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Knowledge of Employed Mothers and Housewives Toward Family Physicians in Primary Health Care Centers

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ABSTRACT

Background: Family physicians play an essential role and act as a communicational bridge between people and the healthcare system in providing healthcare services efficiently. **Aim of study:** To evaluate the Knowledge of Employed mothers and housewives toward family physicians in primary health centers and to identify the general satisfaction of participants with the services provided by Family physicians. **Methodology:** A cross-sectional study was conducted in 4 primary health care centers in Baghdad (AL-Resafah sector, AL-Karikh sector), from 1st of January 2019, to 1st of June 2019. Sample of a study from a mother who attended the PHCC, who has multiple visits. **Result:** 72.8% were living in an urban area and the rest 27.2% were from rural areas. Educational level categorized into primary and less, secondary, and institution, college, above with 65(26%), 133(53%), 52(20.8%), respectively. Nearly half of the participants were employed, 112(44.8%) of participants prefer physicians' age≥45y, 128(51.2%) of participants have no difference for preferring physicians' gender. 141(56.4%), 140(56%) of participants didn't know that the PHC doctors are family physicians and didn't know that the family physicians are specialists, respectively. **Conclusion:** More than half of the participants have good Knowledge of family physicians. There was no statistically significant difference in some of the participants' characteristics and satisfaction level. Some of the participants showed dissatisfaction with the appointment for the next visit, and more than half showed dissatisfaction with the waiting time. The results showed that the knowledge of Employed mothers was better than the knowledge of housewives.

Keywords: knowledge, Employed mothers, housewives, family physician, in primary health care centers

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INTRODUCTION

The specialty of family medicine is a demanding one that requires a great experience and knowledge. Family medicine is the cornerstone of the health care system , since family physicians screen everyone seeking help, regardless of his/her characteristics. The family physician was described by the World Organization of family doctors as the physician who is primarily responsible for providing comprehensive health care to every individual seeking medical care, and arranging for other health personnel to provide services when necessary (Al-Thagafi & Zughbi, 2018).

The first contact between the health care system and the patients is a primary health care, is a basic for attaining an acceptable level of health for the public because it include all the basic health care services to be provided to the community and it is critical and an integral component of the health system of any country (Almoajel Et al., 2014)

Health of patients largely based on the primary health care sector of the country, Primary care include a partnership between patient and providers that addresses the majority of population's health needs over time(Almalki et al., 2011). Aim of the study: To evaluate the knowledge of employed mothers and housewives toward Family physicians in primary health care. To identify general satisfaction of participants to the services provided by Family physician. To identify if there is relation between participants socio-demographic and their general satisfaction.

METHODOLOGY

A cross sectional study was conducted from 1st of January 2019 to the1st of July 2019. This study was done in Baghdad in primary health care centers in both AL-Karikh sector and AL-Resafah sector and selection of PHCCs was done randomly. This study was conducted over period of six months from the1st of Jan to the the1st of July. A convenient sample of 250 clients from employed mothers and housewives who visit the PHCCs for different medical problems.

The data was collected by using a questionnaire through direct (face-to face) interview. Data was collected over period of three months from the end of January to the end of April 2019 in two days per week, about 2-3 hours lasted in each visit and the average time for each interview was took 10-15 minutes.

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Data entry and analysis was done by using statistical package for social sciences software version 24 (SPSS-24) and Microsoft Office Excel 2013; data were expressed as numbers, percentages.

RESULTS

Table 1: *Descriptive distribution of participants according to socio- demographic characteristics*

Socio-demographic characteristics	No.(n=250)	Percentage (%)
Age (years) 18-25 25-45 45>	 35 169 46	 14 67.6 18.4
		Total=100
Marital status Married Divorce widow	 155 22 73	 62 8.8 29.2
		Total=100
No .of children Nil 1 2 3 ≥4	 0 30 42 78 100	 0 12 16.8 31.2 40
		Total=100
Residence Urban Rural	 182 68	 72.8 27.2
		Total=100
Educational level Primary school／less Secondary school Institution, college, above	 65 133 52	 26 53.2 20.8
		Total =100
Occupation House wife Employed mother	 109 141	 43.6 56.4

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		Total=100

Regarding age of participants the majority were 25-45y with percentage 67.6%, regarding marital status more than half of participants married 155 (62%),and 40% of mothers had ≥4of children.

Table 2: *Distribution of participants according to their knowledge toward Family physicians*

Questions	Yes	No	Don't know	Total
DO you know the primary care is the first medical contact with the health care system?	183(73.2%)	19(7.6%)	48(19.2%)	250
DO you know the PHC doctors are family physician?	59(23.6%)	50(20%)	141(56.4%)	250
DO you know that family physician is specialist?	53(21.2%)	57(22.8%)	140(56%)	250
DO you know that family physician provide all health services and manage health problems?	181(72.4%)	49(19.6%)	20(8%)	250
DO you know that family physician manage acute and chronic health problems?	179(71.6%)	61(24.4%)	10(4%)	250

In this table arranged the answers of participants are yes, no, don't know, study shows that (73.2%) of participants know that primary care is the first medical contact with the health care system.

Table 3: *Relation between satisfaction of the participants and some socio- demographic characteristics and their statistical significance.*

Variables	Satisfied	Not satisfied	Don’t know	P value

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Age (years) 18-25 24-45 45>	 26(13.6%) 136(71.2%) 29(15.2%)	 6(15%) 22(55%) 12(30%)	 3(15.8%) 11(57.9%) 5(26.3%)	0.151
	191(100%)	40(100%)	19(100%)	
Educational level Primary school /less Secondary school Institution, college, above	 44(23%) 105(55%) 42(22%)	 11(27.5%) 22(55%) 7(17.5%)	 10(52.6%) 6(31.6%) 3(15.8%)	0.094
	191(100%)	40(100%)	19(100%)	
Occupation House wife Employed mother	 84(44%) 107(56%)	 13(32.5%) 27(67.5%)	 12(63.1) 7(36.9%)	0.083
	191(100%)	40(100%)	19(100%)	

In this table arranged the answer of participants satisfied, not satisfied and don't know. This study show that 136(71.2%) those with age 25-45y and105 (55%) of participants who completed secondary school, 107(56%) from Employed mother higher satisfaction with PHC doctor.

Table 4: *Distribution of participants between knowledge scores and their statistical significance.*

	Knowledge categories according to Total score				
	Total Knowledge score <50%		Total knowledge score >50%		P-value
	Frequency	Percentage	Frequency	Percentage	

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Age Group	18-25 Y.O.	17	6.8%	18	7.2%	0.001*
	25-45 Y.O.	63	25.2%	106	42.4%	
	>45 Y.O.	6	2.4%	40	16.0%	
Marital	married	47	18.8%	108	43.2%	0.070
	divorce	12	4.8%	10	4.0%	
	widow	27	10.8%	46	18.4%	
No of kids	1	12	4.8%	18	7.2%	0.001*
	2	35	14.0%	7	2.8%	
	3	0	0.0%	78	31.2%	
	>4	39	15.6%	61	24.4%	
Residency	Urban	64	25.6%	118	47.2%	0,677
	Rural	22	8.8%	46	18.4%	
Education	Primary	47	18.8%	18	7.2%	0.001*
	Secondary	33	13.2%	100	40.0%	
	Institution	6	2.4%	46	18.4%	
Occupation	Housewife	47	18.8%	62	24.8%	0.011*
	Employed	39	15.6%	102	40.8%	
*p- value < 0.05 statistically significant using chi-square test.						

For age group, (42.4%) of all participants scored good, other age groups percentages are shown in table 4.9. For number of kids, (31.2%) from all mother with 3kids scored good, other percentage showed in table 4.9. For occupation (40.8%) of Employed mother and (24.8%) of housewife got good score, while (15.6%) of Employed mother and 47(18.8%) housewife got poor score.

Table 5: *Distribution of participants between knowledge scores and their statistical significance.*

		Knowledge categories according to Total score				
		Total Knowledge score <50%		Total knowledge score >50%		
		Count	Table N %	Count	Table N %	P-value
	28-45y	30	12.0%	21	8.4%	0.001*

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prefer physicians age according to age of clients	≥45y	0	0.0%	112	44.8%	
	no difference	56	22.4%	31	12.4%	
prefer physicians gender according to age of clients	Male	0	0.0%	53	21.2%	
	Female	30	12.0%	39	15.6%	
	no difference	56	22.4%	72	28.8%	0.001*
*p- value < 0.05 statistically significant using chi-square test.						

Regarding preference physicians' age: none of the 112 of participant's with age≥45y scored poor, while 30 and 56 of participants whom prefer physicians' age28-45y, and no difference respectively scored poor. P-value 0.001 was statistically significant

Table 6: *Distribution some of participants' characteristics and their preference to physicians age and their statistical significance.*

			prefer physicians age according to age of clients and education level				P-value
			28-45y	≥45y	no difference	Total	
Age Group	18-25 Y.O.	Count	11	4	20	35	0.001*
		% of Total	4.4%	1.6%	8.0%	14.0%	
	25-45 Y.O.	Count	30	85	54	169	
		% of Total	12.0%	34.0%	21.6%	67.6%	
	>45 Y.O.	Count	10	23	13	46	
		% of Total	4.0%	9.2%	5.2%	18.4%	
Total		Count	51	112	87	250	
		% of Total	20.4%	44.8%	34.8%	100.0%	
education	Primary	Count	41	4	20	65	0.001*
		% of Total	16.4%	1.6%	8.0%	26.0%	
	Secondary	Count	0	85	48	133	
		% of Total	0.0%	34.0%	19.2%	53.2%	
	Institution	Count	10	23	19	52	

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		% of Total	4.0%	9.2%	7.6%	20.8%
Total		Count	51	112	87	250
		% of Total	20.4%	44.8%	34.8%	100.0%
*p- value < 0.05 statistically significant using chi-square test.						

In this table arranged the participant's preference according age of family physician into 28-45y, ≥45y and no difference.

Table 7: *Participants' Knowledge scores*

		Count	Table N %
Knowledge categories according to Total score	Total Knowledge score <50%	86	34.4%
	Total knowledge score >50%	164	65.6%

The participants Knowledge scores was divided into good when they score equal or more than 50% and poor when they score below 50%. 164 (65.6%) got a good score, while 86(34.4%) got poor score. figure 4.6.

DISCUSSION

The current study showed significant association between Educational levels and age of participants with their preference to the physicians' age. 34.0% of participants those completed secondary school and with age group(25-45y) they prefer physicians' age ≥45y, and 44.8% from the total number of different age groups and Educational levels they prefer the same age, while the remainder from different age groups, Educational levels showed 20.4% from the total number prefer physicians' age 28-45y and 34.8% from the total number they have no difference these finding consistent with study done in Qatar2009, which showed highest rate preference for older physicians, this may be due to the many patients believes older physicians more experience due to longer years of working. While study done in USA 2000, showed highest rate for no difference which inconsistent with our study.

Family physician is a health care provider who emphasize on disease prevention and health care promotion, in the current study more than half of participants had good knowledge about

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the PHC doctors(Family Physicians) which inconsistent with study done in Pakistan2004, were only 7.39% have good knowledge, this finding because lack of awareness programs for a public bout characteristic of family physician, while another study done in Pakistan 2012, showed good knowledge toward family physician.

Regarding clinical examination more than half of participants in this Study they showed agreement that family physician always do clinical examination with respective manner this finding consistent with many studies done in Slovenia 2015, were about 95.3% showed agreement about respectful behavior of physician during physical examination , Tehran 2011, which showed highest rate of agreement which correlate with high level of satisfaction and also consistent with study in Pakistan 2012,which showed 72.5% rate of agreement it consider excellent percentage for their study, and about 81.2% of participants in studies done in Denmark 2008 they had positive answers about physical examination Which consistent with our study.

In current study 60.4%, 65.2% of participants showed agreement were the consultation time is fair enough and the data confidentiality dealing by family physician respectively these finding consistent with study done in Slovenia 2015 which showed 70.6% of agreement, and in the same study about 65.9% of their client showed satisfaction from appointment system which inconsistent with our study were 56.4% of participants they reported disagreement about appointment for the next visit, this sign for dissatisfaction which consistent with AL-Sakkak MA et al, in Riyadh 2008,showed dissatisfaction from appointment system.

In current study 67.2% of participants showed dissatisfaction about time interval since arrival until see the doctor in PHC this consistent with study done in Pakistan 2012, and study done in Indonesia 2011, these studies showed high level of dissatisfaction about the waiting time, this could be caused by high number of patients less number of physician in PHCCs and lack of computerized system that should be used for registration of patients' information while manual registration system still use while study done in Slovenia 2015, about 65.9% of their clients showed satisfaction about waiting time. Long waiting times to be the significant cause of dissatisfaction.

About 80.4% of participants showed agreement about present the same physician in each visit this finding consistent with studies done in Tehran, in Riyadh, showed high level of satisfaction and with study done in UK 2003 about 75% of participants were satisfied from the present the same doctor in each visit

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In the current study participants with age 25-45y, completed secondary school and who employed showed high level of satisfaction from PHC doctors some of these finding consistent with study done in Bangladesh2016, were about 96.6% of their clients satisfied with physicians' Services and also consistent with study done in Slovenia 2012, Showed highest level of satisfaction toward family physicians, and about than 82% of patient showed satisfaction with family physicians' Services in study done in UK 2000, While study done in Botswana, only 38% of their clients showed Satisfaction toward PHC doctors. To confirmed satisfaction from family physicians' Services, physicians can spending a small time chatting with patient and by allowing sufficient time for exchange with him with more understandable explanation and information.

CONCLUSION

More than half of participants they agreed that same physician is must be available with each visit. Assessment shows that high percentage of respondents with good knowledge toward family physicians. The study conclude that the knowledge of employed mothers much better than the knowledge of housewives. Current study shows good level of satisfaction regarding family physician, and provided services.

Recommendations

Efforts should be make a work in some point of participants' dissatisfaction in appointment system, waiting time, by increase the number of physicians and increase number of PHCCs and activate recall system.

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