Summer Training at
St. Paul's Charitable Education Society,
Jhanshi (UP)
(April - June, 2013)

CASE CONTROL STUDY ON AWARENESS ON MATERNAL HEALTH IN REGISTERED AND UNREGISTERED WOMEN OF THE SOCIETY AT PRATAPPURA, DISTRICT TIKAMGARH, MADHYA PRADESH

By
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Under the guidance of
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Post Graduate Diploma in Hospital and Health Management
2012-2014

Institute of Health Management Research,
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CERTIFICATE

This is to certify that **Dr. Nida Siddique**, student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from Institute of Health Management and Research, Jaipur Batch 17th has undergone summer training in St.Paul's Charitable Education Society, Jhansi (U.P) and has done a Case control study on Awareness on maternal health in registered and unregistered women of the society at Pratappura, district Tikamgarh, Madhya Pradesh from April 8th to June 7th 2013.

The candidate has successfully carried out the mentioned study assigned to her during summer training and her approach to study has been sincere, scientific and analytical.

I wish her success in all her future endeavors.

SUNITA NIGAM
Assistant Professor
Faculty and Mentor
IIHMR, Jaipur

Dr. ASHOK KAUSHIK
Dean, Academics and Student affairs
IIHMR, Jaipur

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"My Grace is Sufficient For You"

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Deepak Kumar Masih
Director

Ref. 2013/13
Dated 12/6/13

CERTIFICATE

This is to certify that Dr. Nida Siddique, a student of health management at Institute of health management, research(IIHMR), Jaipur has successfully completed her internship from 8th april 2013 to 8th June 2013 at St.Paul's charitable education society, Jhansi, uttar Pradesh

During her internship period, she conducted a door to door survey and single handedly carried out her comparative study on "Awareness on maternal health & health status of registered married women of reproductive age of St.Paul's charitable education society to that of unregistered women in the community of Pratappura, Madhya Pradesh"

During her stay, she also conducted a health camp for the registered women and children of St.Paul's charitable education society at Jhansi (U.P) and Pratappura (M.P) along with familiarizing herself with the different programs run by our society.

I found a budding health manager in her attitude and acknowledge her dedication and sincerity towards it. I highly appreciate the quality of her work and wish her success in pursuit of her academic achievements and professional career.

Deepak Kumar Masih
(Director)

DIRECTOR
St. Paul's Charitable Education Society
Near Jal Santhan Office
C.P. Mission Compound, JHANSI (U.P.)

OUR ACTIVITIES

Educational Programe +Vocational Training +Community Development Project
+Health Care Project + HIV/AIDS Project

(This is a Voluntary Social Service Non Profit Making Organisation Registered No. 181/1998 with Govrnment of India)

Acknowledgement:

An endeavor over a period can be successful only with the advice and support of well wishers. I take this opportunity to express my gratitude and appreciation to all those who encouraged me to complete this summer internship.

I am deeply indebted to the St. Paul's Charitable Education Society, especially Mr. DEEPAK KUMAR MASIH, Director for providing me this valuable opportunity to get associated with his NGO and for encouraging me in learning every aspect of different programs of this society.

I express my profound and sincere thanks to my nodal officer and mentor Mrs. MARIEN SAMUEL who acted as a mariner's compass and steered me through out my project voyage through her excellent guidance and constant inspiration.

I also extend my sincere and heartfelt acknowledgement to Mrs. NEETU PAUl, CSP Implementor , for guiding me and assisting me in carrying out door to door survey for my study.

Words are inadequate to offer my thanks to Mr. PRAVEEN LIMA, Program Manager, who provided me his help and valuable advices in conducting my study during my stay in the organization.

I also extend thanks to all other faculty members of ST.PAUL'S CHARITABLE EDUCATION SOCIETY for their external support and guidance.

I shall be failing in my duty if I don't acknowledge my debt to Mrs. SUNITA NIGAM, my mentor (IIHMR) for her valuable and esteemed guidance and support and for her all time availability to me in giving this study a shape.

I am more than glad to express my sincere acknowledgement to DR.S.D.GUPTA ,Director, IHMR, DR. P.R. Sodani , Dean, Academic And Students' Affairs, IHMR for incorporating in me the right attitude towards learning and for supporting and helping whenever required. I sincerely thank them for making me learn managerial tricks and styles and all other aspects of health field.

I acknowledge with reverence and thank my parents, family and friends for their blessings and support.

NIDA SIDDIQUE

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1. Abbreviations:

JSY -	*JANANI SURAKSHA YOJNA*
ASHA -	ACCREDITED SOCIAL HEALTH ACTIVIST
CDP -	CHILD DEVELOPMENT PROGRAMME
CDSP-	CHILD DEVELOPMENT SPONSORSHIP PROGRAMME
CSP -	CHIL SURVIVAL PROGRAMME
FVTRS-	FUNCTIONAL VOCATIONAL TRAINING AND RESEARCH SOCIETY
IGP -	INCOME GENERATION PROGRAMME
IMR -	INFANT MORTALITY RATE
MCTS -	MOTHER AND CHILD TRACKING SYSTEM
MDG -	MILLENIUM DEVELOPMENT GOALS
MMR -	MATERNAL MORTALITY RATIO
NFHS-	NATIONAL FAMILY HEALTH SURVEY
NGO -	NON-GOVERNMENT ORGANIZATION
PNC -	POST NATAL CARE
RCH-	REPRODUCTIVE CHILD HEALTH
SC -	SCHEDULED CASTE
SPSS -	STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES
ST -	SCHEDULED TRIBES

2. Executive Summary:

Madhya Pradesh often referred to as heart of India has ironically been lacking behind in most of the health and development indicators. With the population of approximately 72.6 million, the State is unable to achieve the green healthy status. Despite the Government's efforts and its different health policies like JSY, MCTS,Immunization schemes and several others,the state of Madhya Pradesh is unable to stand out as fit on health indicators bar. Maternal mortality Ratio, Infant Mortality Rate, Neonatal mortality Rate are still very high and lack several leaps behind MDGs. According to NFHS-3,more than half of women(56%) in MP suffer from anemia. Fertility rate is still 3.1(Far ahead from replacement level).IMR(70) is third highest in the country. Despite improvements in the coverage of antenatal care for pregnant mothers,only 4 in 10 women received at least three antenatal checkups for their last birth in the past five years.

Rational utilization of the services provided by government is unsatisfactory and it is seen that lack of awareness about diseases and health may be one of the biggest hurdle in achieving the satisfactory health indicators. Women awareness on health issues is directly related to a family's well being.

This study was undertaken to assess the awareness of married women of reproductive age group(15-49) in the community of Pratappura(district Tikamgarh,Madhya Pradesh) on maternal and general health and to make a comparison between women registered with St. Paul's Charitable Education Society to those with unregistered women of the same area.
During the study, we observed and analyzed the following:

Maternal health awareness assessment indicators: The indicators like symptoms to diagnose pregnancy, most dangerous signs during pregnancy, food to be included in diet during pregnancy, food to be avoided during pregnancy, number of minimum visits of ANC required, time(in trimester) of first ANC, immunization status for tetanus during pregnancy and awareness about the immunization being for tetanus , Folic Acid/Iron supplements taken during pregnancy, awareness about it being Folic Acid/Iron tablets, Delivery performal preference, time period for which newborn be exclusively breast fed, the last child immunized/being immunized. The results also showed a difference between the level of awareness in registered and unregistered women with the awareness being more in the registered group.

Family planning awareness assessment indicators :

It included number of total pregnancies (surviving children, abortions, deaths),number of children a couple must plan in a family ,minimum marriageable age for girls &boys,

preference for male/female, tubectomization status, contraception methods known. The results indicated more awareness in registered mother on contraception methods as well as other indicators.

Health & hygiene assessment indicators of the respondent:

BMI of the respondent, bathing frequency in a day, brushing frequency in a day, oral health were used to assess their then health and hygiene status. It was found out that more of the registered women fell in normal weight group ,practiced twice brushing habits and showed less involvement with dental caries than the unregistered women.

3. Weekly Observation and Learning:

Week	Location	Learning
1st	St. Paul's charitable Education Society Main Office, Jhansi.	➢ Organizational set up history and foundation details.. ➢ Organizational structure. ➢ Different programs already undertaken by the society and its results.
2nd	St. Paul's charitable Education Society Office Main, Jhansi.	➢ Current Programs of the Organization. ➢ Funding Sources of the organization. ➢ Maintenance of details on paper.(Checklists of the programs)
3rd	ST.PAUL'S CHILD DEVELOPMENT CENTRE,JHANSI	➢ Understanding the details of CDP. ➢ Interacted with children registered in the program and understanding their problems and theirs' improvement after registration with the NGO. ➢ Interacted with the manager of CDP on program's success & bottlenecks and acquired data on number of children benefitted so far.

WEEK	LOCATION	LEARNING
4th	ST.PAUL'S "SMILE- E-LEARNING CENTRE",JHANSI & ST.PAUL'S CHARITABLE EDUCATION SOCIETY'S MAIN OFFICE.	➢ Details of Smile E-Learning program from program manager. ➢ Interaction with the Director of the organization on the main problems of the area in which programs are being run, programs' goals, Success indicators, Organization's protocol
5th	PRATAPPURA CHILD DEVELOPMENT CENTRE & CHILD SURVIVAL PROGRAMME CENTRE, PRATAPPURA(MADHYA PRADESH)	➢ Interaction with the Nodal officer of the organization on area's problems. ➢ Interaction with the Program Manager on the details of the program. ➢ Visited Anganwadi centre of Pratappura, interacted with Anganwadi worker on the health schemes run by Madhya Pradesh government. ➢ Visited ASHA of Pratapura & interacted with her on the level of awareness of local women on maternal health and the level of health services utilization by the local people. ➢ Interacted with registered children of the NGO. ➢ Conducted local interviews on maternal health awareness and health status of local women registered with the NGO.
6th	PRATAPPURA CHILD DEVELOPMENT CENTRE & CHILD SURVIVAL PROGRAMME CENTRE, PRATAPPURA(MADHYA PRADESH.	➢ Conducted local interviews on maternal health awareness and health status of local women unregistered with the NGO.

		➢ Visited Houses of local unregistered women as well as registered women for understanding their l lifestyle. ➢ Data Entry in SPSS.
7th	St. Paul's charitable Education Society Main Office, Jhansi.	➢ Data Analysis in SPSS ➢ Major factors of difference noted in the registered and unregistered women of Pratappura.
8th	St. Paul's charitable Education Society Main Office, Jhansi.	➢ Time Management. ➢ Report Drafting

4. Organization Details:

St.Paul's Charitable Education Society, a non- profit voluntary charitable social welfare organization was registered under Societies Act XXI of 1860 No. 181/1998 at jhansi ,Uttar Pradesh. The society works particularly among the Tribals,Adiwasi,Dalit &people living in remote,rural and urban areas at Bundelkhund.The society works for the relief of human suffering and promoting education,public health,social welfare &economic development among all people irrespective of their religion,caste,creed or colour.

4.1MISSION:

The mission of the organization is promoting health and education for all with fundamental preference to the people of the lowest socio-economic status and making strategies for the effective formulation & implementation programmes for the same. The organization supports the poor children(around 5000 in the whole Bundelkhand Region) in their all round development by catering to their basic needs including education,physical, societal and spiritual .It also fosters and fortify women with regular health check up and educating on heath issues especially maternal health.. The organization is committed in providing vocational training to the poor families so as to bring out an earning hand in the family.

4.2VISION

By 2020, St.Paul's charitable education Society aims to reach more than 20,000 poor chidren of India and would be helping them become a responsible and educated citizens of India by making dedicated and sincere efforts in meeting their necessary needs required to become the same.

4.3ORGANOGRAM:

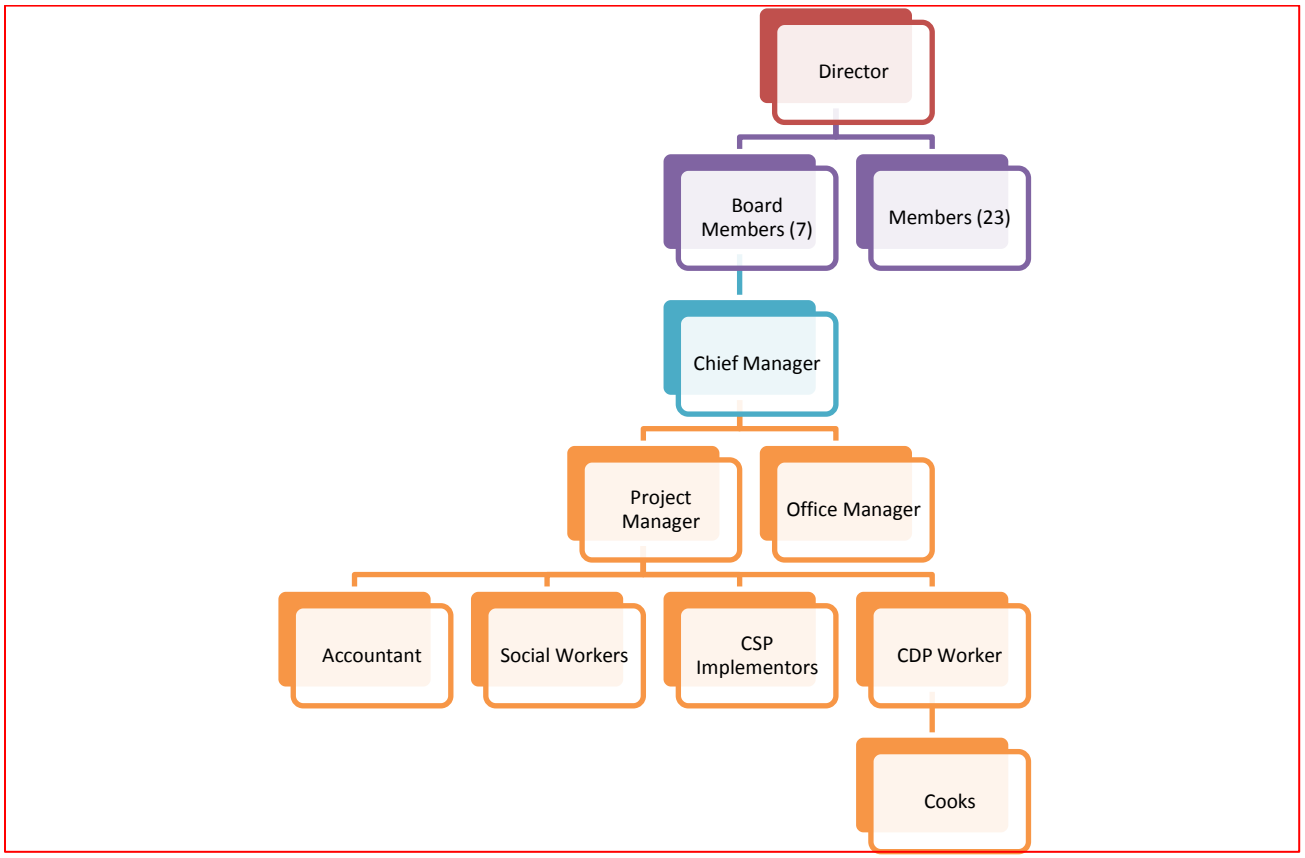

Figure 4.3.1

4.4 DEVELOPMENT PROJECTS:

- ✓ 37 centres of Child Development Programme at Jhansi Lalitpur,supported by Seva Bharat.
- ✓ 4 centres of Child Survival Programme focusing on mothers and their children at Datia,Dabra,Chatarpur &Pratappura.
- ✓ Running 10 Adult Literacy Programme at Jhansi, Hamirpur, Orai & Lalitpur supported By Seva Bharat,Secundarabad
- ✓ SMILE-E-Learning programme in collaboration with SMILE FOUNDATION,New Delhi.
- ✓ HIV/AIDS awareness programme in partnership with Nuffield foundation
- ✓ ,London.
- ✓ Health System empowerment programme in partnership with U.P health system development project.

- ✓ Vocational training programme on electronics and electrical work in partnership with FVTRS Bangalore/CARITAS INDIA ,Delhi
- ✓ Blindness Control Programme in Jhansi in partnership with District Blind Control Society,Jhansi.
- ✓ National Population Control Programme in district Lalitpur(U.P) in 2004 in partnership with WORLD VISION,INDIA.
- ✓ Family Welfare Programmes in District Jhansi in 2004.
- ✓ In partnership with Ministry of Youth Affairs & Sports,government of India,conducted vocational training programme for women/youth in district Jhansi.
- ✓ Conducted Polio Eradication Programme in 2004-2005 in partnership with World Vision India in 30 villages of Block Baamore and Lalitpur.

4.5 OVERVIEW OF SOME PROGRAMMES OF THE ORGANIZATION:

A. CHILD DEVELOPMENT SPONSORSHI PROGRAMME, PRATAPURA **(ProjectNo.613)**

- ♦ Includes poor children from 4 years to 15 years of age.
- ♦ Total 290 children enrolled at Pratappura Centre
- ♦ Funded by COMPASSION,East India.
- ♦ Two way communication with their sponsors.
- ♦ Physical,educational,socio-emotional &spiritual development.
- ♦ Indicators to measure their set goals.
- ♦ One time meal provided
- ♦ Other items like toiletries, stationary etc also provided.
- ♦ Vocational training to children(kitchen gardening,electrician courses,handmade card making,Shoes polishing,beautician) etc and even work startup help provided.
- ♦ Monthly health checkup.
- ♦ Health awareness programmes on malaria eradication,tuberculosis,sanitation &hygiene,social isues like child abuse,child marriage are frequently conducted.
- ♦ Reimbursement for any medical treatment.
- ♦ Also incorporates Child Protection policy of Compassion South.

B. CHILD DEVELOPMENT PROGRAMME (SOUTH) JHANSI (PROJECT no.897)

- Started four years back in Jhansi
- 261 children of age group 4-8 years are enrolled in the programme.
- Aims at holistic development of the child.
- Provides one time meal, physical, educational, spiritual &socio-emotional learning to children of urban poors.
- Monthly health check up.
- Individual record of each child maintained which includes
  - Child's Biodata[1]
  - Parents' agreement form
  - Child's Case Study
  - Child's Health Screening Report
  - Progress Report of School & Project
  - Spiritual &Socio-emotional extra curricular activities
  - Sponsor related letter[1]
- All basic needs including enrollment in schools are met by the St,Paul's charitable education society.
- Children attend centre from 2p.m to 5 p.m
- Run for three years period.
- Enroll mothers/ married women of low socio-economic status

[1] **SPONSOR LETTER:** It is one of an effective tool of CDSP & CDP in bringing together the child and his/her sponsor (usually foreign natives) close. The sponsor communicates with the child through these letters which contains his/her family and personal details and sends tokens on special occasions (birthdays, festivals) to the child. In turn, children also regularly keep writing about their life and development to their sponsors. These letters are exchanged quarterly and they are very nice and effective part of these programs.

- Currently 50 mothers enrolled in Pratappura.
- 30 mothers/ married women graduated from the same centre.
- Provides meal on Wednesday &Saturdays to the enrolled women
- Provides ration for the women & child for other days.
- Provides antenatal & postnatal checkup to the enrolled women.
- Provides other basic amenities for the women's children.
- Reimbursement for the medical treatment.
- IGP programme for the enrolled women.
- Health awreness classes for the enrolled women on Wednesday & Saturdays. Also awareness by visiting homes of these women.

D. SMILE-E-LEARNING PROGRAMME(JHANSI)

- Programme sponsored by SMILE foundation.
- Has been running since last 3-4 years.
- Gives training on computers and English language to youth(age group:15-24 years)
- Includes personality development classes.
- Currently 45 chidren enrolled in the programme.
- Post course placements of these chidren also taken care of.
- Pamphlets used as awareness medium for attracting many poor candidates for the programme.

St. Paul's Charitable Education society has been growing with leaps and bounds due to its full dedication and sincere commitment attitude towards its work. This is reflected in its way of working. Its dedication can be appreciated in its organization culture too.

4.6 Some Highlights of Organization Cultue:

- Great respect towards each other in the organization.
- No bossy environment.
- Address each other as sister & brother.
- Monthly Assessment. of the employees' performance by STAR System.
- The best performer is rewarded.

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PROJECT REPORT

On

Comparison of awareness on maternal health of registered women and Unregistered women of St. Paul's Charitable education society in Pratapura, District Tikamgarh, Madhya Pradesh-A Case Control Study.

5.1 Introduction:

The International Conference on Population and Development (IPCD) in Cairo, 1994 talked of the need to have men more involved and aware about the maternal health so that issues like maternal mortality, infant mortality, malnutrition etc could be curbed down to the maximum. But the irony lies in the fact that even in 2013,developing countries like India still lack behind by leaps altogether in dealing with the issue of maternal health because awareness among the expected beneficiary (women itself) is low to the unimaginable extent.

Problem: Despite the various health facilities and programs planned on RCH by Madhya Pradesh government like from *Poorak Poshan Aahar* to *Prana Yojna* and cash incentive schemes to several others ,the maternal mortality ratio still remain at 269(SRS 2007-2009),while infant mortality rate and under five mortality rate ranks second and third highest in the country respectively.(NFHS-3). Only 1 out of 4 children in Madhya Pradesh who were born in the past five years were delivered in a health facility(NFHS-3)

Table5.1.1 Comparison of health indicators of Madhya Pradesh and India

Indicators	M.P	INDIA
Total Population (In Crore) (Census 2011)	7.26	121.01
Crude Birth Rate (SRS 2011)	26.9	21.8
Infant Mortality Rate (SRS 2011)	59	44
Maternal Mortality Rate (SRS 2007-09)	269	212
Total Fertility Rate (SRS 2011)	3.1	2.4
Sex Ratio (Census 2011)	930	940
Total Literacy Rate (%) (Census 2011)	70.63	74.04
Male Literacy Rate (%) (Census 2011)	80.53	82.14

Female Literacy Rate (%) (Census 2011)	60.02	65.46

The above indicators clearly show the dark state of Madhya Pradesh and it is found that one of the main cause of the lacking indicators is the lack of awareness among women on maternal health and ANC services.

5.2 REVIEW OF LITERATURE:

1. **Safe Motherhood Initiative**: In 1987, the Safe Motherhood Initiative (SMI) placed the reduction of maternal mortality on the map. The Initiative has promoted a range of strategies to reduce maternal mortality, beginning with an emphasis on training and promoting traditional birth attendants, risk assessment of pregnant women and provision of antenatal care to later emphasizing as the primary strategies: the need for professionally trained midwives or other health professionals with midwife skills to assist births and (skilled assistant atbirth) of pregnant women's access to a comprehensive emergency facility.

2. **The White Ribbon Alliance,1999**: The White Ribbon Alliance for Safe Motherhood is an international coalition of organizations formed to promote increased public awareness of the need to make pregnancy and childbirth safe for all women, in developing and developed countries.

3. World Health Report(2005): It characterized mothers and children as vulnerable groups, "priority targets" of their national health plans and policy documents.

4.NFHS-3:- **(2005-2006)**

- In Madhya Pradesh, Despite improvements in the coverage of antenatal care for pregnant mothers, only 4 in 10 women in Madhya Pradesh received at least three antenatal care visits for their last birth in the past five years.

- Only 1 out of 4 children in Madhya Pradesh who were born in the past five years were delivered in a health facility.

5.3 OBJECTIVES:

- To find & compare the level of difference (if any) on awareness on maternal health in registered and unregistered women of St. Paul's Charitable Education Society, Pratappura, Madhya Pradesh.

- To assess & compare the health status indicators of the two above groups of women .

- To find the main areas or issues where maximum focus is required during awareness planning programs.

5.4 METHODOLOGY:

A case control study was conducted for a period of 6weeks(from April,2013-May2013) on awareness of women on maternal health & their health status in the village of Pratapura,district Tikamgarh, Madhya Pradesh.

Pratapura with a population of 3823 is a small village around 28 km from Jhansi (U.P).The main occupation of the people is quarry laborer. It is a backward area of M.P and 91% population comprises of SC&ST (33%, 58% respectively).

Definition:

Case respondents were all 50 women from Pratapura currently registered under CSP program of St. Paul's Charitable Education Society, Jhansi(U.P).These reproductive age group women are all in ever married group and were of age group 19-38 years. The youngest child of these women are all less than 6 years of age. These women have been associated with the organization and have been educated on maternal health indicators, problems, schemes of government on health, ANC and other related issues. They have been taken care of their nutritional needs as well as medical, social and educational needs too.
Control Respondents are 50 women randomly chosen from Pratapura and not registered with the CSP of St. Paul's Charitable Education Society till the date the interview was conducted.

Identification Of Controls:

Control cases were identified by taking data from Anganwadi worker & ASHA of Pratappura of all those women who conceived in last 6 years since our case respondents's had their youngest children below 6 years of age. Of that data a list of all women in age group 19-38 years was prepared. And then 50 women were randomly selected from that list of 73 women. The random sampling approach was used by generating random numbers.

Exclusion Criterion For Control Cases:

- Women graduated from CSP of St. Paul's Charitable Education Society and no more part of the program were not included in Control group.
- Women above 38 years of age since the case respondents didn't have any women in that age group.
- Unmarried women of 19-38 years of age group

INDICATORS OF AWARENESS ASSESMENT ON MATERNAL HEALTH &HEALTH STATUS OF REPRODUCTIVE AGE WOMEN:

1. Indicators to assess awareness on ANC & PNC:

- Symptoms to diagnose pregnancy
- Most dangerous signs during pregnancy
- Food to be included in diet during pregnancy
- Food to be avoided during pregnancy
- Number of minimum visits of ANC required
- Time(in trimester) of first ANC
- Immunization status for tetanus during pregnancy
- Aware about the immunization being for Tetanus
- Folic Acid/Iron supplements taken during pregnancy since when?
- Aware about it being Folic Acid/Iron tablets?
- Delivery performing preference
- Time period for which newborn be exclusively breast fed
- Does the last child immunized/being immunized?
- Aware about post immunization effects on the child?

2. Indicators to assess awareness on family planning :

- Number of total pregnancies (surviving children,abortions,deaths).
- Number of children a couple must plan in a family.
- Minimum marriageable age for girls &boys
- Preference for male/female.
- Tubectomization status.
- Contraception methods known

3. Indicators to assess health & hygiene of the respondent:

- BMI of the respondent
- Bathing frequency in a day
- Brushing frequency in a day
- Oral health

DATA COLLECTION:

For each case respondent and control, information on awareness on maternal health and ANC, PNC was collected by conducting interviews with the help of semi structured, interviewer administered questionnaire. Demographic indicators of the respondents included age, occupation, education status, number of years of marriage, husband's name & age, his occupation, education details. Oral health check up & anthropometric measurements were taken for all 100 respondents to assess their dental health & BMI.

ANALYSIS:

Data was analyzed with the help of SPSS .Different indicators' frequencies was calculated and compared with those of the control respondents.

5.5 RESULTS & FINDINGS:

Seventy-six percent of the registered mothers and 62% of the unregistered mothers fall in the age group of 20-29 years. More than 50% of the respondents(Registered & unregistered) have been married for 2-9 years.(52% in unregistered and 72% in registered women). 64% of registered women & 72 % of unregistered women are housewives. 73.5% husbands of the registered cases & 56 % of the unregistered women are either laborer or stone crushers. 60% husbands of registered and 30 % of those of unregistered women have attended primary education. 70% of registered women & 54% of unregistered womens' monthly family income is less than 5000. 60% of registered women had 1 or 2 kids in comparison to 44% of unregistered women.

Figure 5.5.1:Frequency distribution by Signature ability of Registered and Unregistered women

Out of total of 54% of registered mothers who never went to school,81% of them could write their names in hindi contrary to only 18% of 80% unregistered control cases.

ANC & PNC Awareness assessment indicators:

Table5.5.1: Symptoms to recognize Pregnancy.

Symptoms	Amenorrhoea	Nausea and Vomiting	Both the symptoms
Registered women(Case)%	26	18	56
Unregistered Women(Control)%	38	54	8

Fifty-Six percent of registered women knew all the symptoms to recognize pregnancy while only 8% of the unregistered could correctly tell all the symptoms to recognize the same. Majority of the unregistered women(54%) believed nausea & vomiting to be the main signs to diagnose pregnancy.

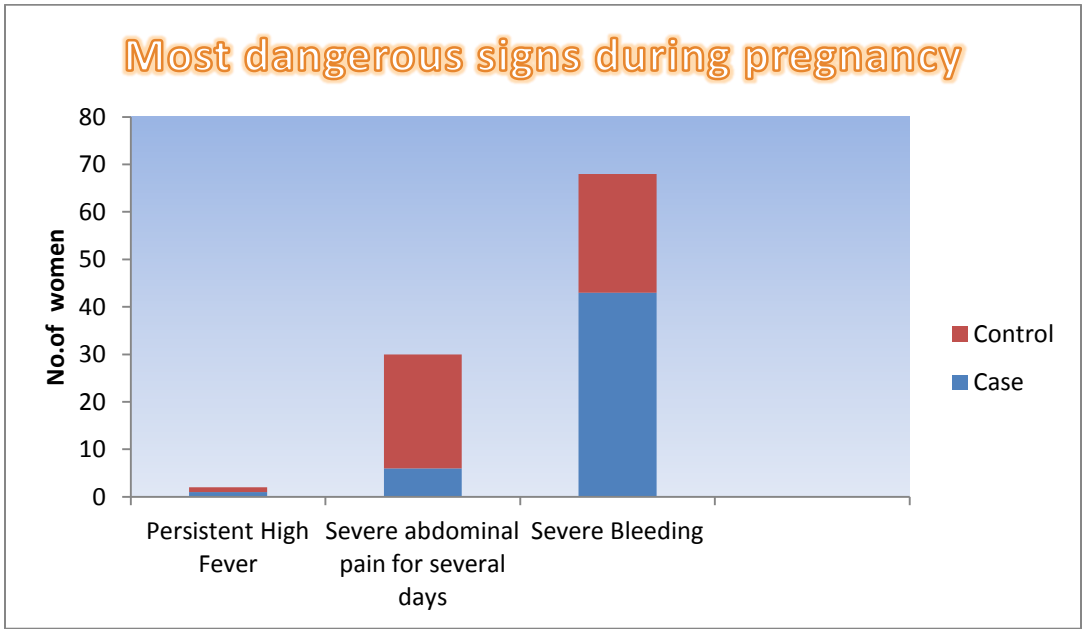


Figure 5.5.2

Eighty Six percent of cases considered severe bleeding during pregnancy as the most dangerous, contrary to 50 % of the controls. 56% controls did not have any idea on what food to be avoided during pregnancy while only 26% of the registered cases did not have any idea on the same.

Table 5.5.2: Indicators to assess awareness on ANC and PNC

Particulars	Registered women(Case)%	Unregistered Women(Control)%
All FLAG[2] components known	48	8
Minimum Three and more than three ANC visits	86	28
Did not go For ANC during last pregnancy	12	78
Immunized for Tetanus in last pregnancy.	100	78
Know about it being Tetanus immunization.	46	5
Folic acid/Iron tablets taken during pregnancy	94	60
Recognize it as Folic acid/Iron tablets	72	10
Institutional delivery preference	96	68
6 months exclusive breast feeding to newborn.	82	18
Last child immunized/being immunized	100	78

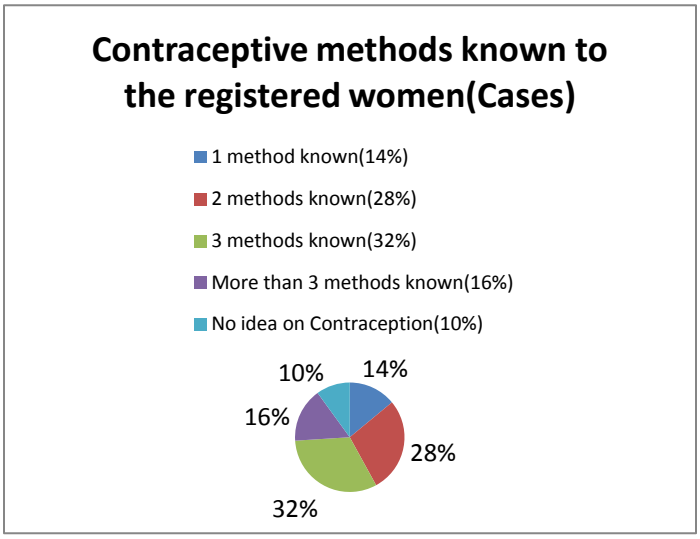
Table5.5.3: Indicators to assess awareness on family planning :

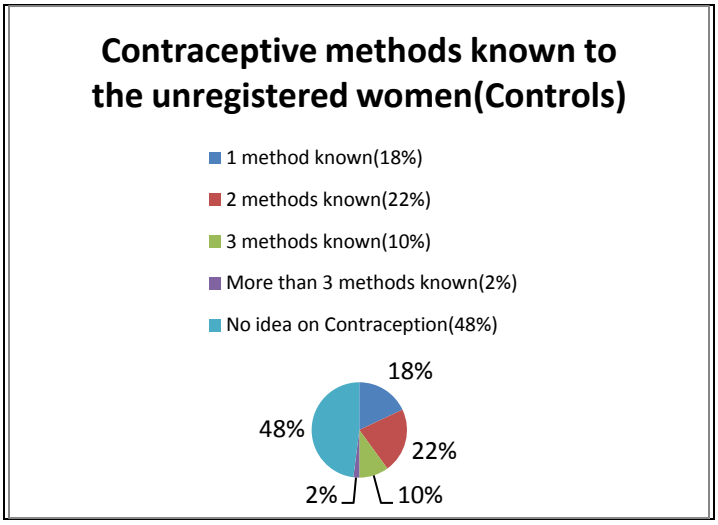
	Case(%)	Control(%)
Women undergone abortions in last 5 years.	24	58
Women who lost infant/ under 5 child death .	16	9
Women with 1 or 2 kids	60	44
2 kids preference	84	48
Minimum marriageable age for girls known	68	52
Minimum Marriageable age for boys known	32	14
Male Preference	50	66

[2] Flag Approach is a very innovative and effective mode of communicating the essential diet required during pregnancy. The tri colours of the Indian Flag (Saffron,white,Green) signifies the inclusion of fruits/juices, curd/milk/egg albumin, green vegetables in the diet of a pregnant woman respectively. And the 24 spokes of the blue wheel of the Indian Flag appeals to keep the body hydrated for 24 hours during pregnancy.

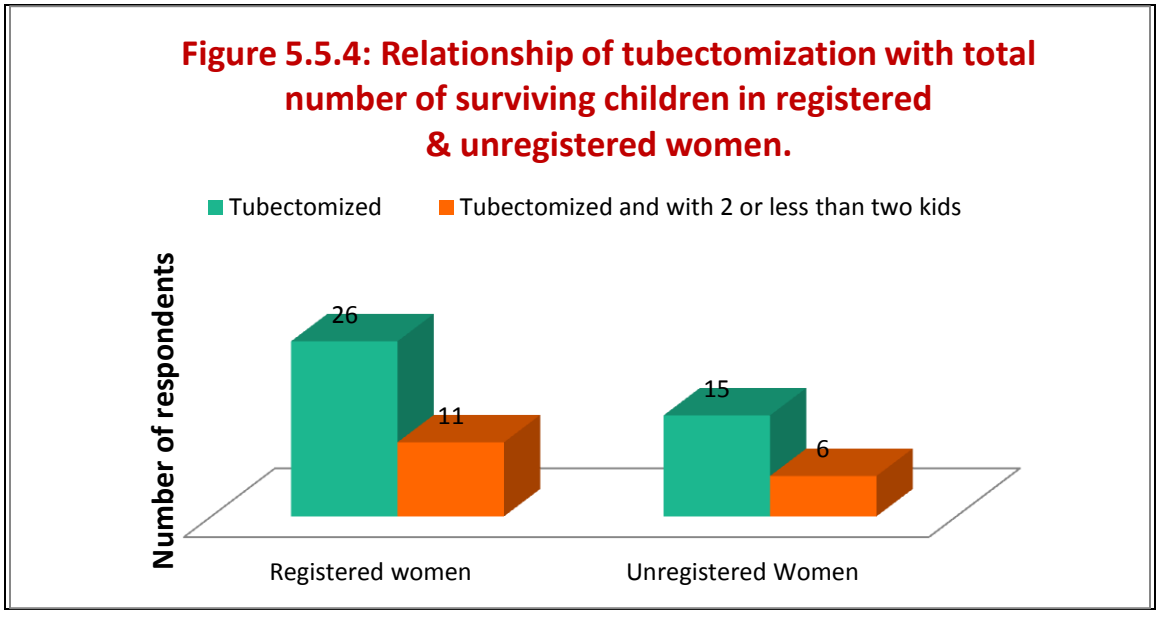
Tubectomized	52	30

Figure 5.1.3: Awareness on Contraception methods in registered and unregistered mothers





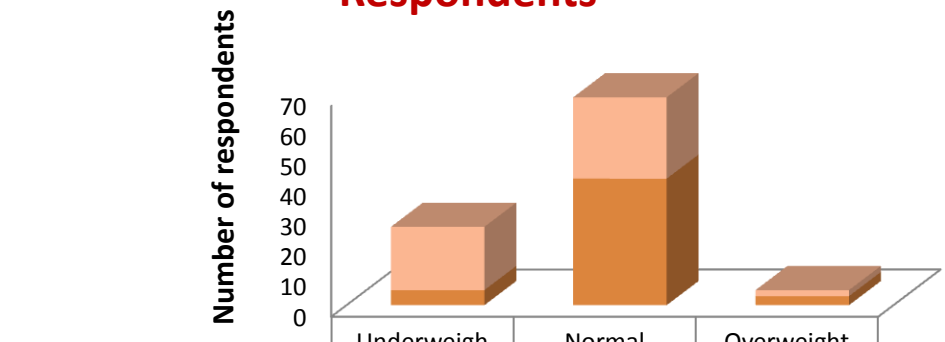
A large section of control (48%) did not have any idea on contraception methods compared to only 10% of registered women (cases).



(Figure 5.1.4) shows that out of total of 50 women in registered and unregistered categories, the more of registered women with two or more kids has undergone tubectomization process (11) in comparison to on 6 unregistered women.

Indicators to assess health of the respondents:

Figure 5.5.5: BMI Status of the Respondents



	Underweight	Normal	Overweight
Unregistered Women(Controls)	21	27	2
Registered Women(Cases)	5	42	3

The analysis reveals that more of the registered women fall into the normal category of BMI (84%) as compared to only 54% of unregistered women (Controls).

Table 5.5.4a: Comparison of dental caries involvement with brushing habit in Registered women

Brushing Frequency	Presence of Dental caries			Total
Count	Minor Involvement(less than 3 teeth involved)	Moderate Involvement(3-6 teeth involved)	Severe Involvement(More than 6 teeth involved)	
Once	5	5	2	12
Twice	28	9	1	38
Total	33	14	3	50

Table 5.1.4b: Comparison of dental caries involvement with brushing habit in Unregistered women

Brushing Frequency	Presence of Dental Caries			Total
Count	Minor Involvement(less than 3 teeth involved)	Moderate Involvement(3-6 teeth involved)	Severe Involvement(More than 6 teeth Involve)	
Once	5	8	11	24
Twice	10	7	9	26
Total	15	15	20	50

5.6 OBSERVATIONS:

During my visit to Pratappura in Madhya Pradesh, I had observed the following:

1 Lack of Education: Most of the residents of the area are illiterate and there is just one primary school which I found closed for the majority of the days.

2. Lack of co-ordination from Anganwadi centre: Anganwadi centre has a small building infrastructure and it only opened on tuesdays. The menu is rarely prepared and the nutritious food packets issued by government are hardly ever distributed to the targeted beneficiaries.

3. A significant difference in awareness and ideas on health, social issues and other areas wwas identified between the women registered with St. Paul's Charitable Education Society and unregistered women of Pratappura.

4. The dedication and sincere effort of the staff of St. Paul's Charitable Education Society towards the upliftment of these downtrodden people was much appreciable and it was reflected in local residents' trust in the organization.

6. LEARNINGS FROM SUMMER TRAINING:

1. **Field exposure in Pratappura**- Several field visits were arranged by the organization to have an understanding of Pratappura and its people during the data collection by interviewing. It was very effective in understanding the actual needs and problems of the people.

2. Data collection Process: During the data collection process by interviewing, I learnt the interaction techniques including the field improvisation.

3. Structure and Functioning of Non-Government Organizations: I learnt about the functioning of NGO, its culture and some of the bottle necks encountered during program implementations.

4. Proposal Drafting and Documentation: I understood the key points to be taken into consideration during proposal drafting. Also, the importance of documentation was learnt.

OTHER LEARNINGS:

- Tasks for each day should be decided well in advance and kept SMART – Smart, Measurable, Achievable, Realistic and Time bound.
- Notes of daily work should be made at the end of each day. This helped me in writing the report towards the end of my summer training.
- Being systematic is important. It helps in completing the work at a faster pace.
- It provided me an opportunity for my personal as well as professional development.
- It helped me in using the subjects and skills learned in the first year of Post Graduate Diploma in Hospital & Health Management practically and helped me in understanding the importance of all the subjects learned in the 1st year of study.
- Rough draft is necessary and even if many rough drafts are made they should be apt as they are useful in making the final draft.
- Interaction with various staff members helped me in improving my communication skills accordingly.

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8. ANNEXURES:

Confidential: For Research purpose only

Questionnaire for Reproductive Age married women of Pratapura:

St. Paul's Charitable Education Society-Awareness on & status of maternal health
April-May 2013
Respondent's Knowledge & Health Assessment Form

Respondents Identification number:

INTRODUCTION:

Namaste, My name is _____and I am conducting a study on awareness of married women in reproductive age group of Pratapura (Madhya Pradesh) on maternal health & their health status. I would very much appreciate your participation in this survey. Several different health indicators will be discussed. This survey usually takes between 15-20 minutes to complete. Whatever information you provide will be kept strictly confidential. Participation in this survey is voluntary & if you choose to participate, you may also withdraw at anytime. However, I hope that you will take part in the survey since your participation is important and valuable.

May I begin the Interview now? Yes…….Proceed to Question No.1
No…..End the Interview.

Interviewer Signature:
Date:

S. No.	QUESTION	RESPONSE
1.	Name of the Respondent	
2	Age of the Respondent	
3.	Height of the Respondent	
4.	Weight of the Respondent	
5.	Occupation of the Respondent	1-Housewife 2-Laborer 3-Crasser 4-Dona making & Others
6.	Education Status of the Respondent	1-Primary Schooling(could read and write) 2-Primary Schooling(could not read and write) 3-High School 4-Senior Secondary 5-Graduate 6-Illiterate(Could write her name) 7-Illiterate

7	No. of years of marriage	
8	Husband's Name	
9	Husband's Age	
10	Husband's Occupation	1-Laborer 2-Crasser 3-Farmer 4-unemployed 5-Others
11	Husband's Education Status	1-Primary Schooling(could read and write) 2-Primary Schooling(could not read and write) 3-High School 4-Senior Secondary 5-Graduate 6-Illiterate
12	Total Income of the family per month	1-Below Rs.2000 2-Rs.2000-Rs.3000 3-Rs.3000-Rs.4000 4-Rs.4000-Rs.5000 5.Rs.5000-Rs.6000 6-Rs.6000-Rs.7000 7-Rs.7000-Rs.8000 8-Rs.8000-Rs.10000 9-Above Rs.10000
13.	Time Since registered with St. Paul's charitable education Society	
14	Total number of surviving children?	
15	Currently Pregnant?	1-Yes 2-No
16a	Total number of abortions ?	
16b.	No. of abortions in last 5 Years?	
17	Total number of child deaths (under 5 years)?	
18a.	Place of last Delivery?	1-Government hospital 2-Private hospital/Nursing home 3-Home 4-Not Applicable
18b.	Last Delivery Status	1-Normal 2-C-Section
19a.	Bathing Frequency in a day	1-Once 2-Twice
19b.	Brushing frequency in a day	1-Once 2-Twice
19c.	Presence of dental caries?	1-Minor Involvement(Less than 3 teeth affected)

		2-Moderate Involvement(3-6 teeth affected) 3-Severe Involvement(More than 6 teeth affected)
20.	No. of years of difference between two pregnancies	
21a.	Symptoms to recognize pregnancy	1-Amnorrhoea 2-Nausae,Vomiting 3-Abdominal enlargement 4.Amnorrhoea,nausea,vomiting
21b.	Most dangerous sign during pregnancy(according to you)?	1-Persistent high fever 2-Severe abdominal pain for several consecutive days. 3-Severe bleeding.
22a.	Food included in diet during pregnancy?	
22b.	Food not to be included in diet during pregnancy?	
23a.	No. of minimum antenatal check up visits necessary for pregnant women?	
23b.	Your time of first antenatal visit?	1-First trimester 2-Second trimester 3-Third trimester 4-Did not go for it?
23c.	Were you immunized/injection given by ASHA/Anganwadi centre worker during your last pregnancy?	1-Yes 2-No
23d.	Do you know for what it was given?	1-Yes 2-No
23e.	Were you given any tablets to eat during your last pregnancy? If Yes, in which trimester was it first given?	1-Yes-a. 1st trimester b. 2nd trimester c.3rd trimester 2-No
23f.	Do you know for what it was given?	1-Yes 2-No
24.	Where would you prefer to deliver your baby?	1-Government Hospital 2-Private hospital/nursing home 3-Home 4-No preference
25.	Are you aware of Cash Incentive Scheme of government for institutional deliveries?	1-Yes 2-No
26a.	Minimum eligible age of marriage for girls?	
26b.	Minimum eligible age of marriage for boys?	
27.	No. of months for which newborn should be exclusively breast fed?	
28a.	Does the last child received/receiving immunization?	
28b.	Side effects of immunization known to the mother?	1-Yes 2-No

29.	Mother Tubectomized ?	
30.a	No. of children a couple must keep in a family?	
30b.	Preference for male/female child?	
30c.	Any contraception method known?	