



RESEARCH ARTICLE

AWARENESS AND UTILIZATION OF MATERNAL AND CHILD HEALTH SERVICES AMONGST
SELECTED, ELIGIBLE, RURAL WOMEN OF WARDHA DISTRICT

Dr. Deepti Shrivastava and *Dr Priyakshi Chaudhry

JNMC, DMIMS, Sawangi, Maharashtra

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ABSTRACT

Aims and objectives:

- (1) To assess awareness.
- (2) To assess utilization.
- (3) To identify gap between awareness and utilization.

Materials and method: The present cross sectional study was carried out in rural area of central India from April 2015 to august 2015. 2000 antenatal women and those who had delivered within past one year of attending the OPD of dept of obgy, acharya vinobha behave rural hospital were included.

Inclusion criteria

- 1) Antenatal women in 3 rd trimester.
- 2) Patient who have delivered within one year in our hospital as a booked, registered, unbooked cases.

Data were obtained by the following method-

A) through oral questionnaire method by interviewing the mothers for assessing their knowledge in relation to reproductive and child care services.

B) semi structured questionnaire and their labour events were analysed to assess the utilization of services

Results: In our study 2000 women were enrolled after getting written, informed consent. 48% patients were under the age group of 20-25 years, 43% cases belonged to the age group of 25-30 years and 9% were above 30 years of age. 56.5% of women had received primary education, while 32.8% had received education till middle school, 7.2% had received education till high school and only 3.5% patients were graduate. Maximum patient's i.e 38% belonged to class 3 socio economic group according to prasad classification. 50.9% patients lived in joint family. After assessing the knowledge about the services 17.15% patients had never heard about the service, 72.1% has some idea and 10.75% were fully aware. Source of information about the services was mainly through asha, anm workers 72%, neighbors and friends contributed to 16%, television 8% and newspaper 4%. 53.35% patients visited the hospital only twice for antenatal checkup, 41% patients visited thrice, 31.2% visited more than four times and 5.65% visited only once. 56.3% patients had received health services through some or the other source, 31% cases had knowledge about jsy and only 31% knew about cash assistance provided, knowledge about registration during pregnancy was not known to many only 23% knew about it. Timing about 1st anc visit was known to 16.05%, timing about 2nd visit was known to 63% as they were instructed during 1st visit about when to visit next, 42.15% cases knew about 3rd visit. Knowledge about the first time of injection it was to only 18.3%, and timing about 2nd was known to 42%. 60% patients knew that they had to take iron, calcium and folic acid tablets during pregnancy and were available in the nearby health centers for free of cost. 21% cases knew about the tests to be done during pregnancy. 16% patients only knew about the importance of weight gain during pregnancy and its monitoring but only 8.9% patients knew what should be the ideal weight gain. Only 42% cases knew about the timing of their post natal check up as they were instructed during discharge, 38% cases knew about the complications during post partum period. 54% cases knew that they had to take additional calories during lactational period but how much was not known to many. 41% patients knew essential components of newborn care, only 37% patients knew the duration of exclusive breast feeding. 48.5% patients had availed the facility of family planning.

Conclusion: In Maharashtra although Government is putting lot of effort for institutional delivery and good number of women were aware about maternal and child care health services, but still there is need to formulate strategies to fill this gap from awareness to utilization.

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INTRODUCTION

Maternal and child healthcare is one of the eight basic components of primary healthcare in the declaration of alma-ata (Kuldeep *et al.*, 2013) and also included in 4th and 5th Millenium development goals. Reproductive health is a crucial

part of general health and a central feature of human development. More than three quarters of the population of our country live in rural areas. (Park, 2009) Maternal mortality and morbidity are significant health problems in developing countries. Improving maternal health has been essential element for achieving health for all and has been included in millennium developmental goal. (National Family Health Survey-3, 2005-06) Every minute, at least one women dies

*Corresponding author: Dr Priyakshi Chaudhry
JNMC, DMIMS, Sawangi, Maharashtra

from complication of pregnancy and childbirth. Maternal mortality represents one of the widest health gaps between developed and developing nations, with 99 percent of all maternal deaths occurring in developing countries. That one percent of maternal deaths worldwide occur in developed countries indicates that maternal deaths could be avoided if the proper health resources and services were available to women in developing nations⁶. In addition to the number of deaths each year, over 50 million women suffer from maternal morbidity due to acute complications from pregnancy. Despite the efforts, utilization of RCH services by the rural community has not reached the desired level. Recently, efforts to address these issues have gained momentum with the formulation of National Rural Health Mission (NRHM 2005-12), which seeks to provide effective healthcare to rural population throughout the country⁶ [Pregnancy and childbirth are special events in women's lives, and, indeed, in the lives of their families. This can be a time of great hope and joyful anticipation. The primary aim of antenatal care is to achieve, at the end of pregnancy, a healthy mother and a healthy baby. Since an estimated 90% of maternal deaths can be prevented with timely medical intervention, ensuring quick access to appropriate services when obstetric emergencies arise is one of the most important aspects of safe motherhood in developing countries. (Shelah, 1999) The quality of care is more important than the quantity. Pregnancy requires specialized care, generally agreed to be a preventive activity and maternal awareness plays important role for it then only mothers could utilise the available services properly. The concept of healthy mother and healthy baby is an important aspect of maternal and child health (much) (Park, 2009).

This study was conducted with the objective of assessing the awareness as well as utilization of maternal and child health services among selected, eligible rural women.

Aims and objectives

- (1) To assess awareness.
- (2) To assess utilization.
- (3) To identify gap between awareness and utilization.

MATERIALS AND METHODS

The present cross sectional study was carried out in rural area of central India from April 2015 to August 2015. 2000 antenatal women and those who had delivered within past one year of attending the OPD of dept of obgy, acharya vinobha behave rural hospital were included.

Inclusion criteria

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Data were obtained by the following method

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RESULTS

1) Demographic profile

Age	No of cases (N=2000)	percentage
20-25 years	960	48%
26-30years	860	43%
Above 30 years	180	9%
EDUCATION		
Primary education	1130	56.5%
Middle school	656	32.8%
High school	144	7.2%
Graduate	70	3.5%
Socio economic status		
Class 1	100	5%
Class 2	390	19.5%
Class 3	760	38%
Class 4	631	31.55%
Class 5	119	5.95%

2) Type of family

Type of family	No of cases	Percentage
Nuclear family	982	49.1%
Joint family	1018	50.9%
Total	2000	100%

3) Knowledge about the services

Knowledge about the services	No of cases	Percentage
Never heard	343	17.15%
Some idea	1442	72.1%
Fully aware	215	10.75%
Total	2000	100%

4) Source of information

Source of information	No of cases[n=1360]	Percentage
Television	160	8%
Neighbours/friends	320	16%
Newspapers	80	4%
Anm/asha workers	1440	72%

5) No of antenatal visits

No of antenatal visits	No of cases	Percentage
1	443	22.15%
2	820	41%
3	624	31.2%
>4	113	5.65%
Total	2000	100%

RESULTS AND DISCUSSION

In our study 2000 women were enrolled after getting written, informed consent. 48% patients were under the age group of 20-25years, 43% cases belonged to the age group of 25-30years and 9% were above 30 years of age. 56.5% of women had received primary education, while 32.8% had received education till middle school, 7.2% had received education till high school and only 3.5% patients were graduate.

6) Distribution of cases according to the knowledge and utilization of National and Routine maternal -child health schemes and services

Knowledge	No of cases	Percentage
Health education received	1126	56.3%
Knowledge about jsy	680	34%
Cash assistance provided in jsy	620	31%
Registration of pregnancy should be done	460	23%
Timing of i anc	321	16.05%
Timing of ii anc	720	36%
Timing of iii anc	843	42.15%
Timing of i dose of tt	366	18.3%
Timing of ii dose of tt	840	42%
Regular dose of folic acid, iron, calcium should be started	1200	60%
Tests done during pregnancy-hb, urine sugar, Albumin, hiv, hbsag	420	21%
Wt monitoring during visit	320	16%
Ideal wt gain during pregnancy	178	8.9%

7) Distribution of cases according to knowledge and utilization of post natal services

Post natal service	No of cases	Percentage
Timing of pnc check up	840	42%
Complication during post partum period	760	38%
Additional calorie requirement during lactation	1080	54%
Essential component of newborn care	820	41%
Duration of exclusive breast feeding	740	37%
Family planning services	970	48.5%
Barrier methods 104		
Depot provera injection 9		
CuT insertion 17		
Tubectomy 39		
Vasectomy 3		

Maximum patient's i.e 38% belonged to class 3 socio economic group according to prasad classification. 50.9% patients lived in joint family. After assessing the knowledge about the services 17.15% patients had never heard about the service, 72.1% has some idea and 10.75% were fully aware. Source of information about the services was mainly through asha, anm workers 72%, neighbors and friends contributed to 16%, television 8% and newspaper 4%. 53.35% patients visited the hospital only twice for antenatal checkup, 41% patients visited thrice, 31.2% visited more than four times and 5.65% visited only once. 56.3% patients had received health services through some or the other source, 31% cases had knowledge about jay and only 31% knew about cash assistance provided, knowledge about registration during pregnancy was not known to many only 23% knew about it. Timing about 1st and visit was known to 16.05%, timing about 2 nd visit was known to 63% as they were instructed during 1 st visit about when to visit next, 42.15% cases knew about 3rd visit. Knowledge about the first time of injection it was to only 18.3%, and timing about 2 nd was known to 42%. 60% patients knew that they had to take iron, calcium and folic acid tablets during pregnancy and were available in the nearby health centers for free of cost. 21% cases knew about the tests to be done during pregnancy. 16% patients only knew about the importance of weight gain during pregnancy and its monitoring but only 8.9% patients knew what should be the ideal weight gain. Only 42% cases knew about the timing of their post natal check up as they were instructed during discharge, 38% cases knew about the complications during post partum period. 54% cases knew that

they had to take additional calories during lactation period but how much was not known to many. 41% patients knew essential components of newborn care, only 37% patients knew the duration of exclusive breast feeding. 48.5% patients had availed the facility of family planning.

In a descriptive study conducted by Singh B. Padam & A.Yadav, regarding utilization of rich services showed that about 89% of the pregnant women availed antenatal visits of which 62% had received three or more and visits. Those receiving second dose of tt or booster dose were about 8%. About 73% of the pregnant women received if a tablets during their pregnancy. About 53% had full package of anc. The proportion of institutional deliveries managed. By hospitals and health centers was about 41%, it being higher among literate women and in urban areas. The study concluded that the literacy of women is the key to improve antenatal care of pregnant women (Padam Singh and Yadav, 2000) A descriptive cross sectional study was conducted in muthukur, rural village. At nellore district by radhika m, anantha krishna v, indira s. A sample size of 40 women with infants were selected by simple random technique by means of lottery method. The study shows that majority of them ie 90% have inadequate knowledge and 10% have average knowledge regarding rich services. 67.5 % had knowledge regarding registration of pregnancy at i trimester, 42.5% had minimum no of antenatal checkups required, 60% had knowledge about iron & folic acid, 57.5 % had about tt immunization and 50% had knowledge about tests done During pregnancy. With regard to utilization 40% attended 3 ancs,75% registered at i trimester, majority attended and at phc,100% received iron and folic acid and 67.5% received 2 doses of tt and 47.5% had 2 postnatal checkups and 100% coverage of immunization for the infants. And concluded that majority of the mothers utilized phc for immunization and antenatal services. Utilization of rich services has not reached the desired level. (Radhika *et al.*, 2015)

In a descriptive cross sectional study conducted by kuldeep j dabade¹, sheetal k dabade², hrishikesh a khadilkar³ from august 2010 to july 2011 in 4 villages of paithan taluka, of aurangabad district. Respondent women who had less than 1 year child and should be resident of particular area for previous 2 years or more at the time of interview were included in the study. Simple random sampling was used for selection of villages.

RESULTS

40.8% respondent women had their first antenatal visit in 1st trimester. Majority of the women 90.3% had institutional delivery. Out of 8(3.9%) deliveries assisted by untrained person in 4(1.9%) deliveries umbilical cord cut with unsterile instrument and of These 4(1.9%) deliveries in 2(1.0%) untrained person applied cow dung to umbilical stump. And concluded that awareness regarding three or more antenatal visits and registration of pregnancy in first trimester should be emphasized through health education campaign. In present study though negligible percentage of hazardous practice of application cow dung to the umbilical stump was observed. It should be averted through health education and promotion of institutional deliveries. (Kuldeep *et al.*, 2013) In Maharashtra

our hospital belongs to rural area 70% were having good knowledge about health services, women should take some extra care was known to almost all women, but Women who were aware about seeking hospital care, proper immunization programme, antenatal health monitoring and hygiene were 30%.

Conclusion

In Maharashtra although Government is putting lot of effort for institutional delivery and good number of women were aware about maternal and child care health services, but still there is need to formulate strategies to fill this gap from awareness to utilization.

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