quality as main ingredients of health coverage. The absence of reliable documentations and system of health care unfolded the barrier of health facilities for these countries (Azam et al., 2017). Perception of cost and affordability is another reason for increasing inputs in the

However, focusing on the care process through quality assurance can change the fate of people living in poor and developing world.

The major flaw and gaps identified by the health experts about poor health condition of developing countries is the lack of leadership and commitment to the cause. National commitment for achieving the objectives of health remains slow and low. The policy formulation cannot be possible without the setting focus on professionals of health care. This can improve information, supervision, training & the standards of medical field (Basharat & Sheikh, 2016).

Further, the cases like malaria, diarrhoea and infectious respiratory problems are common among people in the countries which are fail to develop their primary health care system. More equipment, staff & money is not always the case to be taken for consideration of issues in health care (Capileno et al., 2017). The scarcity of

Scenario of Pakistan in Context of PHC

The overall situation of health care among developing countries is in a deprived position. Same is the situation in Pakistan where primary health care became a challenge for a common citizen to approach. Despite the availability of resources & facilities less attention is been given to health sector. Unlike India, Pakistan has a large infrastructure and resources of health care that can be part of the human health (Coreil, 2019). For example, the presence of basic health units in each district and tehsil with more than 5000 in numbers, there are 6000 building, resources and support is primary issues that can be resolved; however the training, capacity building & quality are the central concepts in sustaining primary health care. Without participation of community it is not possible to achieve the results of effective primary health care (Causer et al., 2018).

Rural health centers with 7500 of those having first-level health care facilities. More than 100000 lady health workers are performing their services in various positions across the country. In the same way these primary health care services are supported by the network of 989 secondary care hospitals at specific districts & tehsil areas of Pakistan (Feyyaz, 2019).

Pakistan has independent organizational structure first, district, provincial & federal level (Hone et al., 2018). The national program for primary health care famously known as the family planning & health care or lady health workers program initiated in 1994. A range of responsibilities are allocated for the lady health workers which reflect their determination & inclusiveness of the program. Their services included the health promotion, family planning, growth monitoring, and childhood immunization.

Current Status of Deprivation & Uneven Circumstances of PHC in Gilgit Baltistan In different provinces & hard-core areas like Gilgit-Baltistan, the provision of primary health care is working. Here it is essential to mention that quality health care is the bedrock in accelerating the development of a region like GB. Due to negligence in health care sector the existing burden on the common man is a critical challenge to access the availability of health care workers. In areas as GB the issues of emergency, mental health, accident & health care of a child are common (Hussain et al., 2019).

Further the rural healthcare is unable to provide a complete package of 7 days in a week & 24 hours in a day. Interestingly, there is no single DHQ hospital which is functional with complete provision of 24/7 characteristics. The maternal mortality rate of the GB is 600 among 100000 live births. This uneven situation reflects the national incidence & influence of poverty & education rate at 29% & 43% in GB. Further the doctor to population ratio is (1=4100) and national status of the doctor to population ratio is equal to (1=1200) (Khan et al., 2018). The grave situation of health & the evidence provided for appalling condition is reflecting the drastic position of health care in GB. Only a single Combined Military Hospital with one psychiatrist for entire region of GB is something that needs immediate policy attention (Khan et al., 2011). This shows that Pakistan must follow the approach of PHC according to the guidelines of the UNICEF and the WHO.

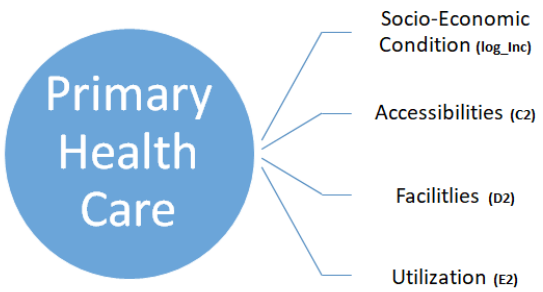
The concepts and titles under international agenda incorporated PHC as provider of health care to the

needs of majority individuals in rural areas. The places having less development and fail system can get benefit from the PHC. Throughout the life palliative care, rehabilitation, intervention, and the prevention are the central concepts of UNICEF & WHO (World Health Organization, 2018). There is rule for the fit for-purpose workforce is important part of the primary health care. It is estimated that these concepts are surrounded over people if the world by 18 million workers, serving in different categories and divisions.

The primary health provides individuals, families, communities in GB to remain consistent on a path of self-reliance, providing a new way to message and sustain interest in health literacy and change actions.

2. The Conceptual Framework

The conceptual framework is to utilize the arrangement of primary health care and the instruments that need for best facilities, accessibilities. The role of socio-economic condition for the primary health care is central to patient as well as staff satisfaction. The framework developed below is aim to show a healthy relationship of the economic uplifting of the patient and the easy access to their health, physical and mental well-being. The accessibility defines and explains the position of this research on issues of primary health care in Gilgit Balitistan. Same are cases reflected in the application of models in crisis areas and those where facilities are reduced due to rural background. This shows that a healthy approach of primary health care while determining the reforms can be utilized to follow the reintegration of social, economic and human interaction in areas like Gilgit Baltistan.



Source: Author's Development

The Spatial accessibility defines and explains the position of this research on issues of primary health care in Gilgit Balitistan. Same are cases reflected in the application of models in crisis areas and those where facilities are reduced due to rural background. This shows that a healthy approach of primary health care while determining the reforms can be utilized to follow the reintegration of social, economic and human interaction in areas like Gilgit Baltistan. Re-activating basic health units in these areas are the key to achieve healthy community.

3. Research Methodology

The selection of a mixed methods research design reflects the complexity of the study and the need to gather as much information on access and utilization of PHCs in the areas of district Gilgit in the province of Gilgit I Baltistan. As the method for this study is quantitative in nature, the approach would be deductive logic. This is to address the deductive discrepancies are addressed and the researcher tried to overcome first collected data and then attempt to derive clarifications.

The research conducted for the accessibility of primary health care in Gilgit Baltistan ensures the fulfillment of gaps that required a comprehensive review. The approach applied is the model of three-catchment floating model and quantitative techniques. The key component for this research incorporates the availability of the infrastructure and proper placement of the working area. This is significant for easy accessibility of primary health care and it defines the area which must have roads network and locations that increases the easy movement of medical staff and other stakeholders. Further the standards of affordability influence the process of intervention for people associated with primary health care. The care coordination and primary care services ensure the quality spending on the increase ratio of facilities and accessibilities. The adoption of lower prices and the decrease in growth spending drive the quality measures to be used for the improved and efficient purposes. The research considers the limited extend for primary health care in poorly developed areas like Gilgit Baltistan. There are complications reported in door to door antenatal assistance and checkups for a common citizen approaching the system. These include the obstructed and delivery labor with postpartum hemorrhage because of unskilled

management of patients. Various public-private partnership projects and facilities provided by international non-governmental organizations are in progress. However, these are not fulfilling the criteria and agenda of delivery challenge in health & well-being of patients in Gilgit. Donations of hospitals, dental chairs, examination operates and the health instrument would not serve the purpose unless these are installed under regulated primary health care program. The apathy and lack of importance for the health care sector is reflecting the importance given to the health sector. Further the lack of accountability and sense of professionalism develop policies by the policy makers that are need to be revised through such research work.

Similarly, the role of acceptability provides that feasible and endorsement of high levels of satisfaction resulted in the better outcomes for a patient. Having need of significant satisfaction the care of the patient can be enhanced through multiple perceived benefits. In line with help of cohesive health care team an integration of mindfulness, teamwork training and the resilience of primary health care setting can resolve health issues with acceptability. Here the reliable healthcare accommodation in a highly accessible phenomenon. The interactions of health care are positively implemented through this measure. It improves the communication of patient provider and self-efficacy of health care of the person under treatment. While endorsing these measures the research conducted is the pre-requisite for employing a healthy care system.

Table 1 Data Sources

Data Sources	**Primary**
	Survey Semi-Structure Interviews Observational Records

The items and variables as explain in the table below are explain to measure each area and context of the study. These variable and sub-variables are according to the model applied and objectives of the research which contribute for the explanation of major ideas in the research and ultimately provide meaning to the factor affecting the learning process of research.

Table 2 Dependent/Independent Variables

Dependent Variable	Sub-Variables	Independent Variables
Socio-Economic Condition	PHC Disparities Opportunities for GB Population	
	Operational Services Functioning and Satisfying Patients	Utilization of PHC
	Availability of Common Drugs Intervention of Communicable Illnesses	PHC Availability
	Adequate Access to PHC Maximum Use of Health Care Services	Accessibility of PHC

Table 3 Description of Variables (Dependent)

Variables	Explanation
Socio-Economic Condition	Occasions of easy access to primary health care for common individual
	Greater difference of services of health care in GB
PHC Disparities	Residence of individuals having need/value of primary health care
Opportunities for GB Population	
Independent Variables	
Utilization of PHC	Maximum use of primary health care
Operational Services	Services of health care in district Gilgit with active no of doctors and facilities and patient interaction
	Easy access to primary health care machinery for common individual having urgent/emergency cases
Functioning and Satisfying Patients	
PHC Availability	**Primary health care availability of equipment and necessary items**
Availability of Common Drugs	**Convenience of obtaining normal drugs for immediate solution**
Intervention of Communicable Illnesses	**The diagnosis of the diseases prevalent in the community**
Accessibility of PHC	Suffering from severe locality & lack of primary health care needs
Adequate Access to PHC	Acceptable reach-out to the facilities of primary health care
Maximum use of health care services	Full practice of primary health care against the need of people

The three different categories with main and sub-variables are explained in the table where each played its role by interlinking with study. The spatial accessibilities, PHC facilities and deprived area and site suitability are the main variables. These are reflecting the real issues of the rights and marginalization of community in Gilgit district. The constituent of PHC disparities and opportunity for GB population contribute for enhancing the need of primary health care and its utilization. However, the availability of common drugs and

intervention for communicable diseases implies the independent use of services of health care with maximum diagnosis of illnesses faced by the community. The area of adequate access to PHC followed by enhanced use of available services ensures the early implementation of rules and procedures for effective distribution of primary health care services. Further, these variables contribute for effective analysis of primary health care in respect of people residing in locality of district Gilgit Baltistan. The participant of the interview responded against the questions which were developed through consideration of main and sub-variables.

Table 4: Demographic Characteristics
The Explanation is as under:

Characteristics	Frequency	Percentage
Gender		
Male	254	78.6%
Female	96	22.3%
Officials	15	4.9%
Medical Staff	65	16.1%
Community Around PHC	200	65.7%
Others	79	17.3%
Total	350	100%

4.1 Model Testing

While implying the application of Microsoft Excel, the SPSS statistical package is obscure for analysis and transformation of data to achieve the outcomes. These fallouts are calculated for the descriptive statistics, regression and correlation with the labeling of the information collected from the respondents was well supported by the SPSS. This provides varied results against the mentioned data and the main drivers and stakeholders of the primary health care are codified with specific names that described the value presented in the tables. Further the basic aim of coding is to adjust the number in accordance with requirement of the statistical package for effective results with reference to the research.

4.2 (Cronbach's Alpha) Reliability Test

Reliability Scale: All variables

Case Processing Summary

		N	%
Cases	Valid	222	63.4
	Excluded	128	36.6
	Total	350	100.0

a. List wise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.646	.573	29

The study is reliable as the factors of the reliability or the questionnaire was determined by means of alpha coefficient. Here, the mean inter-item correlations between the items of each scale were also calculated to examine the internal similarity and one-dimensional of the all forty-five (45) item factors/statements related to the accessibility, facilities and the utilization of primary health care in district Gilgit. Further the means, standard deviations, corrected item total correlations, mean inter-item correlations and coefficients for these factors are also provided. The results of the input data is reflected and indicated that the mean inter-item reliability of the factors/scales are higher and in the range of (.6) and above which shows that the research is not reliable but it also has the consider the real problem that need to be resolved through academic and policy support. There is resemblance of the items that can be representative of the specific factor/scale assessed for the PHC. This is significant for the key to recall the measurement of issues related with primary health care in district Gilgit and its attach tehsils.

4.2 Correlation

The aim of correlation is to analyze the nature and extent of relation among different variables, where it generally supports the supports the understanding of connection between two specific variables or the construct. There is explanation of the role of each variable through numbers which signifies utilization, accessibility and facilities of

PHC are the served as the independent variable in the statistics. However socio-economic condition is the dependent variable because this research rely that without socio-economic condition there would be no health. Further the results implied that primary health care is among the top weak areas in health sector of district Gilgit. It is the objectives for which statistical tool are used in the study and these are also employed to understand the relationship the value of coefficient correlation. The 'r' value is calculated in a following way;

$DV = at + a1\ IV1 + a2\ IV2 + a3\ IV3$

Socio-Economic Condition = Accessibility + Utilization + Facilities of PHCs

Here the rule as implied is followed as:

If r is equal to -1 then there is perfect negative relationship among the values;

If r is equal to 1 then there is perfect positive relation with the values;

Though, if r holds 0 value then there is no relative among the two values.

4.3 Correlation Analysis

Correlation can be made easy through the attempts or when the research strives to find association or the direction of relationship among the quantitative variables. In this regard, correlation is an analysis that measures the strength of association/direction between two quantitative variables. Same is the case with coefficient of correlation which cannot be interpreted in percentages. Here the value of r (coefficient of correlation) describes the strength of the relationship in terms of a numbers from -1 to +1 and directions of the relationship as negative or positive. From the above it is concluded that the larger the total value of the coefficient, the stronger the relationship among different variables.

As provided in the table the data has mean value of 6.811 and residual value that left is range at .127 and If the data is normally distributed then almost 80% values are between 6.811- .127 = 6184 and 6.811+.127=6.938, where most of the values are fall between 6.811*.127=6.938. The statistical outcome provided that all the enter items/scales in the correlation are relevant to the primary health care and the need for its immediate resolution. These number are higher in range and show the satisfactory requirement and similarity of the representation for improvement in primary health care. Further the results recounted above, all the items of the issues/statements were retained as separate entities to measure the issues of the accessibility, facility, utilization where weak attitude is seen to the problems of primary health care.

The unavailability of social and economic support to residents is the basic issue that contains other areas like utilization, facilities and accessibilities of PHC. The issue according to the data can be resolved via inclusion of societies and concerned stakeholders that is central to highlight the issues related with primary health care. The result of the objects and analysis illustrates that all the substances have acceptable role with the index values. These results also indicate that every one of the items on each scale was able to contribute significantly ($p < 0.001$) between the high- and low-scoring sets in the present model of the data. It significantly demonstrates that the substantial reliability of the questionnaire is valid to capture the present sample of primary health care major issues in the district Gilgit. The primary health is the basic and very essential element that cannot be change or ignored in the prevailing circumstance where heinous pandemic is overriding people of the area. These accurate data are the provider of what people are perceiving and following for maintaining their basic health.

4.4 Correlation among Variables

Correlations

		log_inc	C_2	D_2	E_2
log_inc	Pearson Correlation	1	-.465**	-.445**	.133*
	Sig. (2-tailed)		.000	.000	.013
	N	350	350	350	350
C_2	Pearson Correlation	-.465**	1	.350**	-.037
	Sig. (2-tailed)	.000		.000	.495
	N	350	350	350	350
D_2	Pearson Correlation	-.445**	.350**	1	-.055

	Sig. (2-tailed)	.000	.000		.307
	N	350	350	350	350
E_2	Pearson Correlation	.133*	-.037	-.055	1
	Sig. (2-tailed)	.013	.495	.307	
	N	350	350	350	350

The matrix of correlation in the table above shows that the scores on the all questions (45) are inter-correlated significantly at the value ($p \leq .01$) which illustrate the role of primary health care as significant. The correlation with the dependent variable which is the socio-economic conditions is mostly negative because working on people social uplifting lapses a major gap. The C2 is primary health accessibilities along with D2 as health care facilities are illustrated as $p < .01$), that are independent variables. Their values provide a negative relationship, however the E2 that is primary health care utilization is at stronger position with the $p < .001$). The results of correlation and each variable provided the estimation of the multiple correlation coefficients (R). Further the variables mentioned in the table are used concurrently and combined to calculate their collective relationship with the dependent variable of socio-economic condition.

Similarly, the correlation matrix shows that socio economic condition is the dependent variable and it has no negative (1) relationship with E2 the utilization of primary health care. At the same moment the independent variable D2 and C2 are at the negative position with dependent variable which provided that there is difference in the progress of facilitating and accessing common individuals for their maintenance of basic health.

Contrary to this the primary health care utilization E2 is at (0.133) and it has positive relation with socio economic condition. It reflects that if the facilities are available than there is no problem of utilization. The correlation coefficient r is measured in the table where it interprets the strength and direction of a relationship among these constructs. The value of r always lies between +1 and -1 where these independent variables accessibility, facilities and utilization are measured to verify the strength of their relationship with the dependent variable that is the socio-economic condition. soft image. There is a weak positive relationship of variable D2 (-.317) and C2 (-.350) against some working on facilitating and accessing to PHC where the dependent variable socio economic condition is also measured to verify the outcome of statistical facts.

4.5 Analysis of Variation ANOVA[a]

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.433	3	6.811	53.741	.000[b]
	Residual	43.851	346	.127		
	Total	64.284	349			

a. Dependent Variable:
log_inc
b. Predictors: (Constant), E_2, C_2, D_2

Coefficients[a]

Model		Unstandardized Coefficients B	Unstandardized Coefficients Std. Error	Standardized Coefficients Beta	t	Sig.
1	(Constant)	11.618	.019		610.564	.000
	C_2	-.150	.020	-.350	-7.388	.000
	D_2	-.136	.020	-.317	-6.692	.000
	E_2	.044	.019	.103	2.305	.022

ANOVA as the analysis of variance is to indicate the p-value which associated with F value and through the use or comparing with alpha value ANOVA test the research objectives in line with the research. Here, this is provided that objective and conclusion are statistically significant and there is relationship between dependent socio-economic condition (SI) and independent variables. This is also significant because the P value is less than 0.05 and it is significant with (.000).

Further the p value of t-test of C2 that is accessibility coefficient (-7.388) is less than five percent and it provides us to reject the null hypothesis of active and vibrant primary health care operations in district Gilgit. There is significant negative impact of C2 accessibility on the socio-economic condition.The coefficient of facilities (D2) is (-.317) and utilization (E2) as (.103), p value is less than 0, 05 which is significant in showing the negative impacts on the outcome variable because of zero progress in the reconstruction of primary health care. Further the unstandardized coefficients are valued with negative variables C2 and D2 while E2 is positive which means the index of accessibilities value is increase by 1 we are going to see the socio-economic conditions dependent variable reduce by .019. The values show that the interpretation of C2 and D2 and E2 provides for increasing the value by 1 unit or the number associated with dependent variable. The values increase for each variable connected with socio economic conditions implies C2 0.000 D2 0.000 and 0.022. The positive value of unstandardized coefficient that is .103 and these results provide much clarity about the problems of primary health care in respect of facilities, accessibility and utilization. Each construct contribute positively or negatively to the primary health care and its significant role in the common class and it also informs the failures in fulfilling real objectives the PHC.

4.6 Regression Analysis

For the research of academic concern, the use of regression is to explain the variation in a dependent variable by using the independent variables. As the correlation does not support the causation regression illustrate and test the cause and effect relationship among independent and dependent constructs. It is consistent to test the research hypothesis or objectives along with correlation analysis through the assumption of linear relation among the constructs and since there is no cause and effect relationship indicated by correlation the need of regression is to fill this gap in accordance with the provided information. The effects on variable that is dependent through independent variables is significantly found through regression examination.

4.6 Result of the Regression Analysis

The analysis of the regression is performed on the socio-economic conditions, that followed accessibilities (C2), facilities (D2) and utilization (E2) of primary health care. The dependent variable is socio economic condition (SI) where the relation and requirement of primary health care is assessed through the variation of each variable and its implication for the PHCs service delivery. Containing 45 predictors there are constructs that act as constant in the original model so the summary of regression is presented in following table and statistical figures.

4.6.1 Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	E_2, C_2, D_2[b]	.	Enter

a. Dependent Variable: log_inc
b. All requested variables entered.

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.564[a]	.318	.312	.35600	1.504

The illustration and the values contributing in the above tables against each variable and sub-variable implies for a significant role of primary health care. The positive relationship with dependent variable socio economic conditionand the D2, C2, E2 is explained according to the dependent variables values and results. The existence of many other variables bound the independent variable to be fixed at certain point but this have no adverse impact on the overall

outcomes. The exhibition of t-value is significant for PHC needs but it is less positively related with service delivery and other satisfaction of patients. Similarly, this value (.312) is also significant for other variables and the R-Square having (.318) value is less than 0.05 and it certainly contributes a positive relation with dependent variables that socio-economic condition.

In real terms, the overall results of this data in the table provide that variation in the variables is not unlimited and the impact of strong PHC system can influence the other factors including the accessibility, facility and utilization, The values supporting the relationship and need for primary health care & healthy environment in district Gilgit. The progress of this analysis is started with predictor variables and full model which are eliminated from the model during the process of calculation and after some steps, the backward stepwise regression analysis was completed. There are 45 interpreters that are created and there is no variable removed during the time and all of them were entered according to the requirements of analysis and data sheet. The further classifications, labeling and the modeling of respondent is also against the results obtained for the investigation.

4. Discussion

In Pakistan, the healthcare system is complex in nature & it incorporated the subsystems of district, provincial and federal government. Disease-specific mechanism in employed under different institution which are working as non-governmental, social security institutions and the parasternal organizations, The health sector of the country is marked by the urban-rural disparities and imbalances in health care (Riaz et al., 2018). Planning and allocation of provincial health departments facilitates with basic health units are covering 100000 people. More than 70 percent of the population being served by private health sector. A free-for-service system of Hakeem, homeopathic doctor, medical general practioners and the unregulated hospitals is part of primary health care in Pakistan (Powell et al., 2017). There is variation of opinion which may be due to the fact that PHC in Gilgit provides very limited services. The significant difference is found between the attitudes of the delivery service staff where some are trained and other are not acknowledging the services required for the patients. The PHC health care providers' generally focus on quality, service quality, facilities, accessibility and maximum utilization of drugs. Moreover, they tend to move to private sector health care facilities, and those which they consider as trusted for their health. Similarly, the possible explanation of this might be the bad practical experience of patients visiting to the PHC. The low communication opportunity given to patient by the doctors or nursing services staff further deprived them to have confidence on the services. Against the backdrop of the research the findings of this study provided important in-depth information about the existing primary health care and delivery system. The quality of the service and the performance of the public sector health care provider are weak and non-satisfactory. It also provides the socio-economic characteristics of the population; health seeking behavior and their feelings about the existing primary rural health care delivery system is negative.

Similarly, the finding has consistency with the district and tehsil wise primary health system and its overall effective functioning. This research identified various reasons for this situation, which were related to the characteristics of the population and of the delivery services and the key factors that kept patient away from using of the primary health services are explained as serious threat to the PHC system. Children from the high socio-economic group, educated family, and higher income families received more vaccine compared to their counterparts. The public view of the district development is to address the acute problem of poverty, unemployment, rapid population growth, malnutrition and illiteracy.

Moreover, the availability of the medicines as provided in the research is the core subject. Most of the responses of survey and interviews reflected that since there is no facility of PHC is available in their area there is no need to understand what the role of PHC for emergency health cases is. It is found that utility of delivery and health services are important and effective to understand their influence on use of PHC services. There is need for categories of public those have the potential influence of using the health care in respective PHC.

1. Limitations of the Research

Since the selection of area is a single district of Gilgit Baltistan, along with the approach used in

this study, there are certain limitations both on the data collection level and on the part of research. The survey has been collected from the 310 participants followed by the demonstration of clear patterns of health services in specific view of PHC. The reasons for using and non-use by the sample population are according to the formula of established by William Gooden, 2004 as it is not a large enough sample in the adjusted analysis of the relationships between three choices and contributors of PHCs. The range of socio-economic factors of the population along with the main reason is not enough data for reaching at conclusive results. This does not mean that data has not overcome this problem. The future studies should include a considerable number of male members in order to get more precise information on those aspects.

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