

## “Perception of OPD Attendees in Rural Health Centre on Medical Care in Bangladesh: A Cross Sectional Study”

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**Abstract:** The Government of Bangladesh has made primary health centers institutions to provide primary health services for rural and tribal sectors. But shortcomings in the delivery of health care services has resulted in lesser utilization rates. Patient's perception about quality of care often determines whether they seek and continue to use services. The aim of this study was to determine the common motivators for the OPD attendees to come to the RHC for health services and to record the perception regarding the quality of health care received from the OPDs of the RHC. A cross-sectional study was carried out in Rural Health Centre (RHC) in Homna Upzala Cumilla Bangladesh. The patients attending the OPDs of RHC, above the age of 21 years were selected for the study. The study period was of 2 months: November- December, 2017. A total of 200 patients of different Rural Health Centre in Homna Upzala Cumilla were selected for the study. Data was collected using a pretested semi-structured questionnaire. Informed consent was taken from the study subjects. The data was analyzed by using “SPSS” software. Most of the patients came to RHC because of free drugs supply (94%) and because the centre was near their house (88%). 75% of patients had faith in doctors and staff of RHC and 73% believed that health information provided was satisfactory. More than half of patients came directly to RHC. One - fourth of the patients under study went for village level practitioners before attending the OPDs of RHC. Few went for some other institution and very few believed in home remedy only. 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent. One of the measures of the standard of health care is by assessing consumer satisfaction. There's a necessity for interventions in terms of your time spent at the power, which might promote sensible customer-focused service delivery. As we have a tendency to area unit providing facilities for preventive and curative health care delivered at the doorsill of the individuals, it's vital to establish the extent of utilization and reasons for non-utilization.

**Keywords:** Perception, OPD attendees, RHC

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### I. Introduction

The Government of Bangladesh country has created primary health centers establishments to produce primary health services for rural and social group sectors. However shortcomings within the delivery of health care services has resulted in lesser utilization rates. Very often, so as to attain our goal, we have a tendency to neglect the construct of quality of care that is additionally a right of purchasers [1]. Patient's perception regarding quality of care typically determines whether or not they ask for and still use services [2]. Patient satisfaction has emerged as a very important parameter within the assessment of health care quality [3, 4]. Patients typically have a particular agenda once visiting a health care facility [5]. Several studies counsel that main health care services utilized were from medication specialists and Rural Health Centers [6, 7]. The aim of this study was to see the common motivators for the OPD attendees to come back to the RHC for health services and to record the perception relating to the standard of health care received from the OPDs of the RHC.

### II. Methodology

**Study:** A cross-sectional study was allotted in different Rural Health Centre (RHC) at Homna Upzala Cumilla, Bangladesh.

**Study design:** In Cumilla district, there are several Rural Health Centers. By Simple random sampling method HomnaUpzala is selected which consist of several Rural Health Centers and each RHC covers approximately 20,000 populations.

**Data collection procedure:** Data was collected by trained investigator during: November-December 2017. Total 5 RHC of Homna upazila were included in the study. Outpatient satisfaction in rural health centers was assessed by pre-designed and pre-tested preform. A cross-sectional study was carried out in Rural Health Centre (RHC), Homna, Cumilla, Bangladesh and data was collected from the patients attending the OPDs of RHC, on top of the age of twenty one years were elect for the study. The study amount was of two months: November-December, 2017. A complete of 200 patients were collect for the study information was collected employing a pretested semi-structured form consent was taken from the study subjects. The info was analyzed by victimization “SPSS” computer code. It had been unbroken confidential and was used for analysis purpose solely.

**Statistical analysis:** The data was analyzed using Microsoft “SPSS” windows. Patient satisfaction was expressed in percentages.

### Welcome to community based health Care

Bangladesh has achieved notable progress on different health parameters during the last 2 decades in comparison to the neighboring countries and many other developing countries of the globe. We have achieved MDG- 4 before the stipulated time and are very much in track on MDG-5 in spite of low health budget and many other constraints. We are now in SDG era. In Bangladesh 4th HPN Sector Program is on board for a period from January.2017 to JUNE, 2022. For the 1ST 5.5 Years of SDG, CBHC will contribute substantially in achieving SDG as of MDG and will continue till the achievement of SDG by 2030. Under 4th HPN Sector Program the dimension of CBHC has been extended further. In short it consists of the activities of Community Clinic (the flagship program of the present government) and ESD (essential health services from UHC to all health facilities within Upazila other than CC).

### Homna upazila

Homna Upazila is the remotest Upazila of Comilla District. It is 60 km. North West from Comilla. There is a pouroushova in Homna. It has 10 Union with 350 Villages with 37576 households. All the union is accessible through roads. The population is around -230185. The Upazila health complex is located at the middle of the Upazila. The socio-economic condition is well. Titas is the main river which passes beside the middle of the Upazila. Most of the people in this Upazila depend on agriculture, fishing, business and foreign currency. .

EXISTING HEALTH FACILITIES IN THE UPAZILA	Column1	Column2
Facility Type	Total No. of Faciliti(es)	No. of Beds
Upazila Health Complex	1	50
OPD at Sadar Upazila Health facility	0	0
Union Sub Centers	2	0
Union Health & Family Welfare Centers (belong to DGHS)	8	0
Union Health & Family Welfare Centers (belong to DGFP)	7	0
Rural/Urban/Thana Health Centers	0	0
Community Clinics	20	0
Trauma Centers	0	0
MCWCs (belong to DGFP)	0	0
Chest Disease (TB) Clinics/Hospitals	0	0
Private Clinics/Facilities	3	60
NGO Clinics/Facilities	0	0

### III. Results

This study was shown in **Table-3**, most of the patients came to RHC because of free drugs supply (94%) and because the center was near their house (88%). 75% of patients had faith in doctors and staff of RHC and 73% believed that health information provided was satisfactory. Only 67% thought that better drugs were available at RHC and 59% were satisfied with good behavior of doctors and health staff. As shown in table-2, 57% of patients came directly to RHC. 26% of patients under study went for village level practitioners before attending the OPDs of RHC, 14% went for some other institution and 3% believed in home remedy only. As shown in table-3, 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent.

**Table 1:** Patient satisfaction towards services offered at RHC (N=200).

Indicators	Satisfied (%)	Not satisfied (%)
Location of the RHC	173 (86.5)	27 (6.5)
Comfort in sitting area	188 (94)	12 (6)
Waiting period	145 (72.5)	66 (27.5)
Cleanliness of the RHC	152 (76)	48 (24)
Overcrowding in the RHC	116 (58)	84 (42)
Usefulness of IEC materials	146 (73)	54 (27)
Availability of safe drinking water	169 (84.5)	31 (15.5)
Availability of toilet facilities	170 (85)	30 (15)
Cleanliness of toilets in RHC	130 (65)	70 (35)

In the present study, 173 (86.5%) outpatient attendees were satisfied with the location of the primary health center, and 145 (72.5%) outpatients were satisfied with the waiting period at these centers. 170 (85%) attendees were satisfied with the toilet facility in the PHCs; whereas, 84 (42%) attendees reported overcrowding in these RHCs, and 31 (15.5%) reported about unavailability of safe drinking water. (Table 1)

**Table 2:** Patient satisfaction towards response of the staff at RHC (N=200).

Response by PHC Staff	Satisfied (%)	Not satisfied (%)
Attitude of RHC staff	154 (77)	46 (23)
Examination by doctor	150 (75)	50 (25)
Doctor explained about illness	114 (57)	86 (43)
Treatment offered at RHC	152 (76)	48 (24)
Advice on prevention of similar illness	104 (52)	96 (48)

154 (77%) patients were satisfied with the attitude of the RHC staff, another 75% reported that the doctors had examined them as per their complaints, and 114 (57%) patients ‘doctors had explained about their illness. Majority (76%) of the patients were satisfied with the treatment offered in these PHCs (Table 2).

**Table 3:** Common Motivators For Seeking Health Care From The RHC (N=200).

Reason*(multiple responses*)	No.=200	Percentage
Near the house	176	88
Free drugs available	188	94
Better drugs available	134	67
Faith in doctors/health staff	150	75
Provision of health information	146	73
Good Behavior of doctors/health staff	118	59

**Table 4:** Distribution of the place of treatment of the patients before attending the OPDs of the RHC (N=200).

Place Of Treatment	No.=200	Percentage
Come directly to RHC	114	57
Home remedy only	6	3
Village level practitioners(local/qualified)	52	26
Some other institution	28	14

**Table 5:** Opinion of patients of OPD regarding treatment received (N=200).

opinion	n=200	Percentage
1.Happy	120	60
2.Partially happy or unhappy	60	30
3.Indifferent	20	10

#### IV. Discussion

Ours was study at RHC, placed fifteen click faraway from Medical faculty, Bangladesh. we've the references of primary health centers that had the just about similar results e.g. a study rumored that fifty two.3% opined that either proximity of the PHC to their homes or cheaper prices of treatment or each was the most reason why they visited the visited the PHC OPD [8]. Alternative studies conjointly gave virtually similar results [9-12]. A study in Central America rumored that medical examiners were therefore rude on have an effect on health services utilization [25].As shown in **Table-4**, 57% of patients came directly to RHC. 26% of patients under study went for village level practitioners before attending the OPDs of RHC, 14% went for some other institution and 3% believed in home remedy only. Almost similar observations regarding the place of treatment was also reported by other studies [13-16].As shown in table-3, 60% were happy with the treatment received at OPD, 30% were partially happy and 10% were indifferent. Similar findings were reported by other studies [8, 17]. the explanations for partial discontent were long awaiting consultation, lack of free provide of medication, and perpetually obtaining constant tiny yellow medicine for any quite health problem, etc. Some studies according non-availability of sure medicine and investigations as major areas of consumer discontent [18-20]. Waiting time may be a supply of discontent in patients [23, 24] in heap of studies. There are a unit few limitations to the current study. Firstly, findings of this study can't be applied to the complete population that utilizes the first health care services in Asian country. Secondly, it's going to be plausible that solely patients World Health Organization area unit glad with a precise health care service can still utilize it. Therefore most patients attending the middle would be glad shoppers. This has been pointed by alternative authors moreover [21]. A study according that a high level of satisfaction was thanks to sensible relationship with Doctor. [22].

#### V. Conclusion

One of the measures of the standard of health care is by assessing shopper satisfaction. There's a requirement for interventions in terms of your time spent at the power, which might promote sensible customer-focused service delivery. As we tend to area unit providing facilities for preventive and curative health care delivered at the doorstep of the people, it's vital to determine the extent of utilization and reasons for non-utilization.

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