Assessment of Partially Treated or Left-out Patients under RBSK in Districts Jaipur, Ajmer & Tonk

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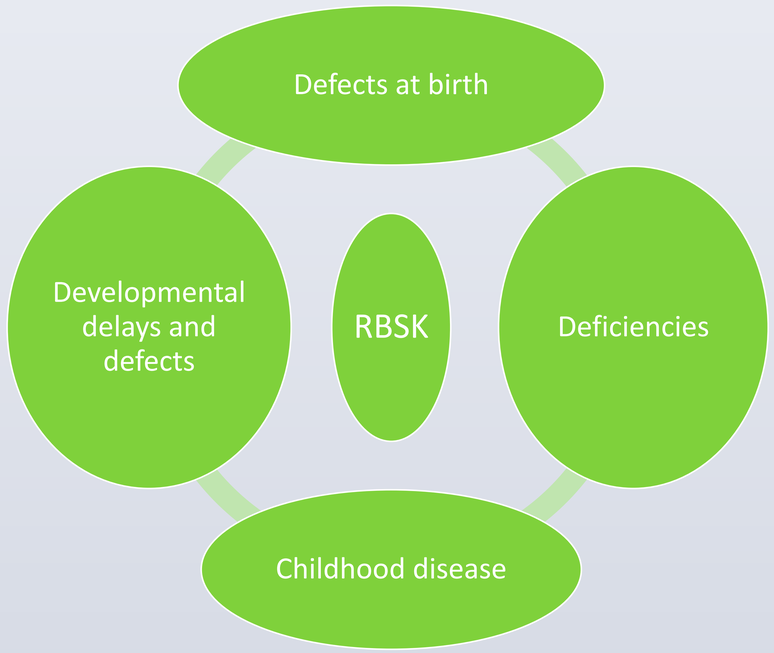
INTRODUCTION

The National Rural Health Mission has launched a new initiative of Rashtriya Bal Swasthya Karyakram , a child health screening and early intervention services program to provide comprehensive care to all the children from the age 0-18 years in the community.

Child health screening and early intervention services envisage to cover 38 identified health conditions for early detection, free treatment and management through dedicated mobile health teams placed in every block in the country.



AIM

To assess the causes for partially treated or left-out patients and barriers which hinder the services provided by RBSK.

Objective :

- To assess the patients psychology in terms of RBSK treatment
- To identify the interventions to prevent barriers under RBSK..

METHODOLGY

Sampling method: Convenient sampling

Sample: Children from age 0-18 years under RBSK program.

Sample size: 90

Secondary data source: Through registered records under RBSK

Data collection tool: Semi-structured questionnaire

With the help of questionnaire, interviews of the caregivers of the partially treated or left-out patients was done through personal visits and in some cases telephonic interviews.

Data analysis: Data analysis was done using MS-Excel.

KEY FINDINGS

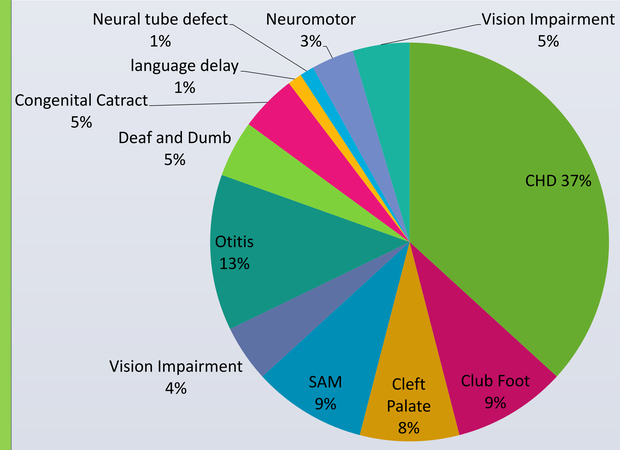


Fig 1 Disease distribution

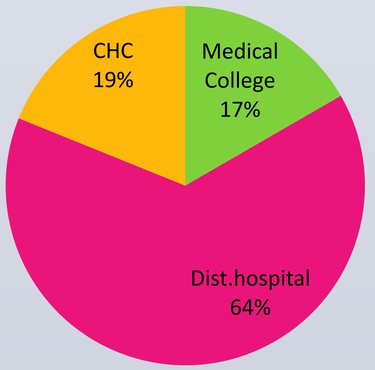


Fig 2 - Patient distribution at different health institutions

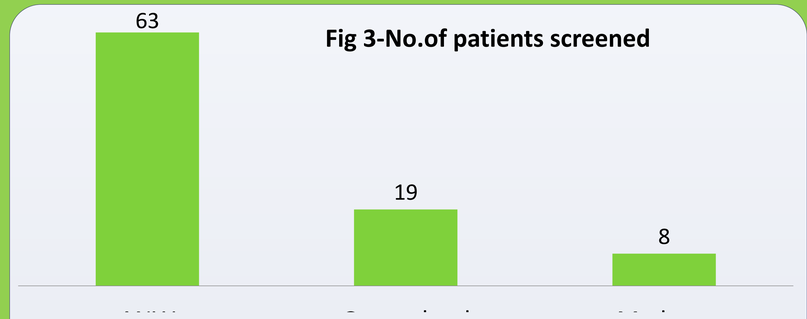


Fig 3-No.of patients screened

ANW- 63, Govt. School – 19 , Madarsa- 8

Pt. were informed by MHT- 76 , ADNO – 9 , Teacher – 5

REASONS GIVEN BY PATIENTS FOR REFUSING TREATMENT

- Orthodox believes - 3
- Grand parental pressure – 3
- Handicapped reservation - 12
- Lack of time - 17
- Religious constraints - 6
- Long distance - 5
- Social pressure - 9
- Negligent attitude - 10
- Long waiting - 12
- Money demanded - 6
- Lack of facilities - 3

INTERPRETATION

- The Care givers are not able to differentiate b/w care and cure.
- Financial instability of caregivers.
- Absence of awareness regarding health and related issues.
- Preference of getting treatment at private hospital for social status.
- Preference of getting handicapped treatment.
- Limited importance being given to RBSK among other health programs.
- Strict follow-up of non glamorous disease like SAM etc.
- Ignorance at Anganwadi level or absence of ASHA at many points.