Summer Training At

Camomile Healthcare, Tamil Nadu, India

(MAY 10- JULY 2,2021)

A project report on:-

To Assess the Knowledge & Awareness Among Pregnant Women Regarding Maternity Care Services in Bengaluru

SUBMITTED BY:-

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2020-2022

Indian Institute of Health Management Research

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19 July 2021

Ms Shikha Shah
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INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Ms. Shikha Shah, student of Hospital and Healthcare Management (MBA) IIHMR University, Jaipur, Batch 2020-22, has successfully completed internship at Camomile Healthcare Ventures Pvt Ltd.

The duration of internship was 9 weeks from 10 May 2021 to 9 July 2021.

The topic of the project work done is 'To assess the knowledge and awareness among pregnant women regarding maternity care services in Bengaluru'.

During the tenure of her internship, she was sincere, hardworking, enthusiastic and a keen learner.

We wish Ms. Shikha the very best for her future endeavours.

Sincerely,

Y.V. Raghava Rao

Raghava Rao

CEO

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Lastly, I thank all who have directly or indirectly contributed and help in completion of my report.

Shikha Shah

MBA HM -25

2020 – 2022

ACRONYMS

ANC	Antenatal care
C-section	Caesarean section
CBS	Complete blood count
EBITA	Earnings before Interest Taxes and Amortization
FBS	Blood sugar fasting
HCV	Hepatitis C
HIV	Human immunodeficiency virus
ICU	Intensive Care Unit
NATCO	national company
NST test	Non-stress test
PNC	Post Natal Care
STD	Sexually transmitted disease
T3& T4	Tetanus profile
TV	Television
TT	Tetanus toxoid
USG	Ultrasound sonography Test

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Organizational Learning

SECTION-1

Introduction-

About Camomile Healthcare

Camomile Healthcare is a leading global healthcare consultancy and transformation services organization that have deep expertise in industry, leading edge analytics, technology, and strategy to create solutions for various organizations that work in real world.

Camomile started its journey in 2016 with a single mission in mind to make efficient healthcare and process driven. Camomile created the tools , standards and processes that will going to have organization achieve its mission so that it can help hospitals to became value -driven and patients centric.

Camomile is consumed as tea and is known to provide stress relief, calm, and good health, from there the name Camomile came into play with the aim to remove the stress from hospitals, enhance efficiencies and help them to flourish.

Having started operations back in 2016, today Camomile Healthcare works with companies all around the world and across the healthcare eco-system- from digital healthcare, Hospitals to payors and beyond. Camomile now helps clients with every perspective from opportunity discovery through to commercialization, with the technology, analytics, and strategy.

Camomile partner with clients from various sectors like private, public, and non- profit sectors and help them to identify their most critical challenges and transform their enterprises.

It is Hospital and Healthcare Industry with company size of about 51-200 employees .

Specialities of Camomile Healthcare are-

- Hospital Due Diligence
- Hospital Planning
- Hospital Design
- Healthcare strategy
- Digital Health
- Hospital compliances
- Hospital consultancy

Pain Point identified by Camomile-

Different healthcare organization or Hospitals are capital intensive projects which involves outlays of Rs. 100-Rs.750 crores per project. One in two hospitals is saddled with poor infrastructure, system.

And planning which leads to enormous waste of capital invested followed by delays in execution or a compromised infrastructure.

Another change driver is the digital explosion which is a leading cause to rapidly changing patient behaviour and regulatory environment.

Solution Proposed by Camomile-

- Camomile Healthcare enabled a culture of innovation and sensed he need to provide data-backed advisory services to provide patient centric care and will help to create efficient hospitals.
- It identified the automation tools and right technology that will help to achieve efficiencies and scale.
- At every stage of the hospital establishment and operations Camomile future-proofed the hospitals through design thinking .

Camomile has been involved with over 12,000 beds from inception and bring exceptional values to their partners and clients through research, original ideas, and solutions.

Vision

Camomile vision is to be the industry's most respected , reputed , future focused and data driven provider to deliver end to end healthcare solutions. By having partnership with their clients , it will improve access, affordability, efficiency for delivery of healthcare today and in the future.

Values

- Deliver sustainable value and excellence to their clients.
- Conduct business with integrity
- Observe highest ethical standards.
- Advocate a caring meritocracy for partners, employees, and clients.

Camomile approach

- Identification of the problem which needs to be solved: cost optimization revenue generation , patient engagement and other.
- Multifunctional teams get involved to create solutions by generating ideas along with client teams.
- It applies best practises to the solution by ensuring regulatory compliance, international standards , data privacy, clinical pathway, and others.

- Camomile measures progress with real data and create scalable initiatives .Results of these include in revenue maximization, EBITA improvement , patient experience and cost saving.

Clients of Camomile Healthcare are-

- Manipal Hospitals
- NATCO
- TEMASEK
- Aastrika
- Tata consultancy Services
- Seven Hills Hospital

SECTION-2

Mode Of Data Collection-

- Primary Data Collection- Data was collected through-
    1. Online survey -Brand Perception of Maternity Hospital.
    2. Online survey-Consumer Research and Birthing Decision Survey.
    3. Telephonic interview with the recently discharged Covid Patients.
    4. Through social media , Like Instagram and Facebook Direct Messages.
    5. LinkedIn.

- Secondary Mode of Data Collection-
    1. Secondary data was collected from google.
    2. Official websites of the various hospitals
    3. Medlife, Thyrocare and Img Application
    4. Sulekha App.
    5. Google and Facebook Reviews.

SECTION-3

General Findings on Learning

The Internship started on 10th May; the duration of the internship was 8-weeks in which I got the opportunity to work on different projects under guidance of respective mentors. Engagement over these projects were mostly in collaboration with co-interns from IIHMR University and Interns from IIM Calcutta.

These projects have provided me the exposure about how healthcare industry works. Following is the list of Projects I have worked on with respective learning.

- Secondary Research on Mental Health Yoga-

  COVID-19 resulted in increased stress, anxiety, and depression among people due to social isolation and loneliness. The psychological reaction to COVI-19 pandemic vary from collective hysteria to panic behaviour to improve mental health of people. Research shows that yoga and meditation improve executive functions, such as learning, reaction time, decision making , memory. Yoga day this year also celebrated with the theme " Be with Yoga, Be at Home" because of pandemic.

- Secondary Research on Meditation Apps , their use and functionality-

  In camomile I worked on " Mental Health Yoga" and its associated services. I did secondary research on the various apps providing Yoga services and explore about their features and functionality. Popular Apps such as "SADHGURU" , "LETS MEDITATE", "WYSA", "INNER-HOUR", "SIMPLE HABIT","ART OF LIVING" were explore on the basis of services they provide, and their impact on people lives. Some of the apps like let us meditate are user-friendly and have limited.

  content and can be easily understood with free video access. Rest Apps like "WYSA" are assisted with Coach and therapist sessions on paid bases.

- Post COVID Discharge complications and side effect management-

  Due to this peak in Covid cases, there were shortages of beds and turnaround time of admitted patients was not count new findings of the virus word floating each day this created uncertainty in the diagnosis of Covid especially new cases of black fungus along with muted variants an individual recently discharged was at high risk of contracting these and developing complications.

  A measuring tool was developed to understand these complications and other side effects in individuals recently discharged with relevant demographics details and any attempt to establish a correlation was done. Assistance was provided in response collection along with developing the tool .The response was collected through various mediums floating forms over social media and in closed groups and telephonic interviews were also conducted to get responses as early as possible end in detailed manner.

  Telephonic interview with the recovered Covid- Patient regarding Post discharge complications and side effects , There I found out-

- Worry and concern among Covid -Patients.
- Signs of Depression
- Anxiety
- Increased sense of emotional Isolation
- Lack of self-esteem and confidence
- Discrimination with Covid Patients
- Hopelessness
- Self- Doubt.
- Crowd-phobia

- Mental Health Yoga Providers in Chennai and Bangalore

  We contacted the Yoga Service Providers in Chennai and Bangalore, through various social media platforms and websites like SLEKHA AND SUPERPROOF, There I learned how these websites function and really helped me in connecting with the best yoga instructors in Chennai and Bangalore. Average yoga package offered in Bangalore were in the range of 2500-3000 per month. Other important aspect which I found out that because of pandemic many people have lost their Jobs, most of them are now giving online Yoga classes and earning good amount of money, from this we can conclude that Yoga has become an integral part of one's life.

- Secondary Research On dietician and physiotherapist in Chennai-

  Dieticians are essentials to ensure that nutrition is delivered to each patient in the safest way. During COVID 19 pandemic dietician worked with the people who were admitted to the ICU in a life threating condition . Overfeeding calories to the ICU Patients are harmful during the acute phase of illness. Dieticians played an important role in upskilling and training non-critical care dieticians, to assist and help them in managing the increasing number of critically ill patients. Patients after Discharge from hospital can experience malnutrition, poor appetite , changes in eating pattern , during and after critical illness which can directly impact on recovery and rehabilitation. Dieticians and Physiotherapist are contacted through Practo, and the average price of dietician in Chennai was Rs.500 to 800.

- Calling for Patient Onboarding-

  To gain the feedback on the plan developed at camomile, telephonic interviews were conducted in Andhra Pradesh region, targeting Amlapuram . The primary objective of telephonic interview was to receive feedback, understand perception and figure out improvement of the service plan.

  The secondary objective was to introduce patients with our packages plans and other services ,to convince them to sign up for the services and to launch the project on a small scale with the aim to incorporate changes and improvement with rime and provides better services.

- Patient Onboarding and improvement-

  A person,s initial encounter with the facility and service you provide to them can make or break their decision to become your patients. After undergoing immense research and approval of the application next step is to accumulate all the resources at single junction consisting of online consultation, support group, recreational activities ,medicine service availability etc.

  Feedback from recently discharged patients were recorded and utilized to improve patient delivery system. A plan was developed for the smooth functioning of monitoring and onboarding, and this was represented with the flow chart.

- Market research on critical medicine supply(COVID)

During second wave of COVID-19, there were shortage of medicines all over the country. These shortages have assumed to arisen from , hoarding, panic buying, misuse, and a surge in demand from national health systems. This unavailability of medicines primary reasons includes the temporary lockdown of manufacturing sites, Travel restrictions impacting exports that is logistical issues caused by boarder closures, Country-specific exports bans, Increased demand for specific medicines to treat COVID-19 patients, Increased stockpiling by Individual citizens, Hospital or at member state level. COVI-19 highlighted the vulnerability of globalization and likely prompt higher focus on country specific supply chains.

List of Critical Medicines-

1. Azithromycin
2. Baricitinib
3. Dexamethasone
4. Fabiflu
5. Favipiravir
6. Ivermectin
7. Kaletra
8. Limcee
9. Pantop
10. Remdesivir
11. Tocilizumab
12. Zincovit

Research was done on the availability of these medicines in Chennai city , to explore the possible causes for delay in the information of availability of medicines. This research was later done for Bengaluru city, later a dashboard asked to be developed for the live updates of the medicines.

- Research Post Discharge Patient Engagement Programs-

After the COVID- Patients recovered and discharged from the hospital, to reduce the level of anxiety stress and loneliness an individual goes through and to promote mental health , engagement programmes such as-

1. Yoga and Medication
2. Motivational Videos and Speaker session
3. An online forum for interactive session

Were some of the recommended content and activities was provided after analysis of the targeted onboard individual.

- Patient Engagement activities and Related Ideas-

    1. Contest like " Build Your Creativity"- To divert the mindset of patient from negative aspect of life and create something new .
    2. Speaking like "Talks on experience".
    3. Skills like " Art that suits you the best/ Artist inside you".
    4. Quiz " Buzz your brain".
    5. Rehabilitation/ Yoga " Restart and improve"
    6. Social media creative sharks.
    7. Comedian show " Funny Humourist".

- Brand Perception of Maternity Survey in India

  The purpose of the survey was to find out the perception of the existing hospital brands. To find out the perception from the perspective of Price, Safety and Reliability, Customer experience and Service Quality .

  To do that , costumers were allowed to match four hospitals with existing brands with which they have a match.
  Hospitals selected for this purpose were-

    1. Apollo Cradle
    2. Fortis La Femme
    3. Motherhood Hospitals
    4. Cloud nine Hospitals

  Characteristics –

  Price, Infrastructure and facility, Safety and reliability, customer experience and service quality.

  Products- Phone Brands, Cars, Asset classes and café chains

- Doctor And Nurse Role Play script-

  Case study , role play and scenarios are collaborative and active teaching techniques that research confirms are effective for deep learning . It helped and enabled to experience what it may be like to see a problem issue from different angle and perspective.
  We have structured and aligned the Unstructured set of Questions provided to us and organised it in an effective manner so that the process flow can be smooth and interactive.

- Developing Content for social media

  An opportunity to work for social media handles of camomile Healthcare by creating people engaging contents and Posters was provided, Creative content was developed for various occasions like Yoga Day, Onam, Independence Day etc.
  All the creativities were Developed after extensive research and precisely keeping our target audience in mind and image of an organization.

- Secondary Research About the Hospital Providing Maternity Services and Their Tariff Plans-

  Hospitals were –

1. Cloud nine Bangalore
2. Rainbow Hospital
3. Vasavi
4. Motherhood
5. The Sanctum
6. The Birth Home
7. Ovum Hospital
8. Fernandez

Research was done with respect to competitor standard delivery packages pricing like single room, deluxe, Executive, Luxury etc. Tariff Plans as per packages , Volume of Deliveries in Bangalore Hospitals , Customers of these hospitals and reason for their preference, Actual Patient cost and how much its different from actual cost, to identify the star consultants and the volume they hold.

Costing for the Components and various tests like Free T3 &T4, FBS, PPBS, Glucose Tolerance Test , OGCT, HIV, HBsAg, S Creatinine, Urine Routine and culture, Hb Electrophoresis, CBC, Rubella IGG & IGM ,HCV, Complete Blood count test, Vitamin test, Complete blood count test, Tetanus Toxoid injection, Prothrombin Time, Activated Partial Thromboplastin time test, USG, NST and to estimate the cost of delivery packages and prenatal packages.

Comparison of costing of the above components with the help of Application like 1mg, Thyrocare, Med life and Metropolis.

Identification of the Patients who have availed the maternity services of these hospital, through social media reviews like google reviews, Reviews on Facebook and Instagram and approaching them to have interview with us so that we can get idea about the improvement of the services needed by the people.

- SCRIPT FOR PATIENT INTERVIEW

Preparation of the Script for the interview with the patients whom we have approached through various social media handle to get the answers for the basic questions like Delivery packages took, how they come to know about those hospitals, whether they are provided with all the services mentioned in the packages, About the Post discharge Plans and about their experience with the doctor and staff of that hospital.
Approx. 80 people were targeted for the interview, I learned about framing the questions for the interview and importance about the flow and sequence of the questions matters for conducting an interview.

SECTION-4

- CONCLUSIVE LEARNING

Mental health yoga can help reduce depression, improve brain functionality and a great way to combat loneliness and social isolation during pandemic. Post discharge Covid Patients are more prone to depression and fear of discrimination; therefore introduction of various patient engagement program can result in improved health outcome. Secondly social media plays an important role in making your project a great success. Successful projects are those which are delivered and maintained on schedule.

- LIMITATION

Time constrained was faced since the duration of the summer internship is limited to a period of two months.

Working in remote setting due to restrictions imposed due to lockdown measures.

Pandemic situations lead to delay in project launch.

Reduced supervision and direction.

- SUGGESTION

Every team should have a team leader, to guide them, for proper coordination and to motivate them to complete a particular work within a given time limit.

Prior information about a scheduled meet.

Team building exercises to encourage people to work together.

Creating a Accountability or reward program which will encourage people to work harder and strive for excellence.

PART-2

PROJECT REPORT

SECTION-1

Maternity Care Services

Maternal health refers to the women health during pregnancy, childbirth, and postpartum period. Each stage during pregnancy is equally crucial to ensure women and their babies reach their full potential for health and wellbeing. To achieve this woman should aware and have knowledge about maternity services required during pregnancy.

Every day in2017, approximately 810 women died from causes that are preventable during pregnancy.

Skilled care before, during and after childbirth are effective way to save the lives of women and new-borns.

The goal of maternal care levels is to reduce maternal mortality and morbidity , including disparities, by promoting the maturation and growth of systems for the provision of risk appropriate maternal care.

Global evidence has proven that of better quality of services and care at childbirth could avert up to 1.49 million maternal and death of new-born and stillbirths annually and significantly improves maternal and newborn survival.

Most of the maternal deaths more than 70% are the result of complications that require facility-based care such as postpartum haemorrhage, sepsis and complications related to pregnancy.

Maternal health services involve-

Antenatal care(Antenatal care)-

All pregnant women are always at a risk of developing complications in which many of them are unpredictable. Therefore, it is important to make sure that all the women who are pregnant have access to preventive interventions , diagnosis at early stage and treatment, emergency care when needed.

ANC should focus on birth preparedness, early detection, and diagnosis of complications, skilled and interventions on time to avoid adverse neonatal and maternal outcomes.

Good ANC links he woman and her family with the formal health system, resulting in increased chances of skilled attendant at birth and therefore contribute towards good health through the life cycle.

Essential element of focused approach towards ANC care-

- Identification and surveillance of pregnant women
- Recognition of pregnancy related complications
- Screening for conditions and diseases.
- Preventative measures which include TT injection
- Increase awareness of new-born and maternal needs.
- Promotes postnatal family planning and birth spacing.

Educating community in context of Antenatal care, it helps to educate, motivate, and encourage pregnant women to use the services by proving or acknowledging them with the information that helps them to make informed decisions.

- Neonatal Care-

Neonatal care refers to the period from zero day to 28th day after delivery. Neonates are more often vulnerable to diseases.

Two third of the infant death occur in neonatal period that why it is considered as most crucial period for the baby . New-born health challenges faced by India is more than that experienced by any other country.

If the women aware about the neonatal care services, it will result in less death of newborn.

- Postnatal Care(PNC)-

Postnatal Care is specialised care that starts within an hour after delivery and PNC care last through the following six to eight weeks.

After delivery, every mother goes through many changes including physical or emotional changes while they learn to take care of their new-born. PNC provides an opportunity to counsel the new mother on family planning and how to take care of the new-born as well as to assess the new-born for any problem.

Most of the deaths of maternal and infant's death occurs within the first week of the postnatal care. Post-natal care influences both women and children live when it comes to reduction in frequent pregnancies and increasing effective contraceptive use.

A study shows that ANC, PNC, New-born immunization, family planning services have decreased by 15%, 27.4%, 28.5% and 15.9%, which can result in complicated pregnancies. Therefore, new awareness program should be launched, which provides or can guide pregnant ladies about pregnancy care by keeping in mind COVID-19 precautions for the safe childbirth.

LITERATURE REVIEW

Promotion of maternal and child health has been one of the most important components of the family welfare Programme of Government of India and National Population Policy-2000

- Recapitulate the commitment of the Government to the safe program for motherhood within the Broder context of reproductive health. Reproductive and Programme for child health of the country aims at providing at least three antenatal check-ups which should include a blood pressure check and weight check, immunization against tetanus, abdominal examination, iron, and folic acid prophylaxis, as well as anaemia management(Ministry of Health and Family Welfare, 2005)

- According to article published on research gate topic" Does Antenatal care make a difference to safe delivery? A study in Uttar Pradesh, India by Shelah S, Bloom, Theo Lippeveld and David Wypij, I found out that 90% of maternal deaths can be prevented by having timely medical intervention and quick access to required services when obstetric emergencies come is one of the important aspects of safe motherhood in any of the developing countries. Women who have low level of awareness about antenatal care services were more likely to use safe delivery care than with those women who have lower antenatal care levels . Also, economic status of the women had an impact especially when we look for the case of using trained attendant. Having a nurse or midwife at home costs more than a traditional birth attendant . Due to the small sample size of the study , this study could not investigate the effect of antenatal care on maternal and foetal outcomes directly.

- Having Direct experience with health services over time is the most effective way of getting knowledge about the engagement of professional services.

- Why do women invest in pre-pregnancy health and care? A qualitative investigation with women attending maternity services by Geraldine, jill Shawe and Judith Stephenson published on 2 OCTOBER 2015, we conclude from 20 qualitative in-depth interviews with pregnant or recently pregnant women , women who had high level of pregnancy planning and have positive attitude are aware about the pre- pregnancy activities including intake of folic acid and making changes to lifestyle and diet than "Poor knowledge" group of pregnant women. The poor knowledge group were also highly planned ; however, their pre-pregnancy activity coincides because of their lack of knowledge and information about pre-pregnancy health and care.

- According to " Why women do not utilize maternity services in Nepal: a literature review " by Rajendra Karkee, Andy HLee, Colin W Binnns published in 2013, I found out that the educational and economic status and their antenatal check-ups have positive influences.
  On the other hand, low status of women, with traditional belief and customs , long distance to facilities and with low level of health awareness and occupation of the women tends to have negative impact on service intake. More analytical studies are needed to understand the effectiveness of the safer mother programme, birth preparedness packages on delivery service use. Utilization of maternity services has improved in Nepal but are not adequate to achieve Millennium Development Goal to improve maternal health(MDG 5) in Nepal.

- "Awareness on ANC and PNC Services among women of urban slum in Delhi" by Ritika, Sherin Raj T.P. (June 2019) , found out that in that area majority of the women were Hindu , Religion brings gambit of cultures and different contraceptive method used during women adolescent phase. 93% of the women were aware about the immunization as a process of preventing transmission of diseases in children. Vaccination timing knowledge was poor. 17% were not having TT protection due lack of awareness. Only few women were aware about the important precautionary measures for the new-born. Majority of the women were illiterate. There is need for specific education programs for the slum women. It was found out from the study that 75% of the women were known of the fact that breast feeding should be initiated within an hour. Only 33% of the women were aware about the programme for pregnant women which aims for safe institutional deliveries. Important source of information about ANC, PNC, New-born is the family members which accounts for 33%, followed by health personnel(32%) and anganwadi centre(26%).

RATIONALE

Good Healthcare services during pregnancy are important for the mother and unborn baby development. Both pregnancy and childbirth are important events in women lives and families and represent a time of intense vulnerability.

Promotion of maternal and child health is one of the most important component of family welfare programme of government of India. For sustainable growth and development of the country it is useful to promote, prevent and protect maternal perinatal Health. 75% of all maternal deaths, accounts for major complications include complication from delivery, unsafe abortion, severe bleeding(mostly bleeding after childbirth).

Maternal deaths and complications can be drastically reduced if women are aware and has the knowledge of maternity services required during pregnancy.

Rethinking on how to make women aware and develop knowledge in them through various programmes may help to improve outcome.

RESEARCH QUESTIONS

- What is the level of awareness among pregnant women and mothers regarding maternity service care in Bangalore?
- Are they having sufficient knowledge about maternity care services required during pregnancy?
- What is the most common reason behind preference for C-section?

OBJECTIVE:-

- To access the knowledge and awareness of pregnant women regarding maternity services .

SPECIFIC OBJECTIVES

- To identify the awareness of the pregnant women regarding maternity services.
- To find out Birthing decisions related to place, Travel time.
- To identify preference for C-section and reason behind that.
- To find out educational status and year Gap between two consecutive children relation.

SECTION-2

METHODOLOGY

RESEARCH DESIGN-

- Descriptive study(cross sectional).

SAMPLE SIZE:-

- 106 pregnant women based In Bangalore.

SAMPLING TECHNIQUE:-

- Pregnant women age above 18 are targeted population for our study as our research objective is to access the knowledge and awareness among them related to maternity services.

MODE OF DATA COLLECTION

- A structured questionnaire was used as a Primary source of Data collection. Questionnaires include Total 27 Questions based on socio- demographic features, Antenatal, intranatal, Postnatal maternity services related .Google form was created and circulated on social media platform like, Facebook, WhatsApp, and Instagram.

DATA ANALYSIS-

- The Responses from the questionnaire are collected and analysed with excel. Frequency and percentage analysis was done for the categorical variables cross tabulation have been used to describe data in terms of combination of background variables (educational level and Year Gap between two consecutive children).

SECTION-3

RESULTS AND DISCUSSION

Table No.1 Socio- Demographic characteristics of women.

	Frequency	Percentage
Age		
18-25	25	23.00%
25-35	59	56.00%
>35	22	21.00%
Educational Status		
Homemaker	40	38.00%
Working Professional	38	36.00%
Self Employed	17	16%
Student	11	10.00%
Types of Family		
Nuclear	63	59.00%
Joint	43	41.00%
Household Income		
5L-10L	56	53.00%
10L-15L	33	31.00%
15L-20L	14	13.00%
>20L	3	3.00%
Decision Maker of the family Regarding Health		
Husband	47	44.00%
You	26	25.00%
Friends	4	4.00%
Other Close Friends	16	15.00%
Others	13	12.00%

Pursuant to the objective ,study was carried out to understand the knowledge and awareness of pregnant women and delivered mother regarding maternity services which includes services related to antenatal, neonatal, and postnatal.

SOCIO- DEMOGRAPHIC CHARACTERISTICS

The pregnant women were asked Questions related to their maternity services awareness and knowledge. In this study as shown in Table 1, Among 106 women who participated in the survey in which we assessed women in age range of 18 and above. Among 106 ,25 (23%) was from the age group of 18 to 25 years and 59(56%) was from the age group of 25 to 35 Years and 22 (21%) was the age of above 35.

Regarding Socio-economic profile, Respondent's women were assessed for their education level, out of 106 women 40(38%) of the mothers are Homemaker, 38(36%) are working professional, 17(16%) are self-employed, 11(10%) were found to be students.

Study reveals that out of 106 women, majority 63(59%) of the women are from nuclear family and 43(41%) are from joint family.

Regarding the socio- economic profile, delivered mother asked about the Household income, among 106 women, 40(38%) household income lies between 5 to 10 Lakh, 33(31%) household income lies between 10- 15 Lakh, 14(13%) household income lies between 15 to 20 Lakh. 3(3%) Household income is above 20 Lakh.

While making decision regarding women's health , Husband was talking decision in most families 47(44%), while there were family in which 26(25%) of the women could solely take decision about their health-related issues. 4(4%)of health-related decision are taken by friend followed by 16(15%) others decision.

AWARENESS ABOUT ANTENATAL CARE SERVICES

- Antenatal care is important for pregnant women and new-born care. Pregnant women should know the minimum services and visits required during pregnancy. In ANC visits as we know, minimum ANC visits required are four to keep a check and to monitor the status of foetus and mother so that complication which are easily avoidable can be taken care of, but the fact was that only 12% of the pregnant women received four ANC services during their pregnancy.

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- Among 106 only 13(12%) receives four services whereas maximum39(37%) mothers receive only one single services, whereas 30% of the mothers received 2 ANC services.

Table No.2. Minimum Services required during pregnancy(N=106)

ANC Services required	Frequency	Percentage
Only one service	39	37
Only two service	32	30
Only three service	22	21
Only four service	13	12

Graph No-1 Services required during pregnancy(N=106)

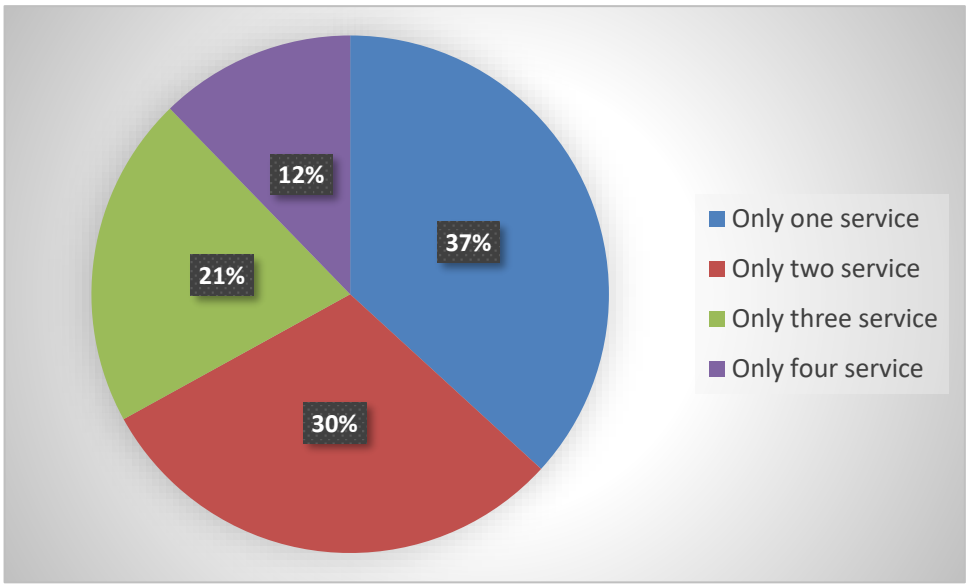
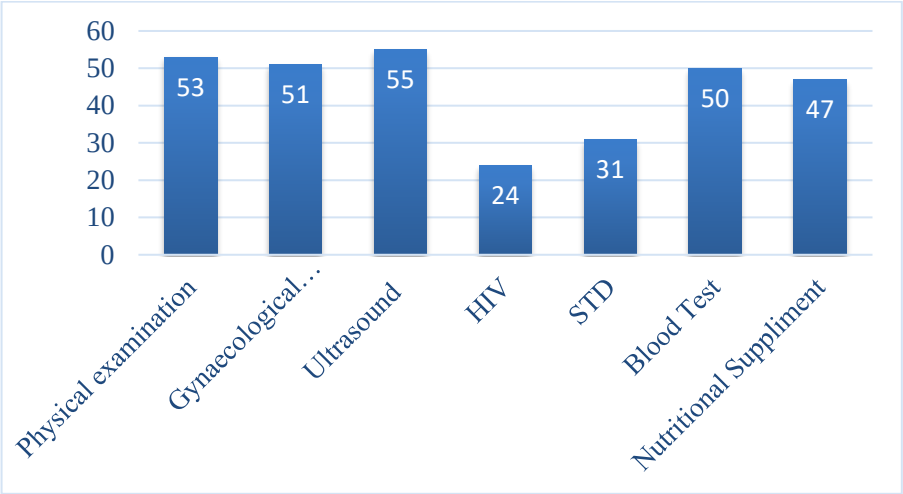


Table No. 3 Awareness of each service(N=106)

Minimum services required During ANC(Multiple select)	Frequency	Percentage
Physical examination	53	17
Gynaecological Examination	51	16
Ultrasound	55	18
HIV	24	8
STD	31	10
Blood Test	50	16
Nutritional Supplements	47	15

Graph No.2. Awareness of each service

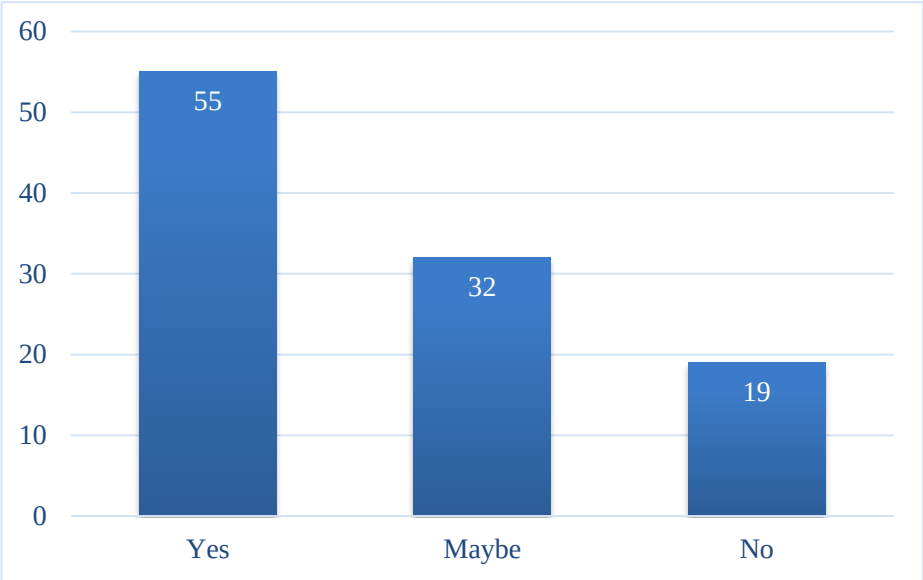


- Most of the women are aware about the ultrasound services(55), Gynaecological(51), Physical examination(53) and blood test(50) where least was aware of AIDS(31) and STD(24) .

Table No.4 Awareness about ANC improves outcome(N=106)

Do you believe ANC improve Delivery Outcome	Frequency	Percentage
Yes	55	52
Maybe	32	30
No	19	18

Graph No.3 ANC improves outcome.

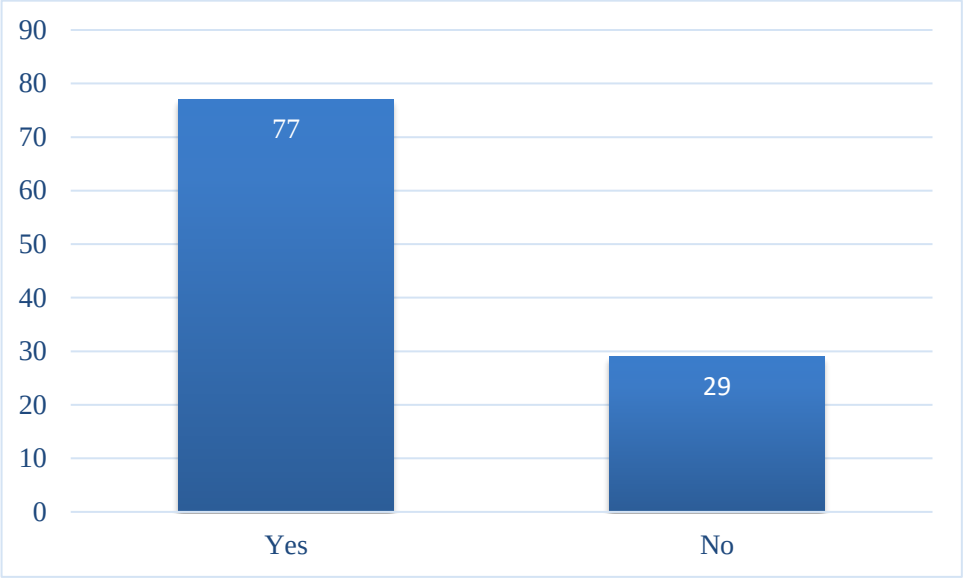


Among 106 Women, Majority 55(52%) women believed that ANC services has improved delivery outcome, 32(18%) disagree on this statement of delivery outcome improved by ANC services, Rest 32(30%) are not sure.

Table No.5 Awareness about TT injection(N=106)

Is it necessary to give TT injection emergency	Frequency	Percentage
Yes	77	73
No	29	27

Graph No.4 Awareness about TT injection

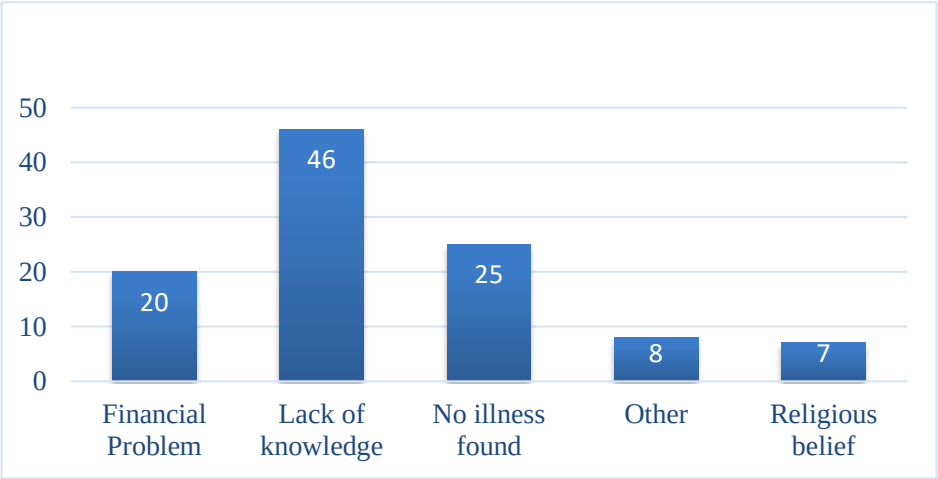


Out of 106 women, 77(73%)believes that TT injection is necessary to give during pregnancy, 29(27%) women says TT injection are not necessary.

Table No.6 Reason Behind Not receiving ANC.(N=106)

Reason behind not receiving ANC services	Frequency	Percentage
Financial Problem	20	19
Lack of knowledge	46	43
No illness found	25	24
Other	8	7
Religious belief	7	7

Graph N0-5 Reason behind not receiving ANC services.



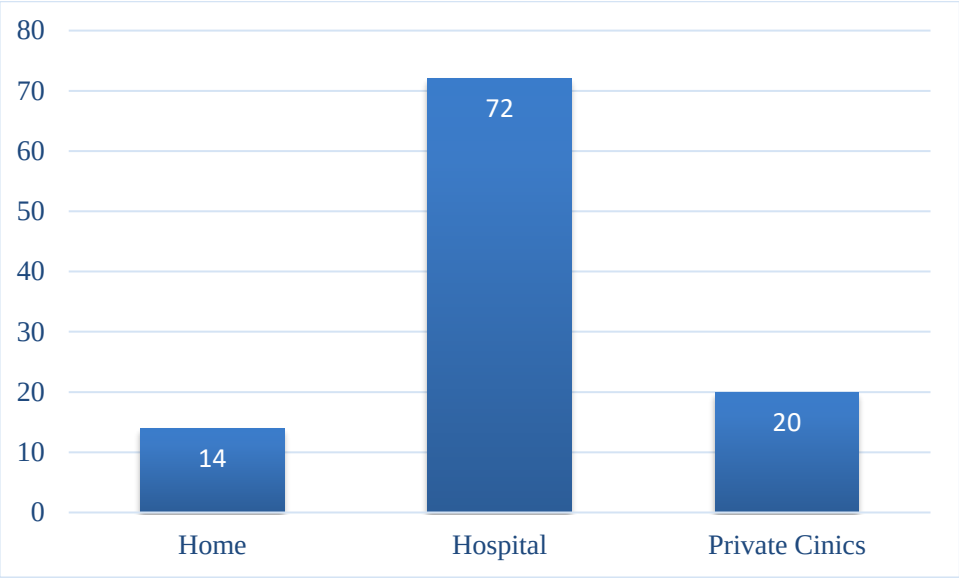
Among 106 respondents, the most common reason for not attending the ANC services is to lack of knowledge 46(43%), The second most common reason of not receiving antenatal services is No illness found 25(24%), followed by financial problem 20(19%).

Intranatal Care and Birthing decisions

Table No-7 Type of Delivery(N=106)

Type of delivery preferred	Frequency	Percentage
Home	14	19
Hospital	72	68
Private Clinics	20	13

Graph No.6 Type of delivery preferred.

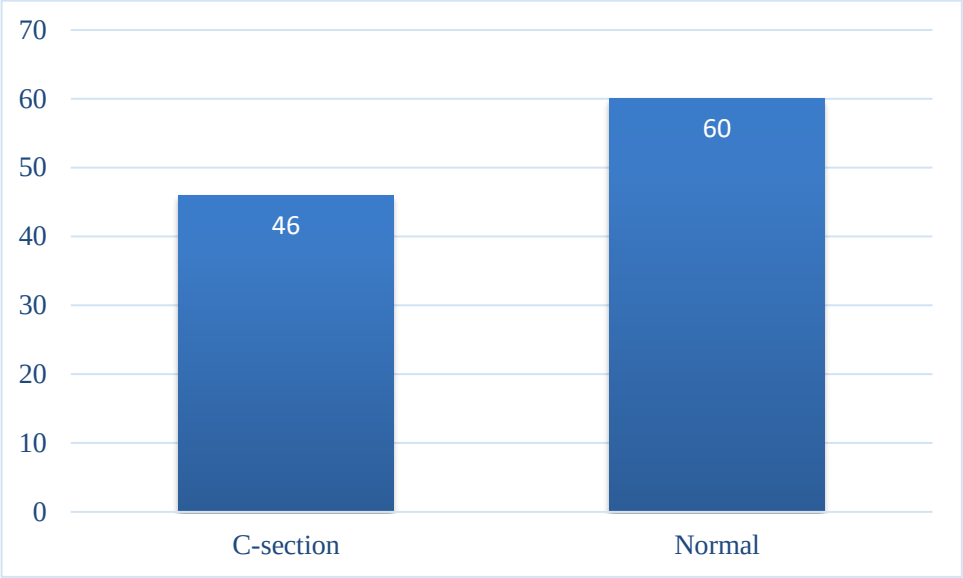


Out of 106 respondents of the survey, 72 women prefer Hospital delivery, 20 women prefer private clinic followed by 14 respondents with preference for home delivery.

Table No.8. C-section or Normal Delivery(N=106)

What type of delivery preferred	Frequency	Percentage
c-section	46	43
Normal	60	57

Graph No. 7 Type of delivery preferred.

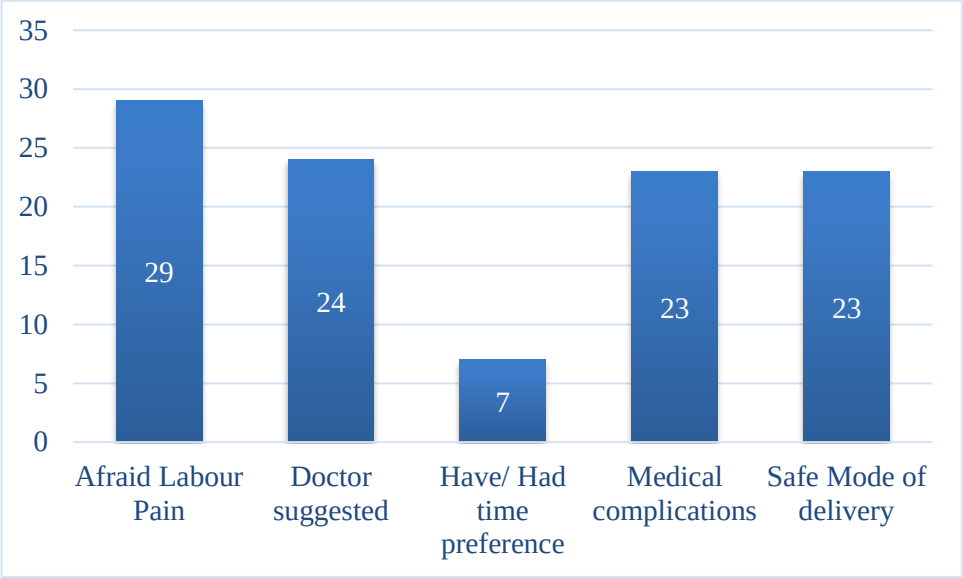


Out of 106 respondents, majority of the women prefer normal delivery60(53%), and 46(43%) women wants to go C-section delivery.

Table No.9 Reason for choosing C-Section.

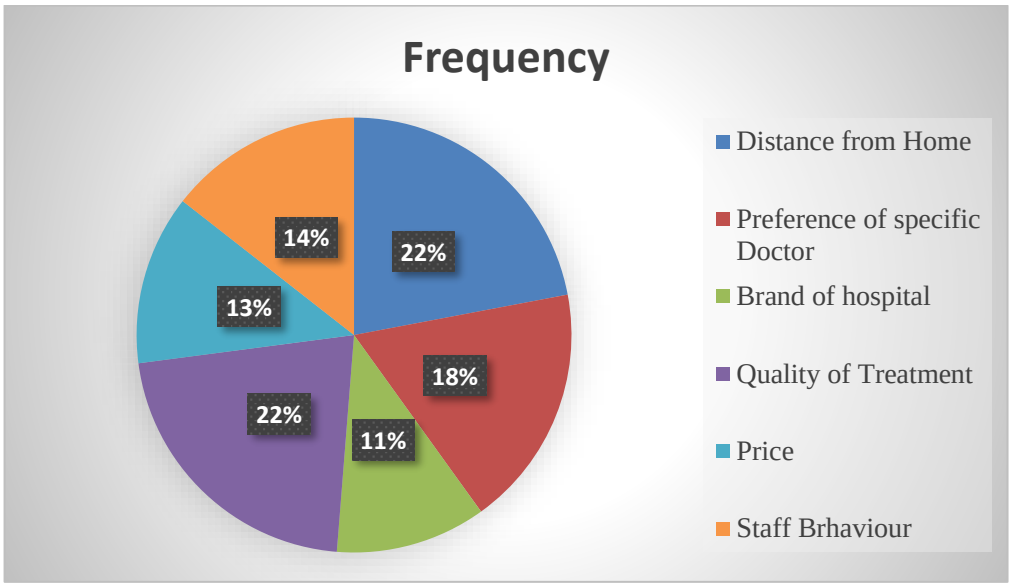
Reason for choosing c- section	Frequency	Percentage
Afraid Labour Pain	29	27
Doctor suggested	24	23
Have/ Had time preference	7	6
Medical complications	23	22
Safe Mode of delivery	23	22

Graph No.8 Possible Reasons for C-section



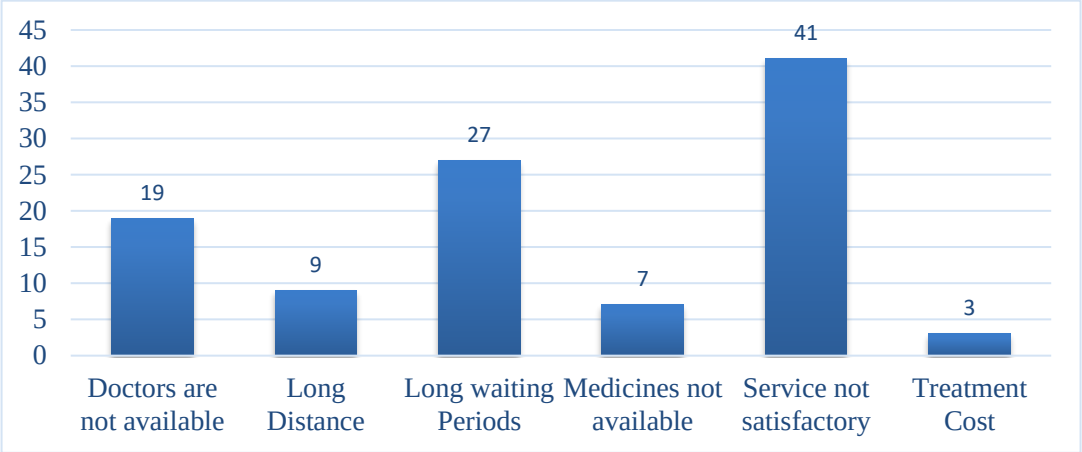
Out of 106 respondents, 26 women reasons for C-section mode of delivery is their fear of labour pain, followed by second(24) reasons for opting C-section delivery is the suggestion by the doctor. 23 women reasons for C-section were due to medical complications and safe mode of delivery.

Graph No-9 .Three Important aspects of maternity Hospital



According to the respondents the important aspects to choose a maternity hospital is the distance from home as well the Quality of the treatment provided by that hospital. The second aspects of choosing any maternity hospital are the Preference of specific doctor followed by staff behaviour. Least preference is given to Brand of the hospital.

Graph N0-10- Reason for not using Government services.

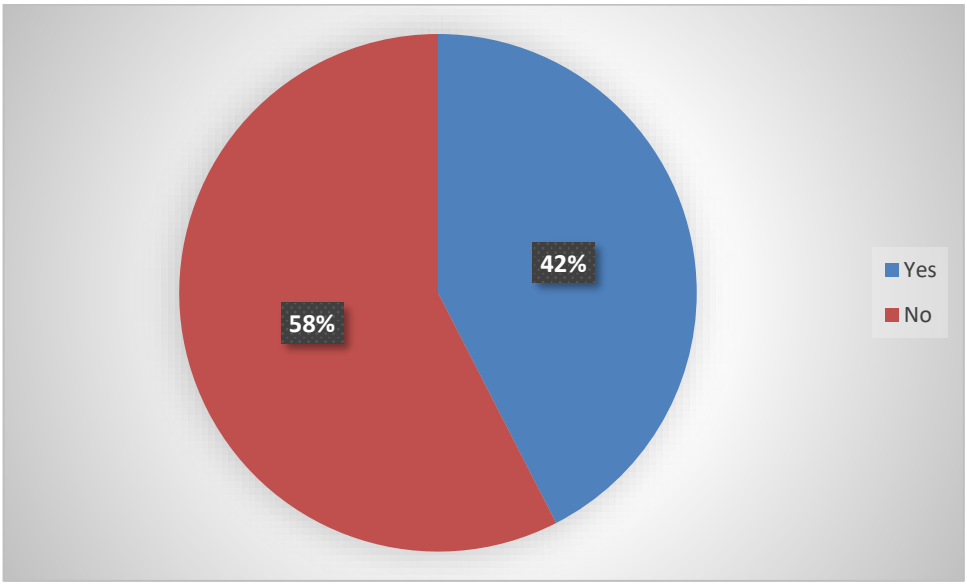


The most common reason for not using governments services according to the respondents(41) is services in the government hospitals are not satisfactory , 27 women reason was long waiting hours, 19 women says that Doctors non-availability was their reason, 9 women finds far away from the house, 7 women reason was non-availability of medicines, 3 women says treatment cost in government hospital.

Table No-10 Possible Complication After delivery awareness.

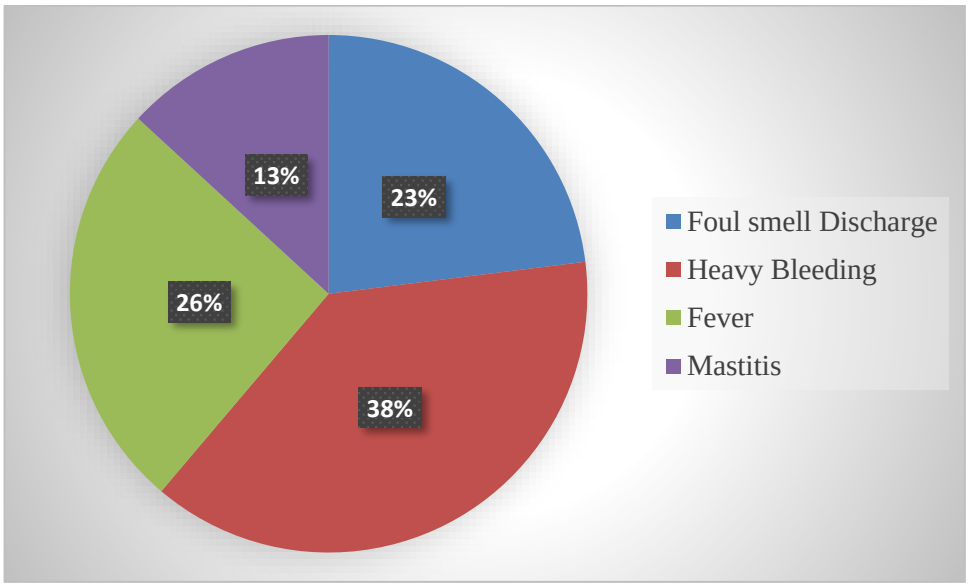
Complication after Delivery	Frequency	Percentage
Yes	45	42
No	61	58

Graph No-11. Awareness about possible Complications after delivery



61 women out 106 are aware about possible complications after delivery, while 45 women were not aware complications after delivery.

Graph No-12 Dangerous symptoms after delivery

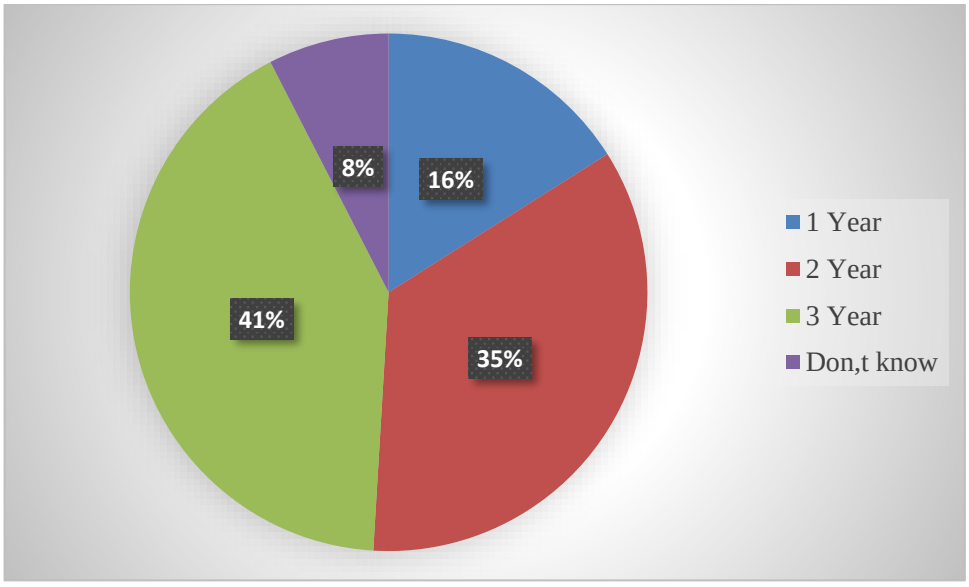


Out of 106 women, 58 respondents says that Heavy bleeding is the dangerous symptoms after delivery followed by 35 respondents who says that foul smell discharge is the dangerous symptoms. 39 women says fever is the dangerous symptom after delivery followed by mastitis.

Table No.11 Year Gap between two consecutive children

Year Gap between two consecutive children	Frequency	Percentage
1 Year	17	16
2 Year	37	35
3 Year	44	41
Do not know	8	8

Graph No.13 PNC visit required after delivery.

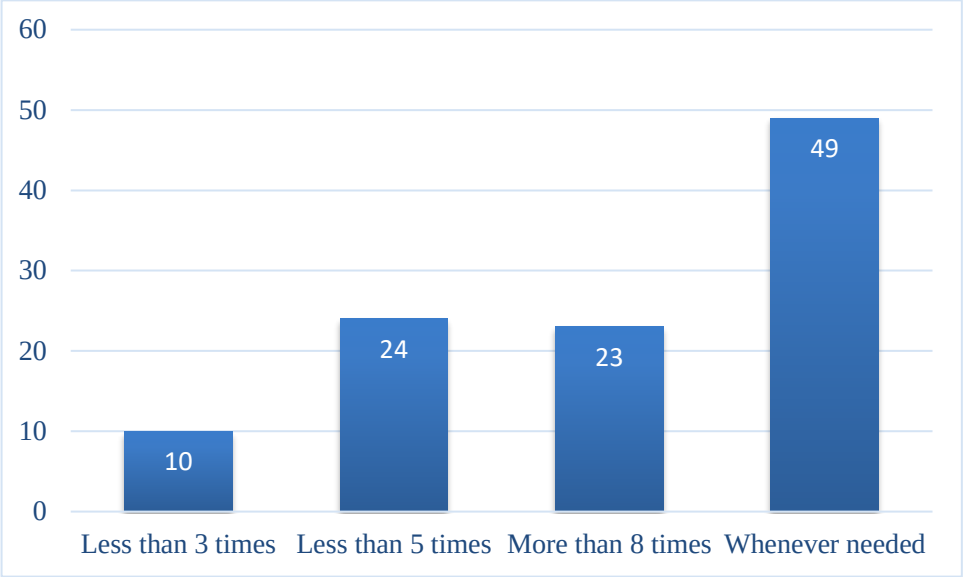


Out of 106 respondents , 44 women responded year gap between two consecutive children is 3 years,37 women responded as 2 Years, 17 women says one year, and rest 8 women do not have any idea of this question.

Table No.12 Frequency of breastfeeding

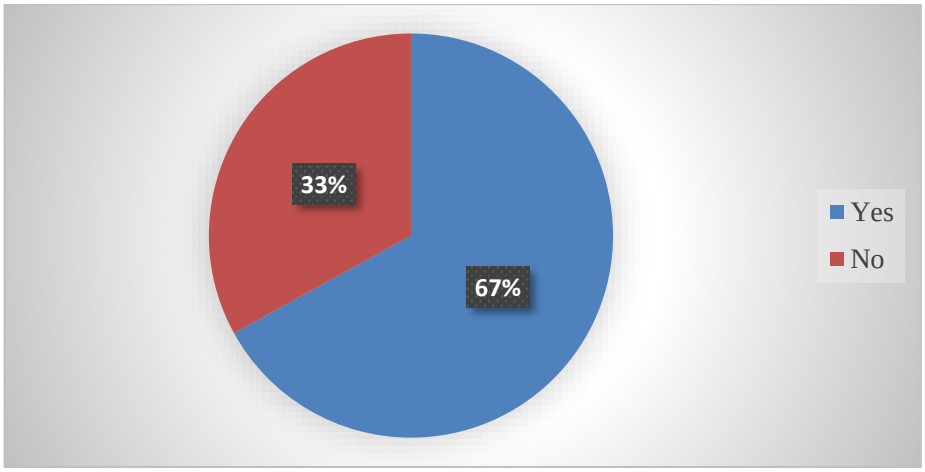
Frequency of breastfeeding	Frequency	Percentage
Less than 3 times	10	9
Less than 5 times	24	23
More than 8 times	23	22
Whenever needed	49	46

Graph No.13 Frequency of breastfeeding



Out of 106 respondents, 49 women feels breastfeeding should be done whenever needed, 24 respondents says that 4 times a day breastfeeding should be done, 23 women responded more than 8 times, 10 women says less than 3 times a day .

Graph No.14 Jaundice in new-born requires evaluation.



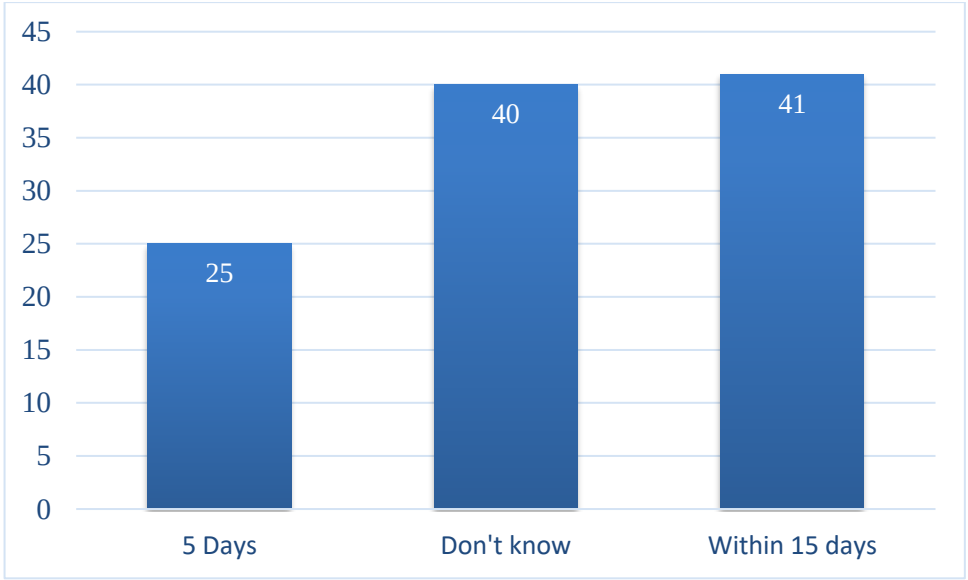
71 women out of 106, finds that jaundice in newborn requires evaluation, it cannot be treated on its own while.

35 women feels that it requires evaluation.

Table No13 . Umbilical cord fall time

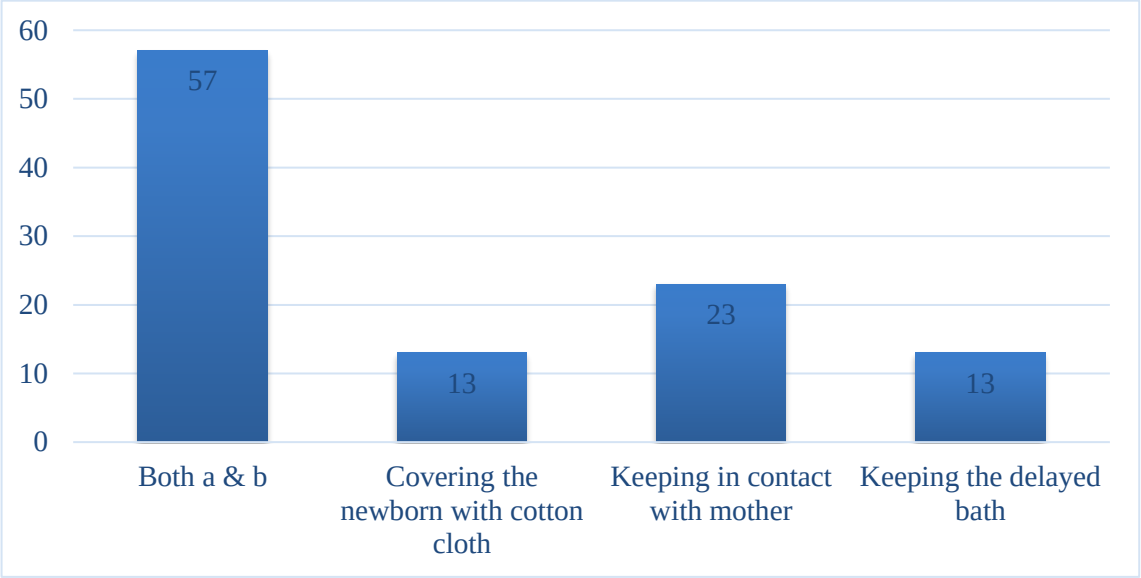
Common umbilical cord falls within	Frequency	Percentage
5 Days	25	23
Do not know	40	39
Within 15 days	41	38

Graph No.15 umbilical Cord fall time



Out of 106 women, 41 says umbilical cord falls within 15 days, 25 responded 5 days duration for umbilical cord falling, Rest 40 women Do not have any idea.

Graph No.16 New-born warmness

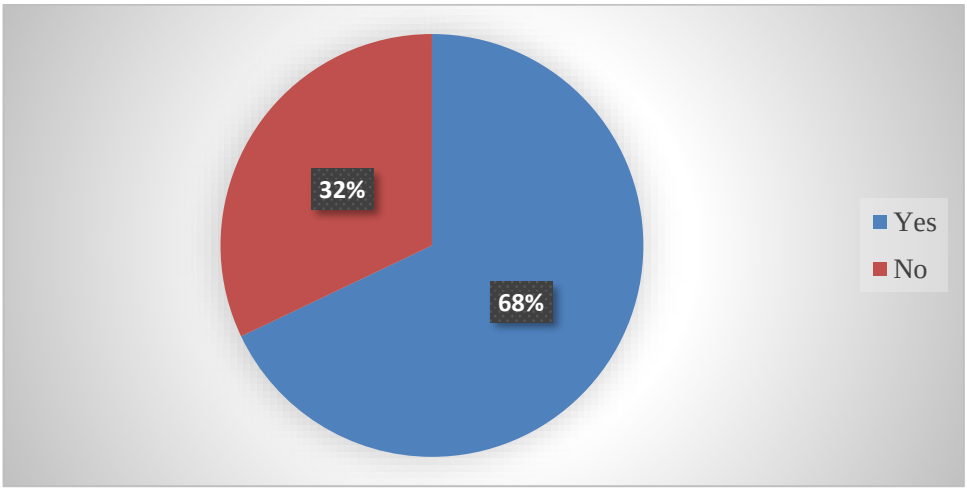


Out of 106 respondents 57 women says new-born can be kept warm by covering the newborn with cotton cloth and keeping in contact with mother, while 23 says mother contact is enough to keep baby warm, 13 women responded covering the new-born with cotton cloth can keep baby warm followed by delayed bath.

Table No.14 Immunization schedule of the baby

Immunization schedule of the Baby	Frequency	Percentage
Yes	72	68
No	34	32

Graph No.17 Baby Immunization Schedule awareness

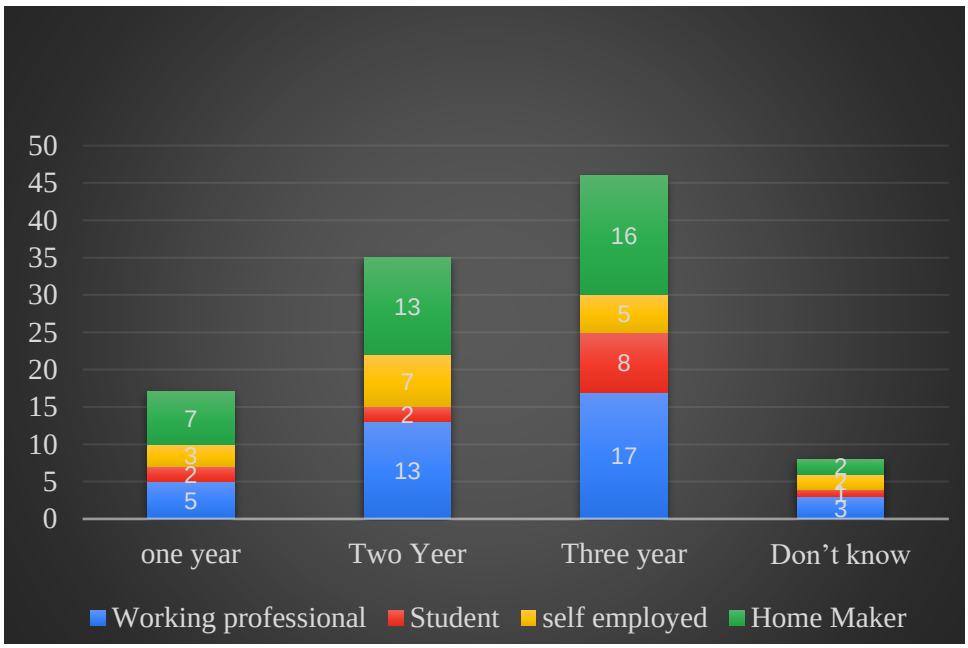


Out of 106 women , 72(68%) of the women are aware about baby immunization schedule while 34(32%) are not aware about Baby immunization schedule.

Table No.15 Educational status and Year Gap between two child consecutive children.

	One year	Two Year	Three years	Do not know
Working professional	5	13	17	3
Student	2	2	8	1
self employed	3	7	5	2
Home Maker	7	13	16	2

Graph No-18 Educational status and year Gap between two consecutive children corelation.

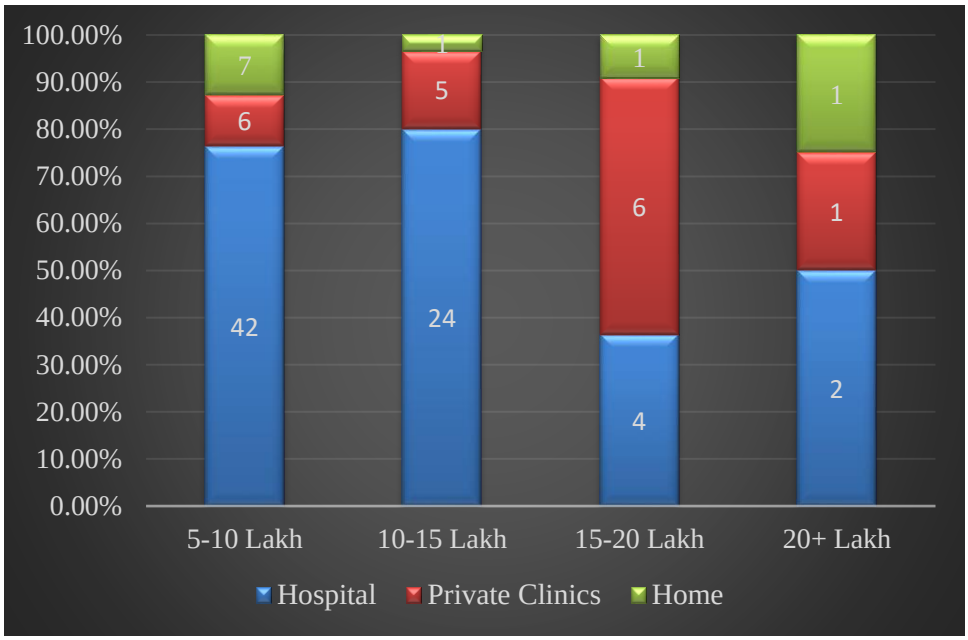


From the above Graph, we conclude that Majority of the women(17) who are working professional are correctly answered about the age Gap between two consecutive children which is three years. Respondents who are Homemaker(16) had also correctly answered the question followed by student(8). Only few respondents are not aware about the Gap between two children.

Table No-16 Household income and Delivery preference

Household income	Hospital	Private Clinics	Home
5-10 Lakh	42	6	7
10-15 Lakh	24	5	1
15-20 Lakh	4	6	1
20+ Lakh	2	1	1

Graph No.19 Household Income and delivery preference corelation.



From the above graph it can inferred that, Respondents whose monthly income of the family is between 5-10 Lakh, majority(42) of them prefer to have Hospital delivery, followed by 6 women preferences for private clinic and 7 wants to opt for home delivery. Respondents in the income group of 10-15 lakh, majority(24) choice of preference is Hospital only. In the income range of 15-20 lakh(6) majority women preference is private clinic followed by hospital(4). Women with family income more than 20+ , 2 of them wants hospital delivery followed by one each for Private clinics and home.

Table No.17 Educational status and decision maker of the family related to health.

	Friends	**Husband**	**You**	**Other Close family member**	**Others**
Working Professional	3	10	10	6	6
Homemaker	0	27	7	3	1
Self employed	1	5	4	4	3
Student	0	4	2	2	2

Graph No.20 Educational status and Decision maker in family related to health.

From the above Graph it can inferred that, Homemaker majority health related decisions are taken by their husbands(27), Working professional health related decisions are also taken by their Husband(10) , 10 respondents take their health-related decisions by themselves. Students' health related decisions are accounted by their husband(2), other family members(2) and others(2).

SECTION-4

CONCLUSION

- Study shows that the knowledge and awareness regarding maternity services in Bangalore pregnant ladies is Low when it comes to ANC services as most women received only one ANC service care and are not aware about the minimum services during ANC visits. Although awareness regarding TT injection , Jaundice evaluation , Immunization of the baby ,and gap between two consecutive Children is Quite High. Majority women have not received ANC services due to lack of knowledge. More awareness should be spread regarding utilization of these services. Mostly women prefer normal delivery than C-section delivery, and majority women decision for opting C-section was that they are afraid of labour pain. Only few women preferred home deliveries which shows that they are aware about the delivery complications at home as majority of them preferred Hospital for delivery.

- This study shows that the policy makers still have to concentrate on creating and generating awareness programmes and schemes among the community for the proper and efficient utilization of the maternity care services, so that further delivery complications and maternal death can be avoided. Initial pregnancy months are so crucial for the mothers and baby. ANC services awareness programme will provide appropriate information to pregnant ladies for safe child- birth and assistance with deciding future pregnancies to improve delivery outcome**.**

Recommendation

- Health promotions and health education for maternity care services can be more effective by using mass media like TV, radio, newspaper, posters.

- Now because of pandemic People are restricted in their homes, and mostly people are active on social media like Instagram, Facebook, and twitter. Message shared on these platforms can spread in relatively short period of time.

- Focus should be given on increasing educational level of women as it affects health of mother.

- Proper counselling of pregnant women can help in enhancing knowledge and generating awareness in them.

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ANNEXURE

QUESTIONAIRE

Introduction:-

Hello Ma'am! I am First year MBA Health Management student at IIHMR Jaipur.

I am currently doing study on awareness and knowledge regarding maternity services among pregnant women in Bangalore. I request you to spare few minutes for this survey.

Regards

Shikha Shah

IIHMR(2020-22)

SOCIO- DEMOGRAPHIC CHARACTERISTIC-

1. Age
2. Educational status
3. Occupation
4. Category
5. Types of Family
6. Decision Maker of family regarding health.

Antenatal Care

1. Number of ANC services required during pregnancy?
    - 1
    - 2
    - 3
    - 4
2. Do you believe ANC improved Delivery outcome?
    - Yes
    - No

3. Minimum services required during ANC. (Multiple selection)

- Physical Examination
- Gynecological examination
- Ultrasound
- HIV
- STD
- Blood Test
- Nutritional supplement.

4. Is it necessary to give TT during pregnancy?
    - Yes
    - No

5. Reason Behind not receiving ANC services.
    - Lack of knowledge
    - No illness found.
    - Financial problem
    - Religious belief
    - Other (Mention)

Birthing Decision

1. Which type of delivery you preferred?
    - Hospital
    - Home
    - Private clinics.

2. Which type of delivery you prefer?
    - C-section
    - Normal

3. What is the possible reason for choosing c- section?
    - Safe mode of delivery
    - Have/had time preference.
    - Doctor suggested.
    - Medical complications
    - Afraid of labor pain
    - Others (Comment)

4. Choose three aspects of maternity hospital which are most imp to you. (Multiple select)
    - Distance from home
    - Preference of specific Doctor
    - Brand of hospital
    - Quality of treatment
    - Price
    - Staff behaviors

5. How much travel time to hospital is preferrable?
    - Within 15 min
    - Within 30 min
    - Within an hour
    - Travel time does not matter if the hospital is good.

6. If you did not use government hospital, primary reason for that?
    - Service not satisfactory
    - Long waiting Periods
    - Doctors are not available.
    - Medicines not available
    - Long Distance
    - Treatment Cost.

Postnatal Care

1. Did you know possible complication after Delivery?
    - Yes
    - No

2. Awareness about Dangerous symptoms after delivery.
    - Foul smell discharge
    - Heavy Bleeding
    - Fever
    - Martitis.

3. Number of PNC visit required after Delivery.
    - 1
    - 2
    - 3
    - 4
    - Not aware

4. Possible time to start daily routine after Normal Delivery.
    - Within 7 days
    - 7-15 days
    - More than 15 days
    - Do not know.

5. What is the Year Gap between two consecutive children?
    - 1 year
    - 2 years
    - 3 Year
    - Don’t know.

Neonatal care awareness

1. What should be the Frequency of breastfeeding per day?
    - Less than 3 times
    - Less than 5 times
    - More than 8 times

- Whenever needed.

2. Jaundice in newborn requires evaluation.
    - Yes
    - No

3. Common umbilical cord falls within.
    - 5 days
    - 15 days
    - Sometimes little earlier or later
    - Do not know.

4. The newborn should be kept warm by.
    - Covering the newborn with cotton cloth
    - Keeping in contact with mother.
    - Both a & b
    - Keeping the delayed bath.

5. Are you aware about the immunization schedule of the baby?
    - Yes
    - No