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A study to assess the utilization and level of satisfaction of National Health Mission services by the client's attending community health centres of Ambala District

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Abstract

The program of National Rural Health Mission (NRHM) was strengthened under the umbrella of National Health Mission (NHM) with the focus of covering rural areas and rural population and expanding health coverage to urban areas. The current study aimed to assess the utilization and level of satisfaction of National Health Mission services by the client's attending community health centres, to find a correlation between utilization and satisfaction of National Health mission services by the client's attending community health centres, to find a correlation between utilization and satisfaction of National Health mission services by the client's attending community health centres, to seek the association between utilization and satisfaction with selected variables of client's attending community health centres. A quantitative research approach using descriptive survey design was adopted for the study. A study was conducted in two community health centres of Ambala District, where 200 clients selected by purposive sampling technique. All clients were interviewed using structured questionnaires. There was a significant correlation between the utilization and satisfaction of antenatal services ($r=0.775$), postnatal services ($r=0.768$), child care and immunization services ($r=0.705$), and major and minor ailments services ($r=0.607$). The highest mean score of utilization was in the area 'Family Planning Services' (93.05) indicating more utilization in this area and lowest mean score was in the area 'Postnatal Services' (62.63) indicating least utilization in this area. The highest mean score of satisfaction in the area 'Family Planning Services' (92.54) indicates more satisfaction in this area and lowest mean score in the area 'Postnatal Services' (73.25) indicating least satisfaction in this area. The association of utilization and satisfaction of clients with selected variables was dependent on the age (14.992), educational status (3.139), occupation (6.496) and type of family (3.666) was found significant in the area of antenatal services. In the postnatal services, the association of utilization and satisfaction of clients with selected variables was dependent on educational status (5.556), occupation (3.959), total number of earning members (4.272) and distance from CHC (3.583). As regard to child care and immunization, the association of utilization and satisfaction of clients with selected variables was dependent on the age (4.195). Therefore it is that utilization and satisfaction were high in the area of family planning services and lowest in the area of postnatal services.

Keywords: Utilization, Satisfaction, National Health Mission, Client

Introduction

Health is a fundamental human right. Ever since India's independence in 1947, various national health schemes and programs have been launched with the view to improve the health status of people living in rural areas^[1].

To improve the availability and access of quality health care, especially for those residing in rural areas, the government has launched the NRHM program in 2005 for poor. The launch of the National Health Mission (NHM) provides the community the opportunity to have a fresh look at their functioning.

The Goal of the National Health Mission is 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. The objectives of the NHM are to reduce the Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), Total Fertility Rate (TFR). Universal access to immunization, Prevention and control of communicable and non-communicable diseases^[2]. According to the five years (2009-2014) achievements & new initiatives report of NHM by

Government of India (GOI), reports that after National Rural Health Mission was launched by the Government in 2005, the number of new construction works sanctioned under NRHM increased from about 7500 to over 27,400. These include 16954 Sub Centers, 8475 Primary Health Centers, 3009 Community Health Centers, 606 Sub District Hospitals and 659 District Hospitals. Of these, 21238 works have been completed. The numbers of First referral Units (FRUs) has increased significantly from 940 in 2005 to 2653 in 2013-14. There are now 8743 PHCs which are working round the clock, compared to 1263 in 2005 in the country [3].

In Haryana there are 110 CHC, 466 PHC and 2630 sub centers functioning (2012-13). The present study was conducted in Ambala district of Haryana state. Ambala district is situated in the north of Haryana, which has 4 CHC's, 19 PHC's and 101 sub centers. Fig -1 shows the map of Haryana [4].

Objectives

1. To assess the utilization and level of satisfaction of National Health Mission services by the client's attending community health centres.
2. To find a correlation between utilization and satisfaction of National Health mission services by the client's attending community health centres.
3. To seek the association between utilization and satisfaction with selected variables of client's attending community health centres.

Methodology

The research approach for this study is Non-experimental. The research design selected for the study was 'Descriptive survey design'.

Population

The target population for the present study comprised of client's utilizing NHM services from CHC's. The accessible population, for the present study comprised of client's utilizing NHM services from selected CHC's of Ambala District.

Sample

The sample for the study was the client's utilizing National Health Mission services in community health centres of Mullana & Shahjadpur.

Sample Size

The sample size of the study was 200 clients.

Table 1: Frequency and Percentage distribution of subjects according to utilization in the following services: Antenatal (AN), Postnatal (PN), Child care and Immunization services (CCI), Family Planning (FP) services. N=200

Sr. No	Rate of utilization			AN (n=40)	PN (n=40)	CCI (n=40)	FP (n=40)
		%	Range of score	F (%)	F (%)	F (%)	F (%)
1.	Adequately utilized	>75	8-10	29(72.5)	14(35)	13(32.5)	36(90)
2.	Moderately utilized	50-75	5-7	07(17.5)	17(42.5)	25(62.5)	04(10)
3.	Inadequately utilized	<50	0-4	04(10)	09(22.5)	02(05)	00(00)

Table 2: Frequency and Percentage distribution of subjects according to their utilization in minor and major ailment services. N=200

Sr.no	Rate of utilization			MMA (n=40)
		%	Range of score	F (%)
1.	Adequately utilized	>75	12-15	35(87.5)
2.	Moderately utilized	50-75	8-11	05(12.5) 00(00)
3.	Inadequately utilized	<50	0-7	

Setting

The study was conducted at selected Community health centres of Ambala District.

1. Community Health Centre of Mullana.
2. Community Health Centre of Shahjadpur.

Tool

The tool considered of two sections:

Section I

This includes the structured Performa to collect the information regarding sample characteristics.

This section consist of thirteen items seeking information on demographic variables that include the age, gender, religion, marital status, educational status, occupation, total income of family, type of family, total number of earning members, health insurance, distance from Community Health Centres, type of service and health services utilized presently.

Section II

Part A: Checklist for utilization and rating scale for the level of satisfaction of antenatal, postnatal, child care and immunization, family planning services.

Part B: Checklist for utilization and rating scale for the level of satisfaction of minor and major ailment services.

Procedure of Data Collection

Data collection was done in month of January 2015 through check list and rating scale using interview technique. Formal administrative approval was obtained from Civil Surgeon of Hospital, Ambala city to conduct the final study. Self-introduction and introduction of the study were given to the client's. Informed consent form was obtained from the client's and assured about the confidentiality of their response. Data was collected at community health centres of Ambala. Ten clients were interviewed per day. Data collection from one client took on average 20-25 minutes.

Ethical Consideration

Ethical approval from the institutional ethical committee was taken to conduct the study. There was no harm to the client's using National Health Mission services from the community health centres. An informed written consent was taken from the client's, anonymity of subjects and confidentiality of information was maintained.

Findings

Table 3: Frequency and Percentage distribution of subjects according to their Level of Satisfaction in the following services: Antenatal, Postnatal, Child care and immunization services, Family Planning services. N=200

Sr. no	Level of satisfaction	%	Range of score	AN (n=40)	PN (n=40)	CCI (n=40)	FP (n=40)
				f (%)	f (%)	f (%)	f (%)
1.	Satisfied	>75	24-30	38(95)	19(47.5)	22(55)	18(45)
2.	Partially satisfied	50-75	15-23	00(00)	17(42.5)		0(00)
3.	Dissatisfied	<50	10-14	02(5)	04(10)	00(00)	00(00)

Table 4: Frequency and Percentage distribution of subjects according to their level of Satisfaction in the minor and major ailment services. N=200

Sr.no	Level of satisfaction	%	Range of score	MMA (n=40)
				F (%)
1.	Satisfied	>75	34-45	38(95)
2.	Partially satisfied	50-75	23-33	02(05)
3.	Dissatisfied	<50	15-22	00(00)

Discussion

This part of chapter deals with discussion of the findings of the present study in accordance with the objectives pertaining to the research problem. The findings of the study were discussed with reference to the results obtained by other investigators.

In the present study, the computed value for association of utilization of client’s regarding antenatal services with age, educational status, occupation, type of family was found statistically at 0.05 level. Similar study was done by Onasoga (2012) to determining the factors influencing the utilization of antenatal clinic among pregnant women in Nigeria, revealed that there was significant association between distance, marital status, religion and level of education of respondents under study and their utilization of ANC services with 0.05 level of significance. On the other hand no significant association was found with occupation of respondents under study and their utilization of ANC at 0.05 level of significance [4].

In the present study, the computed value for association of utilization of client’s regarding postnatal services with educational status, occupation, total number of earning members and distance from CHC is found statistically significant at 0.05 level of significance. These findings are in accordance with the study of Dillee Prasad Paudel (2014) revealed that Education, income, were found most significant for utilization of postnatal services [5].

In the present study, the computed value for association of utilization of client’s with child care and immunization services with age was found to be statistically significant at 0.05 level of significance. These findings are revealed by the Evaluation Study of National Rural Health Mission (NRHM) In 7 States (2011) found that women’s higher education and better economic conditions had significant association with the utilization of child care and immunization services [6].

In the present study, the computed value for association of utilization of client’s with family planning services with age was not found to be statistically significant at 0.05 level of significance. These findings are revealed by the Evaluation Study of National Rural Health Mission (NRHM) In 7 States (2011) found that women’s higher education had significant association with the utilization of family planning services [6].

In the present study, the computed value for association of utilization of client’s with minor and major ailment services with age was not found to be statistically significant at 0.05 level of significance. These findings are revealed by the

Evaluation Study of National Rural Health Mission (NRHM) In 7 States (2011) more educated client’s had significant association with the minor and major ailment services [6].

Conclusion

Majority of client’s were adequately utilizing the antenatal, family planning and minor and major ailment services while postnatal and child care and immunization services were moderately utilized and majority of the clients were satisfied with the antenatal, postnatal, child care and immunization, family planning and minor and major ailment services. The highest mean score of utilization was in the area family planning Services indicating more utilization in this area and lowest mean score was in the area postnatal Services indicating least utilization in this area. The highest mean score of satisfaction in the area family planning services indicates more satisfaction in this area and lowest mean score in the area postnatal services indicating least satisfaction in this area.

Significant correlation was found between the utilization and satisfaction of antenatal services, postnatal services, child care and immunization services, and major and minor ailments services. The association of utilization and satisfaction of client’s with selected variables was dependent on the age educational status, occupation and type of family was found significant in the area of antenatal services. In the postnatal services, the association of utilization and satisfaction of client’s with selected variables was dependent on the educational status, occupation, and total number of earning members and distance from CHC. As regard to child care and immunization, the association of utilization and satisfaction of client’s with selected variables was dependent on the age. No any association found of utilization and satisfaction with selected variables in the area of family planning and minor and major ailment services.

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