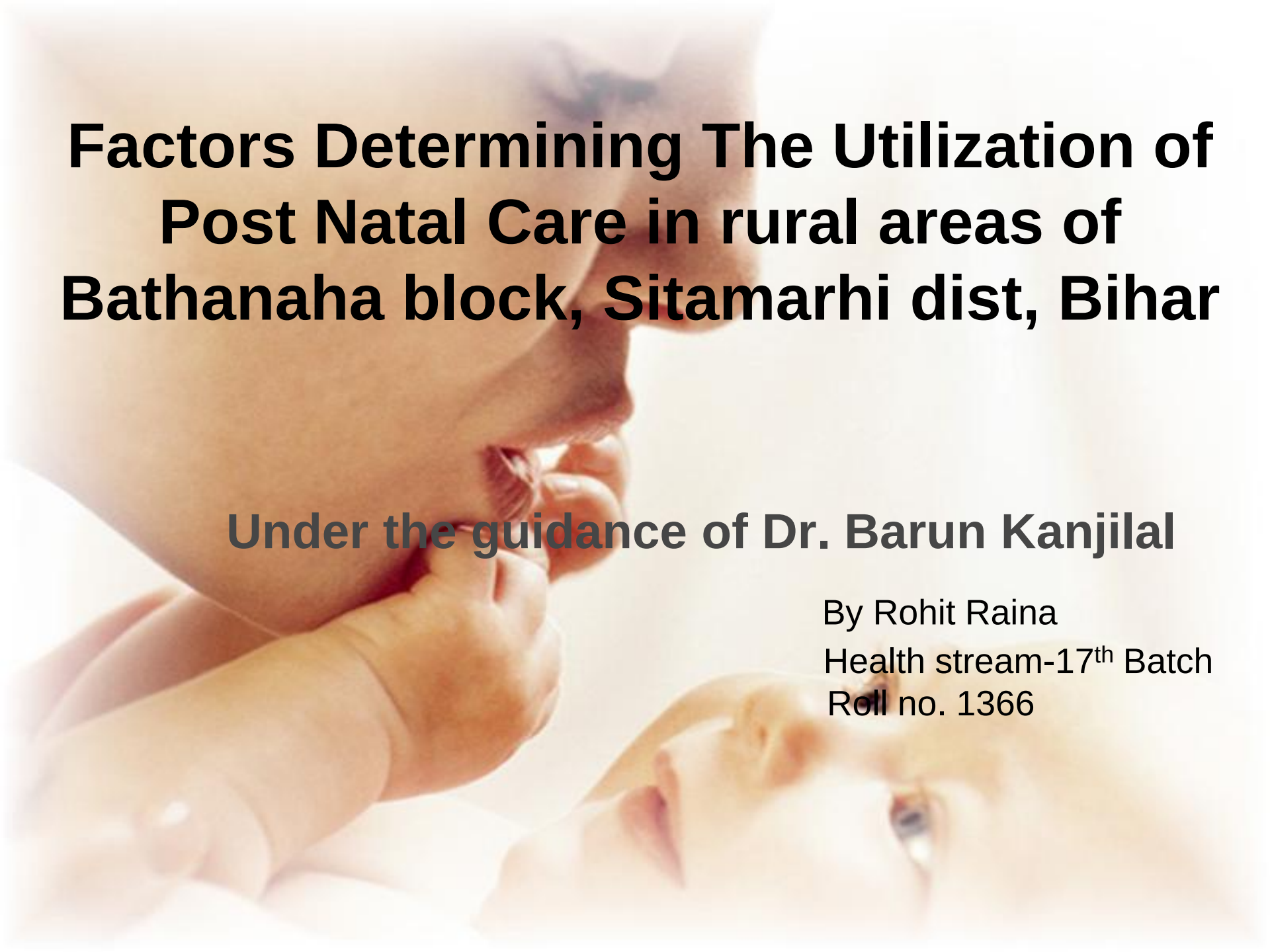

Factors Determining The Utilization of Post Natal Care in rural areas of Bathanaha block, Sitamarhi dist, Bihar

Under the guidance of Dr. Barun Kanjilal

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Introduction

- The postnatal period (or called postpartum, if in reference to the mother only) is defined by the WHO as the period beginning one hour after the delivery of the placenta and continuing until six weeks (42 days) after the birth of an infant Care during this period is critical for the health and survival of both the mother and the newborn

- Postnatal care is one of the most important maternal health-care services for prevention of impairment and disabilities and also reduction in maternal mortality. When it comes to practice, postnatal care is the most neglected one compared with ANC.

- The majority of maternal and newborn deaths occur within the first week of the postnatal period. Postnatal care influences both women and children's lives, in terms of reducing frequent pregnancies and increasing effective contraceptive use.

- Bihar with a population of 104 million is the second most populous state in India, next only to Uttar Pradesh. Despite efforts in the last few decades to stabilize population growth, the state’s population continues to grow at a much faster rate (21.1 percent) than the national population (14.5 percent) in terms of decennial growth (SRS,2013).

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- All key health indicators in Bihar are worse than the national average. Increasing fertility, lack of improvement in antenatal care especially in post natal care and worsening of under-nourishment amongst children are key areas of concern. In other areas there is improvement. The MMR is Bihar is 294 per 100,000 (AHS,2012) live births whereas the IMR is 43 per 1000 live births (SRS,2013). The dist. Sitamarhi is also a higher priority dist. for the intervention of RMNCHA+.

- The percentage mothers who received below services are as: (AHS, 2011-2012)
    - Full Antenatal checkup - 6.1 %
    - Antenatal Care - 32.2 % (HB was taken)
    - Institutional delivery - 51.9 %
    - Mothers stayed in institution less than 24 hours - 62.7 %
    - Mothers who received PNC within 48 hours - 57.3 %

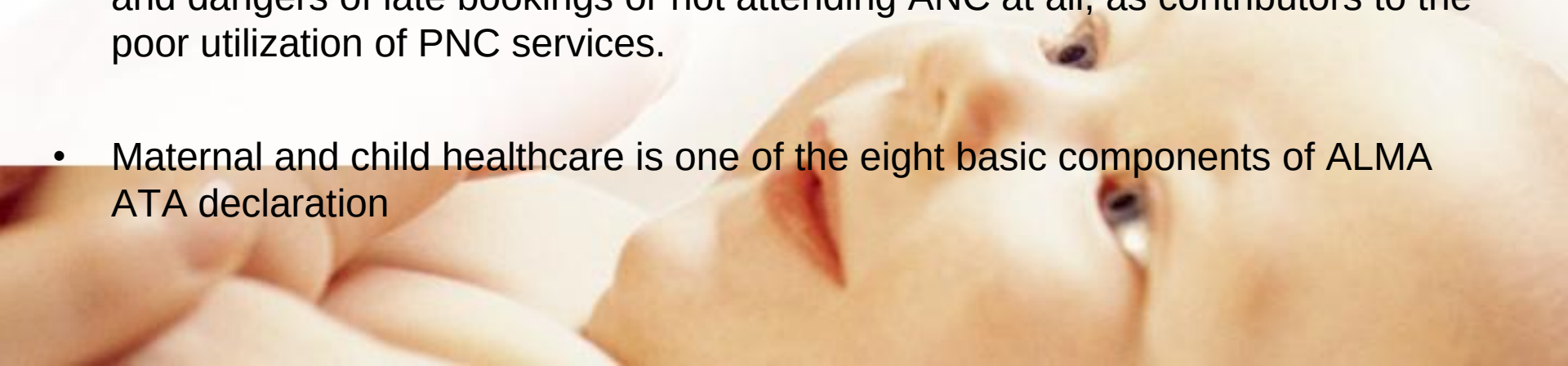
Literature review

- It has been estimated that if routine PNC and curative care in the postnatal period reached 90 percent of babies and their mothers, 10 to 27 percent of newborn deaths could be averted. In other words, high PNC coverage could save up to 310,000 newborn lives a year in Africa (DHS, 2003-05).

- It is reported that only 23 percent of the mothers who had had live births received postpartum care within the critical first two days after delivery; and overall, 74 percent of the women did not receive postpartum care at all (UBOS 2007).

- Matua's (2004) and Jewkes *et al*'s (1998) theoretical findings that cited lack of adequate knowledge and information about pregnancy, laboratory tests results and dangers of late bookings or not attending ANC at all, as contributors to the poor utilization of PNC services.

- Maternal and child healthcare is one of the eight basic components of ALMA ATA declaration



- **Research questions**

  What is the level of utilization of postnatal care services in rural areas of Bathanaha block, Sitamarhi dist, Bihar?

  What are the critical factors determining the utilization of postnatal care services in rural areas of Bathanaha block, Sitamarhi dist, Bihar?

- **Study objectives**

  To assess the level of utilization of Postnatal care services in rural areas of Bathanaha block, Sitamarhi dist, Bihar

  To identify the critical factors affecting the utilization of Postnatal care services in rural areas of Bathanaha block, Sitamarhi dist, Bihar

Methodology

- **Study Area**

  11 villages of Bathanaha block of Sitamarhi dist. In Bihar. The study villages were Panthpakar, Lakshmipur, Rupouli, Koilli, Ramnitola, Bathuwadi, Bhusulwa, Nathu tola, Madhopur, Bathanaha (nagar panchyat), Saiyara.

- **Study Design**

  The study is based on descriptive (Retro-sepective) study design with the study period of 3 months as the actual Post natal care period is of 42 days.

- **Study population**

  120 Mother who delivered in last three months was decided to be taken as study sample because the sample will follow normal distribution. But out of 120 mothers only 100 mothers were being interviewed successfully as other 20 mothers denied as the area of study is influenced by naxalites and most of the mothers who denied belong to Musher community who are resistant to outsiders.

- **Sampling procedure**

  Combination of probability (simple random sampling) and non-probability sampling was introduced for the study keeping in view that all the four corners of the bathanaha block are taken into consideration.

- **Data collection techniques and Tools**

  In depth interview of respondents was done. And the questionnaire included both close and open ended questions.

- **Sample size**

  100 beneficiaries (obstetric mother) were interviewed successfully out of 120, so only 100 respondents have been included in the study. The mothers from different villages were selected on the basis of their availability and population of the village.

S. no	Name of village	No. of Respondents (%)
1	Bathanaha (nagar panchyat)	23
2	Saiyara	28
3	Panthpakar	12
4	Lakshmipur	8
5	Rupouli	7
6	Koilli	7
7	Ramni tola	4
8	Bathuwadi	4
9	Bhusulwa	3
10	Nathu tola	2
11	Madhopur	2

- **STUDY VARIABLES**

Conceptual framework explaining the relationship between the independent factors and the dependent factors

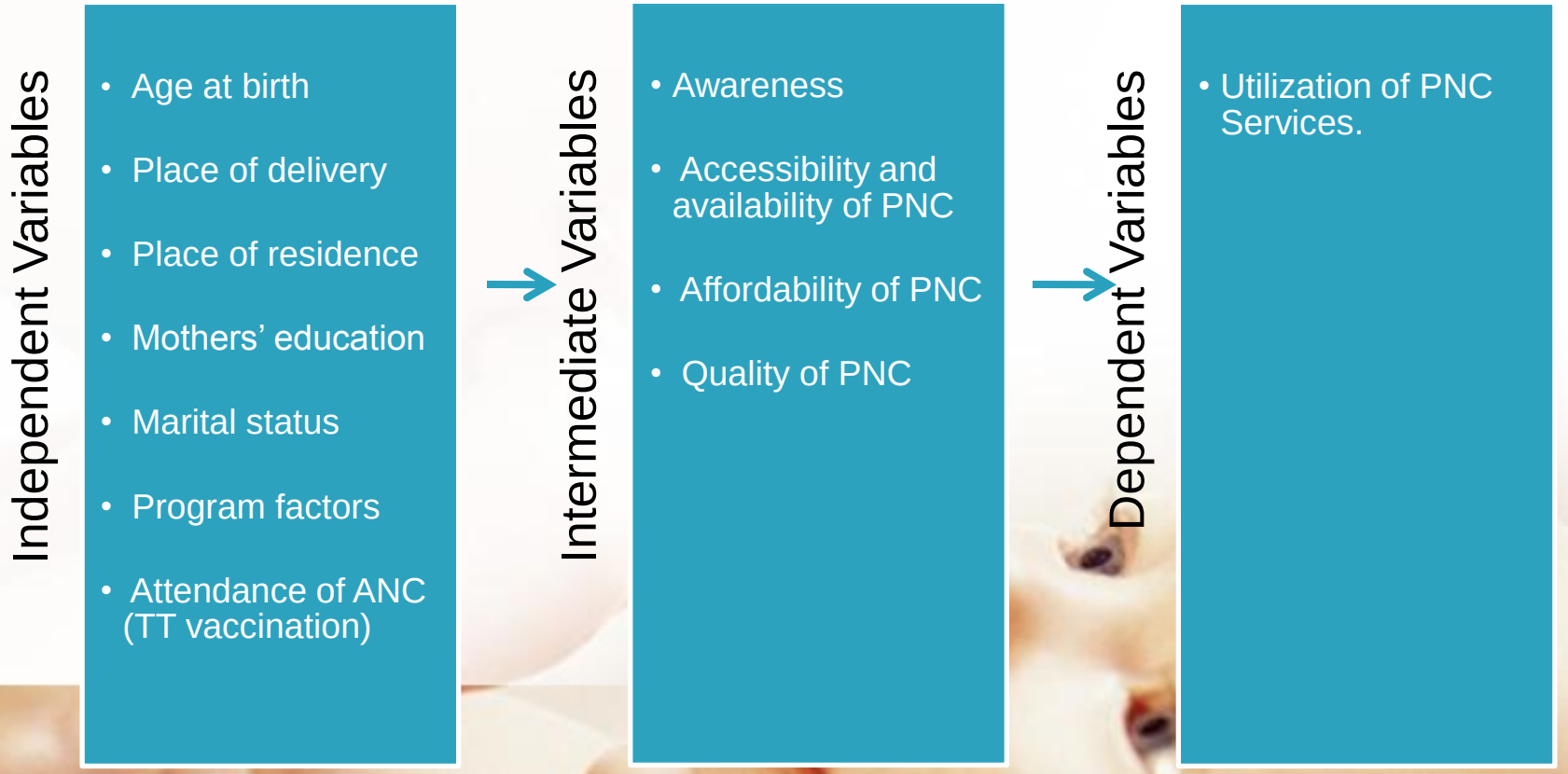


Table 1-Socio-demographic and economic characteristics

Age Group (years)	15-19	7
	20-24	43
	25-29	34
	30-39	16
Type of house	Kaacha	60
	Semi Pucca	34
	Pucca	6
Religion	Hindu	93
	Muslim	7
Caste category	General	5
	OBC	60
	SC	31
	ST	4
B.P.L status	BPL	81
	No BPL	19

Findings of the study

Graph 1-Percent distribution of respondents by their and their husband's education status

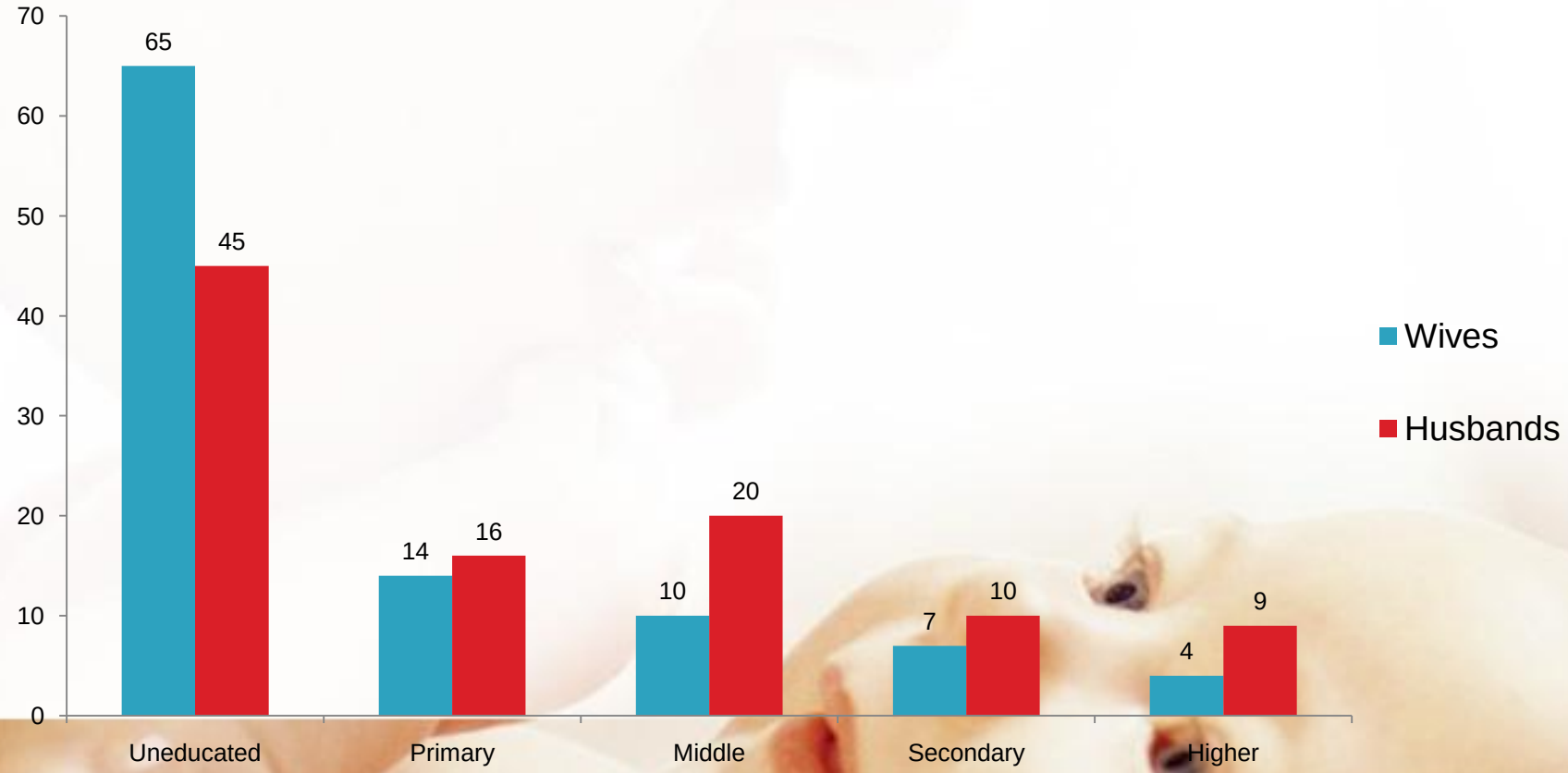


Table 2-Percent distribution of respondents by their age at first birth and age of marriage

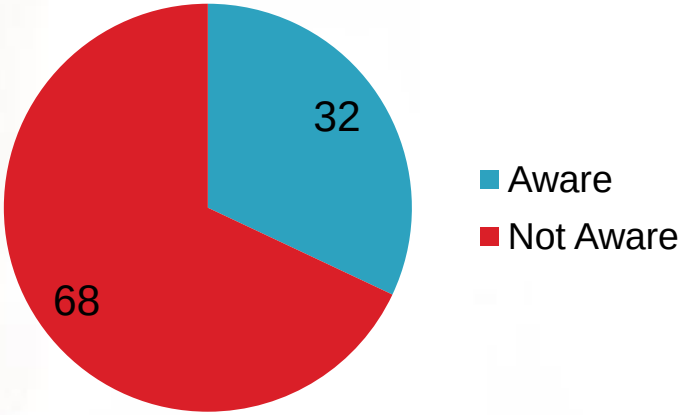
Age group	Age at marriage	Age at first conception
13-14	1	0
15-19	84	46
20-24	15	52
25-34	0	2
Total	100	100

Table 3-Percent distribution of respondents by place of delivery and assistance during delivery

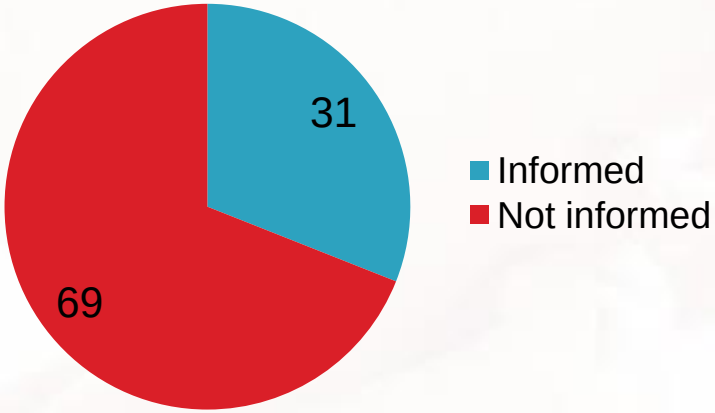
Place of delivery	Frequency
Home	23
Govt. facility	73
Private facility	4
Total	100
Assistance during delivery	**Frequency**
TBA	10
ANM	61
Doctor	16
Others (Relatives, Family)	13
Total	100

Table 4-Percent distribution of respondents by modes of Transportation used to reach delivery point

Modes of Transportation	Frequency
Private	32
Public	32
Govt. ambulance	4
Others	9
Not applicable	23
Total	100
Distance of nearest Level 1 facility	**Frequency**
Within 30 minutes	89
More than 30 minutes	11
Total	100



Graph 2-Awareness of Post natal care



Graph 3-Awareness of PNC by health workers

Table 5-Percent distribution of respondents by Awareness of dangerous symptoms of post natal period

Dangerous symptoms	Aware	Not Aware	Total
Heavy bleeding	24	76	100
Foul smell discharge	1	99	100
Mastitis	7	93	100
Fever	22	78	100
Pain in abdomen	24	76	100
Convulsions	11	89	100

Table 6-Percent distribution of respondents by Number and Timing of post natal visits attended

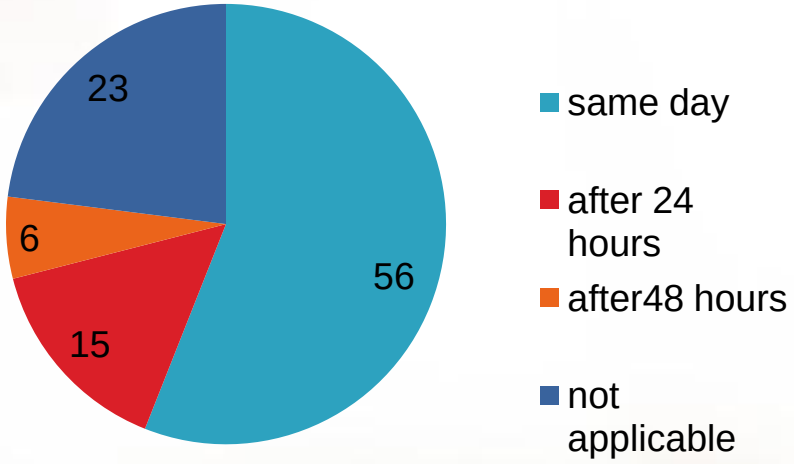
PNC visits	On time	Delayed	Didn’t received	Not applicable	Total
First visit	80	1	19	0	100
Second visit	24	3	73	0	100
Third visit	21	11	56	12	100
Fourth visit	14	3	30	53	100

Table 7-Percent distribution of respondents who received the actual(quality) first visit of postnatal care (Heavy bleeding taken as indicator)

Dangerous symptoms	Checked/asked (N=81)	Checked/ asked (valid %)
Heavy bleeding	12	15.0
Foul smell discharge	0	0
Mastitis	7	9.0
Fever	12	15.0
Pain in abdomen	18	22.0
Convulsions	5	7.0

Table 8-Tetanus Toxoid vaccination received during pregnancy (Indicator for ANC)

TT doses	Valid Percent
Received	
Single	13
Twice	49
Total	62
Not received	
Not even a single dose received	38



Graph 4-Duration of stay in hospital after delivery

Table 9-Percent distribution of respondents by Intention to use family planning in the future and contraceptives ever used

Planning for family planning	Frequency	Valid Percent
Yes	30	30.0
No	11	11.0
not yet decided	59	59.0
Total	100	100.0
Contraceptive measures	**Frequency**	**Valid Percent**
Condoms	16	16.0
IUDs	2	2.0
Oral Pills	11	11.0
Female Sterilization	9	9.0
None (not using modern interventions)	62	62.0

Table 10-Percent distribution of respondents by Immunization status of their children at birth, breast feeding and awareness of birth interval, Kangaroo care

Interventions		Received
Vaccines	BCG	73
	OPV-0	63
	Hepatitis B-0	31
Breast feeding	Within 1 hour	61
	Same day	24
	2-3 days	5
Kangaroo care	Aware	14
	Not aware	86
Birth interval	Aware	30
	Not aware	70

Discussion on findings

- The analysis reveals that almost more than 35 percent of mothers conceiving first time in the age group 15-19, utilize post natal care services than conception at other age groups. In the first time conception at age group (20-24), the percentage of utilization of PNC is only 23 percent. This could be attributed to the fact that mothers at first birth are young and energetic, a factor that gives them the enthusiasm to use postpartum care services.

- The analysis results shows that more number of educated (40 percent) mothers utilize post natal care services whereas only 21 Percent of uneducated mothers have utilized PNC. The education levels of their husbands are also slightly more than them, thus it is also influencing the utilization of post natal care services by their wives.

- The study shows that mothers who delivered at institution are twice more active than home delivered mothers in utilizing post natal care services and are more knowledgeable than them.

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- 38 percent of the mothers who received TT vaccination utilized post natal care services which is 20 percent more than those who didn’t received TT vaccination.

- The analysis shows that with the first birth order of the mother, only 27 percent of those mothers utilize post natal care services, who are followed by the mothers (37 percent) who utilize post natal care services with birth order two. The percentage of the mothers (40 percent) utilizing post natal care services still increases more with birth order six. So parity has a influence on utilization of Post natal care services.

Conclusion

Research findings have revealed that percentage of utilization of postnatal care services in the rural areas Bathanaha block, Sitamarhi district , Bihar is only 12 percent .

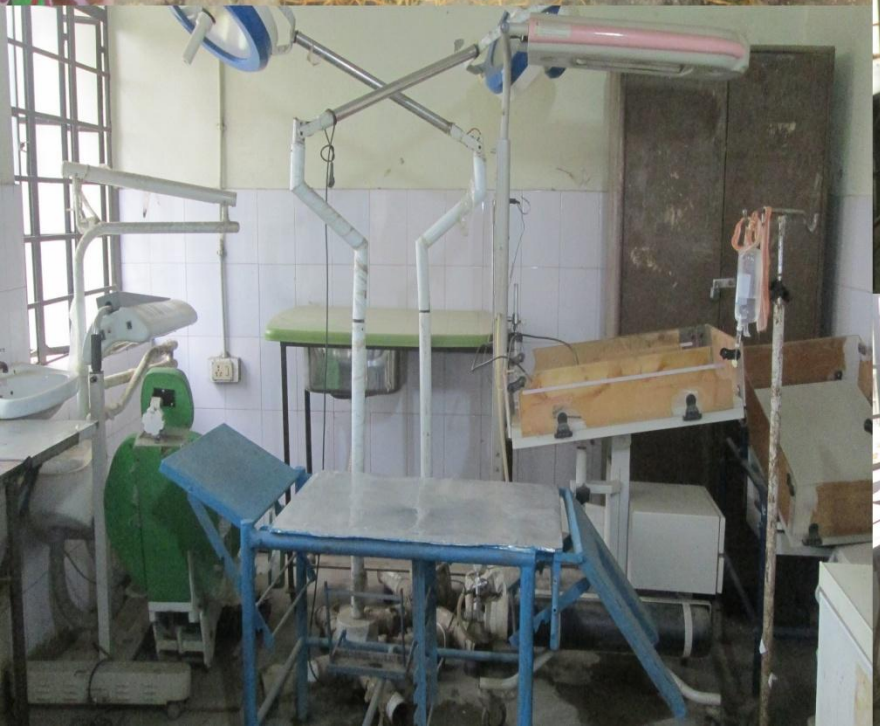
And the study also revealed that age at birth of mothers, mothers' education, place of delivery, attendance of ANC and parity all have a significant influence on the utilization of postpartum care services. It can therefore be deduced that expectant mothers mainly require sufficient knowledge about the use of postpartum services if they are to have healthy babies.

Some researchers should carry out study on the assessment of quality of Post natal care been provided by the health workers especially to assess the efficiency of post natal care given by the front line workers.









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