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CLIENT'S PERSPECTIVE ON OBSTETRIC CARE RECEIVED AT 24X7 PRIMARY HEALTH CENTERS OF A DISTRICT LOCATED IN WESTERN INDIA

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ABSTRACT

Objective: The present study was conducted to assess the client's perspective on obstetric care received at 24x7 Primary Health Centers (PHCs) of a district located in western India.

Methods: This is a community based cross- sectional study carried out amongst mothers who delivered at 24X7 PHCs of a district. 36 mothers, three from each of the selected PHCs, who had delivered most recently or within 15 days of the visit, were interviewed using a pre-tested instrument.

Results: Easy accessibility and good facilities were the main reasons for availing the services. Most of the mothers (89%) were satisfied with the behavior of the staff, cleanliness at PHC (92%) and obstetric care services (87%). Only 14% were kept indoor for more than 24 hours after a normal delivery.

Conclusions: Overall the clients were satisfied with the obstetric care received at 24X7 PHCs. However, post-natal stay needs to be extended to at least 48hrs.

INTRODUCTION

Maternal Mortality remains a major challenge, when we focus on development indicators in reproductive health. Of the global burden of Maternal Mortality, South-East Asia Region (SEAR) alone accounts for 33 % of the toll. India contributes highest number of maternal deaths among the countries in SEAR. [1] Maternal Mortality Ratio (MMR) for India is estimated to be 212 per one hundred thousand live births, which is high, compared to the other neighboring countries. [2]

Research all over the world has suggested that one of the major solutions to this problem is availability of Emergency Obstetric Care services within the reach of people. [3] In line with this in India, under the National Rural Health Mission (NRHM), 24x7 Primary Health Centers **(**PHCs) have been operationalized. [4] As PHCs are in fact, the point of "first referral" for the rural community, such round the clock service provision would help in increasing the percentage of institutional deliveries substantially and thus help in the reduction of maternal mortality. The goal set under NRHM was to operationalize 50% of the PHCs as 24 x7 by 2010. In the district studied, out of the 76 PHCs, 31 (40.78%) are running as 24x7 PHC up till 2011. [5] Any concept of quality maternal health services is incomplete without taking the perspective of the mother herself. The policymakers have now agreed upon the fact that the mother availing these services is an important stakeholder and her needs and views can no longer be ignored. This is how the journey has taken place in family welfare program of India i.e. from a '*Poor Beneficiary*' they have come up to be addressed as '*Respected Clients*'. Thus, it becomes important to look into the *client's perspective* on the obstetric care at PHCs.

Ironically, in the history of the public health programmes in India the focus on the client perspective has been largely ignored. It was in the nineties that this issue gained momentum and a wide recognition. Under NRHM, now we are envisaging a client oriented provision of services. [4] A policy document by the Ministry of Health and Family Welfare has also emphasized the client-centered provision of services. [6] Thus in this emerging enabling environment of client centered service provision, we need to address the *client's perspective* on obstetric care at PHCs as well, for, a satisfied client would be an important essentiality for sustaining institutional deliveries.

There is scarcity of available information on client satisfaction with obstetric care, especially at primary health centers in India. Therefore, the present study was conducted with the objective; to assess the client's perspective on obstetric care received at 24x7 PHCs of a district located in western India.

MATERIALS AND METHODS

Study Area: 24x7 PHCs of a district located in Gujarat, a state of western India. The total population of the district constitutes around seven percent of the total population of Gujarat State and its rural population is 54.8%.

Study Design and Period: The present study was a community-based cross-sectional study conducted between May 2010 and November 2010.

Sampling: The District has a total of 76 PHCs (48 Rural and 28 Tribal PHCs) distributed amongst 12 Blocks (eight Rural

and four Tribals). Of these, 29 PHCs are functioning as 24X7 PHCs (19 Rural and ten Tribal). The Block wise list of the 24x7 PHCs for the year 2010 was obtained from the District Health Office after approaching the officer in charge and seeking his permission to conduct the study. One 24X7 PHC, from each block, was randomly selected for the study. Hence a total of 12 (24X7) PHCs were included in the study sample.

The methodology involved two stage sampling. At first stage, one 24x7 PHC was randomly selected from each block. At stage two, mothers who delivered at these facilities were selected from PHC's record. The Medical Officer of the PHC was informed about the study before making a visit. A list of the mothers who had recently delivered at the PHC was obtained from the delivery register. From this list three mothers who had delivered most recently or within 15 days of the visit, whichever occurred early were selected. The interview was conducted at the clients' residence. The family members were also allowed to participate in the interview wherever deemed necessary. Each interview lasted for about 15 minutes. At most of the PHCs the mothers delivered during the fortnight before visit could be traced at home and interviewed. Thus, the total sample size constituted of 36 mothers.

Study tools: A semi-structured and pre-tested study questionnaire translated in vernacular language (Gujarati) was used for this study. This was based on the Client Oriented Provider - Efficient Services (COPE). COPE includes questionnaire on emergency obstetric care, registers and records review, client flow analysis, brief case review guidelines to measure the process and client/family interview for output analysis of Quality of Care. We assessed the client's perspective on obstetric care received at 24x7 PHCs using client interview questionnaire. Necessary modifications were made while adopting the COPE client interview questionnaire. [7] This questionnaire included questions on; problem for which facility was availed, mode of transport, waiting period, medicines and supplies, information on when to return, privacy, behavior of staff, cleanliness, overall satisfaction, suggestions for improvement etc. The majority of questions asked were open-ended and a few were closed ended (yes/no).

Ethical Issues: The mothers interviewed in the study were explained about the purpose of the study and a verbal consent was taken before starting the interview.

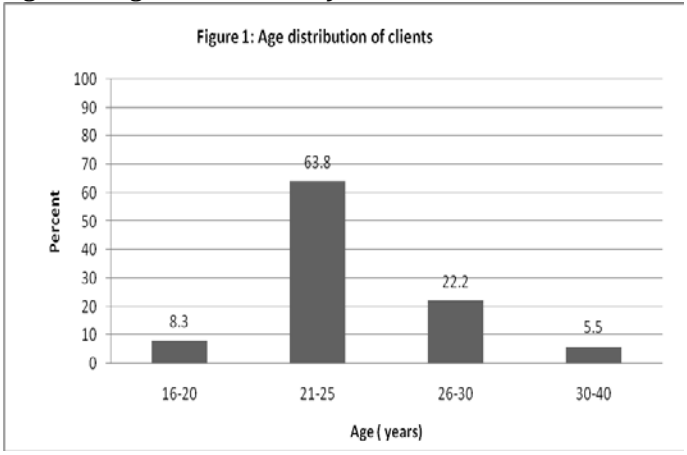
Data Entry and Analysis: The data was entered into computer using Microsoft Excel 2007 on the same day and analyzed for various frequencies (percentage) and themes that emerged.

Limitation: Generalization of the study result is limited to study population and not to other PHCs due to prevailing geographical, socio-economical and cultural variations.

RESULTS AND DISCUSSION

The study was conducted with the objective: to assess mothers about their satisfaction with the obstetric care received at the 24x7 PHC. None of the 36 mothers interviewed complained of any apparent obstetric problem at the time of interview although this was not the objective of the study. The outcome of pregnancy in all of them was live birth and nine neonates (2 males and 7 females) were born with low birth weight. Out of the 36 mothers studied, 94.4% of them were Hindu and the rest were Muslim. As shown in Figure 1 majority (86%) of the mothers were in the age group 21-30 years.

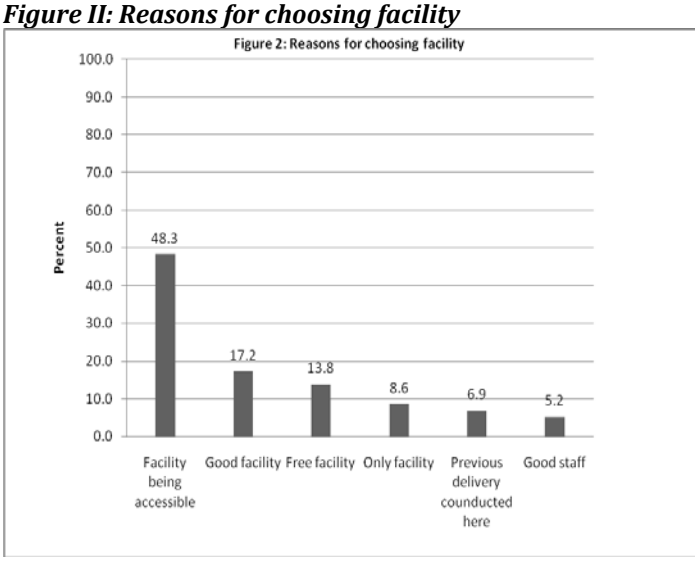
Figure 1: Age distribution of clients



A quarter of the mothers were illiterate while more than half were educated up to primary level. None of the participant mothers were educated beyond higher secondary level. For one third of the clients this was the first delivery while for another one third it was the second one.

Reasons for choosing the facility: When the mothers were inquired about the reason for choosing the 24x7 PHC for delivery services; easy accessibility was the main reason cited by almost half of them. Other reasons cited by rest of them were availability of good facilities, the service being free of cost, the chosen PHC being the one and only government facility in the area, prior utilization of the same facility for health services and good behaviour of staff (Figure II).

Figure II: Reasons for choosing facility



Sodani et al., studied "Patient satisfaction to improve quality of care at public health facilities of Madhya Pradesh in India" and they also found that the major reasons of choosing the public health facility were inexpensiveness, infrastructure and proximity of health facility. [8] A study conducted on "Use of primary care facilities for childbirth in rural Tanzania" by Kruk et al., also showed easy accessibility as the main reason for choosing delivery facility. [9]

Transport used for Obstetric Care: Delay in reaching a health facility is one of "the three delays" in availing Emergency Obstetric Care. Indirectly, transportation affects other two delays that is, decision to seek care and delay in receiving adequate care. In the Indian context the referral

system assumes much more importance because of poor quality roads in rural, tribal and remote areas, lack of proper public transport facility and associated high cost for private transport. Here, we asked the clients about the type of transport facility they used to reach the PHC.

Half of the mothers used 108 ambulance services to reach the facility, while 28 % of them were residing near the facility, so they reached there walking (Table 1).

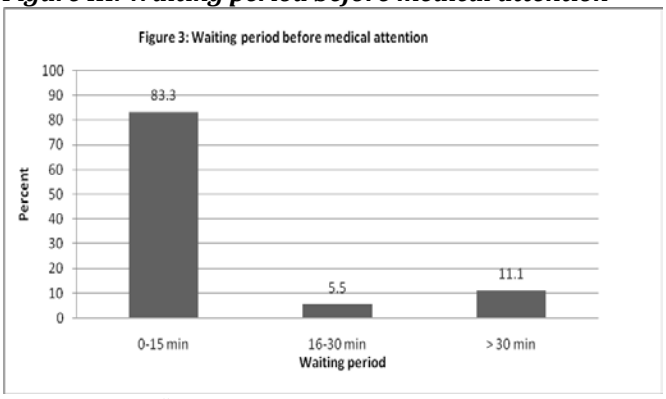
Table 1: Transport facility used to reach the PHC

Transport Facility	*N=36*	*Percentage*
108 service(Emergency Response Government Ambulance)	17	47.2
Walking	10	27.8
Auto Rickshaw	5	13.9
Private Vehicle	4	11.1

1-0-8 Emergency Response Service is a 24X7 emergency service for medical, police and fire emergencies. This is a toll free number accessible from landline or mobile. Emergency help usually reaches within an average of 18 minutes.

Waiting period before consultation: The waiting time depends on patient load and availability of attending staff. We found that waiting period before consulting Doctor/Nurse was less than 15 minutes in most (83%) of the cases. This suggests the promptness and efficiency of the service delivery at the facility (Figure III).

Figure III: Waiting period before medical attention



In a study on "Client Satisfaction in Rural India for Primary Health Care" conducted by Rashmi et al., 80% of the clients were satisfied with the waiting time and the rest had to wait for more than 2-3 hours to be attended during delivery. [10]

Communication between Service Providers and the Clients: Communication between the service providers, particularly the doctor and the patient is a critical component of quality of care. The ease of communication, which includes the client being able to ask questions and the doctor responding to the same, paves the way for effective service provision. We found 89 % of the mothers saying that, they were adequately explained about the procedure before examination. Majority of the clients also expressed that their queries were answered satisfactorily by the staff. All the required medicines were available at all 24x7 PHCs where clients delivered.

It was also noted that, 61.1% mothers delivered during day time (8:00 am to 7:59 pm), while 38.8% of them delivered during night time (8:00 pm to 7:59 am). This finding points to the fact that service provision was not much affected even when the delivery took place during the night time as trained nurses were on duty all the time.

Post delivery stay of 64% mothers at the facility was less than 12 hrs. Only 14% stayed for more than 24 hrs (maximum stay being 48 hrs) (Table II).

Table II: Post delivery stay at facility

Post delivery stay at facility
0 to 6 hrs
7 to 12 hrs
13 to 24 hrs
25 to 48 hrs

Privacy: Ensuring privacy is an essential component of client's rights. With regard to privacy being maintained at the place of examination, 100% clients reported the maintenance of privacy at the place of examination. Satisfaction on privacy was found among women in 86.75% cases in the study conducted by Das et al., on "Client satisfaction on maternal and child health services in rural Bengal". [11]

Family member allowed to stay during labour: The Mother-Friendly Childbirth Initiative recommends that a birth center should offer the mother an unrestricted access to the birth companion of her choice including father, partners, children, family members and friends. [12] In this study for around half of the clients' family member was allowed to stay with them during labour.

Behaviour of the Staff: The clients found the behaviour of the staff to be good in majority (88.9%) of the cases and neutral for the remaining. Not a single client reported negative behaviour like arrogance, rudeness or negligence by any of the staff members, right from the doctors and nurses to the other staff members. Similarly, a study (unpublished) conducted by Kantharia et al., on "Assessment of Quality Assurance Programme in Gujarat State" shows that 98% clients perceived the behaviour of the doctor as either polite or courteous. While a study conducted by Moawed et al., on "Identification of factors associated with maternal satisfaction with primary health care center in Riyadh City" shows 85% of mothers were satisfied with behavior of staff members. [13]

Cleanliness at the facility: It is to state the obvious, that cleanliness of the health facility is important not only to facilitate the process of recovery through an aseptic environment but also necessary to ensure the overall well being of the patients and their relatives attending to them. Majority (91%) of the respondents stated that there was overall cleanliness at the facilities while a study conducted by Senarath et al., on "Client satisfaction with perinatal care in Sri Lanka" found that the mothers' satisfaction with cleanliness in the ward was around 70%. [14] Likewise, study by Moawed et al., in Riyadh City, Saudi Arabia showed that 16% of clients were fully and 77% were partially satisfied with cleanliness in the ward. [13]

Overall satisfaction level of the Clients: Eighty-six percent **(**86%) clients expressed complete satisfaction and 14% were partially satisfied with their stay and treatment at the facility. In a study on "Client Satisfaction in Rural India for Primary Health Care" conducted by Rashmi et al., showed that 100% mothers were satisfied with delivery services. [10] All these patients further stated that they would come to this facility again and that they would also recommend this facility to others. While a study by Bazant et al., on "Women's satisfaction with delivery care in Nairobi's informal settlements" showed 68% of mothers were very likely to recommend this facility to family and friends and 67% of the mothers were very likely to come to the Government Health facility again for delivery services. [15]

Suggestions for facility improvement: Suggestions from the clients are most important because they are the actual

beneficiaries. This also gives us an opportunity to provide services as per the needs of the clients. Some of the suggestions from respondents for improvement were; round the clock availability of a doctor preferably, adequate supply of pads after delivery and provision of basic facilities like water supply.

CONCLUSIONS AND RECOMMENDATIONS

To conclude, easy accessibility and good facilities were the main reasons for availing the services of the 24x7 PHCs. Majority (91%) of the respondents were satisfied with the cleanliness at the facilities. Waiting period before consulting Doctor/Nurse was less than 15 minutes in most of (83%) the cases. This suggests the promptness and efficiency of the service delivery at the facility. Overall the clients were satisfied with the obstetric care received at 24x7 PHCs but they still felt that availability of the health staff preferably a doctor 24 hrs a day should be ensured. In two third of the clients post delivery stay was less than 12 hrs. From the findings of the study we suggest that, postnatal stay at the facility should be for at least 48 hrs, although this was not the felt need of the clients studied. This stay can be extended by the health staff by motivating the clients through ante-natal period. This could help in providing quality care to the mother and child and avoid postnatal complications. However, there is a need for further study with larger sample size covering other geographical areas.

REFERENCES

[1]. World Health Organization.[2005] Improving Maternal, Newborn and Child Health in the South-East Asia Region. South East Asia Regional Office, New Delhi.

[2]. Sample Registration System, Office of Registrar General of India. [2007-09] Special bulletin on maternal mortility in India .

[3]. UNFPA, AMDD Program. [2001] Course 6: Reducing Maternal Deaths: Selecting Priorities, Tracking Progress..

[4]. Government of India, Ministry of Health and Family Welfare. [2005] National Rural Health Mission (2005-2012), Mission Document. New Delhi.

[5]. 24x7 PHC Gujarat, latest.pdf. Available from www.mohfw.nic.in/NRHM/Documents/24x7_PHC_Gujarat_latest.pdf.

[6]. Ministry of Health and Family Welfare, Government of India. [2002] National Health Policy.

[7]. Engender Health. Quality Improvement for Emergency Obstetric Care Toolbook [2003]- An Adaptation of COPE.

[8]. Sodani PR, Kumar RK, Srivastava J et al.[[2010] Measuring patient satisfaction: A case study to improve quality of care at public health facilities. Indian J Community Medicine;35(1):52-6.

[9]. Kruk ME, Mbaruku G, McCord CW et al. [2009] Bypassing primary care facilities for childbirth: a population-based study in rural Tanzania. Health Policy and Planning;24:279-88.

[10]. Rashmi, Vijaykumar B . [2010] Client Satisfaction in Rural India for Primary Health Care – A Tool for Quality Assessment. Al Ameen Journal of Medical Sciences. [Original Article];3(2):109-14.

[11]. Das P, Basu M, Tikadar T et al.[2010] Client satisfaction on maternal and child health services in rural Bengal. Indian J Community Medicine;35(4):478-81.

[12]. Coalition for Improving Maternity Services (CIMS) 1996. The mother friendly childbirth initiative; Available from: www.motherfriendly.org

[13]. Moawed SAA, Gemeay EM, Alshami N. Identification of factors associated with maternal satisfaction with primary health care center in Riyadh City. [31-01-2011]; Available from: http://king-saud.academia.edu/EsmatGemeay/Papers/231752/Identification of factors associated with maternal satisfaction with primary health care center in Riyadh City.

[14]. Senarath U, Fernando DN, Rodrigo I .[2006] Factors determining client satisfaction with hospital-based perinatal care in Sri Lanka. Tropical Medicine and International Health;11(9):1442–51.

[15]. Bazant SE, Koenig AM .[2009]. Women's satisfaction with delivery care in Nairobi's informal settlements. International Journal for Quality in Health Care;21(2):79-86.