Summer Training at
National Health Mission, Gujarat

Study on "Awareness and Utilization of ANC Services" Among Pregnant Women in Kheda District of Gujarat

By
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Under the guidance of
Dr. Seema Mehta

MBA Hospital & Health Management
2017-2019

Institute of Health Management Research
The IIHMR University, Jaipur
2018

INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

CERTIFICATE

This is to certify that **Nishu Yadav** undergone summer training at **NHM Gujarat** From **4th April To 1st June.**

The candidate herself completed the project assigned to her during summer training. Her approach to the project was sincere and proactive. This summer training is in partial fulfillment of the course requirement recommended for the award of MBA in Hospital and Health management.

I wish her success in all her future endeavors.

Dr. Seema Mehta
Associate Professor
IIHMR University, Jaipur

for (Col (Dr) Pramod Kumar)
Col. (Dr.) Ashok Kaushik 03.7.18.
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No.DPN/Health/NHM/ Certy/ /2018
Office of the Chief District Health Officer
District Panchayat, Nadiad (Kheda).
Date:- 01/06/2018.

To Whomsoever It May Concern

The certificate is awarded to

Name: Nishu yadav

In recognition of having successfully completed her

Summer training in the department of

Name of Department- Maternal Health

and has successfully completed her Project on

Title of the Project:- To study Factors influencing utilization of antenatal care services Nadiad (Kheda) district of Gujarat

Duration of Study – 4th April to 1th june 2018

Organization- National Health Mission, Gujarat Dept.

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavours.

Chief District Health Officer
Kheda District Panchayat
NADIAD.

CHIEF DISTRICT HEALTH OFFICER,

NADIAD (KHEDA) ,
GUJARAT

Date:-01/06/2018.

DISTRICT HEALTH OFFICE

KHEDA - NADIAD

KHEDA, DISTRICT, PANCHAYAT, HEALTH BRANCH, NADIAD

Date - 01/06/2018

Letter Of Recommendation

To Whomsoever It May concern

With all due respect, I am writing this letter of recommendation for our intern **Nishu yadav**, student at The IIHMR University, Jaipur in MBA Health and Hospital Management. She has worked as an intern under the project ANC services for two months (04/04/2018 - 01/06/2018). As a student she was very bright in studies and has proper knowledge of the related topics of health and management.

During her course of internship she was found to be very hard working, obedient and was ready to learn and take initiative. She has good leadership qualities and she made her best effort in making her internship report. Her report is of good use for our department also.

I wish her all the good luck and praises and hope to see her progress in coming future.

Consultant

C.D.H.O, Nadiad(Kheda)

Chief District Health Officer
Kheda District Panchayat
NADIAD.

Acknowledgement

"Vital to every operation is cooperation"–

A wonderful quotation put forth by Mr. Frank Tyger.

The summer training opportunity I had with National Health Mission Gujarat was an enriching experience, it was a great chance for learning and professional development. It helped me develop an ability to understand healthcare issues from various perspectives.

Bearing in mind the previous, I would like to take this opportunity to express my deepest gratitude and special thanks to my mentor, Dr. Seema Mehta, Associate Professor, IIHMR University, Jaipur, for guiding and keeping me on the correct path throughout the two months of internship.

It is my radiant sentiment to place on record my best regards, deepest sense of gratitude and indebtedness to Dr Gorav Daiya, Mission Director, NHM Gujarat, for his immense support and faith and for allowing me to carry out the study with ease at his esteemed organization during the internship.

Special thanks to the State as well as District Program Managing Unit of Kheda and Raisin for supporting us through the whole project with traveling.

I perceive the opportunity as a big milestone in my professional development. I will strive to use the gained skills and acknowledgement on the best possible way, and will continue to work on their improvement, to attain the desired career objectives.

Sincerely,

Nishu Yadav

Contents

ABBREVIATION

MH-Maternal Health

ANC- Antenatal Care Services

MMR - maternal Mortality Rate

PW- Pregnant Women

ANM-Auxiliary Nurse Midwife

ASHA-Accredited Social Health Activist

AWW-Aanganwadi Worker

NHM -National Health Mission

NRHM-National Rural Health Mission

NUHM- National Urban Health Mission

PHC-Primary Health Centre

CHC – Community Health Centre

SC – Sub- Centre

CH-Child Health

CDHO-Chief District Health Officer

DPC-District Project Coordinator

DH-District Hospital

DPM- District Program Manager

FW-Family Welfare

HR-Human Resource

LHW-Lady Health Worker

ABOUT THE ORGANISATION

1. NATIONAL HEALTH MISSION

The National Health Mission was launched by Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable, and quality health care to the rural population especially vulnerable groups. The Union Cabinet vide its decision dated 1st May2013 as approved the launch of National Urban Health Mission(NUHM) as a Sub-mission of over-arching National Health Mission(NHM) with National Rural Health Mission(NRHM) being the other submission of National Health Mission.

The thrust of mission is on establishing of fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standard for all health facilities.

NHM has six financing components:

- NRHM-RCH Flexipool,
- NUHM Flexipool,
- Flexible pool for Communicable diseases,
- Flexible pool for Non-Communicable diseases including Injury and Trauma
- Infrastructure Maintenance and
- Family Welfare Central Sector component.

The state would be responsible for district action plans, and activities to be performed in state level. The state Program Implementation Plan (PIP) will also include individual district plan. It will strengthen local planning at district level, ensure approval of adequate resources for high priority districts plans and communicate plan to districts and state at the same time.

The state PIP is firstly appraised by the National Programme Coordination Committee(NPCC). NPCC includes Mission Director as a chairman and representatives of the state, technical and Programme divisions of the MoHFM, national technical assistance agencies providing support to the respective states, other departments of the MoHFW and other Ministries as appropriate. After appraisal state PIP is approved by Union Secretary of Health & Family Welfare as Chairman of the EPC.

1.1 STATE PROFILE

Gujarat is a state in Western India & Northwest India with an area of 196,024 km2 (75,685 sq. mi), a coastline of 1,600 km (990 mi) – most of which lies on the Kathiawar peninsula – and a population in excess of 60 million. It is bordered by Rajasthan to the northeast, Daman and Diu to the south, Dadra and Nagar Haveli and Maharashtra to the southeast, Madhya Pradesh to the east, and the Arabian Sea and the Pakistani province of Sindh to the west. Its capital city is Gandhinagar, while its largest city is Ahmedabad. The Gujarati-speaking people of India are indigenous to the state. Gujarat is the third-largest state economy in India with ₹14.96 lakh crore (US$230 billion) in gross domestic product.

1.2 GOAL

Outcomes for NHM in the 12th Plan are synonymous with those of the 12th Plan and are part of the overall vision. Specific goals for the states will be based on existing levels, capacity, and context. State specific innovation would be encouraged. Process and outcome indicators will be developed to reflect equity, quality, efficiency, and responsiveness. Targets for communicable and non-communicable disease will be set at state level based on local epidemiological patterns and considering the financing available for each of these conditions.

1.3 VISION OF THE NHM

"Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health."

1.4 CORE VALUES

Safeguard the health of the poor, vulnerable and disadvantaged, and move towards a right based approach to health through entitlements and service guarantees.

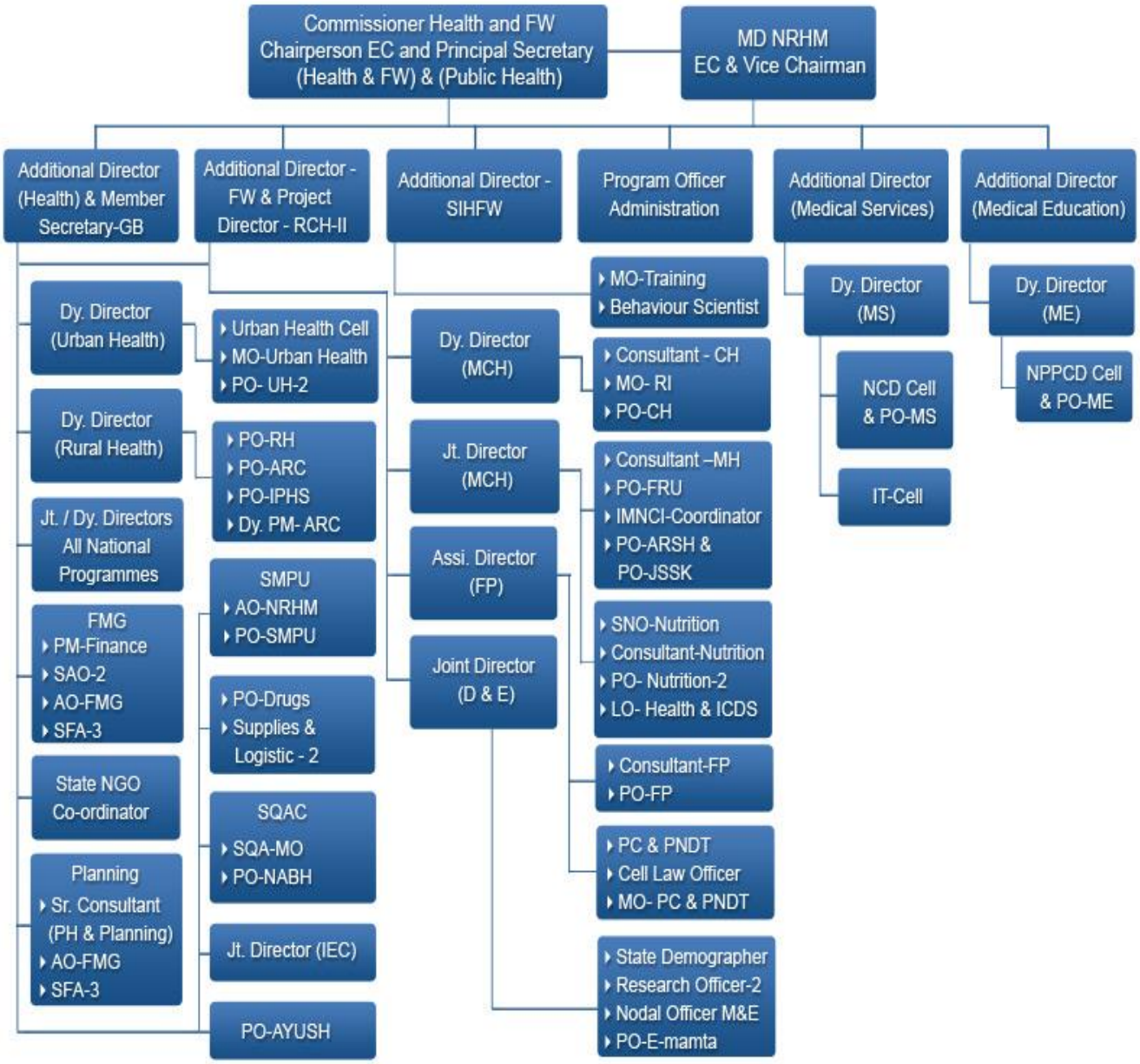
Strengthen public health systems as a basis for universal access and social protection against the rising costs of health care.

Build environment of trust between people and providers of health services.

Empower community to become active participants in the process of attainment of highest possible levels of health.

Institutionalize transparency and accountability in all processes and mechanisms. Improve efficiency to optimize use of available resources.

2.STATE PROGRAM MANAGEMENT UNIT: ORGANOGRAM



3. MATERNAL HEALTH

INTRODUCTION

Consistent and coordinated effort of the Government of Gujarat has ensured that basic infrastructure and institutional mechanisms for health care delivery is prevalent across the State. Still there is scope for improving services for preventive health services.

Maternal health is vital component of health systems and refer to the health of women during pregnancy, childbirth and the postpartum period. Motherhood is often positive and fulfilling experience, whereas for too many women it is associated with suffering, ill-health and even death. Maternal health is important to communities, families and the nation due to its profound effects on the health of women, immediate survival of the newborn and long-term well-being of children, particularly girls and well-being of families.

Improvement of maternal health & decline of maternal ratio requires availability of large number of health services early in pregnancy. These include early antenatal registration consumption of iron folic Acid tablets as prophylaxis and therapy, regular antenatal check-ups, monitoring of blood pressure, tetanus toxoid immunization, Timely detection of high risk Antenatal cases and their timely referral, delivery in safe and hygienic environment by skilled birth attendant, timely referral in case of obstetric emergency for management of hemorrhage with blood transfusions, availability of caesarean section facility and minimum 3 post-natal visits.

Though National Rural Health Mission has led to substantial investment and attention in revitalizing public health systems with strengthening of community process, increase in deployment of skilled human resource and improved management and decentralized planning. The challenge for the State in Maternal Health is to sustain and improve the acceleration in maternal health indicators especially the maternal mortality ratio in the year 2014-2015.

3.1OBJECTIVES OF MATERNAL HEALTH

- To reduce Maternal Mortality Ratio (MMR).
- To increase the early ANC registration.
- To ensure 3 or more than 3 ANCs to all expectant mothers and special attention to high-risk pregnancies.
- To decrease the incidence and the progress of anemia in pregnant and lactating women.
- Provide adequate opportunities for safe deliveries and to increase institutional deliveries.
- To improve the coverage of post-partum care.

- To increase access to Emergency Obstetric Care for complicated deliveries through strengthening of FRUs.
- To increase access to early and safe abortion services.
- To ensure the Maternal Death audit of all Maternal Deaths.
- To ensure JSSK entitlements in all Govt. institutions deliveries.

4. ANTENATAL CARE

4.1 INTRODUCTION -

ANC refers to pregnancy related health care, which is usually provided by a doctor, an ANM or another health professional.

Ideally ANC care should monitor a pregnancy of sign of complications, detect and treat preexisting and concurrent problems of pregnancy and provide advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care, and related issues.

In India, the reproductive & child health Programme aims at providing at least three antenatal check-ups which should include weight and blood pressure check, abdominal examination, immunization against tetanus, iron &folic acid prophylaxis, as well as anemia management.

4.2 Schedule of ANC check-ups

First visit/registration - The first visit or registration of a pregnant women for ANC should take place as soon as the pregnancy is suspected. Every women in the reproductive age group should be encouraged to visit her health provider if she believes she is pregnant. ideally, the first visit should take place within 12 weeks.

Second visit -Between 14 to 26 weeks.

Third visit - Between 28 to 34 weeks.

Fourth visit - Between 36 weeks and term.

4.3 Components of ANC

Important elements of ANC include the provision of iron supplementation for pregnant mothers, two doses of tetanus toxoid vaccine, and a drug to get rid of intestinal worms. Nutritional deficiencies in women are often exacerbated during pregnancy because of additional nutrient requirement of fetal growth. Iron deficiency anemia is the most common micronutrient deficiency in the world.

4.4 Objective of ANC

- Maintenance of health of mother during pregnancy.
- Identification of high risk cases and appropriate management.
- Prevent development of complications.
- Decrease maternal & infant mortality and morbidity.
- Remove the stress and worries of the mother regarding the delivery process.
- Teach the mother about child care, nutrition, sanitation, and hygiene.
- advice about family planning.
- Care of under-fives accompanying pregnant mothers.

LITERATURE REVIEW

AUTHOR	KEY FINDING	RESULT
Nishant R. Bhimani, Pushti V. Vanchhani, Girija P. Kartha	Study on utilization of antenatal care services among married women of reproductive group in the rural area surendranagar area Gujarat.	A total of 403 women were include in the study. Pregnancy registration was done by 88.77% of the women. Out of total registration women, majority i.e. 54.25% had registered during 2nd trimester. In response to frequency of ANC visits, study found that 81.92% had taken complete tetanus immunization. About 47% of women had completed full course of iron and folic acid tablets. It was observed that 46.03% women availed complete ANC package.
Vaibhavi D Patel, Bhavna T	Utilization of ANC services in	118 (7.82%) women were

punwar, Jay K Sheth	the Gandhinagar (rural) district, Gujarat. A multi- Indicator Cluster Survey (MICS) was conducted in April 2008 using30 cluster technique.	pregnant at time of survey. More than half of women were in 20to24years.83%of antenatal women had registered for ANC. Knowledge of chiranjeevi yojana JSY was very poor.

5. RATIONALE FOR ANTENATAL CARE SERVICES

Reduction of MMR has been the priority agenda of the State Govt. of Gujarat. Maternal mortality rate (MMR) in Gujarat has risen in the last three years.

The MMR (female death per 1,00,000 live births) rose between 2014 and 2016, from72 in 2013-14 to 80 in 2014-15 and then to 85 in 2015-16, according to the report on General and social sector for the year ended March 2016 tabled in the assembly on Friday.

Source: Gujarat maternal mortality rate rising since 2014: CAG/India news / Hindustan Times

6. PROBLEM STATEMENT

The government of Gujarat has made ANC services free for pregnant women but there is still low coverage in Kheda district Pregnant women with low attendance. There has not been any assessment of the barriers of ANC services as perceived by those who use them. This study is intended to examine how the characteristics of users of ANC influence their perceived barriers to use of the service and knowledge about ANC services.

RESEARCH QUESTION

1. To measure the utilization of ANC Services in Kheda district at least once.
2. To assess the knowledge of pregnant women about antenatal care services.
3. To identify the reason for not utilizing antenatal care services from pregnant women.

OBJECTIVES OF STUDY

1. To study the awareness of ANC services among the Pregnant women of Kheda district.
2. To measure the utilization of antenatal care services.

LIMITATION OF STUDY

- Only a single village was visited in a day.
- There was difficulty in collection of information in those villages where ASHA of the village was absent to translate the language.
- The research was conducted on pregnant women some of pregnant women could not participate as most of them use the available health care facilities in the area. Most women were few months post- delivery and therefore could not participate as they were no longer pregnant.
- Poor transportation in rural areas.
- Only one district is selected for the study so cannot determine the condition of whole state Gujarat.

HYPOTHESIS

NULL HYPOTHESIS - People are not aware & not utilized the ANC services.

ALTERNATE HYPOTHESIS - People are utilized and aware about ANC services.

RESEARCH METHODOLOGY

11.1 Research Design

Descriptive and Observational Study. The descriptive design gathered rich descriptive information from respondent and observational is for understand better things which respondent was not able to tell.

11.2 Study Area:

In Kheda District,

BLOCK	TOTAL NO. OF VILLAGE
Kapadvany	103
Mahudha	41
Matar	55
Mehmedabad	64
Nadiad	58
Tharsa	96
Kheda	39

Out of these from each block selected 2 village according to high number of pregnant women in village from ASHAs pregnant women registration register.

11.3 Duration of the study

2 months (from April,4,2017 to June,2,2017)

11.4 Type of Data collection

Simple Random Sampling was used for selecting pregnant women for survey. List of maximum number of pregnant women in village and then help of chit-paper pregnant women are selected for survey.

11.5 Sample size:

n=65, Pregnant women

First List out of Pregnant women from ASHA registration register and then through chit-paper women selected for the data collection and village selected from 7block of Kheda district which has maximum no. of pregnant women in particular village.

Study Tool:

Close ended questionnaire and depth interview with pregnant women. A pretested structured interview schedule was used to collect required information.

Questionnaire are based on independent variables, age, type of family, education, socio-economic status, awareness about ANC services and timing of registration etc.

11.7 Method of data collection: -

A survey of eligible women (married woman 15-49 years of age), covering Antenatal care services was conducting in Kheda district between 4 April to 2 June. Survey Method thorough the help of verbal questionnaire. Questionnaire for the survey were prepared centrally in English and were translated into regional language. The questionnaire pertaining to women's knowledge, attitude etc.

ANALYSIS OF STUDY

Survey of sample size 65 pregnant women were interviewed from village of Kheda district of Gujarat. The overall response rate of was 98%. Thirty-Eight (38) respondent were in age group of 15-24, Twenty-One (21) respondent were in age group 25-34. Illiterate women (35) is more compare with others respondent. Three Number of children higher in frequency which shows that lack of awareness about family planning among pregnant women. Participants were mostly of low socio-economic status and had not completed primary school and were engaged in non-skilled work. Further it was found that women who were divorced were at higher risk of poor utilization of ANC services compared to married women.

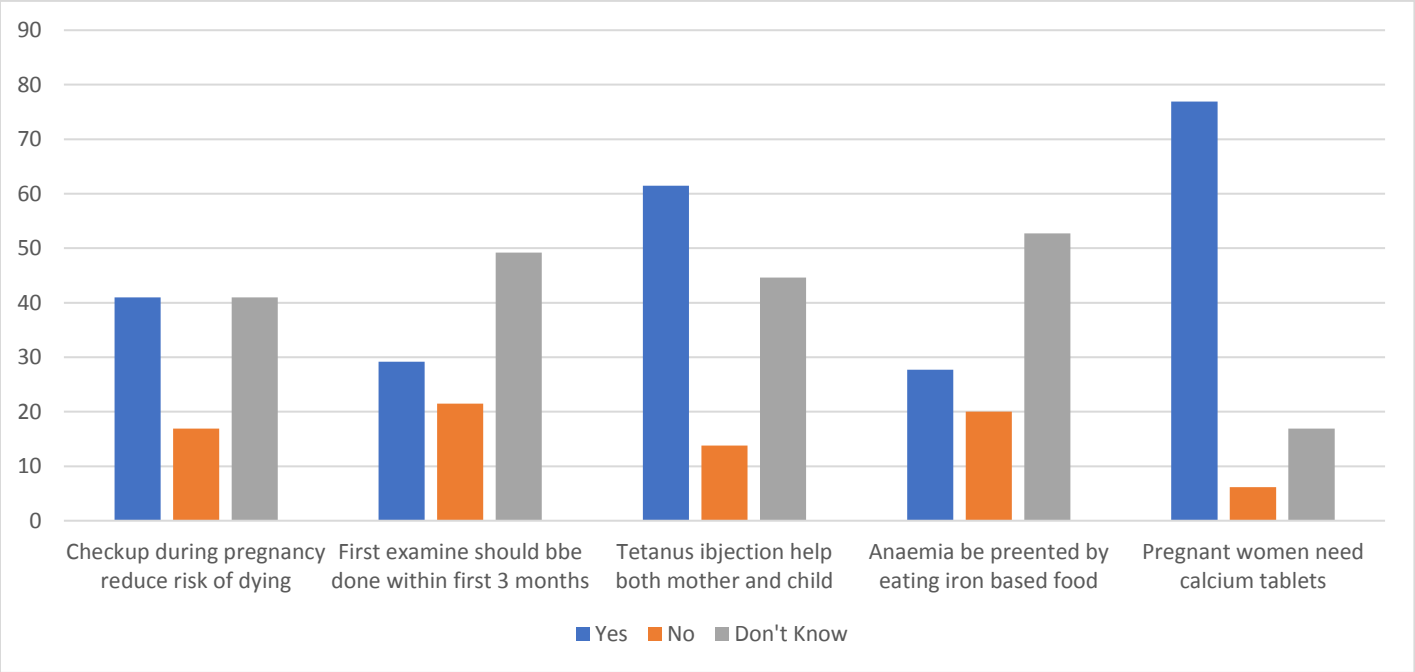
- TABLE NO. 1- FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC DATA OF RESPONDENT (n=65)

Demographic variable	frequency	percentage
AGE(years)		
15-24	38	58.46
25-34	21	32.3
35-44	6	9.23

MARITAL STATUS		
Married	55	84.61
Never married	0	0
Widowed	10	15.4
Divorced	0	0
EDUCATION QUILIFICATION		
Illiterate	35	53.8
Primary	24	36.9
Secondary	3	4.61
High	3	4.61
Collage		
AVERAGE INCOME PER MONTH		
5000 & below	25	38.5
5000 – 10000	28	43.07
11000 – 15000	12	18.5
16000-20000	0	0
20000 above	0	0
CHILDREN		
Below 3	63	96.9
4	1	1.5
5 and above	1	1.5

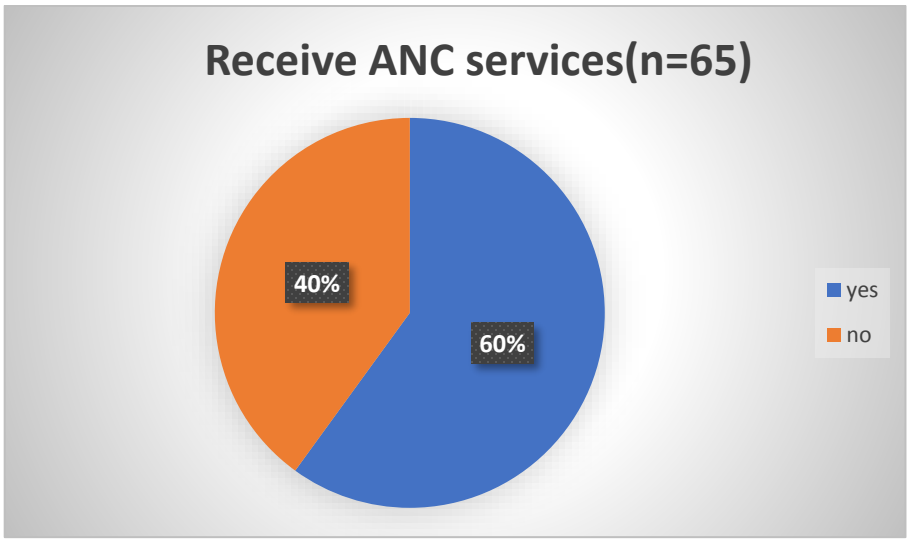
From figure - 1, Describe pregnant women who are using antenatal care services and awareness about ANC services. Most of women know about calcium tablets are useful for bones but rather than they did not aware about ANC indicator that how they ANC services helpful for them and their neonatal.

FIGURE -1 PERCENTAGE DISTRIBUTION OF RESPONDENT ON KNOWLEDGE OF ANC SERVICES



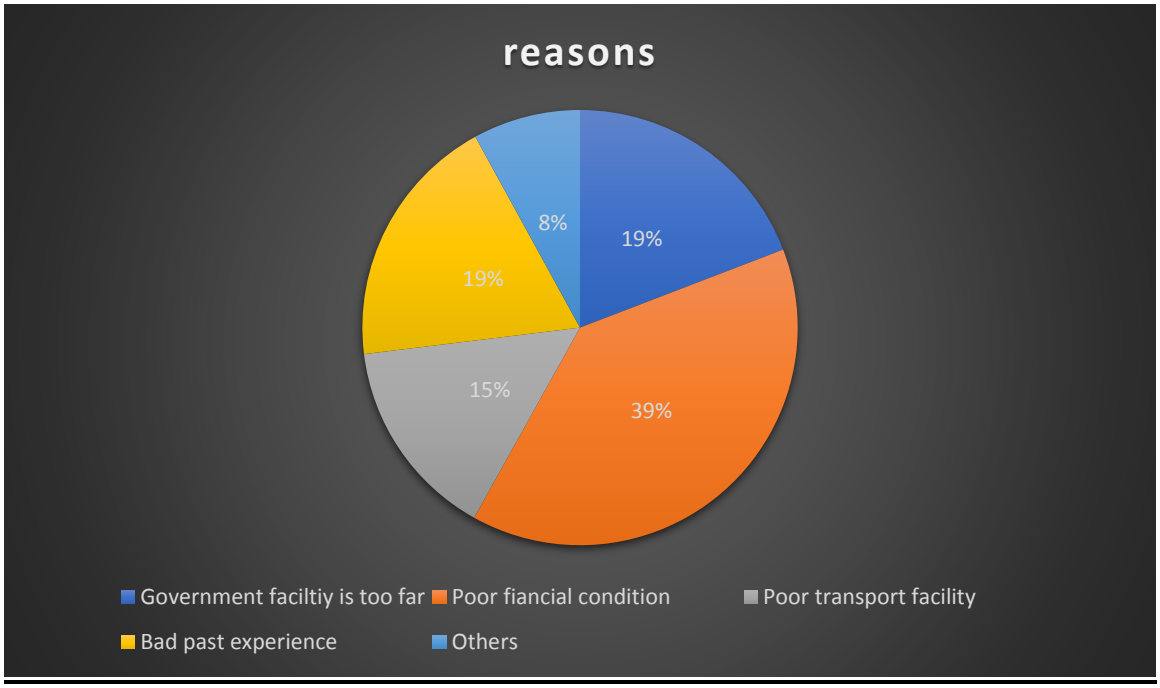
From figure – 2, describe receive ANC services during last pregnancy at least once, out of sample size -65, 60% pregnant women received ANC services during their pregnancy and 40% are not receiving ANC services.

FIGURE -2 RECEIVE ANC DURING LAST PREGNANCY AT LEAST ONCE



From figure – 3, Describe the reasons for not receiving ANC services (n=26) among pregnant women, respondents were mostly low economic status which directly affect the utilization of ANC services and 39% of pregnant women have not utilizing ANC services due to poor financial condition, 19% of pregnant women not receiving ANC services due to government facility is far and Bad past experience with the health worker. From in-depth interview, the response of health worker was very rude and did not give information about the ANC visit and place to delivery.

FIGURE- 3 REASONS FOR NOT RECEIVING ANC SERVICES AMONG PREGNANT WOMEN (N=26)



OUTCOMES (In-depth Interview)

- From in-depth interview with 65 sample sizes of eligible women (15-49), information found that 60% women are receiving the ANC services rest of did not receive ANC services because the lack of awareness ASHAs were not aware about the fact that they were expected to make a list of Pregnant Women and Non-Pregnant Women.
- Women of the villages stated that they were not interested to come for ANC services because of a wide array of factors economic, social factors and lack of knowledge as well as they went to the health institutions for getting treatment but didn't receive proper response and respect from health

professionals. This provoked them to get proper treatment in private hospital. Thus, the behavior of any level of health professional plays a pivotal role in the effectiveness of such state level programs.

- Those women's get the ANC services they did not aware about the timing of ANC visit and don't have any knowledge related to ANC indicators and not satisfactory with utilization of ANC services.

OBSERVATIONS (SWOT Analysis)

The PHC Programme in India has its internal (organizational) strength and weakness and the community and women household's environment pose opportunities and threats. Analyzing this is crucial for strategy development. Thus, summarizing ANC services and health program's strengths, weaknesses, opportunities and threats based on the analysis of clients and providers.

Table – Identification of Strengths and Weakness (Providers perspective) as well as Opportunities and threats (Client prospective)

STRENGTHS	**WEAKNESS**
1-Flexibility in financial management and united fund utilization.	**1-** Low motivation among women and their families.
2- Cooperative team	**2-** Lack of community and support of local leaders.
	3- Lack of transport facility.
	4- Lack of building and cold storage in village sub center and PHC.
OPPORTUNITIES	**THREATS**
1- Local health worker i.e. ASHA, Anganwadi workers availability in village.	**1-** Lack of Infrastructure facility in SCs, PHCs, and CHCs.
2- Husbands and Mother-in-lows motivation.	**2-** Waiting time at facility.

3- Benefits of institutional delivery and cleanliness at hospital.

4- connectivity to road enables to use ANC services of distant facility.

3- low education level

4- Lack of transport facility in village.

5- Ambulance service that sometimes does not collect patients in time, and the health institute inability to provide food to admitted mothers.

SUGGESSTIONS

- In age between 15-24 are high percentage of pregnant women so we can be encouraging early registration and more focus on young mothers because younger mothers are easily convincible.
- Women's are less educated and monthly income of family is higher percentage between 5000-10000. So, give some incentive of every visit of ANC Services during pregnancy result of this increase the no. of ANC Visit.
- 40% women still not receiving services out of sample (n=65). So ASHAs should make proper plan for to cover all the pregnant women in the village and educate them about ANC Services and register them in their registration book.
- Personal interaction with them on part of ASHA could bring in successful changes in behavior.
- There is a need for enhancing community awareness about the importance of registering with an ANM early for Antenatal Care, educate women about early detection of complications during pregnancy and about the importance of giving birth in a health facility.
- To solve the reason of transportation by government can try to manage a public transport for pregnant women to receive them for ANC services visit. It increases the rate of ANC visit.

- Supervision is necessary to increase the effectiveness of ASHA's work.
- Communication directly affects the process of any scheme, so it would be good to reduce the communication gap between top management level to and field workers for getting the positive result.
- Allocation and utilization of resources with supervision can be effective strategy to improve the basic level services.
- If ASHAs increase the awareness about the benefits of ANC services and health problems among the women during pregnancy, then it can be helpful to rise the number of visited women.

CONCLUSION

Screening and treatment of women with complications at village level through *Antenatal care services* as a connecting link between women and health institutions as well as creates awareness among community for women health especially pregnant women. Although the previous evidences of ANC services 2016-2017 shows its huge contribution in reducing the MMR of Gujarat.

As the analysis and observational findings have demonstrated, a wide array of factors economic, social factors influences Utilization ANC services, and many entities in health system share responsibilities for maintaining and improving a woman's health.

Accessibility, availability, and affordability are major 3As issues in Public health. ANC services is commendable approach to reach the underserved women and provide them primary level of care and referral services (if required) by providing Accessibility (Household survey at village level), Availability (Skilled Human Resources) and Affordability (Free of cost services).

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