Health Seeking Behaviour for Ensuring Safe Delivery and Preventing Obstetric Complication

Presented by

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Reflection from Internship

- Centre for Health Education, Training and Nutrition Awareness (CHETNA) is providing very good exposure to me. It is my pleasure that I am working with CHETNA team as a Project Coordinator. My supervisor and other team members always guide me whenever it is required.
- Coordinating and facilitating Training of Trainers
- Facilitating Workshop on "National Safe Motherhood Day"
- Understanding different aspects of Health Care Projects and Research
- Report Writing Skills (English and Hindi)
- Proposal Writing
- Understanding of National and International Issues related to Health
- Financial Process
- Team work and co ordination with Field NGOs and partner NGOs

Introduction & Rationale of Study

- Safe delivery is promoted primarily through the encouragement of all families, because all pregnant women are at risk of life-threatening complications, many of which are unpreventable and unpredictable.

- Women among rural population who received antenatal care were increased from 59% (NFHS-1), 60% (NFHS-2) to 72% (NFHS-3).

- Rajasthan has trailed in many health care indicators such as, maternal mortality (388 per 100,000 live births, SRS, 2006), infant mortality rate (63 per 1000 live births in 2008, SRS).

- Planning for birth and prevention obstetric complication most effective in reducing the three delays in pregnancy that contribute to delivery-related deaths – delays in deciding to seek care, reaching timely care, and receiving care.

Objectives of the Study

General objective

To assess the measures taken by Current Pregnant Women and Lactating Mothers and their families to ensure safe child birth without any complications.

Specific objectives

1. To determine the knowledge, attitude, and practices related to antenatal, intra-natal and postnatal care among the pregnant women and their families.
2. To determine the knowledge of complications of pregnancy, during delivery, after delivery and new born.
3. To assess the measures adopted by the pregnant women /families for ensuring safe delivery.
4. To provide key conclusions and recommendations for developing the key interventions that would yield the desired obstetric outcomes.

Methodology of the Study

Study design-This study is quantitative and quanlitative in the nature.

Study Area-The sample was selected from five villages in Osian of Jodhpur district: Khabada, Khetasar, Badala basani, Gopasaria and Maandiyai-kala. Through Lottery method of simple random sampling technique.

Sample Size-List of Lactating Mothers (LM) and Currently Pregnant Women (CPW) for each village from Auxiliary Nurse Midwife (ANM), AHSA and Anganwadi Worker (AWW)/AWW's helper. It was found that in each village there were 10-12 LM and 10-13 CPW. A sample size of 100 will be equally divided into five villages. Thus, in each selected village, 10 CPW and 10 LM was covered under this study.

For Qualitative-Focus group discussion was conducted among 30 mother-in-low of CPW and LMs. Randomly 6 mother-in-lows were selected from same 5 villages selected earlier.

Questionnaire was prepared on following variable

- Background and socio-economic information
- Knowledge of Antenatal/natal/postnatal care
- Knowledge of danger signs in at before the pregnancy, during the pregnancy , post partum and new born
- Number of couples planning for where to give birth
- Number of couples with a pre-identified skilled birth attendant
- Number of couples with transportation plans
- Number of couples with savings for emergency and birth
- Number of couples with pre-identified blood donors
- Number of women receiving Janani Suraksha Yojana benefit Rs. 500/- in 7th month of pregnancy for nutrition or Rs. 1400/- after the delivery
- Number of women receiving 3+ ANC
- Number of women had institutional deliveries accompanied by Dai/ASHA/AWW/ANM
- Number of women receiving 3 Post Natal Checkups

Study Findings

Background information

Age- Majority (78%) of LM, were in the 20-29 years age group. Among CPW, 68% were in 20-29 years age brackets.

Age at marriage-Median age at marriage for LMs was found to be 16.5 years. Among CPW, median age was found to be 17 years

Religion-Almost all CPW were found to be Hindus—98 percent. Among LM, a large proportion of CPW (95%) was Hindu. Rest were Muslims.

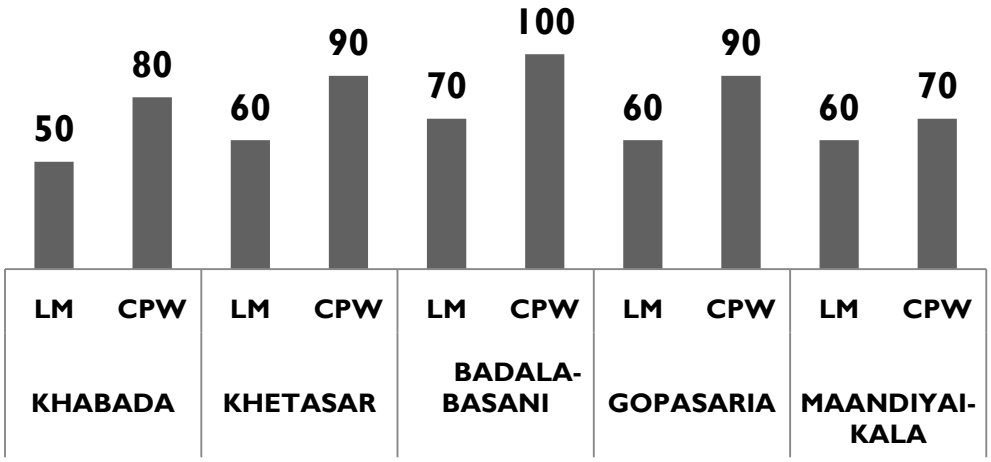
Education-the proportion of illiterate LMs was found to be very high (70%). Around 22 percent of LMs were educated up to primary. More than two-thirds of CPW (67%) were illiterate. Around 10% were educated up to either middle or higher levels.

Occupation-LMs 97% were housewives. One or two LM were Angan Wadi Worker and school teachers.

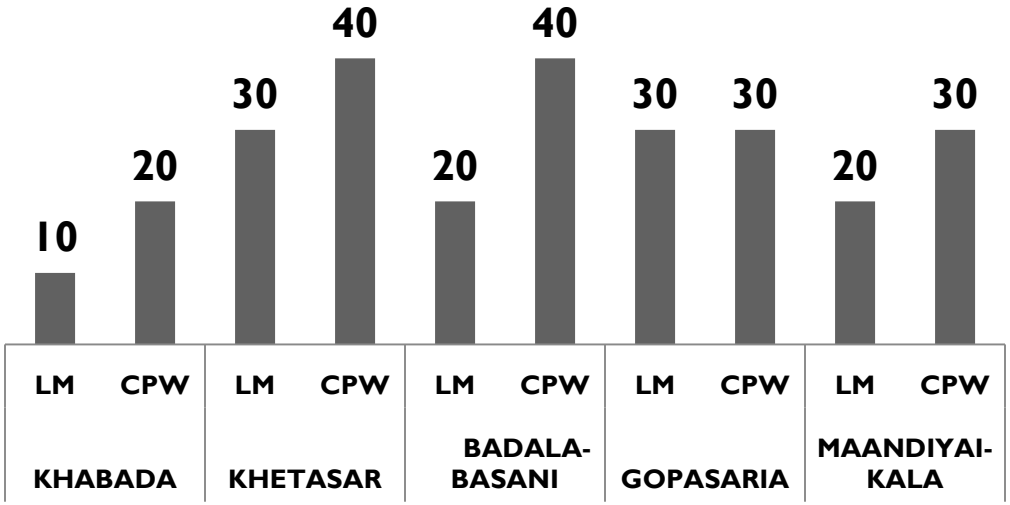
Household Monthly Income-LMs (89%) -range of INR 1001-5000, LMs (11%) - INR 7000 or more. CPW (83-84%) - INR 1001 to 5000

BPL Status- LMs- 10%, Only 48 percent of LMs had their name printed on BPL card. CPW -9%, 57 %of CPW had their name on the BPL cards.

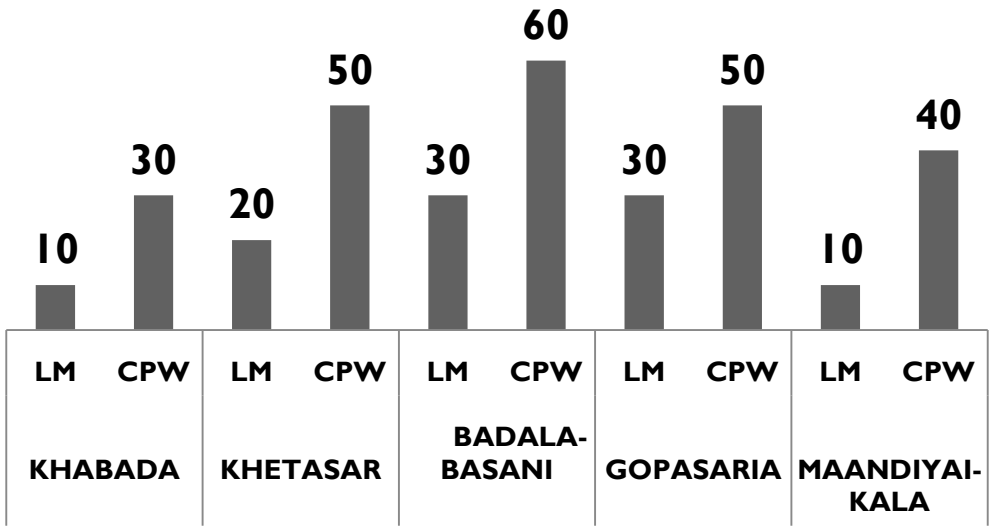
Knowledge on Antenatal Care Services



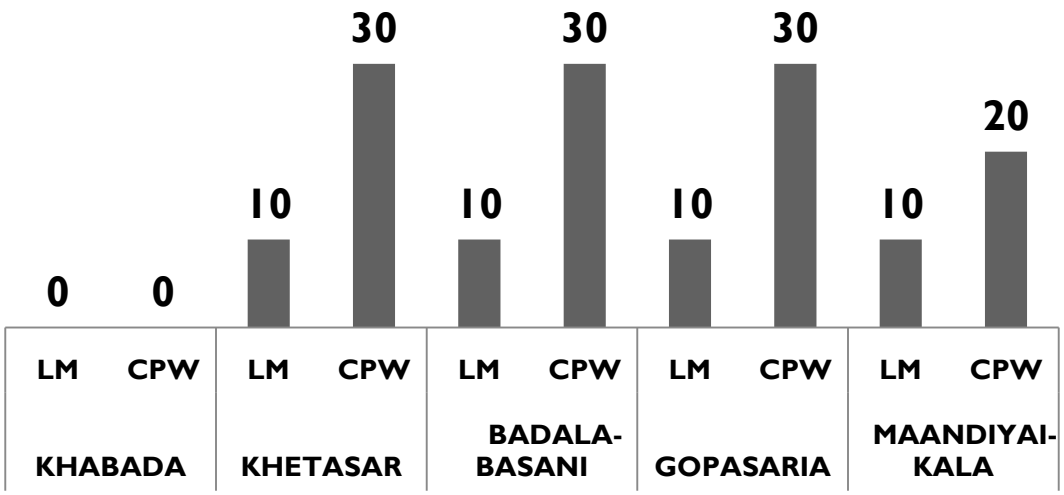
Go for Antenatal Check-ups



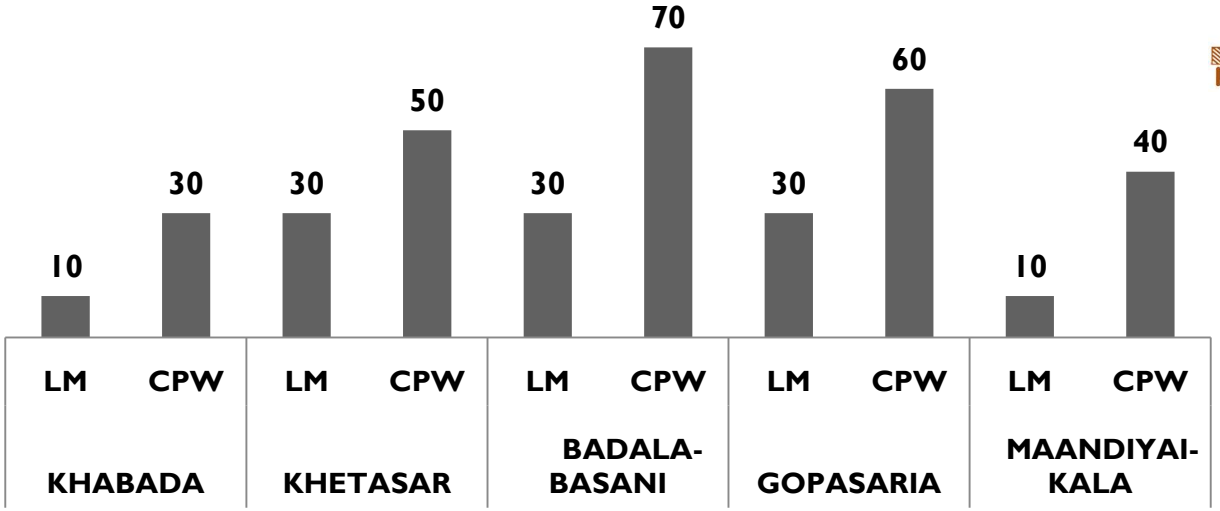
Knowledge of iron folate (IFA) tablets or iron syrup



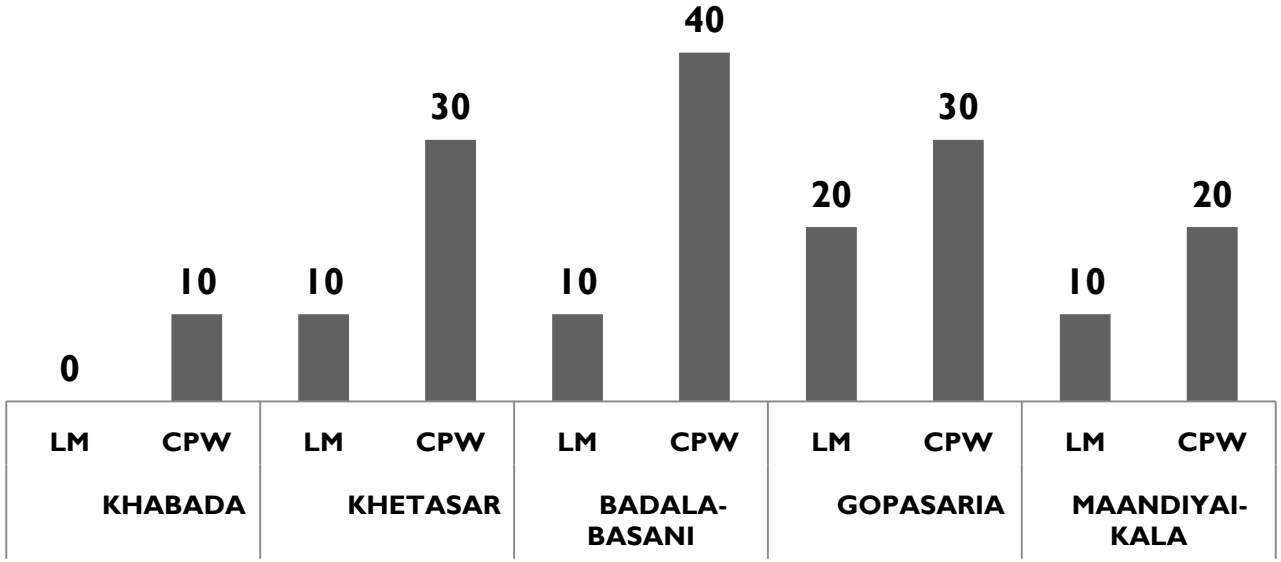
Took iron folate (IFA) tablets or iron syrup for 90+ days



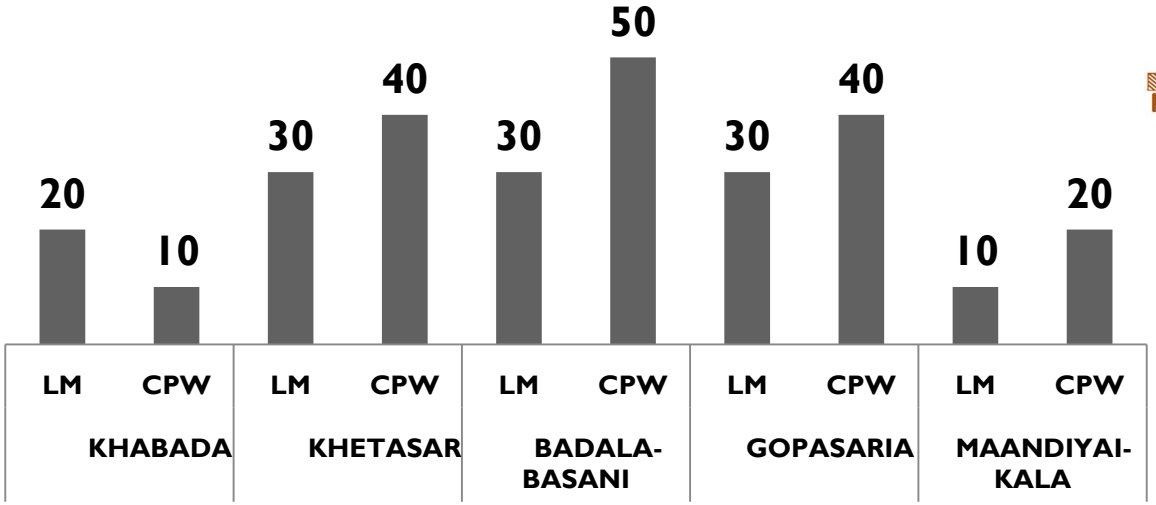
Knowledge of TT Injections



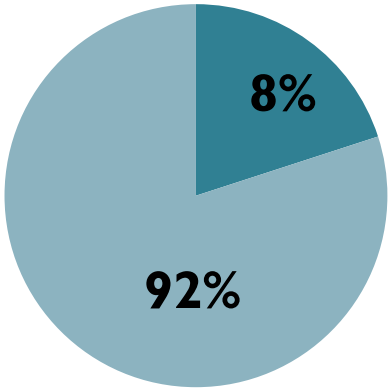
Receive 2 or more TT Injections



Awareness about Postnatal care



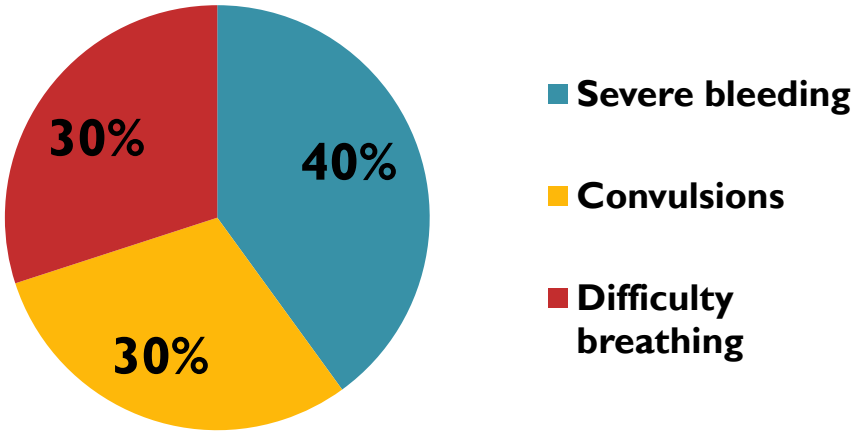
LMs received Post natal care within 2 days



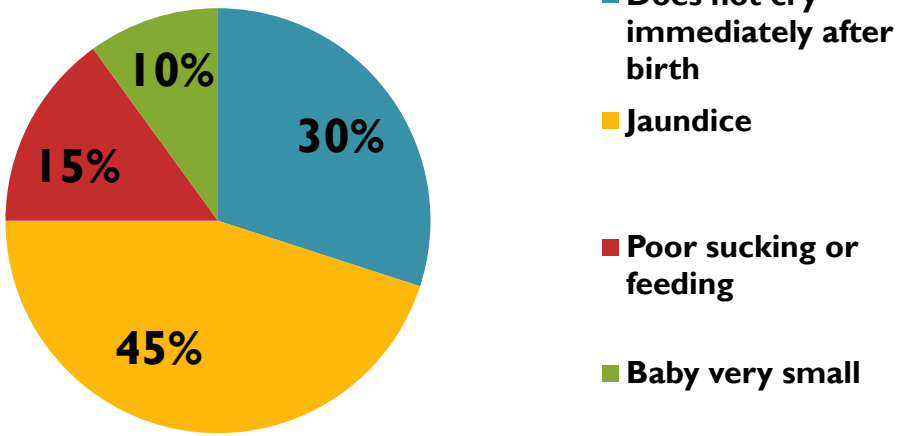
8%- Received

92%- Did not received

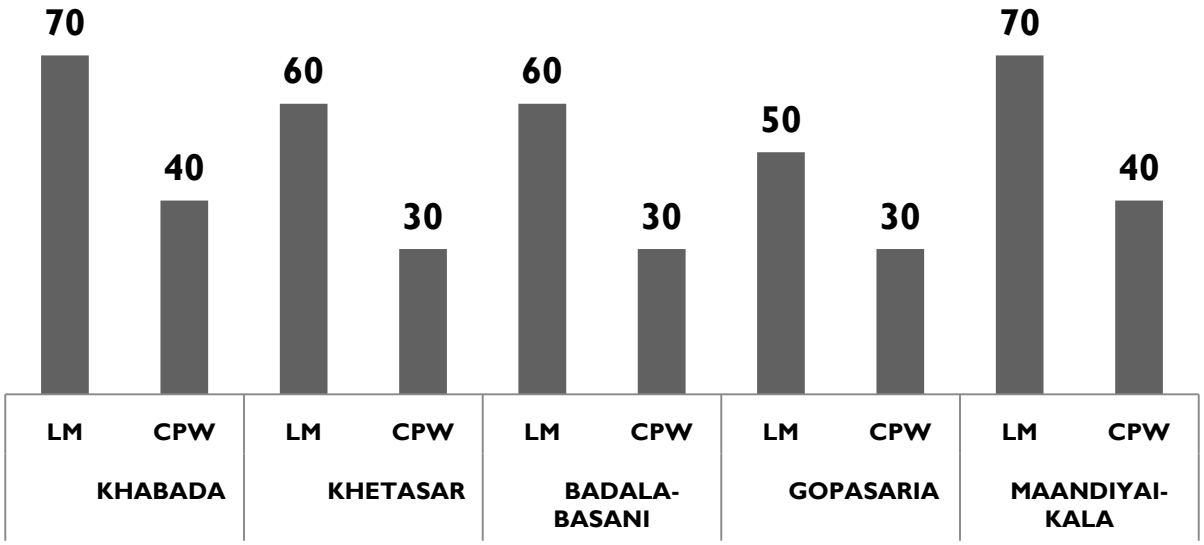
Knowledge of Complications of Mother during pregnancy



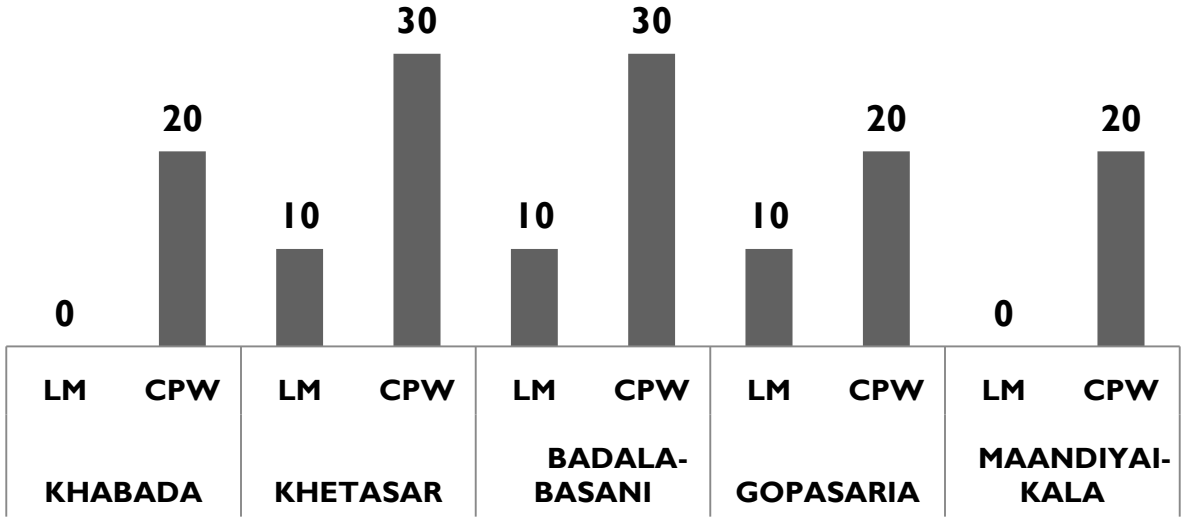
Knowledge of Complication of New Born



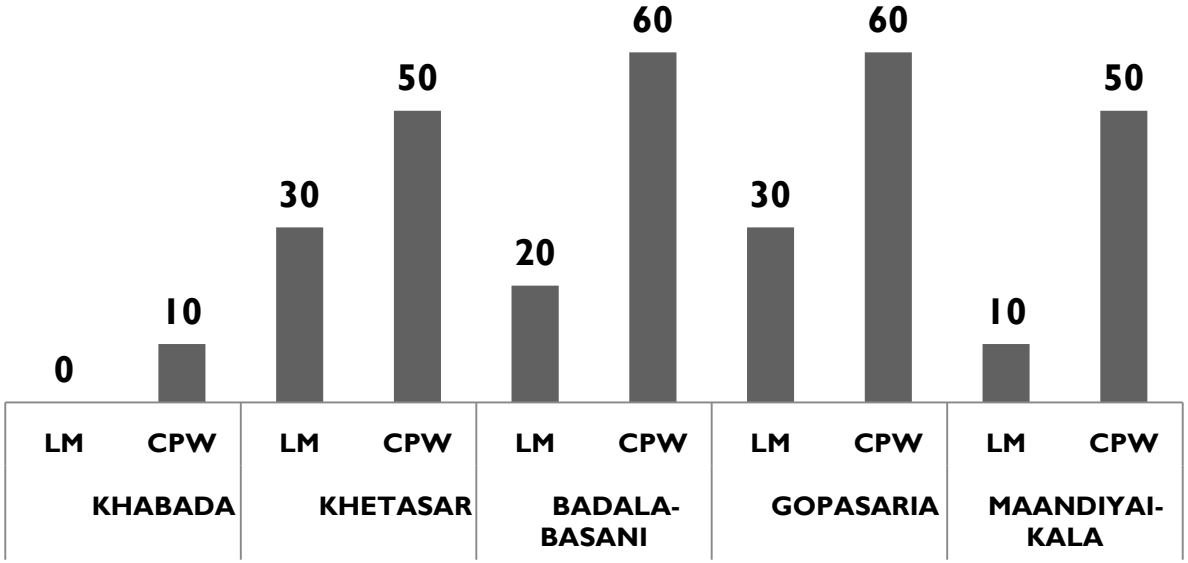
Place of Delivery: Home



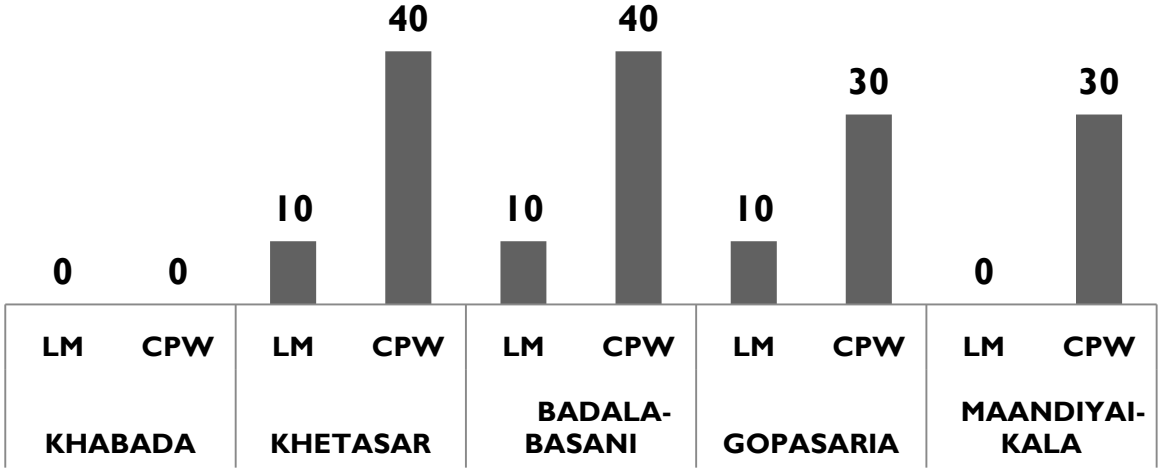
Identification of Skill birth attendant

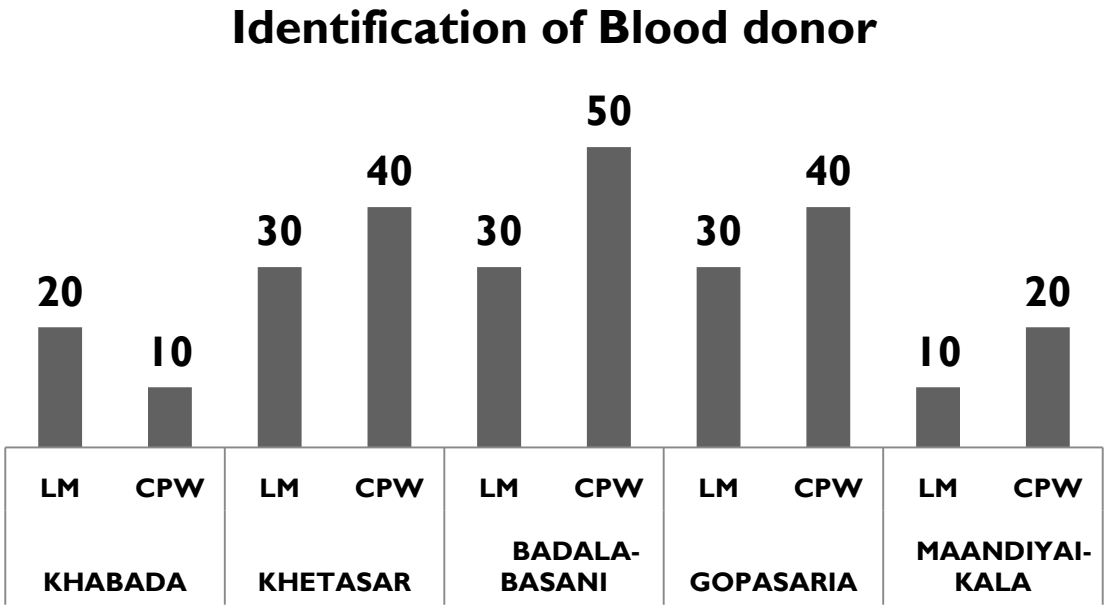


Identification of mode of transportation



Saving for delivery and emergency condition





Knowledge on closest health facilities: A substantially higher proportion (33-37%) of LMs as well as currently pregnant women do not have knowledge on closest health facilities available for antenatal services, managing normal deliveries and handling complicated cases of deliveries.

Knowledge on distance of different health facilities: Apart from the availability of health facilities, LMs and CPWs have no knowledge on the distances of different types and levels of health facilities that can be reached in case of any emergency or for availing general health care services.

Finding

- Only 20% of LMs were found receiving 3 or more antenatal checkups which is crucial for women's health.
- Entitlements like JSY are not reaching to women and could not found the proper coverage and it was only 18 percent.
- A substantially higher proportion (33-37%) of LMs as well as CPW not have knowledge on closest health facilities available for antenatal services, managing normal deliveries and handling complicated cases of deliveries.
- Proportion of women having knowledge on danger signs during pregnancy, labour and childbirth, during postnatal period and for newborns was found to be drastically low (23-28% among LMs and 30-34% among CPW).
- Around 40-80 percent of women do not plan for place of delivery and additionally, almost more than half the women plan for Home delivery.
- The key component of saving under birth planning is missing. Only 10% LMs and 30%-40% CPWs have reported saving money for emergency.
- Practices related to birth planning and complications readiness measures or components was observed to be very poor

Qualitative Findings: Focus Group Discussions among 30 MILs

- Marriage happens at the age of 12-13 years. “Gauna”, (a ceremony where a girl is sent to her in-laws), is done at the age of 17-18 years.
- Since there is not enough money therefore the choice on eating as per the likeness is almost restricted.
- ANM comes once in 1 month that is Thursday, but she doesn’t provide any service.
- There are jeeps in their village and they keep the driver’s number and use them during delivery or any emergency. But, they do not inform the jeep driver in advance. However, the transportation costs them around Rs. 800-Rs.1000 to go to Osian it costs Rs. 1000-1600 to go to Jodhpur.
- They themselves do the delivery sometimes as there are no Dai’s available for the delivery.
- Bath the child either 1 or 2 hours later or immediately after birth.
- The child is not breastfed for almost 2 days in some areas and is given Jaggery or ghee.
- It is apparent that most of the indicators related to maternal health and specifically BPCR are low.

Recommendations

- More ICE material and BCC material should develop (Hindi Picture books should prefer, since literacy was less)
- A calendar could be developed where all information can be mentioned.
- Training should given to AWW/ASHA, for birth planning and safe delivery, this could significantly improve access to skilled maternal and neonatal care in rural areas.
- SHGs should help for loan to CPW during emergency
- Antenatal outreach sessions can be used for promoting preparation for safe birth planning and prevention from obstetric complications. It will be important to increase the competency of rural-based traditional birth attendants, along with promoting institutional deliveries.

THANK YOU!!