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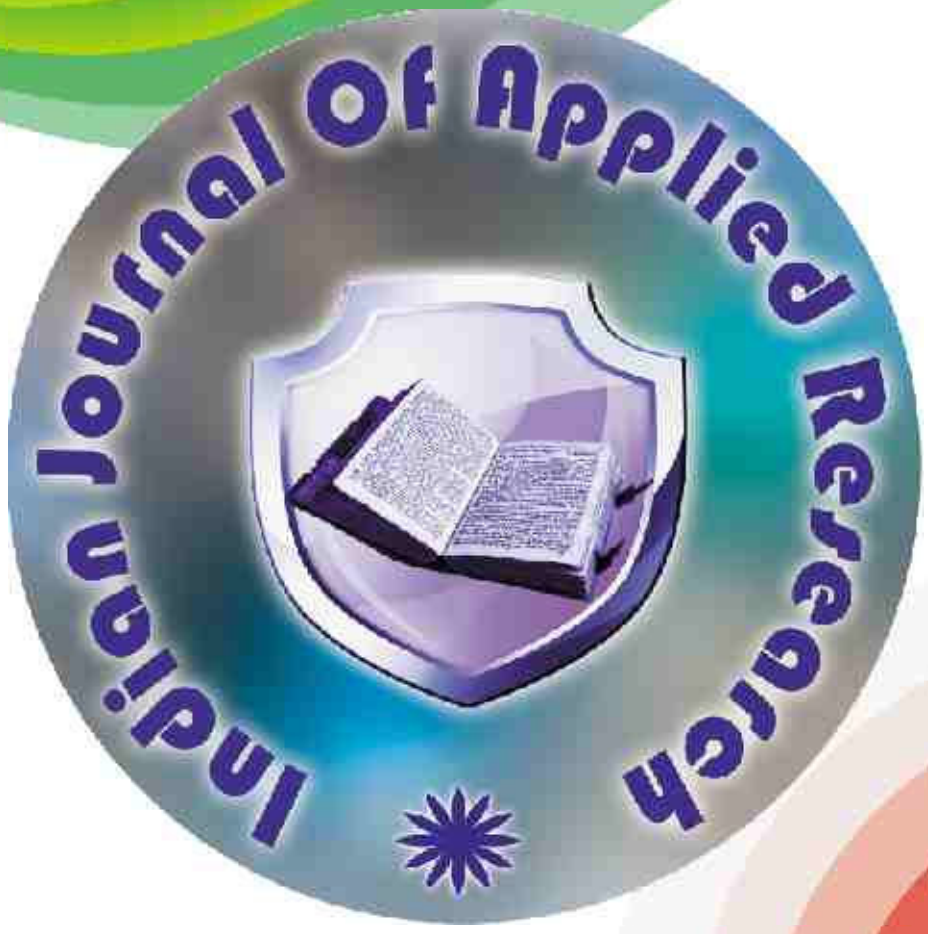

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Research Paper Public Health

Assessment Of Knowledge About Health Services Available At Subcentre Level Among Village Inhabitants

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ABSTRACT

Primary level of healthcare is meant to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children. To a large extent utilization is effected by the awareness of community. This study proposes to look into awareness and knowledge of village residents about health services delivered at subcentre level. A cross sectional study was conducted using questionnaire containing 15 questions in rural area of District Gurdaspur, Punjab, India. 160 persons responded to questionnaire. Statistical analysis was done by using the SPSS. Chi Square test was used to find associations. After analysis of data, the mean knowledge score was found to be 9.28 with standard deviation of 1.38. Knowledge about health services available at subcentre significantly depends upon gender, occupation, marital status and age of respondents. Knowledge was found to be deficient about some basic health facilities at sub centre.

Keywords : Subcentre; Knowledge; Rural Health

Introduction

Sub-centre, as the nearest available health care facility of the health care delivery system to the community in rural areas of the country, plays an important role in providing health and family welfare services to the people. In the public sector, a Sub-health Centre (Sub-centre) is the most peripheral and first contact point between the primary health care system and the community. A Sub-centre caters to a population of about 5000 in plain areas and 3000 in hilly/tribal/desert areas. It is the lowest rung of a three-tier set up consisting of the Sub-centre referral linkage to the Primary Health Centre (PHC) and the Community Health Centre (CHC). Sub-centre is manned by one Female Health Worker commonly known as Auxiliary Nurse Midwife (ANM) and one Male Health Worker commonly known as Multi Purpose Worker (Male).

A Sub-centre provides interface with the community at the grass-root level, providing all the primary health care services. Of particular importance are the packages of services such as immunization, antenatal, natal and postnatal care, prevention of malnutrition and common childhood diseases, family planning services and counseling. They also provide elementary drugs for minor ailments such as ARI, diarrhea, fever, worm infestation etc. and carryout community needs assessment. Besides the above, the government implements several national health and family welfare programmes which again are delivered through these frontline workers (Singh et al 1996, Park 2010). However mere existence of public health facilities and assigning duties to workers cannot ensure their utilization by the community. Many studies revealed poor utilization of governmental health facilities (Kothari et al, 1982; Avasthi, 1980; Yesudian, 1988). To a large extent utilization is effected by the awareness of community. In the background of this scenario a study was undertaken to assess knowledge and awareness of health services available at sub centre level.

Material And Methods

Study design

A cross-sectional study was conducted in rural area of District Gurdaspur in Punjab, India during September 2010 to February 2011.The present study was undertaken in district Gurdaspur of Punjab (India). 200 persons were selected randomly from area under a subcentre.

Survey instrument

A questionnaire of fifteen items was prepared on the basis of comprehensive review of literature. The questionnaire was also adapted to the local language i.e. Punjabi. The questionnaire was tested for content validity. Questionnaire was in two sections: the demographic profile and statements on services expected to be available at subcentre. In the first section demographic information about gender, age, education, marital status and occupation was obtained. The second section was presented in a series of statements on a three point scale of (correct, incorrect and can't say). For illiterate respondents, questionnaires were filled by researchers on the basis of information provided by respondents.

Analysis

The data entry was done using the software 'Statistical Package for Social Sciences (SPSS); version 16'. For the purpose of scoring of responses score of 1 was given for the correct answer and 0 for other answers (wrong, missing or “can't say” answers). Each blank space was considered a missing value. The maximum score that any respondent could obtain, if all the responses were correct, was 15.

Descriptive statistics were used to run for frequencies, mean, median and standard deviation. Chi-square analysis was used to statistically analyze bivariates of nominal versus interval data. A p value of <0.05 was considered significant.

Results And Discussion

Profile

160 persons responded to questionnaire out of 200 persons to whom questionnaires were distributed. So response rate was 80%. The results showed that males made up 47.5% and females made up 52.5% of sample. All the respondents were within the age range of 22 to 60 years. 65% of respondents were primarily involved in agriculture. 69.4% of respondents were married. Most of the respondents (38.8%) were within the age groups of 41-50 years. 36.9% have completed high school education while 13.8% have completed graduation or higher. Socio-personal characteristics has been shown in Table 1

Knowledge Scores

The knowledge score that was obtained by the respondents ranged between 6 and 12 with a mean of 9.28, median 9, mode 9 and Standard Deviation of 1.38.

In present study, mean score of females was 0.88 higher than males. Married respondents have 0.95 higher scores than unmarried respondents. Mean score of respondents of age group 31-40 years was highest (10.16) while of age group 51-60 was lowest (7.80).Mean score of respondents having agriculture as primary occupation was 0.99 higher than others. Mean score of Respondents by various socio-personal characteristics is shown in Table 1.

Association between knowledge and demographic characteristics

Chi square test was applied to find out the association between knowledge score and various demographic characteristics. This revealed that respondents' knowledge depends significantly on gender ($\chi 2=20.909$, $p<0.05$ where $p=0.022$). Females have better knowledge than males probably because females might be having more social contacts with female workers. Similarly significant association between knowledge score and occupation of respondents was also found ($\chi 2=25.497$, $p<0.05$ where $p=0.004$). This shows that respondents with agriculture as primary occupation were having better knowledge than others. This is probably because farmers are more interested in most of local village activities. Significant association was also found between knowledge score and marital status as well as knowledge score and age of respondents. Married respondents were more aware about health services at sub centre level. Respondents belonging to age group 31- 50 scored significantly higher than younger as well as older.

Table 1: Demographic characteristics of sample and Mean score by various demographic characteristics

Characteristics	Number	Percentage	Score
Sex[1]			
Male	76	47.5	8.82
Female	84	52.5	9.70
Age[2]			
21-30	22	13.8	8.27
31-40	50	31.2	10.16
41-50	62	38.8	9.56
51-60	26	16.2	7.80
Educational level[3]			
Illiterate	30	18.8	9.13
Primary	59	36.9	9.00
High	49	30.6	9.45
Graduate	22	13.8	9.90
Occupation[4]			
Agriculture	104	65	9.63
Other	56	35	8.64
Marital Status[5]			
Unmarried	49	30.6	8.63
Married	111	69.4	9.57

1 Significantly associated with knowledge score ($\chi 2=59.250$, $p=0.022$)
2 Significantly associated with knowledge score ($\chi 2=32.817$, $p=0.044$)
3 Not significantly associated with knowledge score ($\chi 2=38.485$, $p=0.551$)
4 Significantly associated with knowledge score ($\chi 2=34.045$, $p=0.004$)
5 Significantly associated with knowledge score ($\chi 2=25.497$, $p=0.032$)

Most correct and least correct responses

The most common forms of knowledge were immunization provided at sub centre (95%) followed by availability of condoms. 89.3% of respondents knew that immunization is done on Wednesday. Nair et al (2000) found that 93.6% of households were aware about vaccine preventable diseases in a rural area in Kerala. As Kerala is one of the best performing states in health, comparable results in rural Punjab are good indicators. Moreover DLHS 3 revealed that 80.7% of rural children between age of 12-23 were fully immunized.

80.6% of respondents consider registration of pregnancy as duty of ANM at subcentre. 53% of respondents were aware of provision of antenatal checkups at subcentre. DLHS 3 found that 81.7% of rural pregnant women receive antenatal checkups. 71.2% of respondents were aware about the availability of iron tablets. This was contrary to the finding of DLHS 3 which revealed that only 34.9% of pregnant women consume IFA tablets in rural Punjab. On the other hand, 65.7 % of respondents did not aware of the provision of collection of blood slide of fever patients by subcentre staff. Only 44.3% respondents were aware that ANM has to visit for some days after delivery of a mother. 60% of respondents were unaware that ANM can be called for delivery at home. Malhotra et al (2002) found that 73.3% of people in rural Delhi stated government health facilities as place of choice for treatment for TB. But our study found that few people were aware about the availability of TB medicine at subcentres. Table 2 highlights the most correct and least correct responses.

Conclusion

Mean knowledge score of respondents regarding services delivered at subcentre level came out to be 61.87%. Females, married and farmers in our sample had significantly better knowledge than others. There is deficient knowledge of some basic services delivered at sub centres which indicates that there is continuous need of various IEC activities to improve their knowledge and make them aware to use their health rights.The study is intended to serve as a starting point to facilitate a detailed and more encompassing evaluation of knowledge about public health facilities. Adverse health outcomes are often the result of ignorance which can only be dealt with by education and training.

Table 2: Most correct and least correct responses

Items	% of correct responses (N)
Statements having more than 80% correct response rate	
Immunization of children is done at subcentre	95.0% (152)
Condoms are available at subcentre	89.3% (143)
Day for immunization	84.3% (135)
Pregnancy should be registered at subcentre	80.6% (129)
Statements having less than 50% correct response rate	
Blood slides of patients of fever should be collected by sub centre employees	34.3% (55)
ANM can be called for conducting delivery at home if family want	40.0% (64)
ANM has to visit home after the delivery of woman on scheduled days	44.3% (71)

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