

Assessment of Reproductive Health Services in Selected Community Clinics

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Abstract—To assess the utilization of reproductive health services. This was a cross-sectional descriptive study conducted with both qualitative and quantitative approach from January to December 2014 by interviewing 100 service receivers and 10 service providers of 10 community clinic of Cox's Bazar sadar upazilla. It was observed that community clinics (CCs) used by the 72% female health seeker where 50% of them were housewife. About the knowledge of family planning (FP) methods, 72% know and 28% do not know about it. Among 28% who did not received FP methods 7.14% don't know about the CCs, 42.85% don't know about the given services and 50% didn't received the service due to shame. It has been found that, Immunization of 15-49 years female, antenatal and postnatal care was found 100% & only one CC had facility of emergency obstetric care. Nutritional and immunization service for children was 100% and literate person knows about FP methods were 95.4%. The significant relationship was found between educational status and knowledge about FP method, $X^2 = 50.375$; P value- .000 which was $<.05$. Reproductive health services in CCs were found satisfactory. All the CCs were providing antenatal care which was a very promising sign. Maximum respondents had knowledge about the FP methods but maximum women don't use any contraceptive. So this was a big problem for the policy makers who worked to reduce our population.

Keywords: *assessment, reproductive health, FP methods*

I. INTRODUCTION

Health is the fundamental human rights of human being and the government has a constitutional obligation to ensure public health to all citizens. Therefore health, population and nutrition are among the most urgent development issues of the government of Bangladesh [1].

The Government of Bangladesh, in 1996-2001, planned to establish 18,000 community clinics for provision of primary healthcare services to rural people—13,500 as independent new clinics and 4,500 in the existing union and upazila-level health facilities. From 1998 to 2003, 10,723 community clinics were constructed, of which 8,000 were made functional. The Government resumed the CC project with the name "Revitalization of Community-based Healthcare Initiatives in Bangladesh" (RCHCIB).2 Target of setting up 13,500 independent Community clinics. On June 2016, 13,136 CCs were on board [2].

Revitalization of Community Health Care in Bangladesh is the most discussed project in the country's health sector in recent times. International quarters have also shown keen interest in this Bangladeshi initiative to

deliver healthcare to the doorsteps of the people. United National Secretary General Ban Ki Moon and World Health Organization (WHO) Director General Margaret Chan had inspected work on the community clinics when visiting Bangladesh. WHO is preparing a report called Community Clinic Health Revolution in Bangladesh [3].

Reproductive Health Service is a service that contributes to reproductive health and well-being through preventing and solving reproductive health problems [4]. The service provides women's health services; family planning, safe delivery care, Essential Obstetric Care (EOC), referral services, post-natal care and child healthcare[5].

According to the latest estimate by the United Nations (2015), the current maternal mortality is 176 per 100,000 live births; maternal mortality dropped by 68% against the 2015 target of 75% (143.5 per 100,000 live births). According to the United Nations estimate Bangladesh's under-5 mortality rate dropped to stunning 38 per 1,000 live births by 2015 from 144 per 1,000 live births in 1990, current infant mortality rate in Bangladesh is 31 per 1,000 live births, and the neonatal mortality rate is 23 per 1,000 live births. Ensuring universal coverage of measles vaccination is 86.6%. [2]

In the present context of Bangladesh Community clinic is the first level one stop service center for Primary Health Care with emphasis on Maternal and Neonatal Health. It is to be mentioned that normal delivery is being conducted in some community clinics through SBA and CSBA (trained FWA/Female HA) particularly where DSF (Demand Side Financing) and MNH program is going on. Normal delivery is also being conducted in some areas where PLAN Bangladesh is working with RCHCIB.[6].

II. MATERIAL AND METHODS

This was a cross-sectional descriptive study conducted with both qualitative and quantitative approach by assessing the existing facilities and interviewing 100 service receivers and 10 service providers. Semi structured questionnaire and checklist was used as a tool for collection of data. Questionnaire-based information was collected by face-to-face interview with respondents. Findings of the visit were collected by observation checklist. Data was collected from 9 AM to 4 PM of office day only. Analysis of data done by Microsoft Excel and SPSS version 20. The study was conducted from January to December 2014 & data were collected purposively in selected 10 CCs of Cox's Bazar sadar upazilla..

III. RESEARCH RESULT

A. Socio-demographic status

It was observed that, main health seekers in CCs were female. About 72% female and only 28% male utilize the CCs. As because females were maximum users of CCs 50%

of them were housewife, 6% were farmer, 19% were day labor, 2% were businessmen, 3% were service holder and 20% of them other occupation such as student, driver etc. Users who received the services from CCs 98% of them were Muslim and 2% of them were Hindu, 65% of them were literate and 35% of them were illiterate:

TABLE 1. DISTRIBUTION OF SOCIO-DEMOGRAPHIC STATUS OF THE PATIENTS WHO UTILIZES COMMUNITY CLINICS

Variable		Frequency	Percentage
Gender	Male	28	28
	Female	72	72
Occupation	House-wife	50	50
	Farmer	6	6
	Day-labor	19	19
	Businessman	2	2
	Service holder (Govt./ private)	3	3
	Others	20	20
Religion	Islam	98	98
	Hindu	2	2
Educational status	Literate	65	65
	Illiterate	35	35

B. Availability, Use and Procurement of Contraceptive Methods

Availability of FP methods was 100% except implant. About the knowledge of FP methods, 72% know about the FP methods and 28% does not know about it.

Item of FP methods were - pill, condom and injection. 72% women who know about the FP methods they collect single item 44%, two item 10%, multiple item 0% and no item 46%.

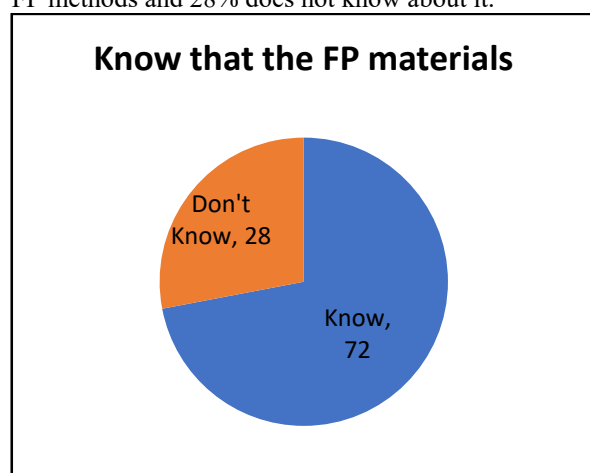


Fig 1. Distribution of knowledge about FP methods

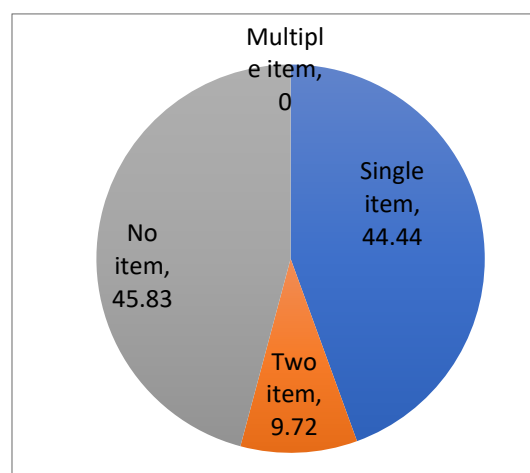


Fig 2. Distribution of FP methods received from CCs

Among 28% who did not receive FP methods 7.14% don't know about the CCs, 42.85% don't know about the given

services and 50% didn't received the service due to shame.

TABLE 2. DISTRIBUTION OF RESPONDENTS BY THEIR OPINION ABOUT NOT RECEIVING FP METHOD

ABOUT RECEIVING A SERVICE			
Characteristics		Frequency	Percentage
If no then, why?	Don't know about CC	2	7.14
	Don't know about given service	12	42.85
	Shame	14	50

Among 72% women who know about the FP methods they collect those FP material from different places such as Govt. health centre, CCs, NGOs, pharmacy and others. 58.33% women collect those FP materials from single centre. 6.94% choose two centers and 34.72% does not choose any centre. 0% women choose multiple centers.

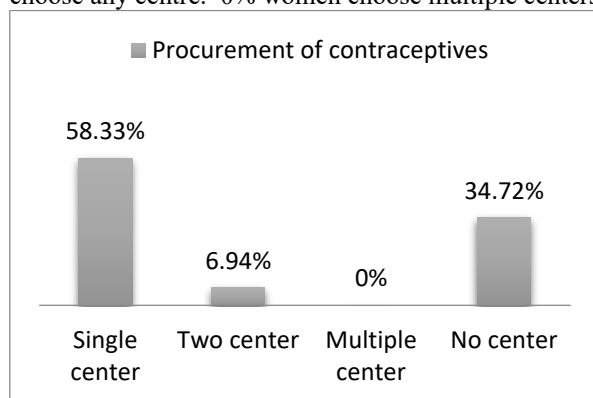


Fig 3. Distribution of procurement of contraceptives

C. Health Care

Service provider report that, Immunization for female 15-49 years, Iron and folic acid supplementation to pregnant women were found 100%. All the CCs were successfully doing proper antenatal and postnatal check-up. The service providers reported that they had referral systems and referred patients to the upper facilities using printed referral card was 100%.

Only 1 CC provided emergency obstetric care as because they had delivery facilities.

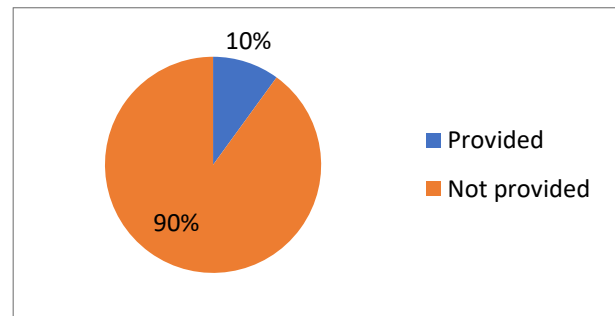


Fig 4. Distribution of emergency obstetric care

D. Child Healthcare

When a child came over a CC the CHCP asked for registration card and EPI schedule card, nutritional and immunization status check by CHCP were 100%.

It was observed that, weight machine for child & Height measuring tape was 100% functioning. Measuring tap 60% functioning and 40% were not available. Naso-gastric tubes (small), Baby mucous sucker glass and umbo bag were 90% not available but available 1 umbo bag was non-functioning. Mug for measuring saline (marked) were functioning in 90% CCs

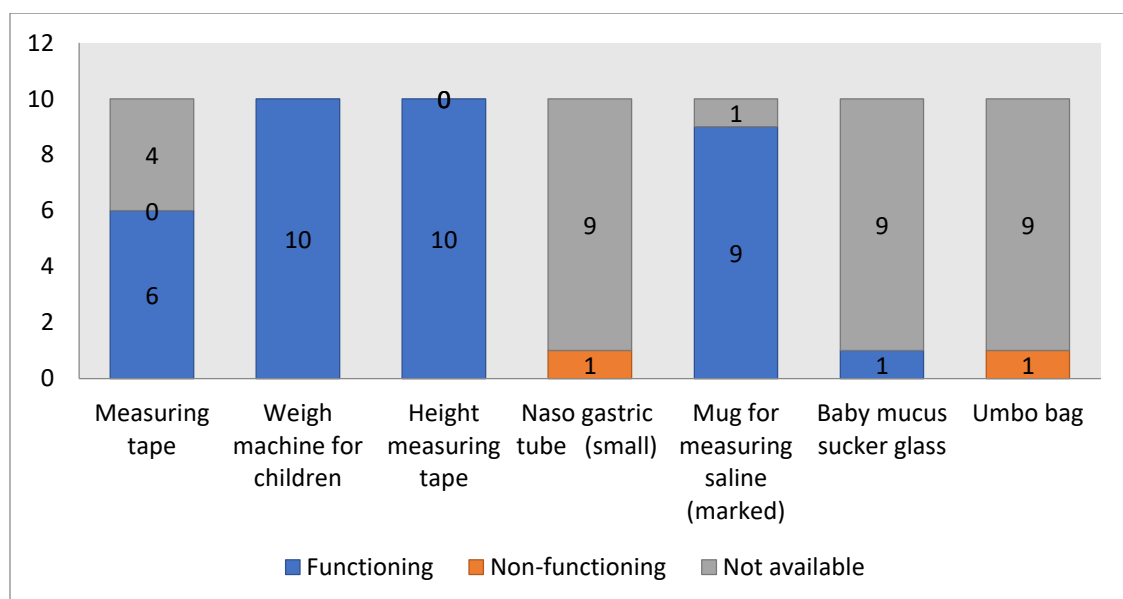


Fig 5. Distribution of status of the instrument

E. Association between educational status and know about FP method

It has been found that literate person knows about FP methods were 95.4% where illiterate persons were 28.6%. The significant relationship was found between educational status and knowledge about family planning, $X^2 = 50.375$; P value- .000 which was $<.05$

TABLE 3. RELATION BETWEEN EDUCATIONAL STATUS AND KNOW ABOUT FP METHOD

Educational status	Know about FP method				Total		X ²	P-value
	Yes		No					
	N	%	N	%	N	%		
Illiterate	10	28.6	25	71.4	35	100	50.375	.000
Literate	62	95.4	3	4.6	65	100		

IV. DISCUSSION

It was observed that CCs maximum used by the female person and 50% of them were housewife. A similar study found that female patients were the most prominent group of health care seekers in CCs.[7]

Users who received the services from CCs, 65% of them were literate and 35% of them were illiterate. Here the literate person means that who can give his/her sign and can read a paper not that how many educational level he/she completed. In comparison with NIPORT's study, among the users, overall, 40% had no education at all and only 9 percent had completed secondary level school, which indicates that people with less education intend to attend the CCs more for health care services than the better educated ones.[8]

Availability of FP methods were 100% except implant but such methods were not available in most of the CCs registers; rather it was kept by the FWA registers along with the home delivery. So, it was not possible for the FWA to give how many, of a particular method, were supplied in the CCs and how many in the home visits. NIPORT study found that CCs do not get any supply of FP methods such as pill and condoms except the supply of family welfare assistant (FWA).[7]

About the knowledge of FP methods, 72% know about the FP methods and 28% does not know about it. Open Access Journal of Contraception 2012 found that almost all married women in Bangladesh (99.9%) have heard of at least one FP method.8 Among 28% who did not receive FP methods 7.14% don't know about the CCs, 42.85% don't know about the given services and 50% didn't received the service due to shame. In a journal of Dhaka Medical College 2010 showed that, 11.84% women were not using contraceptive due to religious prohibition [9]

Among 72% women who know about the FP methods 58.33% women collect those FP materials from single centre. According to observation maximum women collect FP materials from single centre as because it was near to their house. 6.94% choose two centers and 34.72% does not choose any centre. These women were those who know

about the FP methods but don't collect any item because of religious value, fear of never had a baby and fear of side effect and shame. SHOPS project in 2011 found that, private sector sources account for nearly 44 % of modern family planning methods used, with 40% representing pharmacies where only oral contraceptives and condoms were available. These pharmacies were often a person's first point of contact with the health system, yet play virtually no role in the provision of long acting/ permanent methods.[10]

Service provider report that, all the conducting CCs provide before pregnancy health education.

Service provider report that, Immunization for female 15-49 years, Iron and folic acid supplementation to pregnant women were found 100%. All the CCs were successfully doing antenatal and postnatal check-up. As because it was a root level service delivery for antenatal check-up service provider did registration, took height, weight, measure blood pressure and asked about whether they boil their urine at home or not to find out proteinuria but blood test was not possible to do in those clinics. For post-natal check-up they took weight, measure blood pressure, told about FP methods & if any complication arises then referred to higher center. The service providers reported that they had referral systems and referred patients to the upper facilities using printed referral card was 100%. A study of NIPORT 2013 says, only antenatal and postnatal cares were provided from the clinics as maternal health care.[8]

CC which provided delivery services have emergency obstetric care facilities. Only one CC had this facility.

When a child came in a CC the CHCP asked for registration card and EPI schedule card, nutritional and immunization status check by CHCP are 100%. CHCP check malnutrition by measuring mid arm circumference and asking the dietary habit. CHCP check anaemia by retracting the lower eyelid.

It was observed that literate person had more knowledge about FP method than illiterate person. This observed difference may be due to literate person get more information by reading newspaper, leaflet and bill board about family planning method. Suggest that efforts towards reducing national maternal mortality in Bangladesh could be aided by investments into education, poverty reduction and the strengthening of reproductive healthcare services through community clinics, with particular focus on rural areas[11]

V. CONCLUSIONS AND SUGGESTIONS

Reproductive health services in CCs were found satisfactory. In CCs most prominent group of health care seekers were female. As because female was the maximum in count most of them were housewife. Maximum respondents had knowledge about the FP methods but maximum women don't use any contraceptive. So this was a big problem for the policymakers who worked to reduce our population. Antenatal care was given properly with Iron & Folic acid supplementation. It was observed that literate person had more knowledge of FP method than illiterate person which was about 95.4%.

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