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A Descriptive Study to Assess the Knowledge Regarding Utilization of Selected Health Services Available at Adesh Urban Health Centre among Bhucho Mandi Community, Bathinda

Sunil M.B.^{1*}, Manjinderpal kaur², Navdeep kaur³, Parvinder kaur brar⁴

^{1*} Assistant professor and HOD of Community health nursing, college of nursing, Adesh university, barnala road, bathinda-151101 Punjab, India

² Fourth year basic B.Sc Nursing student (2015-2016 batch), college of nursing, Adesh university, barnala road, bathinda-151101

³ Fourth year basic B.Sc Nursing student (2015-2016 batch), college of nursing, Adesh university, barnala road, bathinda-151101

⁴ Fourth year basic B.Sc Nursing student (2015-2016 batch), college of nursing, Adesh university, barnala road, bathinda-151101

ABSTRACT:

Utilization of health services is an important determinant of health. There is a wide gap between availability and utilization of selected health services. The purpose of the study was to assess the Knowledge regarding utilization of selected health services available at Adesh Urban Health Centre. The above descriptive study was conducted on June 2016. 50 Residents of Bhucho Mandi Community were selected by using Non probability convenient sampling. The tools used to collect data from residents were, demographic information and Self administrative closed ended questionnaires on knowledge regarding utilization of selected health services The collected data was analyzed by descriptive statistics. The findings revealed that, majority of the people were between 31-40 years of age and majorities were males (56%). Out of 50 residents, 22 (44%) residents have inadequate knowledge on utilization of health services, about 28 (56%) residents have Moderately adequate knowledge utilization of health services and no resident have adequate knowledge regarding utilization of selected health services at AUHS (mean=13.44, SD=3.28). The most common knowledge regarding maximum Utilization of Health service by butcho mandi community, which were medicines. The study concluded that residents have average knowledge regarding utilization of health services. The study results also proved that Utilization of services has not reached the desired level. The study indicates the need for creating awareness among Community regarding utilization of available Health Services.

KEYWORDS: (Utilization, health services, Urban Health Centre, Residents, community)

***Corresponding Author:**

Sunil M.B

Assistant professor and HOD of Community health nursing,

college of nursing, Adesh university, barnala road, bathinda-151101

e-mail address: sunielgowda@gmail.com phone no: 9964089045 / 7973011868

INTRODUCTION

Primary health care service utilization is a complex behavioral phenomenon that is often determined by the availability, quality and cost of services, as well as by the social structure, health beliefs and personal characteristics of the user. The targeted areas were reproductive health, antenatal, intra-partum and postnatal care, and family planning; integrated management of childhood illnesses; immunization of children; nutrition; and water and sanitation.¹

Utilization of health services or actual coverage is expressed as the proportion of people in need of service who actually receives it in an appropriate time, place and person. It is argued that utilization rates give some indication of the care needed by a population and the health status of the population. In other words, a relationship exists between utilization of health care services and health needs and status.²

Though multiple factors are responsible for maintenance of individual, family and community health, the availability and utilization of health services plays important role in maintenance of positive health. In India the utilization of health services are varying on topics such as communication, maternity care, communicable disease and nutritional issues in different states. This delivery of services to sectors that are in most need.³

Background of the study:

People are the ultimate beneficiaries of any development process, including that of health care development. Understanding such a development process requires a two sided analysis, namely supply side and a demand side. When it comes to the demand side analysis, it is very important to analyze the voice of the people regarding the access and utilization to health care services.⁴

Measurement of health is important to know the health status of the community. Health is measured by some specific indicators and health Care Utilization rate is one of the important indicators of health. For e.g. Proportion of infants who are fully immunized, proportion of pregnant women who receive Antenatal Care. (T.T and Iron folic acid tablets, Antenatal visits), Percentage of population using various family planning methods, Bed occupying ratio etc.⁵

It is expected that 40% of the targeted population will be benefited by ICDS scheme. But according to National Family Health Survey-3 (NFHS), utilization of Integrated Child Development Services (ICDS) is inadequate. Some observable points are, only 33% of children under 6 years receive any kind of services from an Anganwadi center (AWC). In areas covered by AWC almost three fourth of children under 6 years (74%) did not receive any supplement food from AWC in last 12 months and only 12% received supplementary food almost every day. Most pregnant and lactating mother does not use AWC services during pregnancy or while breast feeding. Only 21% of women in areas served by AWC received supplementary food 12% received health check up 11%

receive health and nutrition education similarly only 17% of breast feeding women received supplement food.⁶

Several Studies documents several socioeconomic and cultural factors affecting the utilization of healthcare services among urban community in India. Socio economic status of any community is depends upon amount of health enjoyed by the citizen of that community and enjoyment of health depends upon the utilization of health services. These improve the wellbeing and health related quality of life, increased health equity, reduced health disparities in community, and makes a healthy people across the lifespan. There is a wide gap between availability and utilization of selected health services.⁷

Review of literature

A cross sectional study was conducted to find out the difference in utilization of Janani Suraksha Yojana (JSY) in rural areas and urban slums under Rural Health Training Centre and Urban Health Training Centre of the field practice area of department of Community Medicine. A total of 227 married women in reproductive age (15-49 years), who delivered in government hospital were considered for the study out of which 88 women belonged to rural areas and 139 women were from urban slums. Results of the study showed that, out of the total number of married women who delivered at govt. hospital i.e. 227, majority (78.42%) were registered with some health personnel. Out of these, 74.15% women were registered with ASHA (Accredited social health activist) visits and the proportion was higher (33.64%) in urban slums. Only 48.31% women went for three or more ANC (Antenatal care) visits and the proportion was high (79.41%) in rural women. All the women received complete TT immunization. The study was concluded that, The JSY utilization was found to be low in rural areas i.e. 38.7%. Thus, Information Education Communication activities should be strengthened. This Study reveals that lack of community participation and awareness about the program through the health care workers leads to under utilization of JSY service.⁸

A cross sectional study was carried out to find out Antenatal Care (ANC) services utilization, delivery practices and factors affecting them in a tribal area of North Maharashtra in Nasik district. Adequate ANC services utilization was found to be 64.76%. Home deliveries were 34.29% and home deliveries conducted by untrained persons were 15.24%. The utilization of ANC services and deliveries at health centers were significantly associated with education of the women and their spouses, and the socioeconomic status of the family. Main reasons for inadequate utilization of ANC services were financial, unawareness about ANC services, etc. Place of delivery was associated with type of the family. Traditional practices were the most common reason for conducting the deliveries at home. This study reveals that due to lack of knowledge and no awareness about the ANC services utilization is more chances of IMR or MMR is presented in the community.⁹

A Cross sectional Community Based study, attempts to assess the community perception, client utilization and satisfaction of primary health care services provided by mobile health clinics in urban areas. A total of 377 interviews were conducted. It was seen that 82% were aware of the mobile health clinic but more than two thirds preferred private practitioners; reasons given were that they have more trust in private practitioners, convenient timings, and less waiting time. This study reveals that confidence on private practitioners is more and less utilization of mobile health clinic from the urban population.¹⁰

Interviews were conducted among 75 households nearest to each of the 36 rural health facilities in Uganda's Mbale District in order to estimate childhood morbidity/mortality and utilization of health services. Data were obtained on 2596 children under 5 years of age. Finally, only 38% of children 1-4 years of age and 21% of infants under 1 year of age were fully immunized for their age. These findings suggest high rates of childhood mortality and under utilization of preventive health services among households in immediate vicinity of health facilities. Study reveals that under utilizing immunization services is leads to high mortality and morbidity is occurred. Local health workers as well as community involvement is essential measures to prevent this incidence in the community.¹¹

A cross-sectional study was designed to gather information from 360 mothers of children under 5 years of age in order to find out the factors that affected utilization of primary health care (PHC) services available in Barkin Ladi, a rural Local Government Area (L.G.A) in Plateau State, Nigeria. Of the 360 mothers interviewed using a structured questionnaire 357 (99.2%) were analysed. The major factors that cause non-attendance of the available services in the LGA included the high costs of drugs (29%) and service charges (19%), easy access to traditional healers (39%) and difficulty in getting transport to a health facility (30%). The unfriendly attitude of the health workers (3.6%) and the wasting of patients' time at the facility (7.8%) did not constitute serious constraints at attendance of facilities for use of services. Recommendations suggested for corrective measures included raising the standard of health workers through training, provision of integrated services at all Primary health Care (PHC) facilities, the introduction and sustenance of facility level through the Revolving Drug Fund Scheme.¹²

A cross-sectional study was conducted to assess service or organizational factors and clients perceptions that influenced utilization of Primary Health Care (PHC) facilities in a rural community in Nigeria. A household survey in the community as well as key-informant interviews of opinion leaders and health care providers and participant observations of health facilities and utilization pattern was used to collect data. 44 % of respondents to the survey who were ill in the preceding six months visited a PHC facility for treatment, while others relied on

self-medication/self-treatment. Education was positively associated with utilisation of PHC services ($P < 0.05$). Maternal and child health (45.4%), prompt attention (23.0%), and appropriate outpatient (20.5%) services attracted respondents to use PHC services. Poor education about when to seek care, poverty, perceived high cost of PHC services, lack of drugs and basic laboratory services, and a regular physician on site at the facility were identified as barriers to utilisation. This study reveals that community perceptions of poor quality and inadequacy of available services was responsible for low use of PHC services.¹³

A cross-sectional study was conducted to determine the level of utilization of health care services by pregnant women during delivery in Gokana Local Government Area of River State, Nigeria. Study involved 112 mothers aged 15 years to 49 years. The local Government Area has 12 health centres and 6 health centres were selected by multistage sampling. 112 mothers were interviewed, Sixty four (57.1%) of the 112 mothers in their recent delivery used a health facility while 48 (42.9%) did not. Factors responsible for non utilization of health facility for delivery include: Long distance to health facility 33 (68.7%), onset of labor at night 40 (83.3%), unavailability of means of transportation 37 (77.1%), Lack of money for transportation 26 (54.2%), unsatisfactory services at health facility 26 (54.2%), unfriendly attitude of staff of the health facility 34 (70.8%), unavailability of staff at health facility 32 (64.0%), lack of urgency at health facility 36 (75.0%), previous uneventful delivery at the health facility 32 (66.7%). Utilization of health care services during delivery in Nigeria is still poor. Concerted efforts should be made both at community and Government levels to improve utilization of health facility during delivery.¹⁴

Significance & scope of the study:

Mortality and morbidity continue to be high despite the existence of national programs for improving health in India. This could be related to several factors, an important one being non-utilization or under-utilization of health-care services, especially amongst the rural poor and urban slum population due to either lack of knowledge or access to health-care services.

Urban community residents are valuable human resources. Detection of less utilization of health services among respondents is crucial since it can lead to low productivity and low quality of life. Identifying factors affecting utilization of health services among respondents can help nursing educators to find ways to increase utilization of health services. Here, the researcher tries to help respondent residents to better utilize the health services.

Hence the purpose of this study is to find out the situation in present scenario in Adesh Urban Health Centre and to assess the utilization of Selected Health Services by Butcho Mandi Community,

which help investigators to spread message on proper utilization of health services and enjoy the healthy living.

EXPERIMENTAL SECTION

Research approach:

In the present study the research approach was Descriptive research approach and researcher aimed at “assessing the knowledge regarding utilization of selected health services available at Adesh Urban Health Centre among Bhucho Mandi community”

Research design:

The research design used for the study was Descriptive research design. (Non Experimental Descriptive Design)

Research setting:

The study was conducted at Urban community of Bhucho Mandi, Bathinda district, Punjab, India.

Variables under study:

Independent variable:

In this study, Utilization of Selected Health Services is the independent variable.

Dependent variable:

Residents of Bhucho Mandi, Socio demographic variable is the dependent variable in this study.

Population:

Target Population: Target Population of the present study includes all Residents of Bhucho Mandi.

Accessible Population: Accessible Population of the present study includes the 50 Residents of Bhucho Mandi , who fulfill the inclusive criteria.

Sample and sampling technique:

Sample:

Residents of Bhucho Mandi are samples.

Sampling technique:

Non probability convenient sampling is used for the selection of subject.

Sample size:

The sample size of the study constitutes 50 Residents of Bhucho Mandi (n=50).

Criteria for selection of the sample:

Inclusion criteria:

1. 50 Residents of Bhucho Mandi
2. Residents who are willing to participate in the study.
3. Able to understand Punjabi.
4. Available at the time of data collection

Exclusion criteria:

1. Residents who are not willing to participate in the study.
2. Residents who are not available at the time of data collection.

Data collection procedures:

Data were collected in June 2016. The researcher approached the residents at their houses and explained the purpose of the study. An information sheet with the details of the study was also provided. Confidentiality and anonymity of the collected data were assured. Those who were willing to participate in the study were required to sign a consent form, fill in the questionnaire and then return it to the researcher immediately.

Description of the data collection tool:

In this study the data collection tools were consisted of 2 parts covering the following areas.

Part: I

Demographic data of butcho mandi community included 8 items such as personal details such as age, gender, marital status, education, occupation, religion, Type of family and Family income. These demographic data are potential variables influencing residents' information about health services.

Part: II

A self administrative closed ended questionnaires to assess the knowledge regarding utilization of selected health services available at AUHS.

This list contains 27 items grouped into five factors, labeled as follows; Availability of Medicines in the Adesh Urban Health Centre (2 items), Availability of Curative services (4 items), Availability of Reproductive and Child Health services (12 items), Availability of Laboratory services (3 items) and General Questions about the Function of the Adesh Urban Health Centre (6 items).

Scoring:

There were total 27 items. Each item had 2 choices in nature. They are ‘Yes’ and ‘No’. The respondents were expected to choose any one choice out of two. Each respondent for each item choosing ‘Yes’ was given a score of one and choosing ‘No’ score of zero.

Method of data analysis and presentation:**Descriptive analysis:**

1. Frequency and percentage analysis was used to describe the demographic characteristics of Residents of Bhucho Mandi.
2. Mean, standard deviation, and mean score percent will be used to assess the Level of Knowledge regarding utilization of selected health services by Residents of Bhucho Mandi.

RESULT AND DISCUSSION:

Data collected from a sample of 50 Residents of Bhucho Mandi to assess the Knowledge regarding utilization of selected health services adopted by urban community of Bhucho Mandi. The response rate was 100 %.

Table No. 1: “Distribution of respondents by socio demographic variables of urban community people (n=50)”

| Socio Demographic Variables | N | % |
|--|----|----|
| 1. Age in Years | | |
| a. 20-30 years. | 18 | 36 |
| b. 31-40 years. | 20 | 40 |
| c. 41-50 years. | 6 | 12 |
| d. 51-60 years. | 6 | 12 |
| 2. Gender | | |
| a. Male | 28 | 56 |
| b. Female | 22 | 44 |
| 3. Religion | | |
| a. Sikh | 40 | 80 |
| b. Hindu | 10 | 20 |
| 4. Type of the Family | | |
| a. Nuclear Family | 30 | 60 |
| b. Joint Family | 20 | 40 |
| 5. Economical status of the Family per month in Rs. | | |
| a. Rs. 0 - 5,000 | 12 | 24 |
| b. Rs. 5,000 - 10,000 | 20 | 40 |
| c. Rs. 10,000 - 15,000 | 12 | 24 |
| d. Rs. > 15,000 | 6 | 12 |
| 6. Occupation | | |
| a. Agriculture | 27 | 54 |
| b. Shopkeeper | 10 | 20 |
| c. Government Job | 7 | 14 |
| d. Labour | 6 | 12 |

Table 1, shows Distribution of socio demographic variables of Residents of Bhucho Mandi.

- With regard to their age, majority of the people were between 31-40 years of age.
- Considering their gender the majorities were males (56%).
- Considering their religion, majority of the people were Sikh (80%).
- On the type of family, majority of them belong to nuclear family such as 60%.
- With regard to their Family Income, majority Family Income is between Rs. 5,000-10,000.
- Considering their occupation, majority of people were agriculture (54%).

Table No. 2: “Distribution of respondents by level of knowledge regarding utilization of selected health services among urban community people (n=50)”

| Sl.no. | Level of knowledge | F | % | Mean | SD |
|--------|---------------------|----|----|-------|------|
| 1 | Inadequate | 22 | 44 | 13.44 | 3.28 |
| 2 | Moderately adequate | 28 | 56 | | |
| 3 | Adequate | 0 | 0 | | |

Table 2, shows the level of utilization of health services among residents of Bhucho Mandi. Out of 50 residents, 22 (44%) residents have inadequate knowledge on utilization of health services, about 28 (56%) residents have Moderately adequate knowledge utilization of health services and no resident have adequate knowledge regarding utilization of selected health services at AUHS. On the whole, residents have average knowledge regarding utilization of health services. (mean=13.44, SD=3.28).

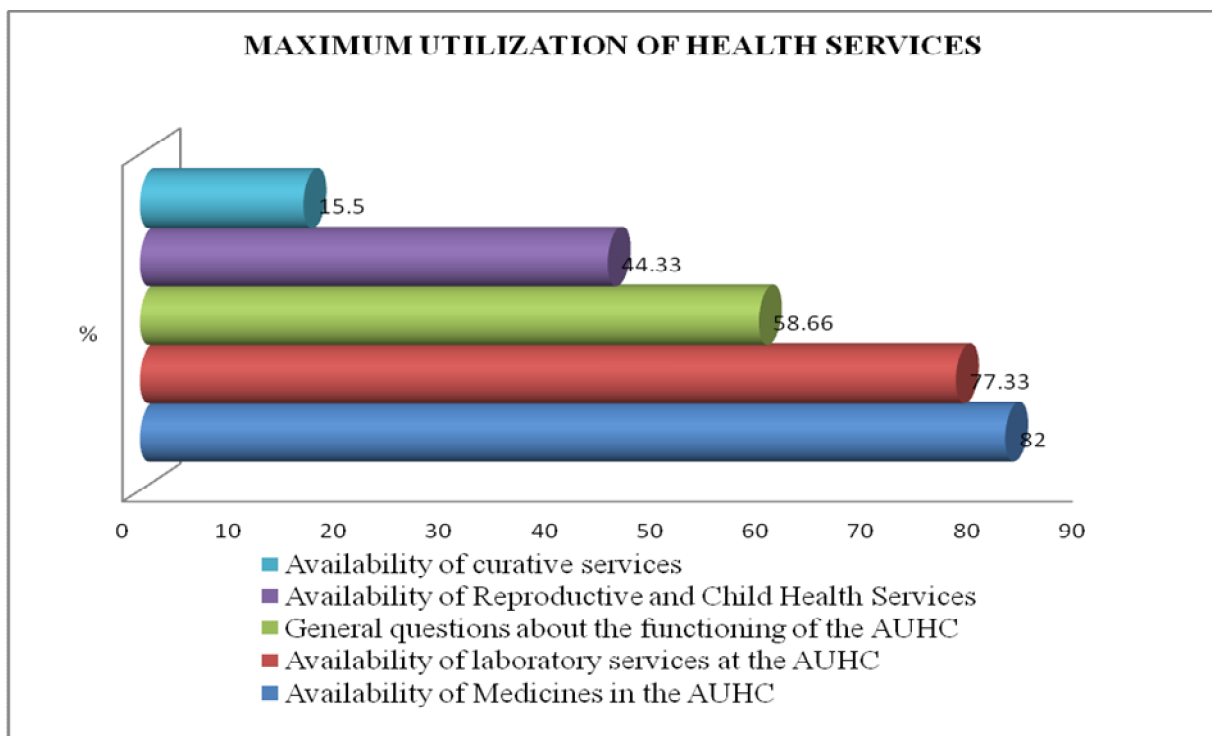


Figure No. 1: Distribution of respondents by most common knowledge regarding maximum utilization of health services (n=50)

Fig. 1: shows the most common knowledge regarding maximum Utilization of Health service by butcho mandi community, which were medicines. The second most common Utilization of Health service was laboratory services and most common Utilization of Health service was general services.

CONCLUSION:

- The study concluded that residents have average knowledge regarding utilization of health services.
- The results provided valuable information for community health nursing educators in identifying residents' needs and facilitating for better utilization of health services.
- The study results also proved that Utilization of services has not reached the desired level.
- The study indicates the need for creating awareness among Community regarding utilization of available Health Services.

Implications of the study:

The findings of this study have scope in the following areas:

Nursing Education:

- The findings facilitate health educator's community teaching
- Community Health Nurse, Community health educators should aim at a better understanding of the utilization of health services.
- Guidance and support should be provided to residents, where positive reinforcement might encourage residents to use health services.

Nursing Practice:

- Community Health centre staff can develop rapport with residents for utilising health services.
- Community Health centre staff can create a supportive climate for the residents, who are seeking health services.
- Provide guidance for those who are inexperienced in utilizing the health services.

Nursing Administration:

- Good resident-community health centre staff relationships are essential.
- In order to improve utilization of health services, good communication and social skills are needed.

- The study assists the nursing administrative authorities to initiate and carry out Guidance and counseling in health care settings.

Nursing Research:

- The study helps the investigators to develop insight about knowledge regarding utilization of health services by residents.
- Research studies can be conducted including all the three domains i.e. knowledge, attitude and practice.
- Large scale studies can be conducted.

Recommendations:

- ❖ A comparative study can be conducted to assess the utilization of health services between urban and rural areas.
- ❖ A Study can be conducted to assess the awareness and utilization of Reproductive and child health services among mothers in rural and urban areas.
- ❖ A study can be conducted among residents to improve the knowledge regarding utilization of health services.

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