pISSN 2394-6032 | eISSN 2394-6040

Original Research Article

DOI: http://dx.doi.org/10.18203/2394-6040.ijcmph20174230

Socioeconomic factor and satisfaction of MCH client in urban slum of Meerut, Uttar Pradesh

Nripendra Singh¹, Seema Jain², Harivansh Chopra², Arun Kumar², Ganesh Singh², Priyanka Kesarwani¹*

Department of Community Medicine, ¹TSM Medical College & Hospital, Lucknow, ²LLRM Medical College, Meerut, Uttar Pradesh, India

Received: 23 July 2017 Revised: 11 August 2017 Accepted: 16 August 2017

*Correspondence:

Dr. Priyanka Kesarwani,

E-mail: drpriyankakesarwani@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: The health of the mother and child constitutes one of the most serious health problems affecting the community, particularly in the developing countries like India. Promotion of maternal and child health has been one of the most important aspects. But any program, however, relevant its components were likely to fail unless it succeeds in improving the knowledge and achieving satisfaction of its respondent. Client satisfaction has traditionally been linked to the quality of services given and the extent to which specific needs were met. The objective of the study was to determine the level of satisfaction and correlated factor among mothers visiting primary health care institutions for maternal care services.

Methods: A cross sectional study was carried out on 384 women attending 19 urban health post located in Meerut. **Results:** In present study 76.0% MCH respondent belong to lower socioeconomic class, 46.4% MCH respondent were 6-12th class pass, 33.1% MCH respondent belong to SC/ST category. Satisfaction with behavior of staff was significant associated with socioeconomic class, educational qualification and religion of respondent. Satisfaction with cleanliness is significantly associated with socioeconomic status, type of family, education and caste of client. Satisfaction with availability of drug is significantly associated with socioeconomic status, education, category and religion of respondent. Satisfaction with behavior of doctor is significantly associated with type of family, education and category of respondent.

Conclusions: In present study, we observed that satisfaction of MCH respondents were closely related to the services provided at MCH center and with the behavior of health care providers.

Keywords: Urban, Slum, MCH respondent

INTRODUCTION

The health of the mother and child constitutes one of the most serious health problems affecting the community, particularly in the developing countries like India. To alleviate this problem maternal and child health services have seen spectrum of change dating from antiquity to

the most important development of national rural health mission.¹ Promotion of maternal and child health has been one of its most important aspects. But any program, however, relevant its components were likely to fail unless it succeeds in improving the knowledge and achieving satisfaction of its respondent. To assess the quality care in any services the client satisfaction is

considered to be the most effective tool. Client satisfaction has traditionally been linked to the quality of services given and the extent to which specific needs were met.² Services were being provided by health functionaries to the community with the objective of fulfilling their satisfaction but sometimes this is not working for the target population. As client feedback is important tool to improve health service delivery system, assessments should be undertaken periodically.

Aims and objective

This study aimed to determine the level of satisfaction and correlated factor among mothers visiting primary health care institutions for maternal care services.

METHODS

Sample Size Calculation - By taking Prevalence of client satisfaction 50% with precision of 5% at 95% confidence interval, an optimal sample size was calculated as-

 $N = (1.96)^{2} \times p \times q/d^{2}$ = 3.84×0.5× (1-0.5)/ (0.05)²
= 3.84×0.5×0.5 /0.0025
= 384

As per sample size calculation, the minimum size calculated was found to be 384. Taking non response rate of 10% sample size come to be 422.

Inclusion criteria

An inclusion criterion was women having at least 1 child less than 5-year old.

Exclusion criteria

An exclusion criterion was first time pregnant women.

This cross sectional study was carried out on 422 women attending 19 urban health center located in Meerut during May 2014 to December 2015. An exit interview was applied to the collect data using a predesigned and pretested questionnaire. The variable included were socioeconomic status of patient, age, occupation, education, religion, satisfaction with over all care provider etc. Data was refined and result was analyzed using Epi Info 7. Required tables were generated. Chisquare test was used to test for statistical inference.

RESULTS

In present study, we observed that most of respondents were of lower socioeconomic class followed by middle class. Most of the respondents (56.8%) were from nuclear family. In present study, we observed that most of respondents (46.4%) were educated up to 6-12th class while 18.5% were illiterate. Only 33.1% respondents were from SC/ST category while 66.7% were from general and OBC category (Table 1).

Table 1: Socio demographic profile of MCH respondent (n= 384).

| | | No. | Percentage (%) |
|---------------------|--------------------|-----|----------------|
| a · | Upper | 24 | 6.3 |
| Socio | Middle | 68 | 17.7 |
| economic status | Lower | 292 | 76.0 |
| Status | Total | 384 | |
| | Joint | 166 | 43.2 |
| Family type | Nuclear | 218 | 56.8 |
| | Total | 384 | |
| | Illiterate | 71 | 18.5 |
| Education of | 1-5 th | 126 | 32.8 |
| Education of mother | 6-12 th | 178 | 46.4 |
| moniei | Graduate | 9 | 2.3 |
| | Total | 384 | |
| | SC/ST | 127 | 33.1 |
| Caste | Others | 257 | 66.9 |
| | Total | 384 | |
| | Hindu | 201 | 52.3 |
| Religion | Muslim | 183 | 47.7 |
| | Total | 384 | |

In present study, we observed that 92.5% respondents of lower socioeconomic class were satisfied with behavior of staff. 25% respondents of middle class were satisfied with cleanliness at MCH center. 47% respondents of middle class were satisfied with the availability of drug. Satisfaction with staff behavior, cleanliness of MCH center and availability of drug was statistically correlated with socio-economic status of respondents. Satisfaction with behavior of medical officer and socioeconomic class was not statistically correlated (Table 2).

In present study, we observed that 80% respondent were from joint family and nuclear family and were satisfied with behavior of staff. 17% respondents from nuclear family and 8.4% respondents from joint family were satisfied with cleanliness of MCH centers. 24% respondents of nuclear family and 16% respondent of joint family were satisfied with availability of medicine. 27.1% respondents from nuclear family and 13.3% respondents from joint family were satisfied with behavior of doctor. Satisfaction with cleanliness of MCH center and behavior of doctor is significantly associated with type of family (Table 3).

Satisfaction with behavior of staff, cleanliness of MCH center, availability of medicine and behavior of doctor was significantly correlated with educational status of respondents. In present study, we observed that there was decrease level of satisfaction with behavior of staff with increasing level of educational status. Highest (92.1%) satisfaction with behavior of staff was seen with primary level of educational status. Satisfaction for cleanliness of MCH center, availability of medicine and behavior of medical officer was highest among illiterate respondents (Table 4).

In present study, we observed that satisfaction for cleanliness of MCH center, availability of medicine and behavior of medical officer was highest among SC/ST category respondents and this correlation of category with satisfaction of various aspects is statistically significant. Satisfaction with behavior of staff was more among the general and OBC caste respondents and was not statistically correlated with category of respondents (Table 5).

In present study, we observed that 76% Hindus and 85.6% Muslims were satisfied with behavior of staff. 25.4% Hindus and 15.3% Muslims were satisfied with availability of medicine and both these correlations were statistically significant. 10.4% Hindus and 16.9% Muslims were satisfied with cleanliness of facility. 17.9% Hindus and 24.6% Muslims were satisfied with behavior of medical officer and this correlation was statistically insignificant (Table 6).

Table 2: Socio-economic status and client satisfaction (n=384).

| | Satisfaction | | | |
|-----------------------|----------------------------|---------------------------------|----------------------------|----------------------------|
| Socio-economic status | Staff behavior (309) | Cleanliness of MCH centers (52) | Availability of drugs (79) | Behavior of doctor (81) |
| Upper (24) | 10 | 2 | 2 | 3 |
| Middle (68) | 29 | 17 | 32 | 14 |
| Lower (292) | 270 | 33 | 45 | 64 |
| Test of Significance | κ^2 - 11.6 p<0.0000 | κ^2 -9.43 p=0.0090 | κ^2 -36.15 p=0.0001 | κ^2 -1.81 p=0.4045 |

Table 3: Type of family and client satisfaction (n=384).

| | Satisfaction | | | |
|----------------------|-----------------------------------------|--------------------------------------|-------------------------------------|-------------------------|
| Type of family | Staff behavior (309) | Cleanliness of MCH centers (52) | Availability of drugs (79) | Behavior of doctor (81) |
| Joint (166) | 134 | 14 | 26 | 22 |
| Nuclear (218) | 175 | 38 | 53 | 59 |
| Test of Significance | $ \kappa^2 = 0.012 \text{ p} = 0.9900 $ | $\kappa^2 = 5.77 \text{ p} = 0.0163$ | $\kappa^2 = 3.8 \text{ p} = 0.0513$ | |

Table 4: Education of client and client satisfaction (n=384).

| | Satisfaction | | | |
|--------------------------|---------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| Education of mother | Staff behavior (309) | Cleanliness of MCH centers (52) | Availability of drugs (79) | Behavior of doctor (81) |
| Illiterate (71) | 50 | 17 | 20 | 27 |
| 1-5 th (126) | 116 | 16 | 32 | 37 |
| 6-12 th (178) | 142 | 17 | 26 | 25 |
| Graduate (9) | 1 | 2 | 1 | 2 |
| Test of Significance | $\kappa^2 = 42.94 \text{ p} = 0.0000$ | $\kappa^2 = 9.64 \text{ p} = 0.0219$ | $\kappa^2 = 8.67 \text{ p} = 0.0340$ | $\kappa^2 = 19.48 \text{ p} = 0.0002$ |

Table 5: Cast of mother and client satisfaction (n=384).

| | Satisfaction | | | |
|----------------------|----------------------|---------------------------------------|----------------------------|---------------------------------------|
| Caste | Staff behavior (309) | Cleanliness of MCH centers (52) | Availability of drugs (79) | Behavior of doctor (81) |
| SC/ST (127) | 97 | 37 | 36 | 53 |
| Others (257) | 212 | 15 | 43 | 28 |
| Test of Significance | | $\kappa^2 = 37.44 \text{ p} = 0.0001$ | κ^2 =6.32 p=0.0119 | $\kappa^2 = 46.73 \text{ p} = 0.0001$ |

Table 6: Religion of mother and client satisfaction (n=384).

| | Satisfaction | | | |
|----------------------|---------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Religion | Staff behavior (309) | Cleanliness of MCH centers (52) | Availability of drugs (79) | Behavior of doctor (81) |
| Hindu (201) | 153 | 21 | 51 | 36 |
| Muslim (183) | 156 | 31 | 28 | 45 |
| Test of Significance | κ^2 =4.51 p=0.0337 | $\kappa^2 = 2.92 \text{ p} = 0.0875$ | $\kappa^2 = 5.35 \text{ p} = 0.0207$ | $\kappa^2 = 2.18 \text{ p} = 0.1398$ |

DISCUSSION

In present study, we observed that health services were utilized mostly by OBC and general category respondents while it was only in 6% of SC/ST class of respondents. This was in accordance to the previous study.³ In present study, we observed that only 21% respondents were satisfied with the behavior of medical officer. It was contrary to the previous study.³ In present study, we observed that 80% respondent were satisfied with behavior of staff. This was in accordance with previous studies.^{4,5} Jerath et al reported that 68% of respondents were satisfied with the behavior of staff.⁶ In present study, we observed that 13.5% respondent were satisfied with cleanliness facility available at urban health center. It was contrary to previous study.⁵

CONCLUSION

Satisfaction with behavior of staff is statistically significantly associated with socioeconomic class, educational qualification and religion of respondent. Satisfaction with cleanliness of MCH center is statistically significantly associated with socioeconomic class, type of family and category of respondent. Satisfaction with availability of drug is statically significantly associated with socioeconomic status, education, category and religion of respondent. Satisfaction with behavior of doctor is statically significantly associated with type of family, education and cast of respondent.

Recommendation

Client feedback is an important tool to access and improve the health care service delivery system. A periodic assessment of health care service delivery system should be done. There should be availability of all drugs over MCH Center. There should be moral training time to time for medical officer and other staff at MCH center for improving their behavior towards patient, and towards their colleagues. There should be provision to maintain proper cleanliness over facility.

Funding: No funding sources Conflict of interest: None declared

Ethical approval: The study was approved by the

Institutional Ethics Committee

REFERENCES

- 1. Banerjee B. A qualitative analysis of maternal and child health services of an urban health center by assessing client perception in terms of awareness, satisfaction and service utilization. Indian J Com Med. 2003;28:153-6.
- Treasury Board of Canada Secretariat, Office of controller general, Evaluation and Audit Branch, Measuring client satisfaction, 1991.
- Srivastava RK, Kansal S, Tiwari VK, Piang L, Chand R, Nandan D. Assessment of utilization of RCH services and client satisfaction at different level of health facilities in Varanasi District. Indian J Public Health. 2009;53(3):183-9.
- 4. Unadkat S, Yadav S., Vadera B, Parmar D. A study on perception of women delivered in last one year on RCH services rendered by public health functionaries in Jamnagar district, Gujarat, India. Int J Med Sci Public Health. 2013;2(2):344-8.
- 5. Mishra S, Macwana JK. Client's Perspective on Obstetric Care Received AT 24X7 Primary Health Centers of a District Located in western India. Innovative J Med Health Sci. 2013;3(3)136–9.
- Jerath SG, Devasenapathy N, Singh A, Shankar A, Zodpey S. Ante natal care (ANC) utilization, dietary practices and nutritional outcomes in pregnant and recently delivered women in urban slums of Delhi, India: an exploratory cross-sectional study. Reproductive Health. 2015;12:20.

Cite this article as: Singh N, Jain S, Chopra H, Kumar A, Singh G, Kesarwani P. Socioeconomic factor and satisfaction of MCH client in urban slum of Meerut, Uttar Pradesh. Int J Community Med Public Health 2017;4:3664-7.