



ASSESSMENT OF THE KNOWLEDGE REGARDING THE UTILIZATION OF SAFE MOTHERHOOD SERVICES RECOMMENDED IN RCH PROGRAM AND TO FIND OUT THE FACTORS AFFECTING THE UTILIZATION AMONG REPRODUCTIVE AGE GROUP MOTHERS IN SELECTED RURAL COMMUNITIES OF WEST BENGAL

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KEYWORDS :

Statement of the Problem

Assessment of the knowledge regarding the utilization of safe motherhood services recommended in RCH program and to find out the factors affecting the utilization among reproductive age group mothers in selected rural communities of West Bengal.

Background of the study

The process of childbearing needs to be given special attention, as it affects the overall health, especially there productive health of the woman, as well as health of her new born. Moreover, the place where delivery takes place is an important aspect of reproductive health care, quality of care received by the mother and the newborn baby depends upon the place of delivery. Developing countries account for about 99% of an estimated half a million maternal deaths that occur each year.

Better informed woman is more likely to make appropriate decisions during obstetric emergencies but many developing countries have women with poor education which is more prevalent in rural communities Knowledge and awareness about safe motherhood practices could help reduce pregnancy related health risks and promote safer pregnancies and deliveries.

Objectives

1. To determine the knowledge regarding the utilization of safe motherhood services recommended in RCH program
2. To find out the factors affecting utilization of safe motherhood services recommended in RCH program.
3. To find out the association between knowledge and utilization safe motherhood services recommended in RCH services

Research Approach

In the present study non experimental survey research approach was adopted.

Research Design

The research design selected for the present study was descriptive survey research design.

Variables Research variables

Knowledge regarding safe motherhood services and factors affecting the utilization.

Demographic variables

Age of the mother, educational qualification , religion, number of child, place of delivery, family income , age of the last and the economical class.

Setting

The study was conducted to collect the data from reproductive age group mothers of Natun Kalipur , Bakultala, Bhatjangla And Jhitkepotia Sub Centers of Nadia District , West Bengal.

Population

In the present study population compromised of all reproductive age group mothers of selected rural communities, West Bengal .

Sample: Reproductive age group mothers who having at least one child within the age group of 0-1year and residing in selected rural community of West Bengal .

Sample size

In the present study the sample size was 200 reproductive age group mothers who lived in the rural communities of West Bengal.

Sampling technique

Simple random sampling for sub centre selection and non probability purposive sampling for mother selection.

Development of the tool

The following major steps were taken to develop the interview schedule:

Reviewed various research and non research articles on areas related to the study . Guidance was taken from guide and co-guide. Informal discussion with peer group and teachers and concerned people in the field of obstetrics and gynaecology. Preparation of blue print. Expert opinions were sought for ascertaining the clarity and appropriateness of the tools.

RESULTS

Section I Findings related to the demographic characteristics of reproductive age group mothers 187 (93.5%) mothers belonged to the age group of 18-27 years, It also depicts that 182 (91%) mothers had secondary level of education , It also reveals that 152 (76%) mothers belonged to Hinduism religion

Section II Findings related to the knowledge of reproductive age group mothers regarding the utilization of safe motherhood services recommended in RCH program.

n=200

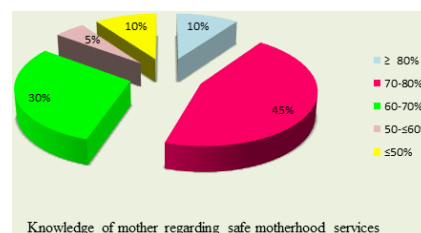


Figure 3 Pie diagram showing the percentage distribution of the mothers according to their knowledge regarding the utilization of safe motherhood services recommended in RCH program

Data presented in table 4 explains that 20 (10%) of the mothers

had excellent knowledge, 90 (45%) mothers had very good knowledge, 60 (30%) that is mothers had good knowledge, only 10 (5%) that is very less number of mothers had fair knowledge and 20 (10%) mothers had poor knowledge regarding the utilization of safe motherhood services recommended in RCH program.

Table 4 Distribution of Maximum possible score, mean score, mean percentage, median and SD of knowledge regarding the safe motherhood services recommended in RCH program. n=200

Variables	Maximum possible score	Range	Mean score	Mean percentage	Median	SD
Knowledge	21	0-21	10.96	52.2	11	2.9

Data presented in the table 4 shows that the maximum possible score in knowledge is 21 with a mean score 10.96, mean percentage 52.2 and median 11. The SD calculated was 2.9 which shows the dispersion of data , means that the knowledge scores of mothers regarding the safe motherhood services recommended in RCH program

II. Findings related to the knowledge of reproductive age group mothers the utilization of safe motherhood services recommended in RCH program

- 45 % respondents had very good knowledge regarding the utilization of safe motherhood services recommended in RCH program.
- 30% respondents had good knowledge regarding the utilization of safe motherhood services recommended in RCH program .
- 10% respondents had excellent knowledge regarding the utilization of safe motherhood services recommended in RCH program.
- Again 10% respondents had poor knowledge regarding the utilization of safe motherhood services recommended in RCH program.
- 05% respondents had excellent knowledge regarding the utilization of safe motherhood services recommended in RCH program.

Findings related to the factors affecting utilization of safe motherhood services recommended in RCH program

- All (100%) respondents had completed the ANC at least four times during antenatal period.
- Maximum (75.5%) respondents had consumed IFA.
- Maximum (70%) respondents had consumed IFA at right time.
- All (100%) the respondents had received the two doses of T.T. injection.
- Maximum respondents (85.5%) had not utilized the diagnosis of danger signs during antenatal period.
- Maximum (51.72%) respondents had not utilized the treatment facility of danger signs during antenatal period.
- Maximum (94%) respondents had utilized the investigations facility.
- Maximum (75.5%) respondents had not utilized the facilities of birth preparedness.
- Maximum (72%) respondents had took the recommended rest period during pregnancy.
- Maximum (86.5%) respondents had took the recommended antenatal diet.
- Maximum (98%) respondents had utilized the institutional delivery facility.
- Maximum (98%) respondents had utilized the skilled birth attendance facility.
- Maximum (98%) respondents had not utilized the post natal check up facility in case of home delivery .
- Maximum (53%) respondents had utilized the post natal check up facility in case of institutional delivery .
- Maximum (92.5%) respondents had not utilized the

diagnosis of danger signs during post natal period.

- All (100%) respondents had utilized the treatment facility of danger signs during post natal period.
- Maximum (60.5%) had not utilized the F.P. method .
- Maximum (66.5%) did not maintain the recommended gap between two children.
- Maximum (91.5%) had not receive the PNC by ANM.
- Maximum (53%) had utilized the J.S.Y. service.
- Maximum (53%) had utilized the J.S.S.K. service
- Maximum (61.5%) had not utilized the nischoy jan service
- Maximum (90.5%) had not utilized the abortion service.
- Maximum (73.68%) had not utilized the safe abortion service.

IV. Findings related to the factors affecting utilization of safe motherhood services recommended in RCH program

- Physical factor was responsible for not consuming the full dose of IFA in case of 49 (100 %) respondents. (n=49)
- Wrong instruction of the health worker was responsible in case 126 (96.92%) respondents who did not start the IFA at right time and poor health condition in early months of pregnancy was responsible in case of 4 (3.07%) respondents.(n=130)
- Lack of information or poor knowledge regarding the diagnosis of danger signs was responsible for non utilizing the facility in case of 15 (100%) respondents . (n=15)
- Unwillingness of the family members to complete the investigations was responsible for not completing the investigations in case of 3 (25%) of the respondents, delay in getting the dates from government hospital labs was responsible for not completing the investigations in case of 5

(41.66%) respondents and distance of government hospital was responsible in case of 4 (33.33%) respondents.(n=12)

- 151 (100%) respondents who were not prepared for birth of a baby because the health worker did not mention regarding the birth preparedness. (n=151)
- Excessive load of house hold work was responsible factor for 42 (75%) respondents , physical problem such as insomnia was responsible in case of 9 (16.07 %) respondents and family norms was responsible for 5 (8.9%). respondents who did not took recommended rest in antenatal period. .(n= 56)
- Physical problem were responsible for non consuming the recommended diet in case of 24 (88.88%) respondents and financial problems were responsible for non consuming the recommended antenatal diet in case of 3 (11.12%) respondents. (n=27)
- Refusal of doctor was responsible for home delivery in case of 3 (75%) respondents and unavailability of family members to accompany the respondent to hospital was responsible for home delivery in case of 1 (25%) respondents. (n=4)
- 79 (75.23%) respondents had not utilized the PNC (in case of institutional delivery) because the ANM checked only one time after delivery, 21(20%) respondents had not utilized the facility because they went to their father's house and 5 (4.76%) respondents did not utilized the facility because of the distance of their house.(n=105)
- In 33 (27.27%) respondents did not use the F.P. methods because their husband were working outside the state, 53 (43.80%) did not use the F.P. methods due to their physical problems and 35 (28.92%) respondents did not use the F.P. method due to their husband's unwillingness.(n=121)
- 162 (88.72%) respondents did not maintain the gap between two children because they had only one child and14(10.52%) did not maintain recommended gap because they did not use proper F.P. method.(n=176)
- 109 (93.16%) respondents did not utilize the J.S.Y. facility due to their A.P.L. status, 5 (4.52%) respondents did not utilize the J.S.Y. facility due o bank account problem and 3

- (2.56%) did not utilize the J.S.Y. facility due to their delivery at home.(n=117)
- 94 (100%) respondents did not utilize the JSSK facility due to lack of information regarding this.(n=94)
- 123 (100%) respondents did not utilized the nischoy jan facility due to unavailability of nischoy jan most of the time .(n=123)
- 14 (73.68%) respondents did not utilize the safe abortion services because they went to local quacks for their abortion. (n=19)

V .Findings related to the association between knowledge and utilization of safe motherhood services recommended in RCH program.

- Chi square value 17.0859 showed statistically significant association between the knowledge and utilization of recommended dose of IFA use.
- Chi square value 4.8084 showed statistically significant association between the knowledge and utilization of the completion of all investigations during pregnancy .
- Chi square value 32.2477 showed statistically significant association between the knowledge and utilization of the recommended rest during antenatal period
- Chi square value 12.6982 showed statistically significant association between the knowledge and utilization of the recommended diet during antenatal period.
- Chi square value 3.8763 showed statistically significant association between the knowledge and utilization of the post natal check up in case of home delivery.
- Chi square value 4.4626 showed statistically significant association between the knowledge and utilization of the post natal check up in case of institutional delivery.
- Chi square value 3.9838 showed statistically significant association between the knowledge and utilization of the J.S.Y. facility.

CONCLUSIONS

- The result of the study add to the existing literature on the knowledge regarding the utilization and the factors affecting the utilization.
- The study findings revealed that some of the mothers had the knowledge regarding the utilization and some of the mothers did not have the knowledge.
- The study revealed that some of the services were utilized by all of the mothers and some were not utilized.