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Original Research Article

Women's knowledge and practice regarding primary health care services in Garhwal region of Uttarakhand

Ruchita Dixit[1]*, Aaradhana Bandhani[2]

[1]Department of Community Medicine, SSIMS, Bhilai, Chhattisgarh, India
[2]Department of Sociology, HNBGU (A Central University) SRT Campus Badsahithaul, Tehri, Uttarakhand, India

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***Correspondence:**
Dr. Ruchita Dixit,
E-mail: drruchitadixit@gmail.com

ABSTRACT

Background: Primary health care (PHC) relies heavily on the contributions of women, particularly in the area of health education, it raises their self-esteem and empowers them to serve their communities in a number of ways: by improving women's health and the health of their families and by training women both as care givers and as health educators. Primary health care is the first level of contact of the individuals, the family and the community with the national health system bringing health care as close as possible to where the people live and work: It should be based on practical, scientifically sound and socially acceptable methods and technology. It should be made universally accessible to the individuals and the family in the community through their full participation. This study projected to evaluate the knowledge and practice of women regarding health care services and their source of information.
Methods: Stratified multistage random sampling of the target population was done. In the first stage villages were selected by simple random sampling technique. In the second stage population for the study purpose was selected from the selected village again by simple random sampling technique.
Results: In this present study knowledge regarding health care services were higher and found satisfactory, health functionaries were found to be more informative as compared to media and others sources of information.
Conclusions: From the results found in this study it can be said that women's knowledge regarding health care services was found satisfactory.

Keywords: Knowledge, Health services, PHCs

INTRODUCTION

India is moving towards creating a public health system that is sensitive to the needs of women. Important role of primary health centers (PHC) is to provide health education emphasizing family planning, hygiene, sanitation, and prevention of communicable diseases. PHCs involve the local population in the operation and in the community outreach programs and encourages cultural activities, self-help programs, and health education through the PHCs.[1]

For many village women, PHC offers their first opportunity ever to be educated. It relies on home self-help, community participation, and technology that the people find acceptable, appropriate, and affordable.

Primary health care /center are not only making a difference on the local level, it is having an impact on health planning at the national and international levels. Primary health care needs to be adapted to varying circumstances at local and national levels. Any country that establishes a solid basis for PHC both provides for the needs of its most vulnerable and needy populations

and, at the same time, empowers its most neglected resource - women. Primary health care discussions bring women into the process of both making and implementing decisions that affect the community.

The women rights are the means by which a dignified living is ensured thereby safeguarding her privileges. Thus the basic fundamental rights of speech, freedom and decision-making are her basic rights as an individual and citizen. The right for education and employment are significant for women development and national development in the wider sense. As Jawaharlal Nehru well said, "You can tell the condition of the nation by looking at the status of women." The power and freedom to exercise these rights is Women empowerment. The key underlying concepts that define women"s empowerment relate to choices, control, and power.[2] In India, community health care lies mainly with women in rural areas.[3]

In broader sense Women's empowerment means women's access to and control over resources, which extends to their decision-making capabilities regarding household decisions, employment, income, household assets and expenditure, fertility, sexuality, and freedom of movement (physical mobility) and their control over material and intangible resources such as property, information and time; their position within the household vis-a-vis other male and female household members; their experience of domestic violence; and their education.[4]

The objectives of this study are follows:

- To study the socio-economic background of the respondents;
- To study women's knowledge and practice regarding health services;
- To study their source of information about health care services.

METHODS

The study was carried out by house to house survey in 20 villages of Khirshu block Pauri Garhwal, Uttarakhand. During the home visits, they were briefed about the objective of the study. A total of 200 women were enrolled in the study and given a specially designed structured self administered pre-tested questionnaire.

Type of study

Cross-sectional community based study

Area of study

Khirshu block Pauri Garhwal

Study period

The survey was carried out between November 2009 and April 2010

Statistical analysis

Data was coded, entered and analyzed by using Epi-Info Software 3.4.3. Data was expressed in percentage.

Sample size

The sample size is determined by the magnitude of the maximum allowable error and the degree of confidence that the error in the estimate will not exceed the maximum allowable error. In general the sample size is manipulated until

$z\,\sigma x = e$

Where z is determined by the degree of confidence.

Since $\sigma x = \sigma/\sqrt{n}$

It follows that $z\,\sigma/\sqrt{n} = e$

$$\sqrt{n} = \frac{z\sigma}{e}$$

$$n = \frac{z^2\,\sigma^2}{e^2}$$

Where e is equal to the maximum allowable error, z is determined by the degree of confidence, and σ is the standard deviation of the population from which the sample is selected.

Now total sample size;

$$\text{Samples } n = (1.96)^2\,(4.6)^2/\,(0.65)^2$$
$$= 193.45$$

Finally, 200 respondents from 10 villages 20 from each were selected at randomly.

RESULTS

Our study shows that majority of the respondents (37.5%) were from lower middle class, and 27.5% were from lower class. while 4% of respondents were from upper middle and a very negligible (1) percent of respondents were from upper class. According to age group majority (39%) of the respondents were middle age group (27%) young age group, and 34% of respondents were belonged to the older age group. With regard to level of education it was found that 14.5% of women were illiterate, similar proportion (22.5%) of the respondents were educated up to middle and intermediate, 18% up to high school where as very negligible (1.5%) respondent had education of

post-graduation or above. Occupational status of the subjects under study has shown in Table 1 that majority of the respondent (61%) worked in agriculture in their fields and 22% of women have been found as house wife. 14% of women has been found in any kind of service while a negligible percentage (3%) of women is involved in domestic labor (Table 1).

Table 1: SES and demographic profile of the respondent.

	Income per capita/month	No	%
Social class			
I – Upper class	>10,000	2	1
II-Upper middle	5000-9999	8	4
III- Lower middle	3000-4999	75	37.5
IV-Upper lower	1500-2999	60	30
V- Lower class	<1500	55	27.5
Total		200	100
Age group of the respondent			
15-25		42	21
26-35		38	19
36-45		38	19
Above 45		42	21
Total		200	100
Educational level			
Illiterate		29	14.5
Primary school		20	10
Middle school		45	22.5
High school		37	18.5
Intermediate		45	22.5
Graduate		21	10.5
P. Graduate		3	1.5
Total		200	100
Occupation			
Agriculture		122	61
House wife		44	22
Service		28	14
Labour		6	3
Total		200	100

Regarding the Distribution of Knowledge and Attitude about Health Services among Women 79.5% of respondents know about the location of health centre of their village and 89% of know the name of health worker working in the village and 65% had knowledge about the services provided at health center. It was also seen that 60.5% of respondents found satisfied with the health services provided at government hospital /health centre (Table 2).

Table 3 shows that 80% of the respondents would like to preferred government hospital for delivery plan while 15% opt for home delivery and 5% for private hospital.

In the present study when women were asked about the place for treatment of the health problems than, as is, evident from the Table 20 that 56% of women approach government doctor at nearby PHC for treatment, while 19% women takes their treatment from private medical practitioner, 26.5% of women obtain self or home treatment, and 3.5% also relies on traditional healer for their treatment (Table 4).

Table 2: Distribution of knowledge and attitude about health services among women.

Knowledge about health care services among women			
Parameter	**Y (%)**	**N (%)**	**Total (%)**
Location of health center of village	159 (79.5)	41 (20.5)	200 (100)
Name of health worker of village	178 (89)	22 (11)	200 (100)
Services provided by at centre/ Hospital	130 (65)	70 (35)	200 (100)
Are you satisfied with the health services provided at health centre/ Hospital	121 (60.5)	79 (39.5)	200 (100)

Table 3: Distribution of preference of delivery plan among women (n=200).

Parameter	Number	Percentage (%)
Govt.hospital	160	80
Home delivery	30	15
Pvt.hospital	10	5
Total	200	100

Table 5: Distribution of source of health education among women.

Parameter	Number	Percentage (%)
Media	40	20
Health functionaries	131	65.5
Others*	29	14.5

Media (TV, newspaper, radio), Health Personnel (Doctor, ANM, AW, etc.), others (friends, relatives, teacher, books).

In this present study it was observe that, a high percentage of respondents (65.5%) reported Health functionaries (ASHA/ANM, AWW), as a major source of information (Table 5).

In the present study socio-economic status of the sampled women was characterized by the modified classification of B.J. Prashad used for rural areas and based on family's per capita income of month as following:

DISCUSSION

In this present study majority of the respondents were from lower middle class, followed by lower class and a

very negligible percent of respondents were from upper class which can be explained by the fact that the study was conducted in Khirsu block of Pauri Gharwal. According to age group majority (39%) of the respondents were middle age group followed by 34% of respondents belonging to the older age group. With regard to level of education it was found that almost 14.5% of women were illiterate while 22.5% of the respondents were educated up to middle and intermediate. As per the occupational status is concerned majority of the respondent worked in agriculture in their fields which is relatable considering the area of study conducted.

Knowledge of health services among women influence their ability to make use of health service, and participate as a medium of promoting health education in community, which is an important pace for community health development. In this study that majority of respondents know about the location of health centre of their village as well as the name of health worker working in the village and many had knowledge about the services provided at health center. Availability of health centre in the same village played a positive role in terms of knowledge, awareness and utilization of maternity and child health services

It was also seen many of respondents were found satisfied with the health services provided at government hospital /health centre. Knowledge is an important factor in the utilization of PHC services. In this study, awareness of the presence of PHC centers was high just as the knowledge of the services offered by the health centers. The high awareness and knowledge may have positively influenced the use of the health services. Similar findings had been demonstrated by Agarwal in this study population, various socioeconomic factors such as literacy of women and their husbands, husbands' occupations showed a significant association with respect to utilization of antenatal care services, indicating the impact of education on awareness and health status of, and utilization by, the population.[5]

In the present study majority of the respondents were aware about the services provided by health workers at the village level. Safe delivery is promoted primarily through the encouragement of all families to seek the care of skilled birth attendants for all births, because all pregnant women are at risk of life-threatening complications, many of which are unpreventable and unpredictable. A study by Ray et al showed that practices of delivery at home in slums were found to be 34.7%, which contradicted with the findings of the present study which states that 80% of the respondents would like to preferred government hospital for delivery plan.[6] The reasons for the differences might be due to differences in the literacy levels or presence of better primary health-care facilities in the surrounding areas.

In present study while 15% opt for home delivery and 5% for private hospital. This was because that majority of the respondents were from lower socio-economic status which could not afford the charges of private nursing home.

Awareness regarding the incentive provided under JSY was found the reason to prefer government hospital for delivery plan. The people's need, quality service and attitudes of the staff toward them are most important factor in influencing their choice for delivery plan. In rural areas ASHA, ANM, and Aganwadi are the most active outreach worker and facilitator in health setting in rural areas they also provides health information and visits their home on routine based. According to NFHS IV Uttarakhand (2015-16) it has been found that (71.2%) of Births assisted by a doctor/nurse/LHV/ANM/other health personnel which is greater than NFHS III (2005-06).[7,8]

Respondent were asked about the place for treatment of the health problems than, and majority of them mentioned they visited government doctor at nearby PHC for treatment, while few still took their treatment from private medical practitioner, however some of women obtain self or home treatment, and surprisingly few still relies on traditional healer for their treatment. In the remote areas, people prefer the Govt hospital/ PHC for primary treatment. It shows that people have good faith in PHCs wherever these are present. During the study it was also observed that women feels that the facilities like routine laboratory tests are charged less and medicines, etc. are provided free of cost in government hospitals. That's why they prefer the same for health care services. According to NFHS III Uttarakhand it was observe that 43.6% of rural women generally prefer government hospital for treatment when they become sick. Similar the findings have been observed DLHS-2 Pauri Garhwal, Uttarakhand.[9] (2002-04) that 20% of women prefer to visit private health facility when suffer from illness. The Study Conducted by Dar K[10] "Utilization of the Services of the Primary Health Centers in India" it was pragmatic that People opt for PHCs as a source of treatment if located at nearest possible distance.

However, medical professionals are not the only ones providing health and medical information. It can be delivered through alternate sources as print and broadcast media, churches, community groups, family and friends, and the Internet are all sources of health and medical information. In this present study it was observe that, a high percentage of respondents reported Health functionaries (ASHA/ANM, AWW), as a major source of information. The study area having highest number of primary health centers (P.H.C) and higher educational facilities could be the possible reason for these findings. It could be possible that in_rural areas the women are more bounded to their daily routine work and therefore could not get much time to be paid on media and other advertising modalities. Similar the findings have been

observe in the study by Livingston that nearly a third of Hispanics say they received a lot of health and health care information from doctors or other medical professionals and in a study conducted by Paul in Uttarakhand.[11,12] A study conducted by Lewallen in Southeastern United States was found that family members were a common source of information for health practices.[13]

CONCLUSION

Knowledge is an important factor in the utilization of PHC services. In this present study, awareness of the location of PHC centers and services provided at government hospital /health centre were high. The high awareness and knowledge may have positively influenced the use of the health services in this study as about majority of those who were aware of the existence of health centers in their localities also preferred to utilize the health services. Health functionaries were found to the more informative as compared to media and others sources of information. The ultimate goal of every one seeking health care service is to get the best health services that will put them in a state of optimal health. The woman is not left out in this desire hence, the choice of health institution they perceive as productive to them is important. Primary health care (PHC) relies heavily on the contributions of women, particularly in the area of health education, it raises their self-esteem and empowers them to serve their communities in a number of ways: by improving women's health and the health of their families and by training women both as care givers and as health educators.

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