

Original research article

A Study on Utilization of Maternal and Child Health Services in Rural Field Practice Area

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Abstract

Background: In any community, mothers and children constitute a priority group. In sheer numbers, they comprise approximately 71.14% of the population of the developing countries. In India, women of the childbearing age (15-44 years) constitute 22.2% and children under 15 years of age about 35.3% of the total population. Together, they constitute nearly 57.5% of the total population. Mothers and children not only constitute a large group, but they are also a 'vulnerable' or special-risk group. The main aim of MCH Services remains to ensure that, throughout pregnancy and puerperium, every mother maintain optimal health, and at the end of pregnancy, a healthy mother and a healthy baby and promote the child health throughout the infancy and childhood.

Objectives; To study the utilization of health services by the pregnant and lactating mothers having infant in the rural field practice area

Methodology: A community based cross sectional study was done among 400 pregnant and lactating mothers having infant residing in rural field practice area Nathnagar, department of Community Medicine of jlnmch Bhagalpur. from Feb 2020 To Feb 2021 for a duration of one year. A predesigned and pretested proforma was used to collect the sociodemographic details, utilization of Mother and child service.

Conclusion: The better utilization of the maternal health services can be achieved by overall socio-economic development including focus on women empowerment and education, incorporation of religious norms and faiths in the health policies.

Keywords: Utilization, Mother and Child Service, Knowledge attitude and Practice.

Introduction

The healthy future of society depends on the health of the children of today and their mothers, who are guardians of that future. Despite much good work over the years, 10.6 million children and 529, 000 mothers are still dying each year, mostly from avoidable causes. Over 300 million women in the world currently suffer from long-term or short-term illness brought by pregnancy or childbirth.¹ The special rights of the child were first enunciated in the Universal Declaration of Human Rights (1948) which provided in Article 25(2) Motherhood and Childhood are entitled to special care and assistance.² In any community, mothers and children constitute a priority group. In sheer numbers, they comprise approximately 71.14% of the population of the developing countries.¹ In India, women of the childbearing age (15-44 years) constitute 22.2% and children under 15 years of age about 35.3% of the total population. Together, they constitute nearly 57.5% of the total population.¹ Mothers and children not only constitute a large group, but they are also a

‘vulnerable’ or special-risk group. Whereas, 50% of all deaths in the developed world are occurring among people over 70, the same proportion of death are occurring among children during the first five years of life in the developing world.³ Maternal mortality is unacceptably high. About 830 women die from pregnancy- or childbirth-related complications around the world every day. It was estimated that in 2015, roughly 303 000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented.⁴ Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. Maternal health and newborn health are closely linked. It was estimated that approximately million newborn babies died in 2015, and an additional 2.6 million are stillborn. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby.^{5,6} In 2016, at the start of the Sustainable Development Goals (SDGs) era, pregnancy- related preventable morbidity and mortality remains unacceptably high. While substantial progress has been made, countries need to consolidate and increase these advances, and to expand their agendas to go beyond survival, with a view to maximizing the health and potential of their populations. The World Health Organization (WHO) envisions a world where every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth and the postnatal period. Within the continuum of reproductive health care, antenatal care (ANC) provides a platform for important health-care functions, including health promotion, screening and diagnosis, and disease prevention. It has been established that by implementing timely and appropriate evidence-based practices, ANC can save lives. Crucially, ANC also provides the opportunity to communicate with and support women, families and communities at a critical time in the course of a woman’s life. The process of developing these recommendations on ANC has highlighted the importance of providing effective communication about physiological, biomedical, behavioural and sociocultural issues, and effective support, including social, cultural, emotional and psychological support, to pregnant women in a respectful way. These communication and support functions of ANC are key, not only to saving lives, but to improving lives, health-care utilization and quality of care. Women’s positive experiences during ANC and childbirth can create the foundations for healthy motherhood.⁷ The proportion of births attended by skilled health personnel differed by up to 80 percentage points between the richest and poorest subgroups; this difference was 37 percent age points or higher in half of countries. In half of countries, antenatal care coverage (at least four visits) differed by at least 25 percentage points between both the most and least educated, and the richest and poorest.⁸ The main aim of MCH Services remains to ensure that, throughout pregnancy and puerperium, every mother maintain optimal health, and at the end of pregnancy, a healthy mother and a healthy baby and promote the child health throughout the infancy and childhood.¹⁰ Much of the sickness and deaths among mothers and children is largely preventable. By improving the health of mothers and children, we contribute to the health of the general population. The content of maternal and child health (MCH) care will vary according to the demographic, social and economic patterns.¹¹

OBJECTIVES

To study the utilization of health services by the pregnant and lactating mothers having infant in the rural field practice area, Nathnagar. To study the various factors influencing the utilization of maternal and child services. To assess the knowledge, attitude and practice of mothers in utilizing MCH services.

Methodology

A community based cross sectional study was done among 400 pregnant and lactating mothers having infant residing in rural field practice area Nathnagar, department of Community Medicine of Jawaharlal Nehru Medical College and Hospital Bhagalpur, Bihar. from Feb 2020 To Feb 2021 for a duration of one year. A predesigned and pretested proforma was used to collect the sociodemographic details, utilization of Mother and child service. total population of 22,249. According to the Bhagalpur district has a population of 25,66,326 stands at place in the State. All pregnant and lactating mothers having infant residing in rural field practice area of Nathnagar, Department of Community Medicine of JLNMCBhagalpur, Bihar.

Inclusion Criteria

All pregnant and lactating mothers having infant.

Exclusion Criteria

All mothers who are not willing and who do not give consent for the study.

The study will be carried out in the rural field practice area of Nathnagar, Department of Community Medicine JLNMCBhagalpur. It covers Many villages, and total population of 22,249. By using simple random Sampling technique method, seven villages will be selected randomly by random numbers technique of population around 10,701. From these seven villages the mothers will be selected by systemic random sampling (total population of randomly selected seven village / sample size desired $10701/358 \approx 30^{\text{th}}$) where every 30^{th} house of mothers will be selected for the study. The study was carried out until the decided sample size was reached.

After taking consent data was collected by A pre-designed, pre-tested questionnaire was used to collect the information. The subject will be interviewed after obtaining informed consent. The answers therefore obtained will be coded and quantified. A pre-designed, pre tested questionnaire will be used to collect the information. The subject will be interviewed after obtaining informed consent. The answers therefore obtained will be coded and quantified

Socio- economic classification (Modified BG Prasad) Socio economic status	Per capita income in Rupees	
	1961	Updated as per March 2020 (CF=62.77)
Class I	100 and above	6277 and above
Class II	50 to 99	3139 to 6276
Class III	30 to 49	1883 to 3138
Class IV	15 to 29	942 to 1882
Class V	Below 15	Below 941

- a. **Partial utilization of Antenatal care:** It includes less than four antenatal checkups with or without Injection Tetanus toxoid and less than 100 IFA tablets consumption.
- b. **Complete Intranatal care utilization:** care taken during the delivery process, it includes delivery at a health facility and presence of a skilled birth attendant.

- c. **Non- utilization of intranatal care:** all home deliveries and absence of skilled birth attendant.
- d. **Deliveries attended by skilled health personnel:** These are either institutional deliveries or other deliveries assisted by Doctor/ ANM/ staff nurse/ Trained Dai
- e. **Complete postnatal care:** At least three postnatal visits and consumption of at least 100IFA tablets.

RESULTS

Table No: 1 Distribution of Study subjects according to their age

Age (Years)	Number	Percentage
< 20	64	16.00
21-25	184	46.00
26-30	152	38.00
Total	400	100.00
Mean age 24.53 ± 2.85 years		

The above table shows that, majority of the subject 184 (46.0%) were in age group 21-25 years, followed by age group of 26-30 years 152 (38.0%) and the least in the age group of <20 years 64 (16.0%) respectively The mean age of mothers in present study is 24.53 ± 2.85 years.

Table No: 2 Distribution of study subjects according to their religion

Religion	Number	Percentage
Hindu	352	88.0
Muslim	48	12.0
Total	400	100

The above table shows that, Majority of the study subject were Hindu 352 (88.0%) followed by Muslim 48 (12%).

Table No: 3 Distribution of the study subject based on their educational status

Education	Number	Percentage
Illiterate	85	21.25
Primary school	44	11.00
Middle school	61	15.25
High school	145	36.25
Intermediate ordiploma	36	9.00
Graduate	27	6.75
Post graduate	2	0.50
Total	400	100.00

The above table shows that maximum mothers 145 (36.25%) studied till high school followed 61 (15.25%) studied till middle school whereas 27 (6.25%) and 2 (0.20%) were completed graduate and postgraduate respectively. Around 85 (21.25) were found to be illiterate.

Table No: 4 Distribution of study subjects according to their occupation

Occupation	Number	Percentage
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House maker	312	78.00
Working	88	22.00
Total	400	100.00

The above table shows that, Majority of the study subject 312 (78.0%) were house maker and working subject were 88 (22.0%).

Table No: 5 Distribution of study subjects according to the type of family

Type of family	Number	Percentage
Nuclear	142	35.50
Joint	243	60.75
Three Generation	15	3.75
Total	400	100.00

In the above table shows that majority of the study subject belongs to joint family 243 (60.75%) followed by nuclear family 142 (35.5%) and least were from 3 generation family 15 (3.75%) respectively.

Table No.6: Distribution of study population based on practicing any family planning methods

Practicing FP methods	FrequencyN=292	Percent
Yes	74	25.34
No	218	74.66
Total	292	100.00

The above study shows that, majority of the subject 218 (74.66%) were not practicing any family planning methods while 74 (25.34%) were practicing one of the family planning methods. shows that maximum 68.57% complete postnatal services utilization was seen among second parity followed by 57.81% more than 3 parity mothers 57.14% and 38.78% were in one parity respectively. Whereas 61.22% partial utilization were seen among first parity mother. The relation between parity and the utilization of postnatal care services was found to be statistically significant.

DISCUSSION

The present study was undertaken in rural field practice area of Nathnagr, which belonged to the rural field practice area of Department of Community Medicine, JLNMCH, Bhagalpur. The study population consisted of antenatal and postnatal mothers of 15-49 years of age group. A total of 400 respondents constituted the study population out of which 68 were pregnant and 332 were post natal mothers. In the present study majority of the subject 184 (46.0%) were in age group 21-25 years, followed by age group of 26-30 years 152 (38.0%) and the least in the age group of <20 years 64 (16.0%) respectively. Similar finding were seen in study done by Sruthi M. V.et al¹. Showed that Mothers aged between 21-25 years were 121 (42.3%) and Another study done by Nidhi Sharma et al². shows mothers age between 20-24 years age group were 331 (50.2%). In the present study shows that Majority of the study subject were Hindu 88.0% and followed by Muslim 12.0%. Similar finding were seen in study done by Neeta P. N et.al³. Mothers belonging to Hindu religion were around 82.9% .Another

study done by Renuka Biyyala et.al⁴ showed that 91% of mothers belonged to Hindu religion. In the present study shows that maximum mothers 36.25% studied till high school followed 15.25% studied till middle school whereas 6.25% and 0.20% were completed graduate and postgraduate respectively. Around 21.25 % were found to be illiterate Similar study done by Shital S et al⁵ Showed that mothers studied till high school were 36.36% whereas a study done by Narayana M R et al ⁶ Showed High school studied mothers were 32.0%. The above table shows that, Majority of the study subject 78.0% were house maker and working subject were 22.0%. Similar study done by Kuldeep J Dabade and Sheetal K Dabade shows that mothers with homemaker were 79.6% and 20.04% were involved in some kind of work.⁷ Another study done by Narayana M. R et al ⁶ 8.5% were housewife and 11.5% were working mothers (maximum were coolie workers) In the present study shows that, Majority of the study subject belonged to lower class 62.0% followed by lower middle class 34% and 4% were of middle class respectively. Similar study done by Kulkarni MV Durge PM Shows mothers belonging to socio economic class IV-V were 88.89% and I-III class were 11.11%.⁸ In the present study shows that out of 292 mothers 218 74 (25.34%) were practicing family planning methods 218 (74.66%) were not practicing any family planning methods⁹. In DLHS, it was observed that only 45.7% of women utilized any family planning methods. The utilization of Tubectomy was 34.3%, OCP 3.5% and IUCD 1.9%¹². In another study conducted by in Dehradun district, contraceptive prevalence was found to be 49.68%.the most commonly used method was tubectomy (88.88%), OCPs and IUDs by 4.78% and 1.71% of women respectively¹³. Our study had similar findings was less when compared with other studies. shows that maximum 68.57% complete postnatal services utilization was seen among second parity followed by 57.81% belonging to more than three parity mothers 57.14% and 38.78% were in third parity and single parity mothers respectively. The relation between parity and the utilization of postnatal care services was found to be statistically significant. Similar study done by Harish Chandra Tiwari^{1*}, Sudhir Kumar Gupta mothers more than 2 parity were 55.09% and 76.07% of mothers were less than 2 parity. Similar study done 42.25% of post natal utilization was seen in mother of single parity followed by 16.67% of mother belonging to thesecond parity and 33.33% in mothers of more than four parity.

CONCLUSION

In conclusion the study shows that despite recent efforts to augment the health infrastructure, manpower and providing logistic support to the health sector under different national programs. Utilization of ante-natal services found to be very low as compared to post-natal maternal services, child health services and family planning services.

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