

Utilization of Maternal Health Care Services in a Rural Community of Eastern Nepal

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Abstract- Maternal health care services is one of the prime field for any government to improve if proper utilization of the services availed by the community. A semi structured questionnaire was used to collect information among women in reproductive age group. A total of 224 mothers responded to the questionnaire. More than half were in the age group of 18-25 years. Around two third of the mothers got TT vaccine and delivered at home as well. Sterile bled was used to cut umbilical cord in majority of cases. A number of deliveries are being conducted by untrained personnel and relatives at the cost of maternal health in many developing countries. Trained manpower facilities require improving maternal health and reducing maternal death.

Index Terms- maternal health, health care services, utilization.

I. INTRODUCTION

Maternal health is important not only for mother herself but for their new born and children also. More than half a million maternal deaths occur annually worldwide. Developing countries contribute more than 98% of all these maternal deaths¹. There is gross difference in maternal mortality among developed and developing countries. Maternal mortality rate (MMR) is only 9/100,000 live birth in UK as compared to 515/100,000 live births in Nepal². Maternal health care services are one of the prime fields for making good maternal health and reduce maternal deaths. Utilization of these services depends on many factors such as income, need for ANC, and absence of complication during pregnancy.

Antenatal care (ANC) is potentially one of the most effective health intervention for reducing maternal mortality and morbidity. All women have a right to a delivery by a trained attendant. However this is true for both homes as well as for hospital delivery. In Nepal only 13% deliveries are conducted by trained personnel. Many more deliveries are conducted by family members and not even trained personnel².

Appropriate maternal health care significantly affects the outcome of pregnancy. Many complications occur due to delay in seeking care by pregnant mothers. It is necessary to utilize the available health care for reducing mortality and morbidity. This study was aimed to know the utilization of maternal health care services during antenatal, delivery and post natal period and factors affecting them.

II. MATERIAL AND METHODS

Nepal is a low income country in South East Asia. More than 80 % population lives in rural areas. Each district in Nepal is divided into VDCs (Village developments committees) and later usually in 9 (1-9) wards. There are sub health posts catering to the community at VDC level. Medical officers are posted at PHCs (Primary Health Centre) and rest lower level health facility is run by other health personnel. ANC services are available from Sub Health Post to all higher facility. There are many female community health volunteer (FCHV) in each ward to guide and help properly for all health problems.

Study was conducted in one of the VDC of eastern Nepal. All women of child bearing age group (15-49) who delivered in last six months were included in the study. Women not present at more than two visits, not willing to participate, not living permanently and who had come to visit their relatives were excluded. Women who had abortion, still birth or neonatal death were also excluded. Women not living permanently but spent antenatal, natal and post natal period of their last confinement in the study area were included in the study subjects.

A semi structured questionnaire was used to collect information. The questionnaire included variables regarding ante natal, natal, and post natal care during the last pregnancy and socio-demographic profile.

III. RESULTS

A total of 224 mothers responded to the questionnaire. More than half of them belonged to 21-25 years followed by 22% in 15-20 years, 20% in 25-29 years and 7% in more than 30 years age group. 83% women were illiterate and only a few (10.8%) were working women. It was observed that more than half women conceived first time in their twenties.

One fifth (20.5%) of women did not visit any health facility for antenatal care (Sub-health post/ health post/ district hospital/ tertiary care hospital/ private clinics). More than two third went for ANC voluntarily and few due to parents' compulsion (7%) or for TT supplementation (7%). One third mothers visited for 1-2 times and another third for 3-4 times. Among the women (n=46) who did not visit health facility, 43% were not knowing about ANC and 39% explained that they did not have any complication to go for ANC. Two third respondents took iron tablets and 1/4th folic acid. We could also find that almost one fifth (18%)

restricted certain foods due to the belief that they may affect health of the mother or the baby.

Three fourth mothers got TT and almost the same percentage (73.2%) delivered their baby at home. Only 1/4th delivery was attended by doctors or other health aid. We could find that 88% used sterile bled for cutting umbilical cord and 40% applied red solution (medication) on stump after cutting the cord.

Colostrum was not given to 25% of babies and instead was given prelacteal feeds such as cow's milk (59%) or other milk.

Table 1: Care received by the subjects in last Pregnancy and Delivery

Characteristic	Number (%)
Supplementation during Pregnancy	132 (58.9)
Iron	62 (27.0)
Folic acid	22 (9.8)
Calcium	
TT Taken	
Yes	174 (77.6)
No	50(22.4)
Place of delivery	
Home	164 (73.)
Hospital	60 (26.8)
Delivery conducted by	
Trained TBA	22 (9.8)
Untrained TBA (Dai)	76 (33.9)
Family member	72 (32.1)
Doctor	54 (24.1)
Type of delivery	
Normal	214 (95.5)
Instrumental	6 (2.6)
Operated	4 (1.7)
Material used for cutting the cord	
Sterile bled	198 (88.3)
Scissors	24 (10.7)
Grass cutter	2 (0.8)
Material applied on stump	
Ash	36 (16.0)
Red solution	90 (4.1)
Mustard oil	12 (5.3)
Do not know	4 (1.7)
Nothing	82 (36.6)
Went for health check up after delivery	
Yes	168 (75)
No	56 (25)

Table 2: Factors affecting utilization of obstetric care

Factors	Care and Utilization	
	Yes (No)	No (No)
	Seeking ANC care	

Age in Years		
<25	96	66
>25	54	08
Education		
Illiterate	146	40
Literate	32	06
Delivery		
Home	122	42
Hospital	56	04
Material used for cutting cord		
Sterile bled	160	38
Others	18	08
Material applied on stump		
Red solution	60	30
Nothing	70	12
Others	48	04
	Place of Delivery	
Age in Years		
<25	112	50
>25	52	10

IV. DISCUSSION

We have documented utilization of maternal care services in a rural community of eastern Nepal in a cross sectional study. According to Nepal Family Health Survey the average age of marriage is 16.4 years³. So the expected number of teenage pregnancy is also high. We observed that more than half of women were pregnant first time in their twenties. A high proportion of women had less than even three visits to the health facilities during their last pregnancy. The recommended visits for ANC during pregnancy are at least 3 visits. There is a need for improvement in knowledge and awareness regarding the benefits of ANC. There is good awareness and availability regarding tetanus toxoid immunization resulting in 3/4th women getting TT vaccines either from health facility or other place. It was observed that many women went to medical shop and received TT even though they did not go for proper ANC check up. It has been found by researcher that many women in developing country still do not go to health facility for ANC check up⁴. There are factors that lead to restriction of ANC visits by the women such as cultural, socioeconomic and others. It is thus important to keep these factors in mind while planning and implementing maternal health care services

In terms of place of delivery in the present study, 73% women delivered at home. This has been supported by the finding from another developing country⁵. Many of these home deliveries were conducted by relatives or untrained attendants at the cost of health and wellbeing of the mother and baby. These practices are prevalent in other country like Bangladesh⁵. (Please mention the name of the country) This study brought out the urgent need to create awareness about the importance of regular antenatal care among rural women of Nepal. Trained manpower and facilities for safe delivery should be made available at health post or sub health post or at PHC to reduce the High Maternal Mortality.

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