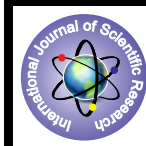


A Kap Study Regarding Availing Of Obstetric Services Amongst Postnatal And Antenatal Cases Admitted In A Tertiary Care Hospital In Jodhpur, Rajasthan



Medical Science

KEYWORDS : Peripheral health care center, Tertiary health care center, Referral system

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ABSTRACT

Aims & Objectives: To determine why people bypass the peripheral health care channels and at times even travel a great distance to come to tertiary Health Care Centre for availing even the basic antenatal care and obstetric services rather than going to other Government health facilities available nearer to their location.

Materials & Methods: Study was conducted at Umed Hospital which is a largest tertiary level government hospital in the Western Rajasthan, providing specialised obstetrics and gynaecology care. A total of 1838 admitted females were interviewed in a period of one month. The females were asked a set of questions and their responses were recorded on a pretested questionnaire.

Results: 71.49% of the admitted females came to tertiary level hospital for their present delivery/abortion without visiting any other peripheral health care centre available near their residence. 45.7% of the females did not have any associated high risk factor and hence could have been easily managed nearer to their homes at peripheral health care centres. **Conclusion:** Referral system does not exist at all levels which has increased the patient load at apex institutes like Medical College hospitals. Peripheral health workers (ANM/HWF) are not able to satisfy basic antenatal care requirements and expectations of the women.

INTRODUCTION

Jodhpur is one of the largest district of the state of Rajasthan having an area of 22850 sq. km, centrally situated in western region of the state. It is bounded by Nagaur district in east, Jaisalmer district in west, Bikaner district in north, Barmer and Pali districts in the south. Jodhpur district has 66 primary health centres, 15 community health centres, 2 Satellite hospitals and 8 first referral units. In spite of so many health institutions spread over the district, large number of females from all parts of the Jodhpur district itself as well as surrounding districts come to Umed Hospital which is a largest tertiary level maternity hospital in Western Rajasthan for availing its obstetric services, bypassing the prescribed health care channels of the peripheral health care system and travelling very long distances. This creates a delay in patient care which sometimes can be hazardous to the patient and also burdens the tertiary health care centres. This study was conducted to determine why people bypass the peripheral health care channels and at times even travel a great distance to come to Umed Hospital which is a Tertiary Health Care Centre for availing even the basic antenatal care and obstetric services rather than going to other Government health facilities available nearer to their location.

MATERIALS AND METHODS

This study was conducted on females admitted in Umed Hospital for availing obstetric services from 6 August to 5 September 2012. A total of 1838 admitted females were interviewed.

After collecting the demographic profile the females were asked a set of questions to ascertain why they prefer to come to Umed hospital for availing obstetric services rather than going to other government health facilities available nearer to their location. Their responses were recorded on a pretested questionnaire. The information collected was analyzed using graphs, tables, percentages and chi-square test wherever necessary.

RESULT

Majority of the subjects (54.1%) were in 21-25 yrs age group followed by Subjects (22.91%) in 15-20 yrs age group. >35yrs age group had minimum no. of subjects (0.87%). Majority of subjects were Hindus (81.66%), followed by 18.28% Muslims and 0.054% Sikh. Majority of Subjects (92.60%) were housewives, only 7.40% were working, out of which 3.05% are laborers.

Of the 1838 females admitted in Umed Hospital (a Tertiary care hospital in Jodhpur, Rajasthan) in the study period 54.79% belonged to rural areas, which is quite a big proportion of the study population. 45.7% of the females did not have any associated high risk factor and hence could have been easily managed nearer to their homes.

Even when enquired about the place of their last delivery only 8.32% females had made use of nearby government set-ups for their previous delivery/abortion. 43.36% replied that it was their first delivery.

Majority of the females (61.86%) had some sort of Government health facility in their vicinity other than the Umed hospital. 15.82% females came from areas having a sub-centre, 16% from areas with a PHC, 27.04% from areas with a CHC, 5.39% from areas with a satellite hospital and 7.62% from areas having a District hospital near their vicinity. Regarding antenatal care only 52.61% females had more than 3 antenatal check-ups, while 10.55% did not go even for a single antenatal check-up. Of the females who had not availed any sort of antenatal care majority (92.75%) were from rural areas.

From Table 1, it can be seen that 54.79% females came from rural areas only 15.94% had made use of peripheral health services for antenatal care which comprised of 1.2% from any sub-centre, 4.73% from any PHC and 10.01% from any CHC. It was further noted that 7.34% females had taken antenatal care from District hospitals surrounding Jodhpur district but had finally

opted for or were referred to Umed Hospital for their present delivery/abortion. Only 2.34% of the subjects availed antenatal care from the two satellite hospitals of Jodhpur. (Table 1)

Table (1).Distribution of subjects according to place of ANC check-up:

Place of ANC Check-Up	No of Subjects
Sub centre	22 (1.20%)
PHC	87 (4.73%)
CHC	184 (10.01%)
Satellite Hospital	43 (2.34%)
District Hospital	135 (7.34%)
Umed Hospital	969 (52.72%)
Private Hospital	300 (16.32%)
No Information	01 (0.05%)
Others(ESI,M.H.)	07 (0.38%)
Check-Up Not Done	194 (10.55%)

*Multiple responses, Total not additive

From Table 2, it can be seen that 71.49% of the females came to Umed hospital for their present delivery/abortion without visiting any other peripheral health care centre available near their residence. Only a mere 28.51% (524) of the total females had visited some other health facility before coming to Umed Hospital; 0.12% had gone to a sub-center; 2.56% to a PHC, 13.76% to a CHC, 9.25% to a District hospital and only 1.47% to a Satellite hospital. Only 59.16% of the referred subjects came bearing proper documentation and rest of the females were not having any referral card. The common causes of referral were Anemia (16.41%), PIH/Eclampsia (15.65%) and delayed progression of labor (10.5%). (Table 2)

Table (2). Distribution of subjects according to the type of hospital they visited first for their present delivery/abortion:

Type of Hospital	No of subjects
Sub centre	02 (0.12%)
PHC	47 (2.56%)
CHC	253 (13.76%)
Satellite Hospital	27 (1.47%)
District Hospital	170 (9.25%)
Others (ESI & Military Hospital)	04 (0.22%)
Private	21 (1.14%)
Umed Hospital	1314 (71.49%)
Total	1838 (100%)

For majority of the females Umed hospital was their first choice for availing obstetric services. When enquired about the reasons behind it 10.5% replied that they were dissatisfied with their local facilities, 9.74% said it was owing to non-availability of hospital/Doctor/staff/equipment and for 5.78% Umed hospital was their first choice because 24hrs delivery services were not available in their vicinity. Bad experience at peripheral health centres during previous delivery/abortion was the reason for bypassing these channels for 1.37% of the study subjects. (Table 3)

Table (3). Distribution of non-referred subjects according to the reasons for coming to Umed Hospital

Reasons	No of subjects*
Dissatisfaction with local facilities	138 (10.5%)
Non Availability of Hospital/Doctor/ Nursing Staff/ Equipment's	128 (9.74%)
24 hrs delivery services not available in their vicinity	76 (5.78%)
Bad experience with local facilities	18 (1.37%)
Better Treatment Facilities	1011 (76.94%)
Good neonatal care at Umed Hospital	102 (7.76%)

*Multiple responses, Total not additive

It was further noted that 49.40% of the females were delivered normally which could have been easily managed at the peripheral health centres. Opinion of the concerned obstetrician was taken regarding the management of the subjects. They were of the opinion that 24.81% of the subjects without referral and 48.85% of the referred subjects could have been managed near their locations.

DISCUSSION

The Umed Hospital caters to the largest number of pregnant females in the north of India. Females come to Umed Hospital from all over the western Rajasthan in spite of the presence of number of PHC's, CHC's, Satellite Hospitals and even District Hospitals nearby. The burden of any tertiary health care centre depends on the efficiency of its nearby peripheral health care facilities. In order to reduce the burden of the former the peripheral health care system which is the backbone of any countries health care system should be strengthened and people's faith in them should be rebuilt.

In our study 40.86% women were illiterate as compared to 38.9% illiterate mothers in a study in urban slums of Bijapur city, Karnataka¹ and 16.5% illiterate mothers in a study in urban slums of Nainital².

Studies in India from Swami et al³ in the rural areas of Chandigarh and Chandrasekhar S et al in a rural district of South India⁴ observed 95.8% and 96 % utilization of ANC respectively, while Afrin S et al⁵ in their study in coastal Karnataka reported 75% cases utilizing antenatal care. Tufel Ahad Baba et al⁶ in their study done at sub-centre level reported 94.4% females utilizing antenatal care of which 17.1% had received the ANC at Sub centre, 24.21% at primary health centres (PHC's), while 31.2% had their ante-natal check-ups done at Sub-district or district hospital located in their home districts. About 20 % had preferred private clinics. In another study in urban slums of Delhi⁷, 76% respondents received antenatal care either from government hospitals (59%) or from the peripheral health post (17%), and 24% did not seek antenatal care.

In our study of the 1644 females (89.45%) who had availed antenatal services only 1.2% had visited Sub centre, 4.73% nearby PHC's, 10.01% CHC's, 7.34% their respective District hospitals, 16.32% had opted for Private clinics but the majority 52.72% had preferred to come to Umed Hospital. This shows that women in this region have less faith in the peripheral health care facilities even though they are nearer and are willing to travel a great distance for availing of better options.

The decision makers regarding the place of delivery in majority of the women were husbands 787 (42.8%) followed by Parents 618 (33.62%). This is in contrast to the study done by M.M. Angadi et al in which the major decision makers were the in-laws (63%). This could be because most of the women in Rajasthan go to their parents' home to give birth. Though in the former study 16.7% women had taken the decision themselves, here this percentage was only 0.44%.

Majority of the women (71.49%) had come directly to the Umed hospital which is comparable to the study done by Neena Shah More et al⁸ in the Mumbai slums in which too the numbers of referred subjects were few. According to Barua (2005)⁹ this may be due to a poor referral system; or because of women's reluctance to accept referrals as stated by De Zoysa et al¹⁰ in his study in an urban slum of India. Neena Shah More et al⁸ proposed that most families' care-seeking choices are based on rational decisions about health problems in pregnancy. Matthews et al¹¹ in their study in the slum populations of Mumbai state that the women and their families usually access the health resources which are able to provide the necessary care required by them. In our study too the subjects' families had preferred this tertiary care unit owing to better treatment facilities and also because of dissatisfaction with local health care units.

CONCLUSION

Referral system does not exist at all levels which has increased

the patient load at apex institutes like Medical College hospitals. Peripheral health workers (ANM/HWF) were not able to satisfy basic antenatal care requirements and expectations of the women.

RECOMMENDATION

A study should be conducted to find out the reasons behind the underutilization of peripheral health services in Jodhpur and surrounding districts. The deficiency may be related with infrastructure or equipment's or staff or money.

- 1) The factors influencing the behavior or performance of health care system or health facility and the nature of participation on the part of people it serves needs to be evaluated extensively.
- 2) There is need for strengthening the referral system in order to avoid unnecessary referral.
- 3) Health workers providing obstetric care at peripheral level should be monitored regularly by evaluating their performance on the basis of various MCH indicators.
- 4) Strengthening of the antenatal services is also required.

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