

# A STUDY ON PERCEPTION OF WOMEN DELIVERED IN LAST ONE YEAR ON RCH SERVICES RENDERED BY PUBLIC HEALTH FUNCTIONARIES IN JAMNAGAR DISTRICT, GUJARAT, INDIA

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## ABSTRACT

**Background:** Provision of good quality care is the crux of the RCH Programme. Good quality of care ensures satisfied clients, who in turn come back for services and become advocates for others. Quality has not been given adequate attention in Government Health Care facilities, because of which there is underutilization of RCH services.

**Aims & Objective:** The present study is an attempt to assess the perception of clients (women who delivered in last one year) regarding various aspects of maternal and child health care delivery components.

**Material and Methods:** It was a community based cross sectional study carried out in ten primary health centre areas. Study subjects were the women delivered in last one year. Sample size was calculated considering the proportion of pregnant women who received at least three antenatal check-ups in district level household survey – 3. One hundred fifty such women were interviewed using pretested proforma from subcenter of each randomly selected PHC area. Data were entered and analyzed in epi info software version 3.3.2.

**Results:** Majority of the women (80%) opined that the behaviour of health care providers was good while 21% of women felt that the communication skills of attending doctor / FHW were not good. Only two third of the women were satisfied with the quality of services provided to them at health facility. RCH indicators were better among the women who were satisfied with the behaviour and communication skills of the health care providers.

**Conclusion:** Present study revealed that women's perception about various indicators of quality of care, behaviour and communication skills of the health care providers affect the overall satisfaction of the women and in turn it significantly affects utilization of RCH services.

**KEY-WORDS:** Quality of Care; Client's Perception; Behaviour; Reproductive and Child Health services; Gender Sensitivity

## Introduction

Provision of good quality care is the crux of the Reproductive and Child Health (RCH) Programme. Quality has not been given adequate attention in Government Health Care facilities, because of which there is underutilization of RCH services. National Family Health Survey (NFHS-3) revealed that "Women lack quality care during pregnancy and child birth" and the quality of antenatal care need improvement.<sup>[1]</sup> Elements of the quality of maternal health care are presented with regard to the promotion and protection of health, accessibility and availability of services, service acceptability, technical competence of health care providers, essential supplies and equipment, quality of client-provider interaction, information and counselling for the client, the involvement of

clients in decision making, comprehensiveness of care and linkages to other reproductive health services, continuity of care and follow-up, and support to health care providers.<sup>[2]</sup> Quality of care: doing things the right way.<sup>[3]</sup> Good quality of care ensures satisfied clients, who in turn come back for services and become advocates for others. Therefore, provision of good quality care is very vital for bringing the users to health care facility which in turn will have complementary effect on bringing down mortality and morbidity in children and mothers. Present study is an attempt to assess the perception of clients (mothers) regarding quality of RCH services.

## Aims and Objectives

Objectives of the study were to assess the women's perceptions on various aspects of

maternal and child health care delivery components under RCH:

1. The quality of the maternal health care during antenatal, intranatal and postnatal period.
2. Attitude and behaviour of care providers
3. Communication skills of care providers and its impact on utilization of RCH services
4. Gender sensitivity component of health care delivery

## Materials and Methods

It was community based cross sectional study, carried out in Jamnagar district. Study subjects were the women who delivered in last one year. District Level Household Survey – 3 conducted in the year 2007-08 showed that 75% of the pregnant women in Jamnagar district received three or more antenatal checkups.<sup>[4]</sup> This data was considered to calculate sample size. Using the formula  $n=4pq/L^2$ , where n is sample size, p is the positive character; here 75%,  $q=100-p$  and L is the allowable error which was taken as 10% of the p. The sample size could be calculated as 133. Considering 10% non-response rate, sample size was adjusted as 150. Total 37 PHCs cater primary health care services to rural population of Jamnagar district. Through simple random technique, 10 PHCs were selected. From each PHC area fifteen women delivered in last one year were, equally from each of the subcenter were studied. To minimize recall bias recently delivered women were interviewed. A predesigned and pretested questionnaire was used to interview the women. Perspective and opinion regarding quality of the maternal and child health care services rendered by health care providers at Primary Health Centre like waiting time, per abdomen examination during antenatal visits, facilities of drinking water and toilet, adequacy of seating facility, etc. were asked. Questions were asked to assess the behaviour of the worker like greeting the women, attending to queries, and perception of the women regarding communication skills of the health care providers like, explaining the health status, weight gain, tetanus toxoid immunization, danger signs, follow up visits, nutritional and other advice given during antenatal visits. Gender component like maintaining the dignity as a women and privacy during antenatal examination were also assessed.

Data collected were entered and analyzed using epi info software.

## Results

About half of the women (i.e. 48%) were below 25 years of age. Majority of the women (i.e. 79.33%) were literate and 89.33% women belonged to Hindu families. (Table 1)

**Table-1: Demographic Profile of Women (N=150)**

	Parameter	Frequency	Percentage
Age Group (Years)	19 to 21	14	9.33
	21 to 23	22	14.67
	23 to 25	42	28.00
	More than 25	72	48.00
Literacy Status	Illiterate	31	20.67
	Primary	78	52.00
	Secondary	33	22.00
	Higher Secondary & above	8	5.33
Religion	Hindu	134	89.33
	Muslim	16	10.67

**Table-2: Perception Women Regarding Quality of Various Antenatal Services Imparted and Facilities Available**

	Parameter	Frequency	Percentage
Time Spent	Inadequate	120	84.51
	Adequate	23	15.49
	Total	142	100.00
Per Abdomen Examination	Yes	101	71.13
	No	41	28.87
	Total	142	100.00
Maintenance of Privacy	Yes	75	74.26
	No	26	25.74
	Total	101	100.00
Facilities (Multiple Responses, N=142)	Adequate Seating facility	110	77.46
	Availability of Drinking water	122	85.92
	Toilet facility	104	73.24

**Table-3: Perception of Women Regarding Behaviour and Communication Skills of Health Care Provider**

Perception of the Women	Behaviour of Health Care Provider	Communication Skills of Health Care Provider
Good	121 (80.67%)	107 (71.34%)
Bad	18 (12.00%)	32 (21.33%)
No answer	11 (7.33%)	11 (7.33%)
Total	150 (100.00%)	150 (100.00%)

**Table-4: Overall Satisfaction with Services Imparted**

Satisfaction with Services Imparted	Frequency	Percentage
Satisfied	100	66.67%
Partially satisfied	22	14.67%
Not satisfied	14	9.33%
No answer	14	9.33%
Total	150	100.00%

**Table-5: Some Indicators of Good Quality Care and Satisfaction of Women**

Indicators	Satisfied/ Partially Satisfied N=122	Not Satisfied/ No Answer N=28	Z	P
Cleanliness and adequate seating facility	76.23%	7.14%	11.12	< 0.001
P/A examination	79.51%	32.14%	4.95	< 0.001
Maintenance of privacy	85.57%	11.11%	6.72	< 0.001
Mean waiting time	11.67 (14.37)	24.82 (17.45)	3.70	< 0.001
Good Behaviour of health care provider	96.72%	10.71%	14.18	< 0.001
Good Communication skills of health care provider	85.24%	3.57%	17.17	< 0.001

Statistical test applied: Standard error of difference between two proportions

**Table-6: Women's Perception about Communication Skills of Worker and Some RCH Indicators**

RCH Indicators	Women's Perception about Communication Skills		
	Good (n=107)	Bad (n=32)	P value
Mean Antenatal Visits	5.37 (2.45)	4.22 (2.27)	< 0.01
Mean IFA Tablet Consumed	98.20 (51.39)	59.90 (40.87)	< 0.001
Proportion of Institutional Delivery	87.37%	65.51%	< 0.05

Statistical test applied: Standard error of difference between two proportions

Out of the total 150 women interviewed, 142 were registered at government health facilities during antenatal period and received antenatal services.

Majority of women (84.51%) felt that time given to them for history taking and attending to their queries by attending doctor/FHW was inadequate. Only 71% were examined per abdominally and out of them only three quarters felt that privacy was maintained. Only three quarters (77.46% and 73.24%) respectively said that seating arrangement and toilet facility was available at health facility. Drinking water availability was there in 86% of health care facility. (Table 2)

Majority of the women i.e. 80.67% opined that the behaviour of health care providers was good while 18 women (i.e. 12.00%) had experience of bad behaviour from health care providers. Twenty one percent of women felt that the communication skills of attending doctor / FHW were not good and 7.33% were non-committal. (Table 3)

Only two third of the women were satisfied with the quality of services provided to them at health facility. (Table 4)

After clubbing satisfied and partially satisfied response of the women, it was observed that, women's perception about cleanliness of the facility, maintenance of privacy, waiting period at the health care facility, behaviour and communication skills of the health care providers etc. affect the overall satisfaction of the women with health care delivery system. Highly significant difference was observed between women who were satisfied (fully & partially) and not satisfied with these indicators of the good quality care. (Table - 5)

Women's perception about communication skills of the health care provider and some RCH indicators like antenatal visits, consumption of IFA tablets and institutional delivery were compared (Table 6). It was found that communication skills significantly affect utilization of RCH services as these indicators were found better among women who said health care providers had good communication skills.

## Discussion

The most powerful predictor for client satisfaction with the quality of the government health facilities are accessibility and availability of health services, behaviour of the health care provider which affect acceptability of the services, communication skills and technical competence of the health workers which will affect the utilization of the reproductive health services and raising faith in the government health facilities. Thus, provision of good quality care by health workers will determine the overall success of the programme. Keeping in mind the impact of good quality care on utilization of the health services and success of the programme this cross-sectional, community based study was undertaken to assess the client's (women's) perception regarding the quality of the services being provided during antenatal, intranatal and postnatal period by government health functionaries. In the present study nearly half of the women (i.e. 52%) were less than 25 years of age and majority (i.e. 79.33%) were literate. Most of the women (i.e. 89.33%) belonged

to Hindu family and 94% women were housewives. Government health facilities for antenatal services were sought by majority of the women (i.e. 94.33%).

History taking and entertaining the problems and queries of the women is one of the important components of good quality care. In the present study, 84.51% women told that the time spent with them for antenatal check-up, history taking and counselling was inadequate. In National Family Health Survey – II 90.3% of the women said that the staff spent enough time with them during their most recent visit to public sector health facility.<sup>[5]</sup> Thus, this very important parameter of quality of care was found inadequate in present study. B. Prasad and V. M. Gupta found in their study that only 12.3% mothers were subjected to eliciting of obstetric history of these in only 2.6% cases history taking was found to be satisfactory.<sup>[6]</sup> In an ICMR study (1991) it was reported that obstetric history could be addressed properly by about 25% of ANMs.<sup>[7]</sup> Observations by B. Prasad and Gupta V.M. and that of ICMR study also indicate high degree of inadequacy in history taking which are in conformity with observations of the present study.

About three fourth of the women (i.e. 71.13%) were examined per abdominally during their antenatal visit and again out of these women, one fourth felt that privacy was not maintained during the check-up. Ranjeeta Kumari et al. in their study observed that overall satisfaction regarding examination and consultation was 59.6% at primary level health facilities and absence of a separate place of examination at the primary level resulted in high dissatisfaction.<sup>[8]</sup> In National Family Health Survey – II, 68.2% women were reported saying that their need for privacy was respected by health staff.<sup>[5]</sup> The degree of satisfaction as regards to privacy was higher in present study in comparison to that in study by Ranjeeta Kumari and observations of National Family Health Survey – II.

While asking about the physical infrastructure and facility available at health facility, one fourth of the women responded that, there was inadequate seating facility (22.54%) and lack of toilet facility (26.76%). Majority of the women (85.92%)

replied that there was satisfactory drinking water facility. Ranjeeta kumari et al found in her study that at primary health care level, availability of toilet facility was as low as 2.9%, drinking water facility was available at 36.1% centres and enough seats were available at 57.6% centres.<sup>[8]</sup> Srilatha Sivalenka<sup>[9]</sup> and Peerasak Lerttrakarnanon<sup>[10]</sup> et al also found these as the major areas of concern in their study. On these parameters of quality of care, health facilities scored much better in present study but there is scope for further improvement.

In the present study majority of the women opined that the behaviour of the health care providers was good. Mendoza Aldana J. et al found in their study that for patients, behaviour especially respect and politeness was found to be much more important than the technical competence of the providers.<sup>[11]</sup> In National Family Health Survey – II, 62.7% of the total women said workers talked to them nicely while this figure for the Gujarat state was found to be 93.2%<sup>[5]</sup> which is almost similar to the finding of present study.

Nearly a quarter of the women i.e. 21.33% in the present study perceived that the communication skills of the health care providers were not good and 7.33% women did not comment on the communication skills. Similar observations were made while asking for overall satisfaction with the government health care delivery system as 66.67% women were fully satisfied and 14.67% women were partially satisfied while 9.33% women were not satisfied with the services of the government health care facility.

Similar observations were made by Bratati Banerjee in his study as 28.5% of the beneficiaries in his study perceived the services offered by MCH department and their convenience and utilization to be excellent and only a meagre section of 4.75% as very poor. On clubbing the groups he found that, nearly two third of the beneficiaries in his study found the services to be excellent or good (61.5%), 22.75% felt them satisfactory and 16% felt these to be poor or very poor.<sup>[12]</sup>

Analysis was also made to establish any association between communication skills as

perceived by the women and some of the indicators of RCH service utilization. There was significant association between better utilization of RCH services like number of antenatal visits, number of IFA tablets consumed, institutional delivery etc. with good communication skills of the health care provider. Present study could also revealed and proved statistically that the good quality care like cleanliness of the facility, maintenance of privacy, waiting period at the health care facility, behaviour and communication skills of the health care providers etc. has positive impact on satisfaction of the client.

GS Lule et al (2000) in their study found that 47% of the women reported dissatisfaction with the absence of privacy in service delivery and they indicated that this lack of privacy greatly affected their attendance of the maternity services. They showed that, when facilities/provisions were grouped together, women who were dissatisfied with the facilities offered at the health centre were 13 times more likely not to use the health centre than those who were satisfied with the facilities.<sup>[13]</sup>

Through logistic regression model, GS Lule et al established in their study that long waiting time and lack of privacy were significantly associated with dissatisfaction of the women with health care service.<sup>[13]</sup>

## Conclusion

Present study revealed that women's perception about various indicators of quality of care behaviour and communication skills of the health care providers affect the overall satisfaction of the women and in turn it significantly affects utilization of RCH services.

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