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PERCEPTION OF FEMALE PATIENTS TOWARDS THE SERVICES DELIVERED IN HEALTH CENTRES

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(ABSTRACT)

In the present study, an attempt is made to analyze the female patient's perception towards services delivered in health centres in the selected districts of the state of Haryana. For this purpose, a sample of 77 respondents (patients) i.e. 20 each from Palwal and Mahendragarh, 13 from Bhiwani and, 24 from Hisar district of the state of Haryana, respectively was taken for data collection. The primary data were collected with the help of pre-tested structured questionnaire on five point Likert scale. On the other hand, the secondary data were collected mainly from Ministry of Health and Family Welfare publications such as IPHS Guidelines for Community Health Centres, Primary Health Centres and Sub-Centres, and e- journals were also referred to. Collected data were analyzed through various statistical techniques such as frequency distribution, mean, standard deviation, etc. Further, ANOVA had been applied to validate the results of the study. It is concluded that maternal and child health care is the main service delivered to females, followed by post-natal care in case of Palwal, Bhiwani, Hisar and Mahendragarh. Overall, maternal and child health care services are given the Ist rank by the female patients, followed by post-natal care in health centres. It is recommended that more female doctors should be deployed at the health centres as most of the patients' visit the health centres are females who prefer to get treatment from female doctors only. Proper security measures are needed at health centres for providing 24x7 services especially for the female doctors and ANMs working in the delivery huts. The adequate quantity of drugs and equipments should be made available in the delivery huts to provide better health services to the pregnant women. Separate labour room, examination room and waiting area should be made available in the SCs as most of the SCs are running in a single room.

Keywords: *Maternal, Health care, Medical, Termination, Pregnancy*

Introduction

Health care is a big concern in India, the land of second most populous country in the world. The country is divided into several states and the state government has the onus to take care of the health of people in the state. A large section of population is below poverty line, and health and hygiene conditions are not up to the mark *(Subramani et al. 2014, p.255).* In 1977, the Government of India launched a rural health scheme, based on the principle of "placing people's health in people's hands" *(Hiremath, 2011, p. 82).* It is a three tier system of health care delivery in rural areas based on the

recommendation of the Shrivastav Committee in 1975 *(Kamalam, 2005, p. 162)* and include Sub-centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs). In the public sector, a health SC is the most peripheral and first point of contact between the primary health care system and the community *(www.mohfw.nic.in)*. A SC provides interface with the community at the grass-root level, providing all the primary health care services. It is the lowest rung of a referral pyramid of health facilities consisting of the SCs, PHCs, CHCs, Sub-Divisional/Sub-District Hospitals and District Hospitals *(IPHS Guidelines for SCs, 2012, p. 3)*. The purpose of the SCs is largely preventive and promotive, but it also provides a basic level of curative care *(Citizen Charter - Sub-Centre, Daman district, 2014, p. 2)*. As per population norms, there shall be one SC for every 5,000 population in plain areas and for every 3,000 population in hilly/tribal/desert areas *(www.nrhm-mis.nic.in).* PHCs are the cornerstone of rural health services - a first port of call to qualified doctors of the public sector in rural areas for the sick and those who directly report or referred from SCs for curative, preventive and promotive health care *(IPHS Guidelines for PHCs, 2006, p. 5).* It acts as a referral unit for six SCs and refers out cases to CHCs and higher order public hospitals at Sub-District and District Hospitals. It has 4-6 indoor beds for patients *(Madha Suresh et al., 2015, p. 2)*. The third level of health care known as secondary level of health care essentially includes CHCs, constituting the First Referral Units (FRUs) and the Sub-District and District Hospitals *(Pandve and Giri, 2015, p. 75)*. The CHCs were designed to provide referral health care for cases from the PHCs level and for cases in need of specialist care approaching the centre directly. Four PHCs are included under each CHC thus catering to approximately 80,000 population in tribal/hilly/desert areas and 1,20,000 population for plain areas. CHC is a 30-bedded hospital providing specialist care in Medicine, Obstetrics and Gynecology, Surgery, Pediatrics, Dental and AYUSH *(www.karnataka.gov.in*). Common services which are provided to females in the health centres are maternal and child health care, ante-natal care, post-natal care, medical termination of pregnancy services, *etc.*

Review of Literature

Articles appeared in different journals on various aspects of primary health care are restrictive in nature and do not give a comprehensive picture. *Kambala (2011)* analyzed the barriers to maternal health service utilization such as walking long distances to access health facilities, lack of midwives, lack of or insufficient items to be used during delivery, long stay and rude health personnel. Seeking help from Traditional Birth Attendants (TBAs) during delivery was a common option because TBAs were within reach, did not demand many items for delivery, and treat the women with respect. The study suggested the factors that are contributing to the high burden of maternal deaths in Malawi. Interventions should be developed and implemented to improve the barriers reported. *Mohammadi and Mohammadi (2012)* assessed the quality of health services in Zanjan health centres based on clients' expectations and perceptions. The results indicated that there were negative quality gaps at five SERVQUAL dimensions. The most and least negative quality gap mean scores were in reliability dimension (-2.1) and tangible (-1.13) respectively. There was statistically significant difference between clients' perceptions and expectations mean scores at all of the five service quality dimensions (P<0.001). *Dalaba et al. (2013)* found that the average annual cost of operating a health centre was $136,014 US. The mean costs attributable to ANC and delivery services were $23,063 and $11,543 US, respectively. By disaggregating the costs, the average recurrent cost was estimated at $127,475 US, representing 93.7 percent of the total cost. Even though maternal health services were

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free, utilization of these services at the health centres were low, particularly for delivery 49 percent, leading to high unit costs. The mean unit costs were $18 US for an ANC visit and $63 US for spontaneous delivery. The high unit costs reflected under-utilization of the existing capacities of health centres and indicated the need to encourage patients to use health centres. *Wajid et al. (2013)* found that the demographic characteristics of women in the two areas of Punjab, Pakistan were similar, although socio-economic status as indicated by level of education and better household amenities were higher in the intervention area. Consequently, on univariate analysis, utilization of MNH services *i.e.* ante-natal care, TT vaccination, institutional delivery and use of modern contraceptives were higher in the intervention than control area. Nonetheless, multivariable analysis controlling for confounders such as socio-economic status revealed that the utilization of ante-natal care services at health centers and TT vaccination during pregnancy were significantly associated with the intervention. They observed that some aspects of care still require attention, such as knowledge about danger signs and neo-natal care, especially umbilical cord care. *Emelumadu et al. (2014)* revealed that the utilisation of facility for both antenatal (97.0 percent; 95 percent CI, 94.4-98.4 percent) and natal services (92.7 percent; 95 percent CI 89.2-95.2 percent) were quite high. Generally, most of the women were satisfied with MHC services (89.7 percent), staff attitude (85.1 percent), waiting time (84.1 percent) and cost of services (79.5 percent). The study showed high level of satisfaction with quality of maternal health services among ante-natal attendees and highlighted the need to strengthen interventions that increase uptake of formal MHC services. *Jan et al. (2015)* found that 37 percent PHCs were located within 3 Kms from centre of village. Only 7 PHCs were providing 24x7 services, ante-natal check up services were provided at all PHCs, whereas medical termination of pregnancy services were provided at only 3 PHCs and recommended that the services should be enhanced through good manpower & infrastructure. *Sodani and Sharma (2016)* depicted that services such as 24 hour emergency services, primary management of fractures, surgery of cataract, Medical Termination of Pregnancy (MTP) services, management of low birth weight babies, facility for tubectomy and vasectomy, and facility for internal examination for gynecological conditions were poor at PHCs of the districts studied, which need to be addressed for further strengthening of primary health centers. *Balde et al. (2017)* explored the perceptions and experiences of mistreatment during childbirth, from the perspectives of women and service providers, and the analysis presented the findings according to a typology of mistreatment during childbirth. Participants described their own personal experiences, experiences of women in their communities and perceptions regarding mistreatment during childbirth. Poor physical conditions of health facilities and health workforce constraints contributed to experiences of mistreatment. It was suggested that the data should be used by the Ministry of Health and other stakeholders to develop strategies to reduce and prevent the mistreatment of women during childbirth.

Problem Statement

The foregoing review of literature and other articles reviewed which could not be cited here reveals that no concerted efforts were made to analyze the services delivered to females by health centres in the state of Haryana, therefore present study is undertaken to fill the gap in the existing literature. The present study will be useful to health department, policy makers and doctors to know the patients perception towards services delivered to females in the primary health care institutions of

Vol. 7 Issue 5, May- 2017,
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Haryana. It will also assist in creating awareness among the patients, which in turn help the rural community to avail the services from the primary health care institutions.

Research Objective

To analyze the female patients' perception towards the services delivered to them by health centres covering Palwal and Mahendragarh districts of Gurgoan division, and Hisar and Bhiwani districts of Hisar division of state of Haryana.

Research Hypothesis

There is no significant difference among the female respondents (patients) viewpoint towards the services in the health centres.

Sample Profile

The population for the present study is the Primary Health Care Sector of Haryana. At the first stage, state of Haryana is divided into various divisions and 2 divisions *i.e.* Gurgoan and Hisar are selected for the purpose of the study. At the second stage, divisions are divided into various districts and 4 districts *i.e.* Palwal and Mahendragarh from Gurgoan division, and Hisar and Bhiwani from Hisar division are selected. Finally, a sample of 77 female patients' *i.e.* 20 each from Palwal and Mahendragarh districts, 13 from Bhiwani and 24 from Hisar districts are selected on the basis of judgement sampling from CHCs, PHCs and SCs. Out of 77 respondents, 7 are having the age of up-to 20 years, 12 are between the age of 21 - 25 years, 11 are between the age of 26 - 30 years, 7 are between the age of 31 - 35 years, 10 are between the age of 36 - 40 years, 6 are between the age of 41 - 45 years, 6 are between the age of 46 - 50 years and 18 are having the age of above 50 years.

Data Collection

The present study is of exploratory-cum-descriptive in nature. Accordingly, the primary as well as secondary data were used. The primary data were collected with the help of pre-tested structured questionnaire on five point Likert scale *i.e.* Strongly Disagree (SD), Disagree (D), Neutral (N), Agree (A) and Strongly Agree (SA). Besides questionnaire, interviews and discussion techniques were also used to unveil the required information. On the other hand, the secondary data were collected mainly from Ministry of Health and Family Welfare publications such as IPHS Guidelines for CHCs, PHCs and SCs, and e-journals were also referred to.

Data Analysis

The collected data were analyzed through various descriptive and confirmatory statistical techniques like frequency distribution, percentage, mean and standard deviation. For coding and editing the data, weights were assigned in order of importance *i.e.* 5 to Strongly Agree (SA), 4 to Agree (A), 3 to Neutral (N), 2 to Disagree (D) and 1 to Strongly Disagree (SD). The collected data were analyzed with the help of SPSS (20.0 Version). Further ANOVA technique was used to test the hypothesis and validate the results.

Vol. 7 Issue 5, May- 2017,
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RESULTS AND DISCUSSION

The analysis of female patients' perception towards the services delivered to them by the health centres is given in Table 1 and Table 2.

Medical Termination of Pregnancy

Majority of the respondents *i.e.* 95 percent in case of Palwal, 92.3 percent in case of Bhiwani, 70.8 percent in case of Hisar and 90 percent in case of Mahendragarh disagree that medical termination of pregnancy service is delivered to females by the health centres. Comparatively, Hisar is given the 1st rank (Mean=2.33, SD=1.17), followed by Bhiwani (Mean=2.15, SD=0.55), Mahendragarh (Mean=2.00, SD=0.79) and Palwal (Mean=1.75, SD=0.72) in terms of delivery of medical termination of pregnancy service.

Maternal and Child Health Care

Most of the respondents *i.e.* 95 percent in case of Palwal, 69.2 percent in case of Bhiwani, 79.2 percent in case of Hisar and 90 percent in case of Mahendragarh agree that maternal and child health care services are delivered to females. Comparatively, Mahendragarh is given the 1st rank (Mean=4.10, SD=0.55), followed by Palwal (Mean=4.05, SD=0.39), Hisar (Mean=3.79, SD=0.41) and Bhiwani (Mean=3.77, SD=0.60) in terms of delivery of maternal and child health care services.

Post-natal Care

Majority of the respondents *i.e.* 95 percent in case of Palwal and 61.5 percent in case of Bhiwani, 66.7 percent in case of Hisar and 85 percent in case of Mahendragarh agree that post-natal care services are provided to females. Comparatively, Palwal is given the 1st rank (Mean=4.00, SD=0.32), followed by Mahendragarh (Mean=4.00, SD=0.56), Bhiwani (Mean=3.69, SD=0.63) and Hisar (Mean=3.63, SD=0.77) in terms of delivery of post-natal care services.

Statistically, age-wise and district-wise ANOVA results show that there is no significant difference among the respondents (patients) viewpoint towards the services delivered to females by the health centres; therefore the null hypothesis is accepted.

Conclusions and Policy Implications

It is concluded that the maternal and child health care is the main service delivered to females, followed by post-natal care in case of Palwal, Bhiwani, Hisar and Mahendragarh. Overall, maternal and child health care services are given the Ist rank by the female patients, followed by post-natal care in health centres. It is recommended that more female doctors should be deployed at the health centres as most of the patients prefer to get treatment from female doctors only. Proper security measures are needed at health centres for providing 24x7 services especially for the female doctors and ANMs working in the delivery huts. The adequate quantity of drugs and equipments should be made available in the delivery huts to provide better health services to the pregnant women. Separate labour room, examination room and waiting area should be made available in the SCs as most of the SCs are running in a single room due to which female patients are not able to have privacy.

Limitations and Scope of Further Research

The present study is confined to the analysis of services delivered to female patients in four districts of two divisions of primary health care institutions of Haryana, which may be extended to other

states. The specific objectives taken for the study includes the patients' perception towards services delivered to female patients at health centres, while the same may be extended by taking into consideration other aspects of primary health care like reproductive tract infection, mental health, exploring the causal relationship between practices, quality of care and patient outcomes, and performance of primary health care services in decentralized government, *etc.* The sample size may be extended to a larger number for proper generalization of the results. Other statistical techniques such as chi-square, factor analysis, *etc*. may be used to validate the results.

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Other Related Links

www.mohfw.nic.in
www.nrhm-mis.nic.in
www.karnataka.gov.in

Table 1: Frequency Distribution of Services to Females

S. No.	Statements	N/P	Palwal					Bhiwani					Hisar					Mahendragarh				
			SA	A	N	D	SD	SA	A	N	D	SD	SA	A	N	D	SD	SA	A	N	D	SD
1.	Medical termination of pregnancy	N	0	1	0	12	7	0	1	0	12	0	0	7	0	11	6	0	2	0	14	4
		P	0	5	0	60	35	0	7.7	0	92.3	0	0	29.2	0	45.8	25	0	10	0	70	20
2.	Maternal and child health care	N	2	17	1	0	0	1	8	4	0	0	0	19	5	0	0	4	14	2	0	0
		P	10	85	5	0	0	7.7	61.5	30.8	0	0	0	79.2	20.8	0	0	20	70	10	0	0
3.	Post-natal care	N	1	18	1	0	0	1	7	5	0	0	1	15	7	0	1	3	14	3	0	0
		P	5	90	5	0	0	7.7	53.8	38.5	0	0	4.2	62.5	29.2	0	4.2	15	70	15	0	0

Source: Survey, **Note: N=**No. of Respondents, **P=P**ercent

Table 2: Descriptive and Confirmatory Statistics of Services to Females

S. No.	Statements	Palwal			Bhiwani			Hisar			Mahendragarh			Total			Age		Districts	
		N	$\bar{x}$	σ	N	$\bar{x}$	σ	N	$\bar{x}$	σ	N	$\bar{x}$	σ	N	$\bar{x}$	σ	ANOVA (df=7, 69)		ANOVA (df=3, 73)	
																	F	Sig.	F	Sig.
1.	Medical termination of pregnancy	20	1.75	0.72	13	2.15	0.55	24	2.33	1.17	20	2.0	0.79	77	4.45	1.72	0.97	0.462	1.67	0.181
2.	Maternal and child health care	20	4.05	0.39	13	3.77	0.60	24	3.79	0.41	20	4.1	0.55	77	5.01	1.09	0.93	0.488	2.37	0.077
3.	Post-natal care	20	4.00	0.32	13	3.69	0.63	24	3.63	0.77	20	4.0	0.56	77	4.96	1.17	0.87	0.532	2.22	0.093

Source: Survey, **N**=No. of Respondents, * = Significant at 5 percent level, df=Degree of Freedom