



QUALITY OF HEALTH CARE SERVICES PROVIDED TO ANTENATAL WOMEN OF BLOCK HAZRATBAL OF KASHMIR VALLEY: A CROSS SECTIONAL STUDY.

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ABSTRACT **Introduction:** Care during pregnancy is crucial for both- mother as well as unborn child. Good quality antenatal care is important to control Maternal morbidity and mortality. As high level of satisfaction is linked with the utilization of services, it is very important to assess the quality of services provided at the Health Centres.

Material & Methods: A cross sectional study was conducted in Block Hazratbal of Kashmir Valley. Exit interviews of all the willing pregnant females were conducted using a pre-tested questionnaire.

Results: A total of 400 Exit interviews were conducted. There was overall high level of satisfaction with the services provided to the antenatal women. Around 90% of the respondents were satisfied with the time spent by Health care provider with them and the technical competence of the health care provider as such. Around 2/3rd of the respondents expressed satisfaction with the various aspects of client-provider relationship assessed. Around 84% of respondents would be coming back to the clinic next time but 45% of respondents didn't want to recommend the clinic to their friends or relatives.

Conclusion: There is high overall satisfaction with services provided to the antenatal women but there is a need to improve in the health education component. Opportunity of counselling and educating the women during her visit to health centre should be utilized to maximum.

KEYWORDS : Quality health services, satisfaction, Client-provider relationship, waiting time, Counselling, Health education.

Introduction:

Care during pregnancy is crucial for both- mother as well as unborn child. Quality health care services provided to an antenatal mother contributes to the good health of women throughout. It has been estimated that 25 percent of maternal deaths occur during pregnancy, with variability between countries depending on the prevalence of unsafe abortion, violence, and disease in the area.¹ Between a third and a half of maternal deaths are due to causes such as hypertension (pre-eclampsia and eclampsia) and antepartum haemorrhage, which are directly related to inadequate care during pregnancy'. Preventing problems for mothers and babies depends on an operational continuum of care with accessible, high quality care before and during pregnancy, childbirth, and the postnatal period. In addition, the client satisfaction with the services provided to them is very important in determining the overall utilisation of services. Indeed, it helps in determining the scope of improvement of services. Thus the present study was conducted with the objective of assessing the quality of services provided to the pregnant females of Block Hazratbal of District Srinagar, Kashmir valley.

Material and Methods:

After obtaining approval from the institutional ethics committee, a cross sectional study was conducted at different zones of Block Hazratbal. Block Hazratbal is the urban field practice area of Department of Community Medicine, Government Medical College, Srinagar. It is divided into four zones- Harwan, Nishat, Teilbal and Hazratbal. All the participants were explained about the purpose of the study and were ensured strict confidentiality, and then informed consent was taken. In the exit interview, all those subjects who had availed the services were interviewed by the investigator who was not associated with the antenatal care using a pre tested Questionnaire.

Data Analysis:

The data collected was tabulated, analyzed and interpreted by using descriptive statistics. SPSS version 23 was used to analyze the data.

Results:

Table no 1: Socio- Demographic profile of antenatal women interviewed (n=400):

Socio demographic characteristics	N (%)	
Age	<20	14 (3.5)
	20- 24	168 (42.0)
	25-30	194(48.5)
	>30	24 (6.0)
Educational status	Illiterate	217(54.3)
	Upto matriculation	141 (35.2)
	Higher Secondary	35 (8.8)
	Graduate & above	7 (1.7)
Occupation of mother	Homemaker	395 (98.7)
	teacher	5 (1.3)
Occupation of Husband	Laborer	167 (41.7)
	Govt job	49 (12.3)
	Business	46 (11.5)
	Private job	21 (5.3)
	Others*	117 (29.2)
Parity	Multiparous	218 (54.5)
	Primi	182 (45.5)
Number of Living Children	Zero	190 (47.5)
	One	103 (25.8)
	Two	69 (17.2)
	>3	38(9.5)
Concurrent ANC elsewhere (pvt clinics/Hospitals)	122 (30.5)	

Mean age 26.7 ± 7.1

*Others: Contractor, Driver, Farmer, Gardener, Govt employ, Mason, tailor, teacher.

In this study, the response rate was 99%. Table no. 1 revealed that nearly half of the women (48.5%) were in the age group of 25- 30 years with more than half of the females being illiterate (54.3%). Majority of them being home maker. About 45% of the respondents were expecting their first child at that time and around 50% of the respondents didn't have any living child at the time of interview. Around 30% of the women were concurrently receiving antenatal care at other facilities.

Table no. 2: Distribution of level of satisfaction among pregnant females:

	Level of Satisfaction					N/R
	Excellent	Good	Neither good nor poor	Poor	Very poor	
1.Care provided by the doctor	143 (35.7)	211 (52.7)	34 (8.5)	10 (2.5)	0 (0)	2 (0.6)
2.Care provided by FMPHW	25 (6.2)	357(89.2)	2 (0.6)	2 (0.6)	14 (3.4)	0 (0)

3. Care provided by laboratory staff	21 (5.3)	358 (89.5)	14 (3.4)	7 (1.8)	0 (0)	0 (0)
4. Care provided by pharmacist	36 (9.0)	318 (79.4)	14 (3.4)	6 (1.5)	6 (1.5)	21 (5.2)
5. Cleanliness and hygiene of the health facility	42 (10.5)	337 (84.3)	15 (3.7)	6 (1.5)	0 (0)	0 (0)
6. The time spent by Health care provider with you.	31 (7.7)	361 (90.2)	0 (0)	6 (1.5)	0 (0)	2 (0.6)
7. Technical competence of the health care provider	42 (10.5)	358 (89.5)	0 (0)	0 (0)	0 (0)	0 (0)
8. Level of expertise demonstrated by health care providers	36 (9.0)	364 (91.0)	0 (0)	0 (0)	0 (0)	0 (0)
9. Availability of drugs & other supplies	15 (3.8)	322 (80.5)	19 (4.7)	25 (6.2)	2 (0.6)	17 (4.2)
10. Waiting time	73 (18.2)	267 (66.8)	39 (9.8)	12 (3.0)	0 (0)	9 (2.2)

Table 3: Distribution of Views of Antenatal mothers regarding Health education:

	Level of Information provided		
	no information provided	as much needed	too much
Your own Health	175 (43.8)	215 (53.7)	10 (2.5)
Tests during Pregnancy	218 (54.5)	170 (42.5)	12 (3.0)
Nutrition during pregnancy	388 (97)	12 (3.0)	0 (0)
Family planning	379 (94.7)	21 (5.3)	0 (0)
Breast feeding	388 (97)	9 (2.3)	3 (0.7)
Labor and delivery	45 (11.2)	346 (86.5)	9 (2.3)
Danger signs of Pregnancy (Recognition & Response)	3 (0.8)	230 (57.5)	167 (41.7)

Table no. 4: Distribution of Client- provider interpersonal relationship:

Client- provider interpersonal relationship	Yes	No	N/R
Treated you with respect	218 (54.5)	152 (38)	30 (7.5)
Protected your privacy	246 (61.5)	154 (38.5)	0 (0)
Treated you equally like others	239 (59.8)	161 (40.2)	0 (0)
Carried out any unnecessary procedure	12 (3)	388 (97)	0 (0)

Table no. 5: Distribution of Overall satisfaction with quality of Antenatal care:

Overall satisfaction with quality of Antenatal care	Yes	No
Coming back to this clinic next time	336 (84)	64 (16)
Recommending this clinic to your relative/friend	220 (55)	180 (45)
Prefer same cadre	303 (75.7)	97 (24.3)

Overall satisfaction with the antenatal care provided at the clinic	Very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied	very dissatisfied
	323 (80.7)	59 (14.8)	12 (3.0)	6 (1.5)	0 (0)

Table no. 2 revealed that More than 4/5th of the respondents expressed satisfaction with the way their care providers were monitoring their health. Around 90% of the respondents were satisfied with the time spent by Health care provider with them and the technical competence of the health care provider as such. However 80% of women were satisfied with the availability of drugs and other supplies at health centres. Regarding the waiting time outside the clinic, 85% of women were satisfied and had to wait for 5-10 minutes only.

Table 3 shows the women's view with respect to the information provided by their caregivers on their personal health, tests during pregnancy, nutrition, labour and delivery process, family planning, breastfeeding and danger signs of pregnancy. No information was provided to the females regarding their personal health, tests during pregnancy, nutrition, family planning and breastfeeding. However, information related to the process of delivery and recognition of danger signs of pregnancy and the response to danger signs was fairly provided to majority of females.

Around 2/3rd of the respondents expressed satisfaction with the various aspects of Client-provider relationship.

The overall perception of the quality of antenatal care was assessed by the responses to the summary questions. Around 84% of respondents would be coming back to the clinic next time but 45% of respondents didn't want to recommend the clinic to their friends or relatives.

Discussion:

The study was done to assess the perception of antenatal women regarding the quality of the services provided to them at the various health centres. Since high level of satisfaction is linked with the utilization of services, it is very important to assess the quality of services provided at Health Centres.^{15,16} In this study, a total of 400 exit interviews were conducted at four Health centres of Block Hazratbal. The study revealed that the women attending antenatal clinics at these centres, in general, were satisfied with the quality of services received. However there were some inconsistencies between the care received and their expectations from the facilities. Similar level of satisfaction among pregnant females was reported by other studies as well.^{3,4,7,10,11,14,25} However less overall client satisfaction has been reported by other investigators.^{2,5,6,8,9,22,24}

In assessing the satisfaction of client with services provided to them, various factors cumulatively play their role and an important factor among them is waiting time, which has been reported to influence the satisfaction of clients by various investigators.^{12,13} The waiting time was described appropriate by most of the women in this study and these findings were in sink with other investigators.^{4,7,24} However Mohammed Ghobashi et al in Oman revealed clients dissatisfaction because of waiting outside the clinic.^{10,14,17,21}

Another significant determinant of patients perception and satisfaction with antenatal care is the attitude of health personnel towards the client. Fortunately, in this study Good Client -provider relationships was reported by the subjects and a similar pattern is reported in some studies.^{17,18} Majority of the clients in exit interviews were satisfied with the time spent by Health care provider with them. Similar findings were reported by other investigators.^{21,22,23}

Counselling during ANC visit is of utmost importance and such opportunity should be availed to educate women about various issues related to her health, nutrition, family planning, breast feeding, Process of delivery and others. But in this study, the information provided to the females regarding their personal health, tests during pregnancy, nutrition, family planning and breastfeeding was meagre and similar findings were reported by Aneela Kamil et al.^{4,19} However there are other studies which are in contrast to our findings.^{24,25}

Although there was high overall satisfaction of females with the quality of services provided to them, but only 55%, said they would recommend their family and friends to the clinic for antenatal care. It was also noted that 16% of the women were not sure whether they would like to visit the clinic again or not. Almost similar findings were reported by others.^{19,25} When enquired about the reasons for the same, some women said their relatives or friends should look for better options if they could afford.

Conclusion:

There is high overall satisfaction with services provided to the antenatal women but there is a need to improve in the health education component. Opportunity of counselling and educating the women during her visit to health centre should be utilized to maximum. There were some suggestions provided by the clients like better waiting place, improved availability of drugs, better cleanliness and hygiene and treating clients with respect.

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