Research Paper

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Utilization of Intra natal health care facilities by a rural population near Chennai

MEDICAL SCIENCE

KEYWORDS : Heavy metal, Gram (-) bacteria, in silico, 16SrRNA, Gene Bank.

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ABSTRACT

Background:

Quality maternal health care is essential for reducing the morbidity and mortality among the mothers. Majority of mothers are likely to die during intra natal period. Maternal health care is not uniformly utilised by the mothers in rural areas of India. Poor illiterate mothers are vulnerable and neglected.

Material and Method:

It is a population based cross-sectional study which was done among the mothers who delivered between Aug 2004 and July 2005 in a rural area. Sample was selected by cluster sampling method.

Results:

Mean age of the participants was 24 years. About 64% of the mothers were in the age group of 18 to 21years. Most of the mothers 396(89.6%) were literate and only 323(73%) of mothers belonged to the better standard of living. Among 442 mothers, 95% were institution deliveries but only 20% of mothers delivered in HSC and PHC. About 97% deliveries were conducted by skilled attendant among them 66% of the deliveries were conducted by medical officers and 29% by nurses.

Conclusion:

Majority of mothers had institutional deliveries but very few had utilized PHC/HSC. Most of the mothers have preferred medical officers to conduct their deliveries.

Introduction

Health of the mother is health of the nation. Healthy mother; healthy baby. Healthy babies are future of our nation. However mothers are at risk at various stages of pregnancy and at higher risk during child birth. Thus more attention needs to be given to mothers in the intra natal period. In Tamil Nadu, institutional deliveries are promoted intentionally even in rural areas . The main objective of NRHM was to reduce child and maternal mortality by providing universal access to equitable, affordable, accountable and effective primary healthcare services to women in rural areas (National Rural Health Mission, Annual Report, 2011-2012) The importance of the Health of the mothers is reflected by the fact that it is one of the MDG Goals, namely Goal 5 to improve maternal health (United Nations General Assembly, 2002). Major causes of death of mothers are lack of institutional deliveries and unskilled personnel conducting deliveries. This study analyses the pattern of the utilization of intranatal care in a rural area near Chennai

Objective

To know utilization patterns of maternal health care facilities in a rural area near Chennai

Methods

This cross sectional study was done in a designated rural population near Chennai. This population is served by 10 health sub centres, 1 primary health centre, and few private hospitals. They also have access to taluk hospitals and district hospitals. A few private and Government medical college hospitals are available within about 30 kilometers from the study area. Initially the plan was to use simple random sampling method for selection of study subjects. However in view of logistic constraints common in population based studies, cluster sampling method was used to select randomly from the whole population, 442 mothers who had vaginal delivery during the last one year were considered. Information about antenatal care, place of delivery, who conducted the delivery, post natal care and other baseline information were obtained from the selected subjects after getting their informed consent. SPSS version 10 was used for data entry and analysis.

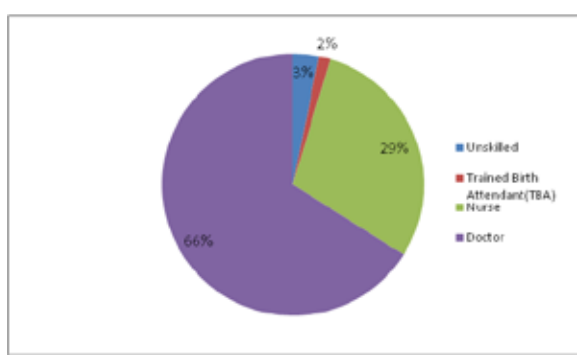
Results

The current study is a population based cross sectional study in a rural area near Chennai.

Table I and II show descriptive statistics. The mean age of the participants was 24 years. About 64% of the mothers were in the age group of 18 to 21years. Most of the mothers 396(89.6%) were literate and only 323(73%) of mothers belonged to the better standard of living.

Table II revealed majority of mothers in this study 418(94.8%) had institutional delivery and 91(20.5%) mothers had their delivery at HSC and PHC.

Fig 1 reveals that nearly 97% of deliveries were conducted by skilled attendant and among them were nurses (29.4%) and doctors (66%).



In the above analysis, it is apparent that a substantial proportion of mothers seem to avail the services of professionals (nurses and doctors) as against availing the same from TBAs and it is statistically significant

Discussion

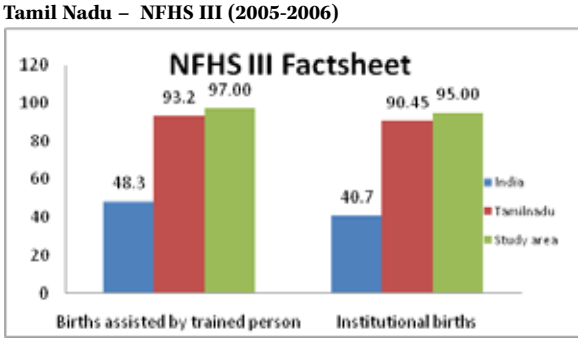
Intra Natal care

There are two aspects of the delivery services that are considered in this analysis — the place of delivery and the trained

personnel who conducted delivery.Women should have access to the appropriate health services to enable them to go through safe pregnancy and child birth to reduce maternal morbidity and mortality. The studies done by Sheth J K (Sheth J K, 2012), by Kuledep J Dabade (Kuledep J Dabade1, Oct – Dec 2013;) and by Jha Ranjit K (K., 2010 October-December;) in 2010 revealed that institutional deliveries and deliveries being conducted by skilled attendent were high which is similar to the current study though the current study was done in 2006.This could be possible because 90% of women were literate and more than 70% of women were from better standard of living in the current study. The major strategies of Essential Obstetric care under RCH II are: Institutional delivery and skilled attendants at delivery which is important for the prevention of mortality and morbidity among mothers. The current study was done simultaneously when RCH II was started in 2005. However the findings in the current study was much higher than the objective to be achieved in 2008 (National Institute of Health and Family Welfare New Delhi & United Nations Population Fund) under RCH II $_{i.e.}$ 60% of deliveries conducted by skilled providers

The rate of home delivery was more in a study conducted by Ansari and Khan (Ansari and Khan, May 2011) where majority of women(81.4%) preferred to deliver at home with the help of trained birth attendants which is not same in the present study. According to a study by Suman Singh et al8 most of deliveries (62.5%) were conducted at home out of which 26.5% were conducted by untrained health personnel which is contradicting to the findings of the current study. The current study was done 5 years before the above studies. In the current study majority (95%) of the mothers had institutional delivery which is far above the National level (40.7%) and just above the Tamil Nadu State level (90.45%) as per NFHS – 3 (Government of India, (2005-2006)) More or less the same year as NFHS report the current study was conducted and the intranatal care was well above the National level. This reveals the good performance of health care delivery system in Tamil Nadu. In the current study 97% of the deliveries were conducted by skilled attendant which is far higher than the national level (48.3%) and more or less similar to State level. It is depicted in Fig 2

Fig 2 shows comparison of the current study with India and Tamil Nadu – NFHS III (2005-2006)



The interesting finding in the present study is, out of 95% institutional deliveries, only 20 % deliveries had taken place in PHC/HSC. The above finding is similar to the study done in Maharastra (Padhye RP, 2013) where 20% delivery took place in public facility. The other study by Sheth J K also showed less deliveries in public heath facilities (Sheth J K, 2012) .This need to be addressed seriously in the National level.

In the current study, out of 97% of deliveries conducted by skilled attendants, 66% preferred doctors which is less than the study in Ahmadabad (93% by doctors) (Sheth J K, 2012) as $_{it}$ was an urban area.Among skilled attendants, nurses conducted 29% of deliveries. This shows that their faith in medical professionals and their awareness in safe deliveries and quality intra natal care. The above finding is in line with the observations made by Alok Chauhan and Karm (Alok Chauhan and Karm Veer, 2012.)

Conclusion

It is concluded that the intranatal care services are effectively utilized. Majority of women had institutional deliveries but very few had utilized PHC/HSC which could be due to poor infrastructure of the public health sector. Factors and barriers preventing access to primary health care services among the mothers need to be studied and rectified.

Recommendation

Infrastructure of the public health sector needs to be improved and medical officers may be available in PHC for emergency for 24 X7 hours.A medical course needs to be started to train "Rural doctors" to give quality maternal health care to the rural mothers. To provide sufficiently powered incentives so that most doctors voluntarily choose to work in rural areas for some time in their career. Rural posting after completing Internship need to be made compulsory to become eligible to apply for PG course.

Table I. Background characteristics of mothers (n=442)

S.No	Characteristics	Frequency	Percentage	95%CI
1.	Age <18 years 18-21 years >21years	 58 280 104	 13.12 63.34 23.52	 9.22-14.86% 52.65-60.67% 17.75-24.82%
2.	Education Illiterate Literate	 46 396	 10.4 89.6	 7-12.19% 77.41-82.53%
3	Standard of Living Index(SLI) Low Middle High	 119 154 169	 26.9 34.8 38.2	 20.61-27.99% 27.37-35.3% 30.31-38.39%

Table II. Particulars on maternal care

1	Place of delivery Home HSC/PHC Private hospitals Others	 23 91 144 183	 5.2 20.6 32.7 41.5	 (3.13%-7.27%) (16.83%-24.37%) (28.33%-37.07%) (36.91%-46.09%)
2	Person who conducted the delivery Untrained Dai Trained Birth Attendant(TBA) Nurse Doctor	 14 6 130 292	 3.2 1.4 29.4 66.1	