

Short Communication

A STUDY TO ASSESS GENUINENESS OF OBSTETRICS / GYNECOLOGICAL PATIENTS COMING OR BEING REFERRED TO MEDICAL COLLEGE HOSPITAL IN SOUTHERN DISTRICT OF RAJASTHAN

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ABSTRACT

Background: In recent years it has been observed that medical college hospitals have been over burdened, bed occupancy has doubled and hospitals are finding it difficult to handle this increased patient load, putting enormous pressure on already scarce manpower and infrastructure resources.

Objective: To assess the reasons of increased indoor patient registrations specially focusing on the department of obstetrics and gynecology of RNT Medical College, Udaipur.

Material and methods: 300 patients in different Wards of the department of obstetrics and gynecology and only those coming from outside municipal limits of Udaipur were interrogated through a predesigned structured questionnaire and responses of treating doctors were also taken over a period of 1 month.

Results: Total 300 admitted patients were included in the study. Participants belong to 17-44 years age group (mean age 29.06±12.06 years). Majority of 172(57.3%) patients sought services of this hospital for some genuine gynecological problems, 77(25.66%) for pregnancy with complication .About 147(49%) patients had come to the tertiary level hospital for non availability of assured, round the clock specialist services in their own areas. Fear of complications 172(57.33%) and lack of faith and confidence in locally available medical officer 122(40.66%) have been the major reason for not availing services at periphery.

Conclusion: In view of the above findings there is urgent need to strengthen services and infrastructure in tertiary level hospitals to cope up with the increased workload.

Key words: genuineness, Obstetrics / Gynecological, referred.

INTRODUCTION

With an aim to bring about architectural correction in the quality of health care in rural areas and to improve maternal and child health, Govt. of India had launched a National Rural Health Mission in 2005¹, with an ultimate goal to bring down Maternal Mortality Rate and Infant Mortality Rate. In recent years it has been observed that medical college hospitals have been over burdened, bed occupancy has doubled and hospitals are finding it difficult to handle this increased patient load, putting enormous pressure on already scarce manpower and

infrastructure resources. In view of the above a study was conducted to know the genuineness of these cases coming to the hospital instead of availing the services in their residential areas and to assess the reasons of increased indoor registration specially focusing on the department of obstetrics and gynecology of RNT Medical College, Udaipur.

METHODS

A hospital based cross sectional design was adopted for the study. Study was conducted at

department of obstetrics and gynecology at Maharana Bhupal Hospital, Udaipur during July 2011.

Three hundred patients admitted in different wards of the department of obstetrics and gynecology, who came from outside municipal limits of Udaipur were included the study.

Data were collected on a predesigned pre-structured questionnaire through the interviews of the patients, available indoor records and interview of treating doctors during the month of July 2011.

Data thus collected was analyzed using Microsoft Excel version 2007.

RESULTS AND DISCUSSION

Total three hundred admitted patients were included in the study. Participants belong to 17-44 years age group (mean age 29.06 ± 12.06 years). Table 1 depict the socio-demographic profile of patients)

Table 1: Socio-demographic Characteristics of patients

Characteristic	Patients (%)
Age(In years)	
≤ 20	27(9)
21-30	207(69)
31-40	54(18)
>40	12(4)
Residence	
Rural	219(73)
Urbal	81(27)
Religion	
Hindu	198(66)
Muslim	102(34)
Marital status	
Married	214(71.3)
Un-married	86(28.7)
Literacy status of patients	
Illiterate	124(41.5)
Primary	113(37.6)
Secondary	41(13.6)
Graduate and above	22(7.3)
Husband literacy	
Illiterate	69(23)
Primary	143(47.6)
Secondary	55(18.4)
Graduate and above	33(11)

About 108(36%) patients seeking services at this institute are from adjoining districts of nearby state (MP) and districts bordering Udaipur and rest from various blocks of Udaipur district. Easy

access and availability of substantially good quality round the clock, assured services seems to be one of the potential reasons for coming to this hospital. Highest number of patients coming to this hospital from block rural Kanod 69 (23%) in spite of availability of a proactive specialist in the field are from village which are geographically located at a distance from Community Health center Head Quarter and have much easier access to this hospital, whereas services in other blocks need to be strengthened to restore faith and confidence of patients with special reference to qualified staff and not only the infrastructure. Rajasthan Government initiative to make available services of specialists in the periphery by providing six months training has not delivered desired results. Doctor trained for such duration either lack confidence or do not want to take responsibility or deal with emergency/complication.

Majority 172(57.3%) of the patients had come to seek the services of this hospital at their own, reflects the level of their confidence and faith in the quality of care being rendered at this institution. Majority of 172(57.3%) patients sought services of this hospital for some genuine gynecological problems, i.e. 77(25.66%) came for pregnancy with complication. Similarly Sweta Rajani, Harsha S. Gaikwad et al² found gynecological morbidity was most common at both peripheral and tertiary level centers followed by obstetric morbidity. About 147(49%) patients had come to the tertiary level hospital for non availability of assured, round the clock specialist services in their own areas. Majority of patients 172(57.33%) reported fear of complications as the major reason for not availing services at periphery and alternatively lack of faith and confidence in locally available medical officer have been reported by 122(40.66%) patients as reason for not availing services at periphery, on the contrary Palas S. Das, Mausumi Basu et al³ reported in rural Bengal, non-availability of doctor as a issue by only 17% of the patients, and poor confidence in doctor only by 9.63% of patients. Only 34(11.33%) patients had come with a hope to get all medical care free of cost here, which is not available to them in rural areas, whereas miscellaneous reasons like improper response of medical staff, staff demanding money in lieu of providing the services, rude and complacent behavior of health staff at periphery and pressure of family or relatives support in town has been the reason in 15(5%) patients.

In the present study non availability of blood transfusion facilities was reported by 180(60%) patients, similarly Kranti S. Vora, Dileep V. Mavalankar et al⁴ reported that over 70% of the FRUs and CHCs do not have linkages with a district blood-bank. Many medical officers at periphery are hesitant to deal with anemic/poor nutritional status patients to avoid any controversies in media or abuse / litigation by relatives, this is the reason that 132(44%) of the patients could not be treated in a peripheral institution as per the gut feeling of health care providers in apex institution.

About 51(17%) of normal deliveries coming from periphery with obvious reasons of lack of faith and confidence in medical officer and fear of complications need to be investigated. Rural health statistics⁵ of India reported that about 67% posts of obstetrics/gynecology specialists are vacant in community health centers in Rajasthan. Similarly in present study 147(49%) patients came from area where specialists in obstetrics/gynecology were not available. As per gut feeling of treating doctor at tertiary level hospitals majority of patients 167(55.6%) could be treated or managed at the peripheral health care facility.

CONCLUSION AND RECOMMENDATIONS

Looking to the findings of study, patient opinions and responses of doctors attending the increased workload at tertiary level hospitals, there is urgent need to strengthen and improve quality of services, infrastructure and availability of trained manpower at peripheral health

institutions to restore confidence of rural patients. In view of the above findings and the option of a cafeteria choice to patients seeking medical care, it is the responsibility of the department to strengthen medical college hospitals in terms of increasing number of Post Graduate seats to have more qualified doctors in the field in near future and increase in no. of faculty members and infrastructure in medical colleges alongside ensuring availability of trained and qualified doctors at periphery with compensatory remuneration at par with corporate sector and improving facilities like mini blood banks, investigations and ensuring availability of services of anesthetists at all first referral units may it on contractual/ part time basis.

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