

MEASUREMENT OF ACCESS AND USE OF HEALTH SERVICES AMONG WOMEN

¹Manisha V Sawant ^{1st Author}, ² Dr. Jyoti Chaudhari ^{2nd Author}

¹ Assistant Professor, ², Nursing Superintendent MGM Hospital & Research Centre vashi (Sanpada)

¹ Department of Medical Surgical Nursing (Critical Care Nursing)

¹ MGM New Bombay College of Nursing of Nursing, Navi Mumbai

² MGM Hospital & Research Centre vashi (Sanpada)

Abstract:

Aim: To assess the access and use of health services among women,

Introduction: Patient centric approach is the key for increasing the access and improving the quality of health services and overall health of the community. In the tribal and rural area, population is not having multiple options of health facility unlike in urban area of same districts. The accessibility of limited health services is a key to health in tribal population. Hence the aim of the present study is to determine measurement of access and use of health services in general and specific to pregnancy- child birth and Family planning services among women of tribal area in Raigad District, Maharashtra **Methodology:** Semi-Structured questionnaire is used to collect the data from 50 married women residing in Dodhani village of Tribal area of Raigad District by using convenient sampling technique. Questionnaire included general accessibility and use of health services pertaining to pregnancy, child birth and family planning. **Result:** The majority of women belongs to 23- 27 years of age group. The mean of overall Accessibility and Availability of Health Services Score (AAHSS) was 7.04 (± 0.4) with mode score 7, when score limit was between 5-10. Though findings show maximum accessibility and use of pregnancy and child birth related services by all women (mean 29.42 ± 1.07 , mode 30, score limit was 15-30), mean score for access and use of family planning (FP) services found to be low (mean 6.57 ± 1.1 , mode 7 and score limit was 6-12). Though 74% women were heard of FP methods, only 53 % of women adopted FP methods (50% Tubal ligation and 6% women used spacing methods). No women reported about adoption of FP by their male counter partner. Bivariate analysis showed no relation between income and AAHSS. **Discussion:** The study shows that women utilized the pregnancy and child birth related services available from public health services. However, Family planning integral part of Mother and child health services underutilized. Zero participation of male in adoption of FP services support the lower perception of access and use of FP services among women. Hence researcher like to recommend the need for male involvement.

IndexTerms - Component,formatting,style,styling,insert.

INTRODUCTION

Mother and child health including Family planning is an integral part of national health programme since 1978.⁴ One of the indicators of National Population Policy is to improve the functional capacity and percentage usage of existing health infrastructure.² there are various initiatives are taken by government of India and voluntary organizations to improve indicators related to same. Hence the study is undertaken to know the facts of usage of health services from the women especially during pregnancy and child birth, for family planning and in general for common illnesses.³ The examine indicates that social reputation and monetary circumstance of a female is an essential determinant of utilization of antenatal care. Therefore, development of socioeconomic reputation is needed to growth usage of antenatal and perinatal care.⁷

A study conducts a clustered randomized trial in rural Bangladesh to evaluate the impact of two very different policy approaches to reducing child marriage and teenage childbearing, and increasing education –an adolescent empowerment training program and a conditional incentive program. In addition, we test in a sub-sample whether

either program effects health, empowerment, and income-generating activities. Moreover, the health indicator will help to measure women health in community as well as women overall access to use health services along with reproductive child health services.³

NEED OF THE STUDY

A WHO article says that all countries should be make accessible to use reproductive health services through primary Health Centre for safe Antenatal and postnatal care, breast feeding education to mother, family planning cancelling.to reduce maternal mortality rate and under 5 mortality rate. Furthermore, study has impressed the researcher with the findings that access and uses of pregnancy and child birth services among women.²

RESEARCH METHODOLOGY

3.2 Data and Sources of Data

For this study, data were collected from women residing in tribal areas. The primary data collection method used was the interview technique. Personal interviews were conducted with the respondents to gather relevant information regarding the objectives of the study. This method enabled the researcher to obtain detailed, accurate, and firsthand information directly from the tribal women, ensuring a better understanding of their experiences, opinions, and socio-economic conditions.

3.3 Theoretical framework

This study is based on Andersen's Behavioral Model of Health Services Utilization. According to this model, the use of health services depends on three main factors: predisposing factors, enabling factors, and need factors. Predisposing factors include personal and social characteristics such as age, education, marital status, and cultural beliefs. Enabling factors are the resources that help women access health services, such as income, transportation, distance to health facilities, and the availability of healthcare services. Need factors refer to a woman's health condition and her need for medical care.

Data collected from women respondents will be analyzed using descriptive and inferential statistical techniques. Descriptive statistics such as frequency, percentage, mean, and standard deviation will be used to summarize the socio-economic characteristics of the respondents and their access to health services the dependent variable will be whether a woman has utilized health services, while independent variables will include age, education, income, marital status, distance to health facilities, awareness of health programs, and transportation availability.

IV. RESULTS AND DISCUSSION

4.1 Results of Descriptive Statics of Study Variables

Distribution of women participants based on sociodemographic data

					N= 50
Variable	f	%	Mean	Media n	Mode
Age (in year)					
18-22	15	30			
23-27	30	60	24.32	24	24
28-32	5	10			

N= 50

Education

Illiterate	20	40
Primary Education	13	26
Secondary Education	11	22
Higher Education	6	12

Occupation

House wife	30	60
Supporting husband's occupation	12	24
Earn money on daily basis	6	12
Service	2	4

Family Income

12000-15000	2	4			
9000-12000	4	8	5860	5000	5000
6000-9000	12	24			
3000-6000	32	64			

Status of Children

Women having 1 Children	13	26
Women having 2 Children	27	54
Women having > than 2 Child	10	20

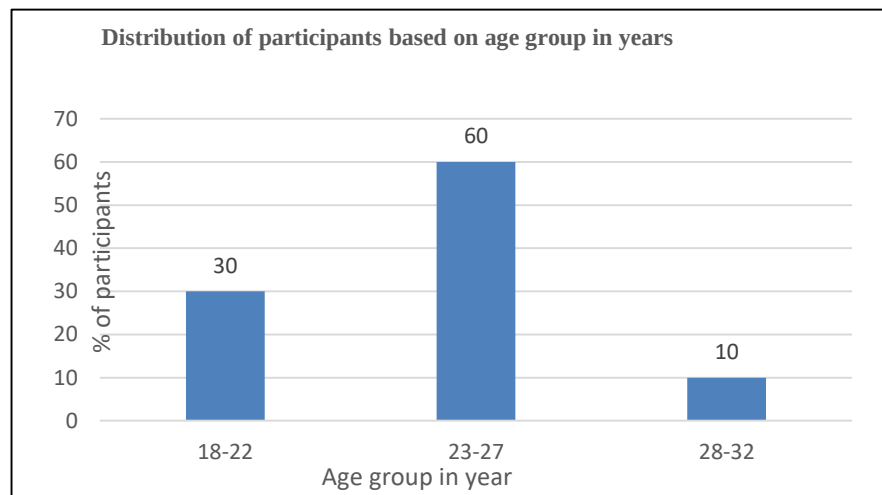


Figure 1: Column graph showing distribution of participants based on age group

All women participant belongs to the age of 18-32 years with mode 24 years of age. In the study participants the upper limit of education level was higher secondary level which constituted 12 % and 40 % was illiterate women. Maximum 60% women participated was house wife and 24% was the unpaid worker, supporting husband in his occupation. 2/3rd of participant's family income was between 3000-6000 Rs/month. The upper limit of income was only up to 12000 Rs/month in the study participants. 80% of participants were having two or less than two number of live children. (Table 1 and Fig. 1)

Sec B: Accessibility and availability of health services score (AAHSS)

Table 2: Distribution of participants based of general AAHSS

AAHSS score	<i>f</i>	%
6	3	6
7	42	84
8	5	10
TOTAL	50	100

84 % of participants gave score 7 out of 10 while the score limit was 5-10 for general availability and accessibility of health services. (Table 2)

Table 3: Descriptive statistics of General AAHSS

	Max. score	Min. Score	Total score (n=50)	Mean	Median	Mode	Range of score	SD
General AAHSS	10	5	352	7.04	7	7	6 to 8	0.4

Table 2 and 3 shows that majority of participants scored 7 out of 10 (mode 7 score) suggestive of average use of general health services for common illnesses like fever, cough and cold, diarrhea, etc.

Section C: Access and use of pregnancy and child birth services:

Table 4: Descriptive statistics of access and use of Pregnancy and Child birth services

	Max. score	Min. Score	Total score (n=50)	Mean	Median	Mode	Range of score	SD
Pregnancy	30	15	1471	29.42	30	30	26 to 30	1.07

Pregnancy and child birth services was utilized by all women participants. 72% of participants scored 30 out of 30 score regarding access and use of pregnancy and child birth services provided by public health sector. Mean score of 29.42 demonstrated good accessibility and use of pregnancy and child birth services among all women (Table 4).

Section D: Access and use of Family Planning services:

Table 5: Contingency table for awareness and usage of FP methods

Use of Family Planning	Awareness & Use of FP Methods				TOTAL	
	Yes		No			
	Fq	%	Fq	%	Fq	%
Yes	28	56	37	74	28	56
No	More than 28		13	26	22	44
Total	50		50	100	50	100

Table 6: Descriptive statistics of family planning

Family Planning	Max. score	Min. score	Total score (n=50)	Mean	Median	Mode	Range of score	SD
	12	6	327	6.54	7	7	5 to 10	1.1

Only 37 women participants (74%) reported that they are aware of FP methods. (Table 5) However, use of FP methods was adopted by only 28 participants. Only 3 women (6%) are using temporary FP methods whereas remaining 25 women (50%) had undergone tubal ligation. Not a single women reported that male has undergone vasectomy or using condom. The mean score of use of family planning services among participated is 6.54 ± 1.1 which is towards lower limit of the score. It had been found that no male involvement and unmet need of Family Planning among 43% of women from participated total women.

Bivariate statistics: Correlation between Family income and general AAHS

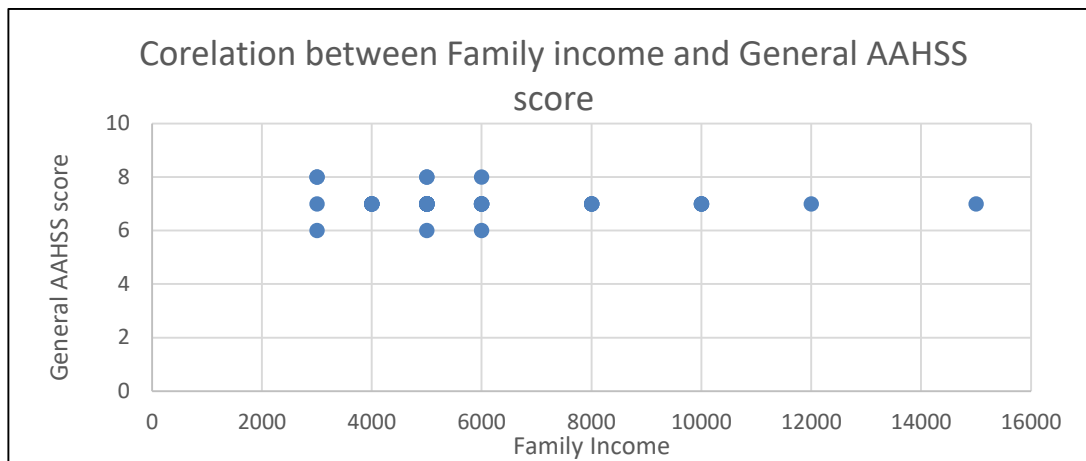


Figure 2: Scatter graph on family income and AAHSS

Though scatter graph shows augmentation of AAHSS score in the range of family income between 3000-6000 Rs./month, graph could not exhibit correlation between family income and AAHSS. (Fig 2).

Correlation between Family income and pregnancy and child birth services

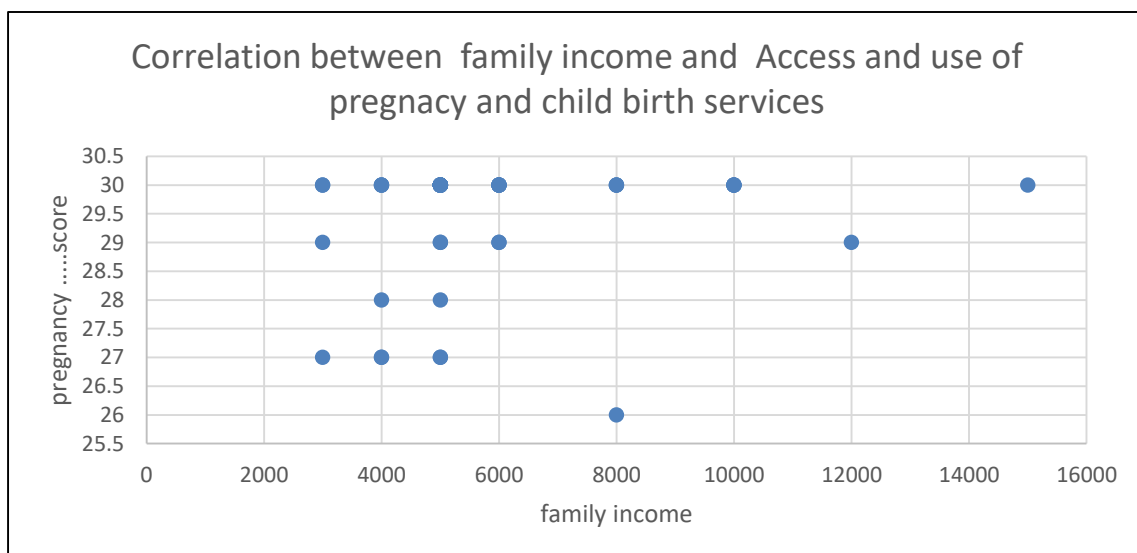


Figure 3: Scatter graph on income and Access & use pregnancy and child birth services.

There was no correlation between family income and Access & use of pregnancy and child birth services. (Fig 3)

I. ACKNOWLEDGMENT

First and foremost, I extend my heartfelt thanks to my research supervisor for providing valuable guidance, encouragement, and constructive suggestions throughout every stage of this study. Their expertise and continuous support were instrumental in completing this work. I would like to express my sincere gratitude to everyone who contributed to the successful completion of this research study on "**Measurement of Access and Use of Health Services Among Women**." "My sincere appreciation goes to all the women who willingly participated in this study by sharing their experiences and valuable information. Their cooperation and openness made this research possible.

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