

A Comparative Study to assess the Health seeking behavior and Level of Satisfaction of Reproductive and Child Health (RCH) Services among Working and Non-working Women in Reproductive age group of Selected Community of Delhi

Manjari Nandwani¹, Somibala Thokchom², Jahanara Rehmen³

¹Obstetrical and Gynaecological Nursing Department/Jamia Hamdard University, India

²Tutor, Rufaida College of Nursing, Jamia Hamdard University, India

³Tutor, Rufaida college of Nursing, Jamia Hamdard University, India

Abstract: *A comparative study was conducted to assess and compare the health seeking behavior and level of satisfaction of reproductive and child health (RCH) services among working and non-working women in reproductive age group in Sangham Vihar, Delhi. The findings reveals that in the working women majority of women is having average health seeking behavior followed by good health seeking behavior and poor health seeking behavior. In case of non-working women majority of women is having average health seeking behavior followed by poor health seeking behavior and good health seeking behavior. It implies that health seeking behavior of working women is better than non-working women. Unpaired "t" test was used to find the significance of difference of the means which is found to be statistically significant as it is more than table value at 0.05 level of significance. The data reveals that more number of working women is satisfied with the RCH services than non-working women. Unpaired "t" test was used to find the significance of difference of the means of working and non-working which shows that level of satisfaction is more in working women, which was found to be statistically significant as p value is more than table value.*

Keywords: Health Seeking Behavior, Level of Satisfaction, Reproductive and Child Health Services, Working Women, Non-working Women

1. Introduction

Mothers, newborn and children represent the wellbeing of society. The children and the women of child bearing age contribute to 70% of the total population and are vulnerable group of the population. They have special health needs different from others, which need to be accomplished. The ultimate goal of the government is to improve the health and well-being of women, infants, children, and families. The protection of the health of the expecting mother and her child is of prime importance for building of a sound and healthy nation. Improving the well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation and can help to predict future public health challenges for families, communities, and the health care system. The objectives of the Maternal, Infant, and Child Health services are to address the wide range of conditions, and improve them. Health behaviors and health systems indicators are the main tools to study to assess the health, wellness, and quality of life of women, children, and families. Increasingly, across the globe, there is emphasis on establishing the 'continuum of care', which includes integrated service delivery in various life stages including the adolescence, pre-pregnancy, childbirth and postnatal period, childhood and through reproductive age. In addition, services should be available at all levels: in homes and communities, through outpatient services and hospitals with 'inpatient' facilities. This approach is based on the sound premise that health of an

individual across the life stages is interlinked. One of the key concerns for us is the number of maternal deaths, which we know can be reduced by bringing down the numbers of unintended pregnancies. This requires increased contraceptive use and in effect, the maternal health and family planning service packages to be linked in terms of service delivery. This integrated approach has been further elaborated in this document, with due emphasis on adolescence as a significant phase of life and referral linkages between community and facility based services. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children.

2. Review of Literature

Babalola S, Fatusi A. did a survey research in Nigeria to determine the factors associated with the use of RCH services in year 2009. Among 2148 women who had a baby during the five years preceding the survey. In view of the nested nature of the data, they used multilevel analytic methods and assessed state-level random effects. The Results shows that Approximately three-fifths (60.3%) of the mothers used antenatal services at least once during their most recent pregnancy, while 43.5% had skilled attendants at delivery and 41.2% received postnatal care. There are commonalities and differences in the predictors of the three indicators of maternal health service utilization. Education is the only individual-level variable that is consistently a

significant predictor of service utilization, while socio-economic level is a consistent significant predictor at the household level. At the community level, urban residence and community media saturation are consistently strong predictors. In contrast, some factors are significant in predicting one or more of the indicators of use but not for all. These inconsistent predictors include some individual level variables (the woman's age at the birth of the last child, ethnicity, the notion of ideal family size, and approval of family planning), a community-level variable (prevalence of the small family norm in the community), and a state-level variable (ratio of PHC to the population).

Khanam N., Syed Z.Q., Wagh V. did a longitudinal study, to assess the patient satisfaction on maternal and child health services in the rural area of Wardha District from a time period of June 2007 to September 2009. The sample size of the study were comprising of 205 women i.e. registered women of more than 16 weeks of gestation, they were given 8 visits by investigator. Outcome variable of the study were socio-demographic profile, selective obstetrical history and maternal and child health services. Data was collected based on performed questionnaires, a modification of PHCMAP module guidelines for assessing the quality of Service-module 6-user's guide. The response of each service during entire visit was quantified as acceptable (ACQ), average and worst (WQ). Results of the study shows that Patient satisfaction or ACQ of ANC services was 51.49% and PNC services was only 22.64%, only 18.53% participants received counseling for hospital delivery in all the five visits. WQ observed for history of consanguineous marriage 50.24%, height measurement 47.31% and breast examination 91.21% during ANC. Among all the services of PNC, counseling for immunization of baby was highest but 40.97%. It was observed WQ for weight recording 42.43% and counseling for birth registration 76.09% during PNC.

3. Materials and Methods

The study was conducted in National Capital Territory of Delhi. There are 11 districts in Delhi out of which Sangam Vihar in South Delhi is selected conveniently. In present study, a descriptive comparative design is adopted in order to achieve the objectives. In this study population comprised of women of reproductive age group i.e. 15-45 years of age. The sample comprised of 100 women's (50 working and, 50 Non-working) of reproductive age group of selected community of Delhi. The structured interview schedule was used as a tool which consists of Demographic Profile of women which contained 11 items, Health seeking behaviour of women towards RCH services. It consists of 21 items. Based on the scores obtained a range was created to divide the health seeking behavior of the women into good health seeking behavior average health seeking behavior and poor health seeking behaviour. Tool 2 of women satisfaction scale was scored on a five point rating scale ranging from 1 to 5. For each item in the satisfaction scale, score of 1 was given if the woman was highly dissatisfied and a score of 5 is given if the women are highly satisfied. Based on the scores obtained a range was created to divide the level of satisfaction of the women towards RCH services into highly satisfied, satisfied and dissatisfied. After obtaining validity and administrative approval try out of the tool was done to

check the clarity and practicality of the tool. The tool was tried out on 10 subjects. It was found that the tool were clear, unambiguous feasible and practicable to the population under study. Formal administrative permission was obtained for conducting pilot study from Pragati Vihar Hostel, South Delhi. Pilot study was conducted on five working and five non-working women were selected who were present at the time of data collection and met the inclusion criteria were taken as study subjects after taking informed consent and the women. The health seeking behavior and level of satisfaction of both working and non-working were assessed and compared and were found to be significantly different. Reliability of the Structured interview schedule was worked out by KR 20 and was found to be $r = .81$, Cronbach's Alpha for satisfaction scale and $r = .84$ which is highly reliable. A Final study was conducted after approval from the Institutional Review Board, Jamia Hamdard. Participants in this study were working and non-working women of reproductive age group of Sangam Vihar, Delhi. Women were eligible for participation if they were married and of the age group of 15-49 years and having at least one child.

4. Results

For analysis and interpretation of the data descriptive and inferential statistics were used. Data analyzed for statistical significance. Mean, Median, Standard Deviation, Mean Difference, Standard error of Mean Difference were calculated and unpaired 't' test was used to find significance of mean difference in the health seeking behavior towards RCH services among working and-non working women of reproductive age group. The Fisher's exact test was used to find the association between health seeking behavior by working and non-women and demographic variables (age, educational qualification, husband's educational qualification, occupation, and husband's occupation). Mean, Median, Standard Deviation, Mean Difference, Standard Error of Mean Difference and unpaired 't' test was used to find the significance of Mean difference between satisfaction scores of working and non-working women. Among working women majority of women 22 out of 50 i.e. (44%) were in the age group of 26-35 years. In case of non-working women majority of women 22 out of 50 i.e. (44%) were in the age group of 26-35 years. In educational qualification among working women majority women i.e. 33 out of 50 (66%) are having graduate and above education, while in non-working women majority of women i.e. 19 out of 50 (38%) having primary education. In Husband's education qualification in working women majority of them i.e. 38 out of 50 (76%) are graduate and education and in non-working women majority of them i.e. 20 (40%) are graduate and above education. In case of occupation majority of working women i.e. 23 out of 50 are having private job. In case of family monthly income in working women majority of them i.e. 34 out of 50 (68%) is having income above than Rs-30,000. In case of non-working women majority of them 25 (50%) are having income Rs5000-15000.

Table 1: Frequency and percentage of working and non-working women as per health seeking behavior rendered by them
 $n_1+n_2=100$

S. No.	Categories of Health seeking behavior	Working women		Non-working women	
		Frequency	Percentage	Frequency	Percentage
1	Good	13	26%	6	12%
2	Average	32	64%	31	62%
3	Poor	5	10%	13	26%

Table 2: Mean, Median, Standard Deviation, Mean Difference, Standard error of Mean Difference and 't' value for significance of Mean difference between health seeking behavior of working and non-working women.
 $n_1+n_2=100$

Group	Mean	Median	Standard deviation (SD)	Mean difference	SE _{MD}	Degree of Freedom	't'
Working women	14.78	15	2.57	3.10	0.67	98	4.6*
Non-Working Women	11.68	13	3.97				

*Significant at 0.05 level of significance as $t_{(98)} = 1.98$

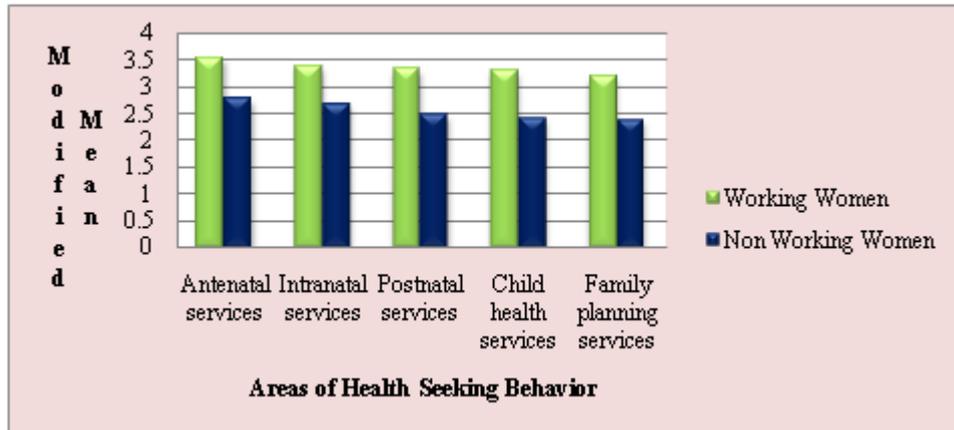


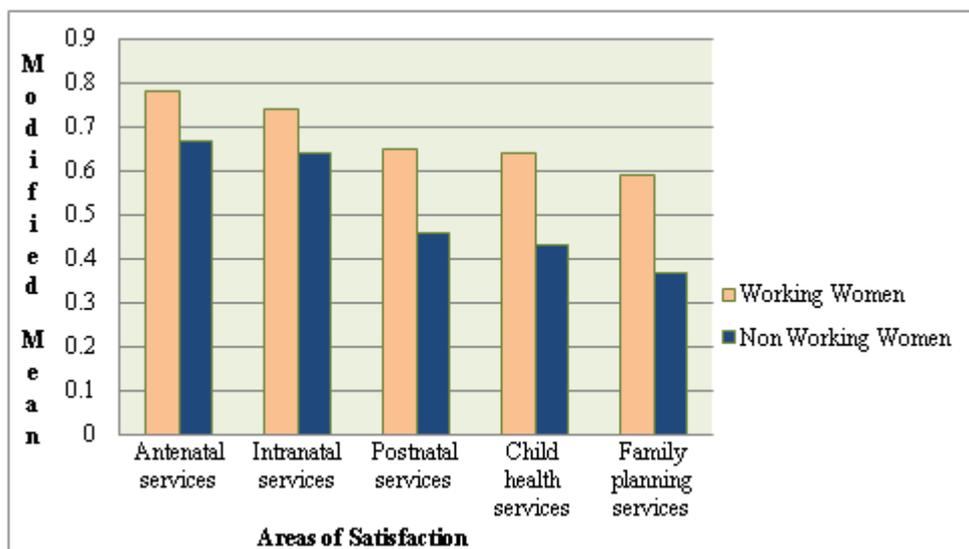
Figure 5: Bar diagrams showing health seeking behavior of different sections of working and non-working women

In working and non-working women, the Fisher's exact test was used to find the association between health seeking behavior by working women and demographic variables (age, educational qualification, husband's educational qualification, occupation, and husband's occupation). No significant association was found between the between health seeking behavior by women and their age, educational qualification, husband's educational qualification, occupation, husband's occupation as the calculated values is more than P-value at 0.05 level of significance.

Table: 3 Frequency and distribution of working and non-working women by their level of satisfaction.

$n_1+n_2=100$

S.No.	Categories of satisfaction	Working women		Non-working women	
		Frequency	Percentage	Frequency	Percentage
1	Highly satisfied	9	18%	8	16%
2	Satisfied	35	70%	35	70%
3	Dissatisfied	6	12%	7	14%



Bar diagram showing level of satisfaction of different sections of working and non-working women.

5. Discussion

In present study, majority of working women delivered at private hospital followed by delivered at government hospital, PHC and CHC. While in non-working women 52% delivered at private hospital and 42% delivered at government hospital 2% at PHC and 4% delivered at home. The study supported for this was conducted by, Prakash V. Kotecha, Sangita V. Patel, Shah S., et al, did a longitudinal qualitative study to assess the health seeking patterns of women for Antenatal care during pregnancy. Results show that around 87% of the women were registered in Anganwadi. More than half of the women were registered by the end of first trimester. Most of them preferred to go in Private hospitals. Almost all women (97%) used to go for Antenatal Care for their baby's good health and safe delivery. Majority preferred Private Hospital for delivery. Only few (8%) went for home delivery. Around 2/3rd of women had their Postnatal Check up (PNC) done. In present study 86% of women has consumed IFA tablets during pregnancy and 100% of women had received TT injections out of them 70% of them have received two doses of TT injection and 30% of them have received one dose of TT injection and 80% of women have consumed calcium tablets. While in case of non-working women 80% of women have consumed IFA tablets and 100% have received TT injection and out of which 65% have received two doses of TT injection while 35% of them have received one dose of TT injection and 77% of women have consumed calcium tablet. This is supported by a study conducted by Sumithra S. to assess the utilization and satisfaction of RCH services provided by government and private hospitals in Ernakulam district of Kerala among 92 women. The use of private hospital for delivery increased with education. Younger women used equally both the private and government hospitals. Overall government hospital was preferred over private. Antenatal practices were very good with 99% of the women having visited a doctor at least 3 times during pregnancy and women who received TT injections (99%) and IFA tablets (98%) respectively were also very good. more housewives used Government services as compared to the working women and found them convenient and satisfying.

6. Conclusion

The main aim of the study was to assess and compare the Health seeking Behavior and level of Satisfaction of Reproductive and child health services among working and non-working women. The findings of the study revealed that majority of women have good health seeking Behavior and satisfied with the Reproductive and child health services and working women have better health seeking behavior as compare to non-working women

7. Future Scope

The nursing personnel should be well equipped with knowledge, skills and possess a positive attitude when dealing with the patients. They must understand the importance of quality and its impact on patient outcome while rendering nursing care. The nursing personnel need to

develop communication skills along with the technical skills to deal with their clients who give credit to the profession and help them better understanding and in turn be better understood by their client. The objectives of the Maternal, Infant, and Child Health services are to address the wide range of conditions, and improve them. Health behaviors and health systems indicators are the main tools to study to assess the health, wellness, and quality of life of women, children, and families. In order to bring greater impact through the RCH programme, it is important to recognise that reproductive, maternal and child health.

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