

Utilization of Free Maternal Health Services among Mothers Having Children less than 2 years of Age

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ABSTRACT

Introduction: Maternal health is central issue in each country as well as in global community. In developing countries like Nepal, maternal complications are the leading cause of death among reproductive aged women. Appropriate utilization of maternal health care services is very important to reduce the maternal morbidity and mortality in country. The study aim is to find out the utilization of free maternal health care services in marginalized population.

Materials and Methods: This is the descriptive study conducted on slum areas of ward number 9 of Pokhara Sub-Metropolitan city. Studied population comprised of mothers having children less than two years of age. Data were collected using structured questionnaires consisting of 20 questions as well as demographic and obstetric data from 76 respondents from 2072/01/20 to 2072/01/31. Respondents were selected by non-probability purposive sampling technique. Prior to the data collection, permission was obtained from concerned authorities (Pokhara University and Pokhara Sub-Metropolitan). Data were analyzed by SPSS version 20.0

Results Less than one-fourth (24.60%) of the respondents utilized free maternal health care services with mean and standard deviation of 4.92 ± 1.42 . Among them there was highest utilization in the area of intranatal care services having mean percentage of 29.39 and mean and standard deviation of 1.76 ± 0.43 . One-fifth (20.07%) of the respondents utilized antenatal care having mean and standard deviation 1.605 ± 0.49 and one fourth (25.83%) utilized postnatal care having mean and standard deviation 1.55 ± 0.50 .

Conclusion: Free maternal health services in slum areas of Pokhara Sub metropolitan city is underutilized and there is still need for more utilization of free maternal health care services among the mothers.

Keywords: Free maternal health care services, Mother, Utilization,

INTRODUCTION

The maternal health is central issue in each country as well as in global community. It refers to health condition of women during pregnancy, childbirth and postpartum period.¹ The health care a women receives during pregnancy, at the time of delivery and soon after delivery is important for survival and well-being of both mother and child.² Maternal status of women depends upon the available facilities of the maternal health care in their access. Normally antenatal, intranatal and postnatal care comes in the maternal health package which prevents related death and complications.³ Adaptation of free health care and free maternal services policies aimed at promoting utilization of essential health services to improve health status of socially excluded and marginalized groups hitherto deprived to their services.⁴ The Government of Nepal (GON) aims to increase the percentage of pregnant women attending four antenatal visits to 80% by 2017. However, the uptake of WHO recommended ANC (Antenatal care) checkups in Nepal is low. The use of ANC was 9% in 1996, 14% in 2001 and 29% in 2006. Figures show that 26% of women do not receive any ANC checkups at all and only 44% of pregnant women receive ANC checkups with skilled providers.⁵ Appropriate utilization of maternal health care services is very important to reduce the maternal morbidity and mortality in country and healthful practices is needed while caring mother to improve the health condition of both mother and child⁶. Safe motherhood has been a national priority programme in Nepal. Safe motherhood means ensuring that all women receive the care they need to be safe and health throughout pregnancy, delivery and postnatal period. Its primary goal is to reduce maternal and neonatal mortality rate. Safe pregnancy, safe delivery and safe birth of new born are the major components of safe motherhood. This can be accomplished through increase access to effective antenatal, delivery and postnatal care.⁷ Government of Nepal formulated National Health Policy 1991, within which the safe motherhood (SM) has been identified as a priority programme with the aim to improve the health status of women by providing maternal health services.⁸ Antenatal care services include: at least four antenatal check-ups first at 4th month, second at 6th month, third at 8th month and fourth at 9th month of pregnancy, Monitoring blood pressure, weight and fetal heart rate, provide information,

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education and communication (IEC) and behavior change communication (BCC) for danger signs and care during pregnancy and timely referral to be appropriate health facilities. Other services include birth preparedness and complication readiness (BPCR) for both normal and obstetric emergencies, early detection and management of complications, provision of tetanus toxoid (TT) immunization, iron and deworming tablets to all pregnant women and malaria prophylaxis where necessary. Delivery Care Services include Skilled Birth Attendants at deliveries (either home-based or facility-based), early detection of complicated cases and management or referral after providing obstetric first aid by health worker to appropriate health facility where 24 hours emergency obstetric services are available, obstetric first aid at home and/or Health Post (HP)/Sub Health Post (SHP) if complications occur, using Emergency Obstetric Care Kit (EOC kit) and identification and management of complications during delivery and referral to appropriate health facility as and when needed. Postnatal care services include: three postnatal visits, identification and management of maternal and newborn complications of postnatal period and referral to appropriate health facility as and when needed, promotion of exclusive breastfeeding, personal hygiene and nutrition education, post-natal vitamin A and iron supplementation for the mother, immunization of newborns and post-natal family planning counseling and services.⁹

The Aama Programme was introduced in 2009 to reduce financial barriers to women seeking institutional delivery with the aim to increase the number of institutional deliveries and thereby reduce maternal mortality and removal of user fees for all types of deliveries. Aama program has four components; the Safe Delivery Incentive Program (SDIP), free institutional delivery care, incentive to health worker for home delivery and incentive to women for 4 ANC visits. A cash payment is made to women immediately following institutional delivery.¹⁰

MATERIALS AND METHODS

This is the descriptive study conducted on slum areas of ward number 9 of Pokhara Sub-Metropolitan. In this study, population comprised of mothers having children less than two years of age.

Inclusion Criteria

Mothers of slums area of ward number 9 of Pokhara Sub-metropolitan having children less than two years of age and those who were willing to participate in the study.

Exclusion criteria

Those unwilling to give consent and mothers having age of last child more than 2 years.

Data were collected using structured performa consisting of demographic data, obstetric data and twenty questionnaires regarding utilization of antenatal, intranatal and postnatal care services from 76 respondents between 2072/01/20 and 2072/01/31. Respondents were selected by non-probability purposive sampling technique. Total score was 20. Level of utilization was categorized by dividing total score into 3 equal parts. Each correct answer was given a score of one and wrong answer zero. Level of utilization was categorized as satisfactory if score > 4 for ANC services, and >3 for intranatal and postnatal services.

Prior to the data collection, permission was obtained from concerned authorities (Pokhara University and Pokhara Sub-Metropolitan). Objectives were clearly explained to the mothers before data collection. The written consent was obtained from respondents. Confidentiality and anonymity was assured. Data was analyzed by SPSS version 20.0.

RESULTS

69 respondents (90.8%) were in between the age group of 15-31 years. 69 (90.8%) of the respondents were literate and 7 (10.5%) were illiterate. Regarding the occupation of the mother less than two-third (63.2%) of the respondents were housewives.

Table 1: Distribution of the respondents according to utilization of antenatal care services n=76

SN	Variable	Frequency (%)
1	Have you visited health facility for Antenatal Care (ANC) checkup during last pregnancy? (n=76)	
	Yes	72 (94.7)
	No	04 (5.3)

1.1	If yes, which facility have you received for ANC services? (n=72)	
	Health facility having AAMA Programme	41 (53.9)
	Health facility not having AAMA Programme?	31 (40.8)
1.2	Have you completed 4 times ANC checkup?(n=72)	
	Yes	63 (82.9)
	No	09(11.8)
1.3	Have you received ANC in 4, 6,8, 9th month exactly according to national guidelines?(n=72)	
	Yes	16(21.1)
	No	55(72.4)
1.4	Have you received 400 incentives for receiving ANC according to national guidelines?(n=72)	
	Yes	15(19.7)
	No	57(75.0)
2	Have you consumed 180 tablets starting from first day of four month? (n=72)	
	Yes	39(43.4)
	No	33(51.3)
3	Have you consumed one dose Albendazole after 1st trimester? (n=72)	
	Yes	67(88.2)
	No	05(6.6)
4	Have you injected two doses of TT vaccine during last pregnancy? (n=72)	
	Yes	63(82.9)
	No	09(11.8)

Table 2: Distribution of the respondents according to utilization of intranatal care services (n=76)

SN	Variable	Frequency (%)
5	Where do you delivered your last child?	
	Health facility	67(88.2)

	Home	09(11.8)
5.1	If health facility, is AAMA Programme launched in that health institution? (n=67)	
	Yes	50(65.8)
	No	17(22.4)
5.2	Do you received Intranatal service by Skilled Birth Attendant (SBA) (n=67)	
	Yes	55(72.4)
	No	12(15.8)
5.3	Have you stayed at least 24 hours in health facility after delivery? (n=67)	
	Yes	57(75.0)
	No	10(13.2)
5.4	Have you received transportation allowance (Rs.500, 1000, 1500) for institutional delivery? (n=67)	
	Yes	57(75.0)
	No	10(13.2)
5.5	Have you performed blood grouping and Rh factor grouping before delivery? (n=67)	
	Yes	66(86.8)
	No	01(1.3)

Table 3: Distribution of the respondents according to utilization of postnatal care n=76

SN	Variable	Frequency (%)
6	Have you received postnatal care services?	
	Yes	63(82.9)
	No	13(17.1)
6.1.	From which facility have received PNC service?(n=63)	
	Health facility having AAMA programme	33(43.4)

	Health facility not having AAMA programme	30(59.5)
6.2.	Have you received three times PNC services? (n=63)	
	Yes	43(56.6)
	No	20(26.3)
6.3.	Have you received 3 times PNC in 24 hours, 3 days and 7 days? (n=63)	
	Yes	28(36.8)
	No	35(46.1)
7	Have you consumed 45 tablets of iron from delivery to 45 days of postpartum? (n=63)	
	Yes	49(64.50)
	No	14(18.4)
8	Have consumed vitamin A capsule within 45 days of delivery? (n=63)	
	Yes	55(72.4)
	No	08(10.5)

Table 4: Distribution of respondents according to the level of utilization of antenatal care, intranatal care and postnatal care. n=76

SN	Services	Mean	Satisfactory >mean	Unsatisfactory ≤mean
			Frequency (%)	Frequency (%)
1.	Antenatal Care	4	46(60.5)	30(39.5)
2.	Intranatal Care	3	58(76.3)	18(23.7)
3.	Postnatal Care	3	42(55.3)	34(44.7)

Table 5: Utilization of free maternal health care services n=76

SN	Variable	Maximum score	Mean± S.D	Mean percentage (%)
1	Antenatal care	8	1.60 ± 0.49	20.07

2	Intranatal care	6	1.76 ± 0.43	29.39
3	Postnatal care	6	1.55 ± 0.50	25.83
	Over all	20	4.92± 1.42	24.60

Table 5 reveals that less than one-fourth (24.60%) of the respondents utilized free maternal health care services with mean and standard deviation of 4.92± 1.42. Among them there was highest utilization in the area of intranatal care services having mean percentage of 29.39 and mean and standard deviation of 1.76±0.43. One-fifth (20.07%) of the respondents utilized antenatal care having mean and standard deviation 1.60±0.49 and one fourth (25.83%) utilized postnatal care having mean and standard deviation 1.55±0.50.

DISCUSSION

This study was conducted to find out the utilization of free maternal health care services among mothers having less than two years of children. 90.8 percent of respondents were in between the age group of 15-31 years. 90.8 percent of the respondents were literate. Nearly two-third (63.2%) of the respondents were housewives.

In this study 60.5 percent of respondents had satisfactory utilization and 39.5 percent of the respondents had unsatisfactory utilization of antenatal care. Slightly more than three-fourth (76.30%) of the respondents had satisfactory utilization and more than two out of ten (23.70%) had unsatisfactory utilization of intranatal care and above half of the respondents (55.30%) had satisfactory utilization and above four out of ten (44.70%) had poor utilization of postnatal care services. The level of utilization of intranatal was supported by the study conducted to assess the Mothers Utilization of Antenatal Care and their Satisfaction with Delivery Services in Selected Public Health Facilities of Wolaita Zone, Southern Ethiopia. The sample consisted of 363 postpartum mothers. Multivariate and binary logistic regression was used to identify the outcomes. The result showed that overall satisfaction with the delivery care was 82.9%.¹¹

In this study the utilization of free maternal health care services was 24.60 percent overall which is supported by a cross sectional study conducted in all the 27 slums of Davangere town, Karnataka State

consisting of 510 mothers. Result showed that only 35.9% of the women had utilized the health care services completely during antenatal, intranatal and postnatal period.¹²

Less than one-fourth (24.60%) of the respondents utilized free maternal health care services with mean and standard deviation of 4.92± 1.42. Among them there was highest utilization in the area of intranatal care services having mean percentage of 29.39 and mean and standard deviation of 1.76±0.43. One-fifth (20.07%) of the respondents utilized antenatal care having mean and standard deviation 1.60±0.49 and one fourth (25.83%) utilized postnatal care having mean and standard deviation 1.55±0.50. This study showed that the free utilization of antenatal care, intranatal care and postnatal care was 20.07%, 29.39% and 25.38% respectively. The utilization of postnatal care is supported by the cross-sectional study conducted to assess the factors affecting utilization of postnatal care services in Amhara Region, Jabitena District, Ethiopia. The sample consisted of 594 women who gave birth in the past two years. Result showed that 20.2% mothers utilized postnatal care services as compared to 25.38% in this study.¹³

In this study, 63 (82.9%) respondents had TT injection during last pregnancy, 94.7 % utilized ANC services (at least one ANC visit), 63(82.9%) respondents had four ANC visits but not according to protocol. A descriptive cross sectional study conducted on Belbari VDC of Morang district in Eastern Nepal which consisted of 248 mothers of less than one year children showed that among 248 mothers, 84% utilized the antenatal care services, 91% received TT vaccine during pregnancy.⁶

The study was confined to small number of respondents which limits the generalization. The study was limited only to the selected slum area of ward number 9 of Pokhara Sub-Metropolitan. This study was limited to mothers having children less than two years of age. In this study randomization of the samples was not done.

Limitations of the study

- The study was confined to small number of respondents which limits the generalization.
- The study was limited only to the selected

slum area of ward number 9 of Pokhara Sub-Metropolitan.

- This study was limited to mothers having less than two years of children.
- In this study randomization of the samples was not done.

CONCLUSION

Free maternal health services in slum areas of Pokhara Sub metropolitan city is underutilized and there is still need for more utilization of free maternal health care services among the mothers.

Conflict of interest: None

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