Summer Training at
UNICEF, Rajasthan
(April - June, 2013)

STUDY ON KNOWLEDGE AND PRACTICES OF DEMAND SIDE IN RECEIVING ANTENATAL, NEONATAL AND POST NATAL CARE

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CERTIFICATE

This is to certify that Dr. Meena Chavan, Student of Post Graduate Diploma In Health Management from Institute of Health Management Research, Jaipur has undergone summer training in UNICEF, Rajasthan from April 8 to June 8, 2013.

She has done following project:
"Study of Knowledge and Practices of Demand Side in receiving Antenatal, Neonatal and Post Natal Care."

The candidate carried out all the studies related to summer training herself. Her approach to the studies has been sincere, scientific and analytical. This summer training in partial fulfilment of the course requirement is recommended for the award of Post Graduate Diploma in Hospital and Health Management.

I wish her success in all future endeavours.

Dr.Ashok Kaushik
Dean, Academics and students Affairs,
IIHMR, Jaipur

Dr.Tanjul Saxena
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Acknowledgement

Keeping up with the tradition of torch bearer of nation, I would like to express our special gratitude and appreciation to UNICEF Rajasthan and all those who gave us the possibility to complete this report.

A special thanks to our project coordinator Dr. Anil Agarwal who despite of other pre occupations and busy schedule was there to guide me in my training.

I owe my sincere gratitude and humbleness to my respected mentor Dr.Tanjul Saxena,IHMR, Jaipur for their guidance and useful suggestions ,which helped me in completing the project work .I would also like to thank my institute and faculty members without whom this project would have been a distant reality.

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At last Iwould like to thank all the ASHA workers under PHC Jasol and all the respondents of my study for co-operating with me and for giving their valuable time from their busy schedule.

Dr.Meena Chavan

PREFACE

Summer internship is an integral part of the PGDHM currriculum. As a part of the course; students of the first year are required to undergo summer training at an organization to get in depth exposure of various departmenrs in the organization and better understanding of the health care delivery system.

The major objectives of the summer training program is to better understand the existing health delivery system including public and private sectors, observe the implementation of various National Health Programmes at National/State/District levels,understand various functions of health systems by interactions with key stakeholders,policy makers, programme managers,academicians and researchers and work on the project/task assigned by summer training organizations.

During our training period i had an an opportunity to work for UNICEF in their ongoing project of E- ASHA. And also I took a project "Knowledge and practice of Demand side in receiving Antenatal,Neonatal and Postnatal Care".

ACRONYMS

ANC	Antenatal care
ANM	Auxiliary nursing midwife
ASHA	Accredited social health activist
AWC	Aanganwadi centre
A.P.L.	Above Poverty Line
B.P.	Blood Pressure
B.P.L	Below Poverty Line
F.P.	Family Planning
ICDS	Integrated child development services
IFA	Iron and Folic Acid tablet
IMNCI	Integrated management of neonatal and childhood illness
IMR	Infant Mortality Rate
JSY	Janani suraksha yojana
LBW	Low Birth Wieght
MMR	Maternal Mortality Ratio
NRHM	National rural health mission
OBC	Other Backword Class
PHC	Primary health centre
PNC	Post natal care
PPH	Post Partum Haemorrhage
SC	Schedule Caste
ST	Schedule Tribe
UNICEF	United Nation International Child Education Fund
USG	Ultra Sonography

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CHAPTER 1

UNICEF

United Nation Children's Fund (UNICEF)-

UNICEF has been working in India since 1949. The largest UN organization in the country, UNICEF is fully committed to working with the Government of India to ensure that each child born in this vast and complex country gets the best start in life, thrives and develops to his or her full potential. The challenge is enormous but UNICEF is well placed to meet it. The organization uses quality research and data to understand issues, implements new and innovative interventions that address the situation of children, and works with partners to bring those innovations to fruitarian. UNICEF uses its community-level knowledge to develop innovative interventions to ensure that women and children are able to access basic services such as clean water, health visitors and educational facilities, and that these services are of high quality.

E-ASHA-

Rajasthan one of the big states of India, having relatively poor maternal and child health indicator compared with other developing bigger states in country, there is improvement in MCH indicators observed since last few years, but this improvement is not satisfactory,

So it is important that maternal and child health services should be provided more effectively to people who are not able to avail these services due to different reasons, this is a bigger challenge to our health system.

So taking this background into consideration, UNICEF Rajasthan come up with pilot project E-ASHA. There is decline in Under 5 Mortality Rate in Rajasthan since last decade, still long way to go to achieve desired goals, more than half deaths of under 5 deaths take place in first month after birth, it has observed than even if there is decline in under 5 mortality rate, there is no change seen in infant mortality rate, it is still higher in tribal districts.

UNICEF Rajasthan come up with TABLETs having special software for data collection and counseling of mother, provided to 22 ASHA under Jasol PHC in Barmer distict.

Focus of E-ASHA

- Promotion of utilization of quality antenatal care services
- Promotion of quality institutional delivery
- Promotion of timely referral linkage
- Promotion of Maternal Death Audit

Benefits

1st Benefit: Local Decision making and counselling

• These tablets are Simple systematic tool, simple to use for ASHA

• ASHA can do appropriate counselling according to the responses by the mother

• ASHA can optimally use audio visual aids for counselling

2nd Benefit: Identification of high risk cases

• This tool has colour coded system for classification of danger signs of pregnancy or danger signs in newborn.

• This tool helps ASHA in identification of high risk pregnancies and facilitation of prompt local actions.

• Danger signs of Newborns can be identified by ASHA, timely management of such newborns and referral for further treatment can be done.

3rd Benefit: Real time data and tracking

• This system works on both online and offline mode.

• Data entered in this system is automatically transferred to the server.

• Action plan for ASHA can be prepared through line listing of beneficiaries who are due for the month.

4th Benefit: Service Reminders

• System generated SMS can be sent to the beneficiary and functionary at the time of contact.

• Similarly system generated SMS can be sent to the beneficiaries and functionaries two days prior to due service.

CHAPTER 2

EXECUTIVE SUMMARY

This study is aimed to assess the Knowledge and practices of demand side in receiving antenatal, neonatal and postnatal care. The study was conducted in four villages under Jasol, P.H.C. Respondents were mothers who have delivered in last three months. The data was collected from total 51 households and analyzed in Microsoft excel and SPSS. Univariate analysis and cross tabulation was done to identify the reason behind the critical behavior of the mother in receiving the care.

Following stages of maternal care are considered under this study:-

1. **Ante-natal care**
2. **Intranatal care**
3. **Neonatal care**
4. **Post-natal care including family planning**.

Study tried to assess awareness and knowledge of the mother regarding these services available at CHC, PHC, SC and Anganwadi and utilization of these services by the them.

Maternal health is one of the leading concerns in our country; the government of Rajasthan has launched various schemes for mother and child health like JSY, JSSY, Deshi Ghee Scheme etc. Still the study found that awareness regarding free diagnostic facilities and free medicines (under these scheme) is lacking in the community which is increasing out of pocket expenditure for healthcare services which shows that interventions are required to make people aware.

Based on the household survey, the study came to a conclusion, that, out of all Maternal care services, post-natal services are the least utilized; even being an extremely important period of the maternal care services which if utilized properly ensures the safety of the mother and child. Awareness of these services and along with change in health seeking behavior of the people in community is required for optimal utilization of services and better health of the community. Besides postnatal care, antenatal and neonatal care services are also not utilized up to the mark.

Results showed that only 45 percent mothers were aware of the tests/investigations and only 29 percent mothers were aware of minimum visits to the health facility during pregnancy. Out of 51 mothers only 33 percent of mothers received complete ANC services. Even after completion of 7 years of launching of JSY, under NRHM, some people were still completely unaware of this scheme. On the other hand the government aims to provide 85 % institutionalized delivery or 100 percent skill birth attendance delivery but the coverage of institutional delivery found only 72 percent. Even after establishing special newborn clinics

in most districts of the state, awareness was lacking in the community and utilization about neonatal care was below satisfactory level which can be attributed to lack of their knowledge resulting from, various religious beliefs (about colostrums and immunization) among community member and their attitude towards it and in addition to that carelessness of health care delivery system. This study shows that policy makers have to concentrate on creating awareness among the community and make services easily available to them. The study successfully showed how **Education** and **Parity** of mother affects the utilization of maternal care services and the probable causes behind their behavior.

CHAPTER 3

INTRODUCTION

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care. W.H.O. strategy to reduce maternal morbidity and mortality is to promote universal access to antenatal care, skilled birth attendance and early postnatal care that will contribute to sustained reduction in maternal and neonatal mortality.

The components of maternal care are:-

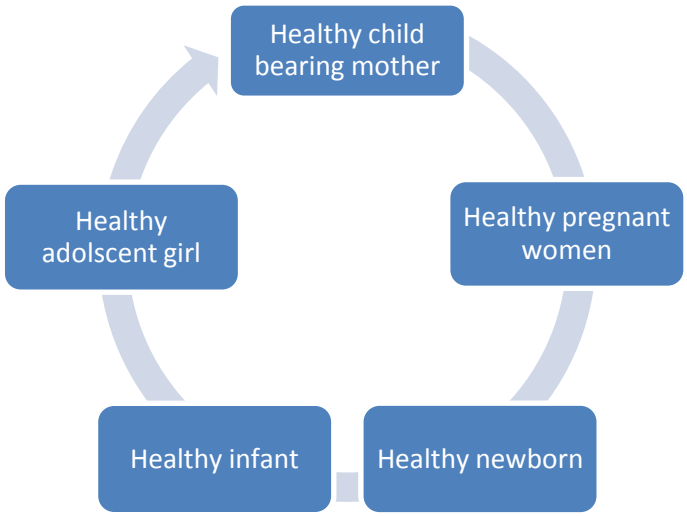
Antenatal care:-

Antenatal care is the care a woman receives throughout her pregnancy in order to ensure that women and newborns survive during pregnancy and childbirth. As antenatal care is the base for good health of mother and child, so if better care is given during this period to the mother, the result will be healthy mother and healthy children. ANC services, healthy diet and lifestyle during pregnancy are important for the development and may have long-term beneficial effects on the health of the child.

Antenatal period is the most important period of the mother and child life. Though MMR has significantly declined in Rajasthan, but still the decline is not so satisfactory.

Neonatal care: - Neonatal period is from zero day to 28th day afer delivery. Neonates are more vulnerable to diseases. Healthy neonates are more likely to grow in healthy infants and which ultimately grow in productive adults.

Graph no.1



Each stage of the above cycle play a crucial role right from a healthy newborn girl to complete this cycle successfully to give birth to another healthy newborn girl.

Two third of infant death occurs in neonatal periods that's why neonatal period is most crucial period for baby. Newborn health challenge faced by India is more formidable than that experienced by any other country in the world. Study found that most mothers don't go to the hospital rather they use home remedies or go to quacks due to lack of knowledge and various religious beliefs and most of them even don't know the importance of colostrums and immunization.

Postnatal care:-Postnatal care is one of the most important maternal health-care services for prevention of impairment and disabilities and also reduction in maternal mortality. When it comes to practice, postnatal care is the most neglected one. The majority of maternal and newborn deaths occur within the first week of the postnatal period. Postnatal care influences both women and children's lives, in terms of reducing frequent pregnancies and increasing effective contraceptive use.

Proper utilization of health care during the postnatal period can reduce morbidity and mortality among mothers and neonates. However, there is no information available about utilization of postnatal care particularly in these villages. Considering the situation of under-utilization and lack of resources for maternal health services in these villages, there is a need to assess the current situation of the utilization of postnatal care.

Even after the launch of different schemes under NRHM for improving mother and child health, people are not availing the services even to the minimum expected level because of man reasons including their social, cultural barriers and their own attitude towards the health services. Is this the failure of our health system even after launching the giant projects like NRHM or is it the reluctance of people to avail these services?

CHAPTER 4

LITERATURE REVIEW

High maternal morbidity and mortality has always been main source of concern and antenatal and intrapartum care aimed at reducing maternal morbidity and mortality has been components of the Family Welfare programme since inception. W.H.O. aims strategy which promotes universal access to antenatal care, skilled birth attendance and early postnatal care will contribute to sustained reduction in maternal and neonatal mortality. Maternal and child healthcare is one of the eight basic components of ALMA ATA declaration(1).Mothers who had not received good quality ANC were found to be more at risk of having low birth weight babies and there is clear association between infant mortality rate and lack of poor quality anc.(2 3)

Promotion of maternal and child health has been one of the most important components of the Family Welfare Programme of the Government of India and the National Population Policy-2000 reiterates the government's commitment to the safe motherhood program within the wider context of reproductive health[4]. Reproductive and Child Health Programme of the country aims at providing at least three antenatal check-ups which should include a weight and blood pressure check, abdominal examination, immunization against tetanus, iron and folic acid prophylaxis, as well as anemia management (Ministry of Health and Family Welfare, 2005).

Despite considerable improvements in health service delivery for pregnant women in India, maternal mortality rate is still high (212/100000 and 318/100000 in Rajasthan).NFHS-3 data shows there were 77 percent of mother utilizing antenatal care. To improve the accessibility and availability government of India launched NRHM in 2005 which aims that 80 percent of delivery should be taken at institute. Study done from developing countries like Malaysia and Vietnam, it was observed that adolescent mothers are more likely to face severe delivery complications resulting in higher morbidity as well as mortality in both mother and children. Mothers in the 20-24 age groups [5]. While there is an urgent need for full and timely coverage of ANC services, the performance of the study area is highly disappointing in terms of ANC as only six per cent of mothers had full antenatal check-up the corresponding figure for India has been recorded is 18 percent (6 7).study report of WHO on post natal care in Africa says that postnatal natal care is most neglected area compared to antenatal care (8). Data from SRS and National Family Health Surveys(-2) indicate that the major causes of maternal mortality continue to be unsafe abortions, ante and post-partum hemorrhage, anemia, obstructed labor, hypertensive disorders and post-partum sepsis. This suggests importance of intranatal and post natal care services (9). Considering the place of delivery Less than 40 percent of births in India take place in health facilities (10)

CHAPTER 5

RESEARCH QUESTIONS

- What is the level of knowledge of care givers about ANC, PNC and Neonatal care?
- How are the care givers practicing in ANC,PNC and Neonatal Care?
- What are the reasons behind their critical behavior?

OBJECTIVES

GENERAL OBJECTIVE:-

- To assess the knowledge and practices of people in four villages regarding Antenatal, Postnatal and Neonatal Care.

SPECIFIC OBJECTIVE:-

- To identify key knowledge of the care givers about ANC, Postnatal and Neonatal Care.
- To identify critical behavior and practices in the ANC, PNC and Neonatal Care.

CHAPTER 6

METHODOLOGY

- **Study Area**

Four villages under P.H.C. Jasol, Barmer Rajasthan.

Villages 1) Jasol

2) Ramsinmungda

3) Mungda

4) Jogeshwarmahadev

- **Study Design**

Descriptive Study (cross-sectional), study employed both qualitative and quantitative techniques of data collection.

- **Sampling procedure**

51 cases of mothers who delivered in last 3 months were selected purposefully for the study.

- **Tools**

Tools used for quantitative and qualitative data collection was semi structured questionnaire, objectives of study were kept in mind while setting questionnaire .Questions were framed in such a way that beneficiaries knowledge, attitude and their critical behavior and other factors which influencing for their practices in receiving antenatal, postnatal and neonatal care, can easily be captured.

- **Data collection method**

Primary data collection was done by Survey Schedules (Performa containing a set of structured questions) asked to the respondents (mothers who delivered in last three months) by putting the questions verbally from the Performa in the order the questions are listed and record the replies in the space meant for the same in the Performa during the survey. Visits to households were made for data collection with the help of ASHA. In total, 51 households were interviewed using an interview schedule, the following aspects were enquired from the respondent of each household in Hindi: a)provision health checkups during pregnancy b)Provision of immunization services to pregnant women)provision of intranatal care services d)provision of neonatal care,e)Provision of supplementary nutrition and medicines in pregnancy d)Provision of postnatal care and family planning services. Unprompted spontaneous responses were sought out from the respondent and verification of records by requesting them to show the recorded cards was also conducted.

- **Field work**

All the data was collected between 20th April 2013 and 8 may 2013; all the beneficiaries that were interviewed were contacted at their respective house and the questions were asked after establishing a good rapport .The average time taken for each interviewee was observed 2hrs.

- **Data analysis**

For quantitative data different variables are coded .Data entered in SPSS 16.0 version Univariable analysis was conducted, frequency and percentage analysis was done for the categorical variables cross tabulation have been used to describe the data in terms of a combination of back ground variables (level of education, parity).

- **Ethical consideration**

Informed consent in the respondent's own language was taken before eliciting information from each respondent (mother).

CHAPTER 7

RESULT AND DISCUSSION

SECTION A

Table no.1 Socio-Demographic characteristics of beneficiaries.

	Frequency	**Percentage**
Age		
Below 20 years	**9**	**17**
21 to 24 years	**13**	**26**
25 to 28 years	**19**	**37**
Above 28 years	**10**	**20**
Economical status		
APL	**33**	**65**
BPL	**18**	**35**
Educational status		
Educated	**10**	**20**
Uneducated	**41**	**80**
Occupation of Beneficiaries		
Housewife	**41**	**80**
Laboring	**7**	**14**
Farming	**2**	**4**
Others	**1**	**2**
Category		
General	**10**	**20**
OBC	**21**	**41**
ST	**15**	**29**
SC	**5**	**10**
Type of Family		
Joint	**17**	**33**
Nuclear	**34**	**67**
Decision Maker of Family regarding health		
Husband	**19**	**37**
In-laws	**19**	**37**
Myself	**11**	**22**
Others	**2**	**4**
Number of children		
One	**7**	**14**
Two	**15**	**29**
Three	**10**	**20**
More than three	**19**	**37**

Pursuant to the objectives, study was carried to understand the knowledge and practices of pregnant women and delivered mother regarding antenatal, neonatal and postnatal care.

SOCIO-DEMOGRAPHIC CHARACTERSTICS

The delivered mothers with the duration of three months interviewed in four villages were mostly between 25 to 28 years. Out of 51 respondents 55 percent were taken from Jasol village, 19 percent from Ramsinmungda, and 16 percent from Mungda and from percent in Jogeshwarmahadev.

Regarding socio-economic profile, the delivered mothers were asked about the type of family.65 percent of mothers belong to above poverty line and rest was below poverty line. The delivered mothers were assessed for their education level .80 percent of the delivered mothers (10 among 51 mothers) was uneducated. There was a higher no. of uneducated delivered mothers in Ramsinmungda village as compare to other villages. Almost all the women in four villages were housewife whereas rest of them was labor and farmer.

Only 20 percent of the mothers were from general category whereas most them belong to OBC category and rest of them were from ST and SC.Nuclear family was more predominant than joint family in all four villages. Study reveals that most of families in study population were nuclear family (67 percent) & remaining 33 percent family were joint family.

While making decision regarding women's health, in laws of family and husband was taking decision in most of family (37 percent each), while there were some family in which 22 percent of women could solely take decision about their health related issue. In case of couples having number of children, more than half of (57 percent) of respondents had three or more than three children. Only 14 percent respondents had only one child still only 14 mothers were planning for permanent sterilization or for other contraceptive methods and rest of them were not plannig for any contraceptive methods because of only male child preferences and their religious belief etc.

SECTION-B

ANTENATAL CARE

B.1) ***Awareness***

B.1.1) Services

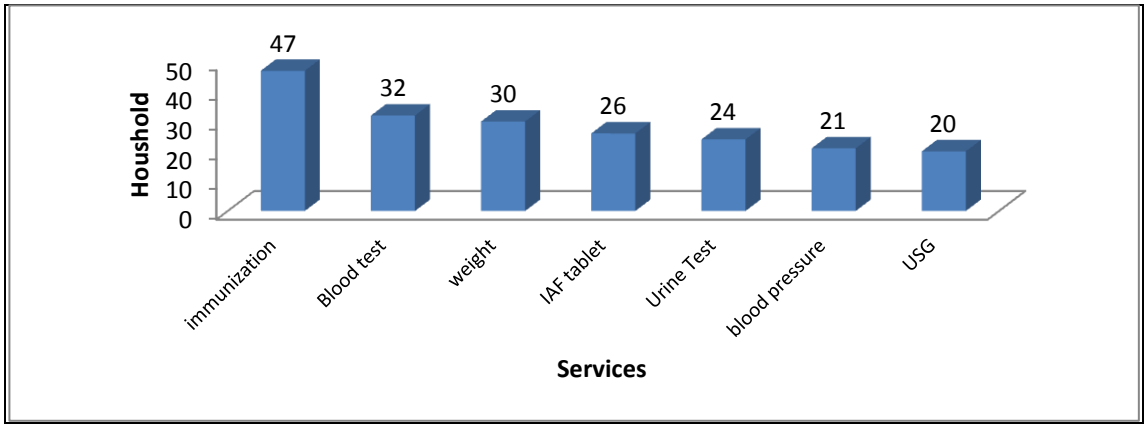
Antenatal care is an important aspect of pregnant women and newborn care. Pregnant women should know the minimum required services and visits during pregnancy. . Services involves urine test, blood test, blood pressure,weight,USG,IFA(90 tabltes,immunization(minimum two dose) and nutritional supplement(upma/panjeeri) provided at Anganwadi. Among 51 beneficiaries, only 45% were aware of more than five tests and rest of them was incompletely aware and totally unaware of investigation done during pregnancy.

Table No.2. Awareness of ANC Services

Services	Frequency	Valid Percent
1. Totally unaware about services	4	7.8
2. know about only one service	8	15.7
3. know about only two services	4	7.8
4. know about only three services	5	9.8
5. know about four services	7	13.7
6. know about five and more services	23	45.1
7. Total	51	100.0

Most of the people were aware of immunization whereas least was aware of USG. Among the villages Jasol has more awareness 60 percent about tests and visits compared to other villages in which Jogeshwarmahadev had merely any awareness regarding visits and tests. Awareness regarding each service is given below.

Graph No.2 Awareness of each service (N=51)



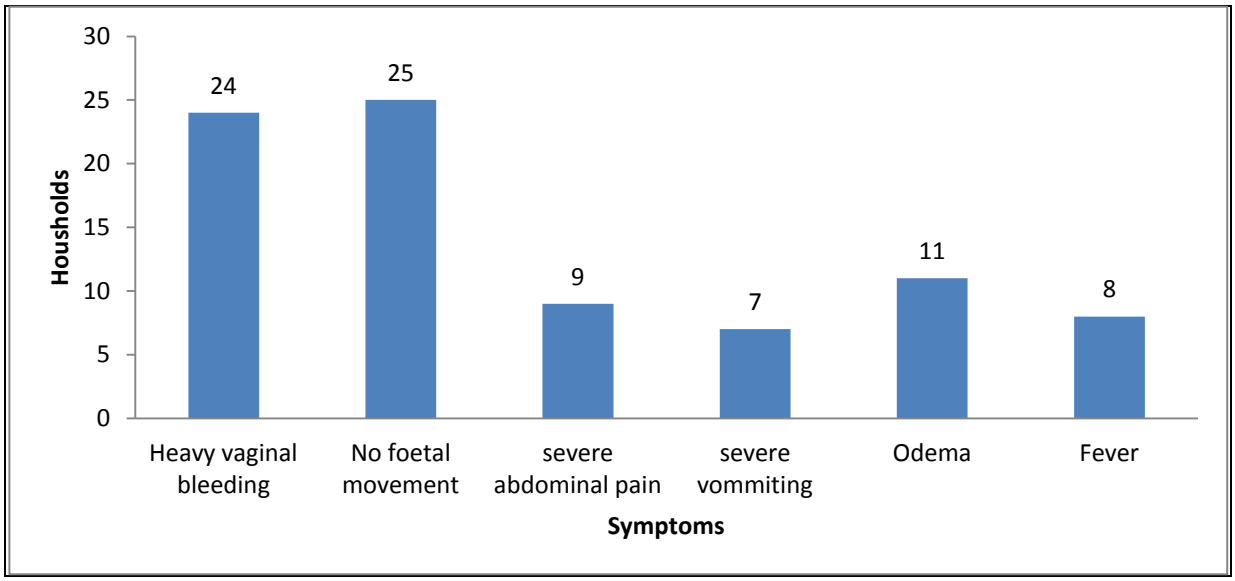
B1. 2. ANC visits

In pregnancy as we know, minimum four visits are required as to keep a check on the health status of mother and fetus so that avoidable complication can be easily taken care of but the fact was that 71 percent of the pregnant women were completely unaware of minimum ANC visits.

B1.3.Dangerous sign and symptoms related to pregnancy

Beside tests and visits, pregnant women should know the dangerous sign and symptoms related to pregnancy. Most of the beneficiaries were aware of heavy vaginal bleeding and no fetal movement but merely anyone was aware of anemia during pregnancy. And no one was aware of convulsions. It shows intervention regarding maternal and child health need to emphasize more on creating awareness about services given at health care unit.

Graph No.3 Awareness of dangerous symptoms in pregnancy (N-51)



B2*) Practices of Beneficiaries in ANC*

B2.1) ANC Services

Among 51 only 22 beneficiaries received five or more than five services whereas 7 beneficiaries didn't received even a single service. Most of the mothers who had received only one service had done mostly immunization, compared to other tests.

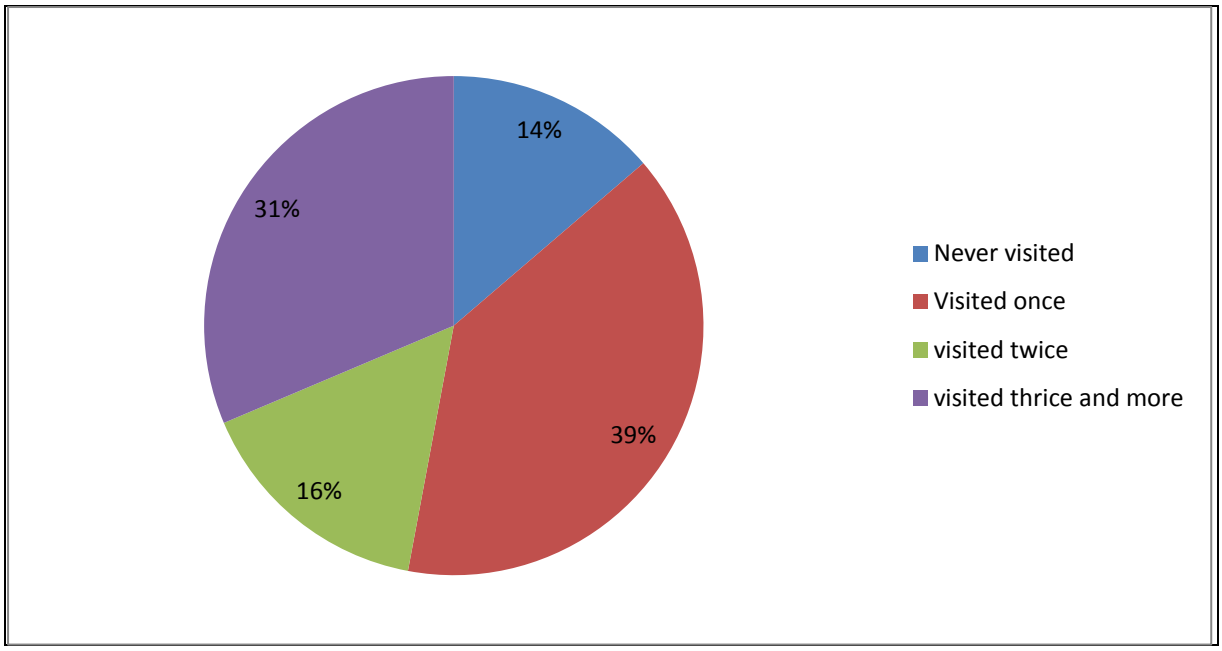
Table No.3 Services received during pregnancy

ANC services (N=51)	No. of mothers	Valid percentage
Not received	**7**	**14**
only one service	**12**	**23**
Only two service	**2**	**4**
Only three service	**5**	**10**
Only four four service	**3**	**6**
five and more service	**22**	**43**
Total	**51**	**100**

B2.2) No. of ANC visits

Considering Antenatal visits only 33percent of beneficiaries (17 out of 51) had done three or more than three visits and rest of them had visited never or visited incompletely.

Graph no.4 Number of visits during pregnancy (N=51)



B2.3) Nutritional supplement during pregnancy

In order to reduce the nutritional deficiencies during pregnancy, Government of Rajasthan have launched food supplementary scheme at Anganwadi under ICDS.In which AWCs are mandated to provide food supplements like panjiri,halwa and upma to the pregnant women and lactating mothers and to adolescent girls ,but only 53 percent of respondent have received this benefits.

Table No.4 ANC Received

ANC	Frequency	Valid Percent
No ANC	**7**	**14**
Incomplete ANC	**27**	**53**
Complete ANC	**17**	**33**
Total	**51**	**100.0**

No ANC- Zero visits No TT immunization, No IFA taken and not even single test or investigations done required during pregnancy**.**
Incomplete ANC-incomplete visits or incomplete doses of IFA or only one or two tests/investigation is done
Complete ANC- Three or more than three visits and complete immunization with all investigation/tests done and IFA tablet taken for 90 days

B.3) ***Reason behind not receiving no or incomplete Antenatal care***

Table no.5 Reason for incomplete or no ANC (N=34)

Reasons	Number of respondents(	Valid percentage
Lack of knowledge	**32**	**94**
No illness found	**25**	**74**
Perception of need	**19**	**56**
Didn't get information	**18**	**53**
Irregular nurse	**14**	**41**
Financial problem	**11**	**32**
Generational legacy	**10**	**29**
Family restriction	**7**	**21**
Religious belief	**2**	**6**

(Multiple responses are allowed)

"They don't visit healthcare facilities during pregnancy because their god doesn't allow them for injections (immunization and blood investigations)".

"Decision makers: mother visits to healthcare facilities only if she gets any complications during pregnancy, otherwise there is no need to go."

"Some said that we are not much educated so maybe we are not aware of ANC services, but then it becomes duty of a nurse to inform us about it at least during the times when we are visiting a healthcare facility."

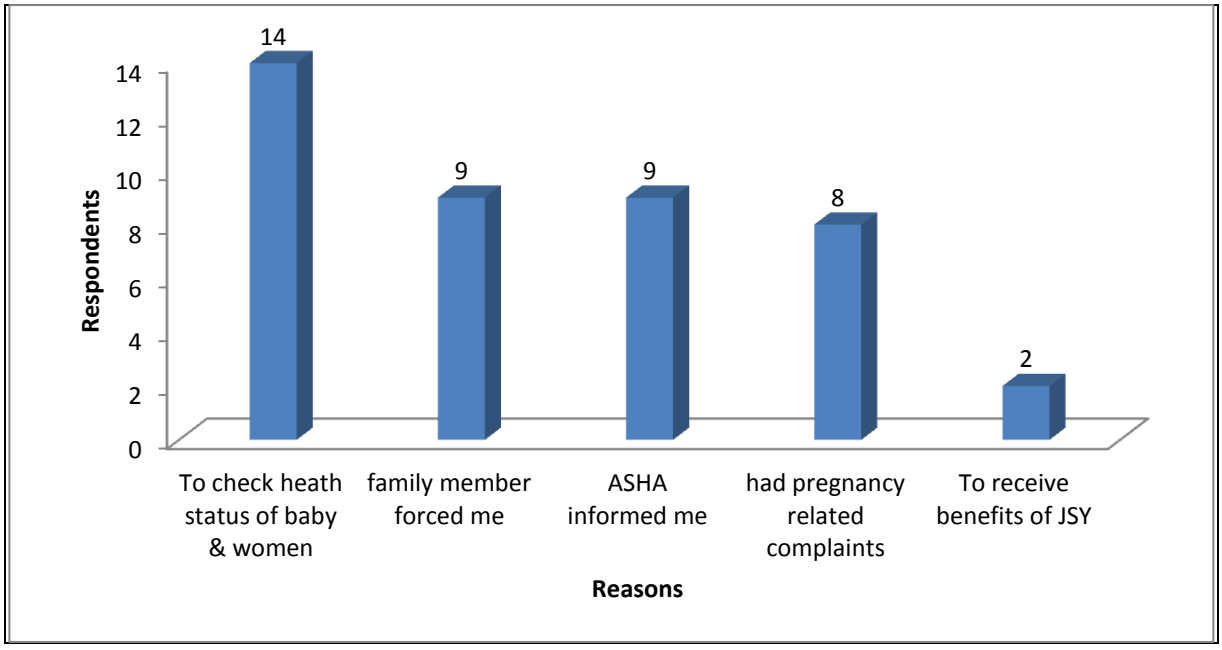
At the time of interviewing the mother, we came around lot of facts in which few facts are like; people even don't know about what are the services provided to them during pregnancy.

Even they don't know that these services are provided free by the government and when asked, they say we are not financially sound to unnecessarily spend our money on it.
Apart from these reasons few beneficiaries said that we are not allowed to take any decision regarding this. Compare to other villages, Ramsin mungda was most affected by familiar restrictions and religious beliefs.

B4) Reason behind receiving ANC

Among all 4 villages, most of the beneficiaries of Jasol had positive attitude towards receiving the ANC compare to beneficiaries of Jogeshwar mahadev village. Earlier we didn't have any ASHA in our village, so credit for our awareness goes to ASHA also.

Graph no. 7 reason behind receiving Complete ANC (N=17)



"I became pregnant after so many years, so this was my first pregnancy so I didn't want to take any kind of risk."

SECTION-C

INTRANATAL CARE

C1*) Awareness*

C1.1) Janani Suraksya Yojna (JSY)

Even after completion of 7 years of launching of JSY, some people were completely unaware of this scheme for Institutional delivery. This study shows that policy makers still have to concentrate on creating awareness among the community.

Table no.6 Awareness about JSY scheme (N=51)

Awareness	No of respondents	Valid percentage
Aware	**47**	**92**
Unaware	**4**	**8**
Total	**51**	**100**

C1.2) Janani express;-

Janani express yojana sponsored by state government of Rajasthan. This service aims at providing benefit of transportation to all the expectant mothers for their institutional deliveries. It would benefit them also in emergency circumstances during pre and post delivery periods.

Study shows 25 percent of mother was aware of this scheme that's why some mother said they delivered baby at home because of lack of transport facility, this indicates they didn't even know about Janani express which are freely provided by Government under JSY scheme.

C2) Intranatal care practices

Institutional deliveries and skilled birth attendants are being promoted by Govt. as to ensure the safety of mother and infant and lot of benefits and facilities have been provided by Government .Since Government is laying emphasis on 85% institutional delivery and 100 percent delivery by skill birth attendants, even after that coverage here was below the 85 percent (72 percent).

Graph no.8 Type of delivery

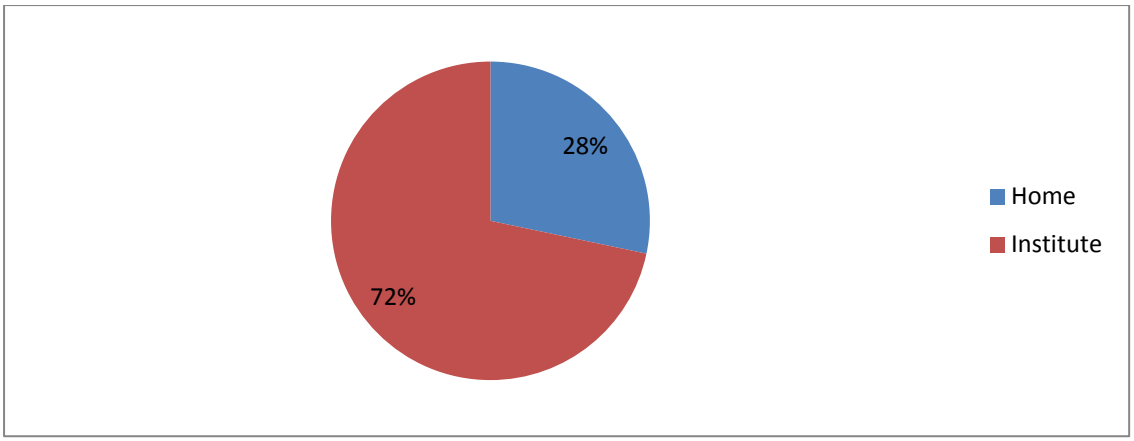


Table no .7 Pattern of delivery among four villages

Villages	Home delivery	Institutional delivery
Jasol	**4%**	**96%**
Ramsin mungda	**90%**	**10%**
Mungda	**13%**	**87%**
Jogeshwarmahadev	**40%**	**60%**

C3) Reason behind Home delivery

Study was able to find the probable cause for home delivery, given below

Table no.8 Reasons behind Home delivery (N=14)

Reason behind the home delivery	Valid percentage
Home delivery is more convenient and more trust on dais	**23**
Perception of need	**18**
No illness found	**16**
Generational legacy	**14**
Other	**6**

Other reason includes

"Sub centre is not in working condition and P.H.C is far away from home in addition to that we don't have any kind of transport facility."

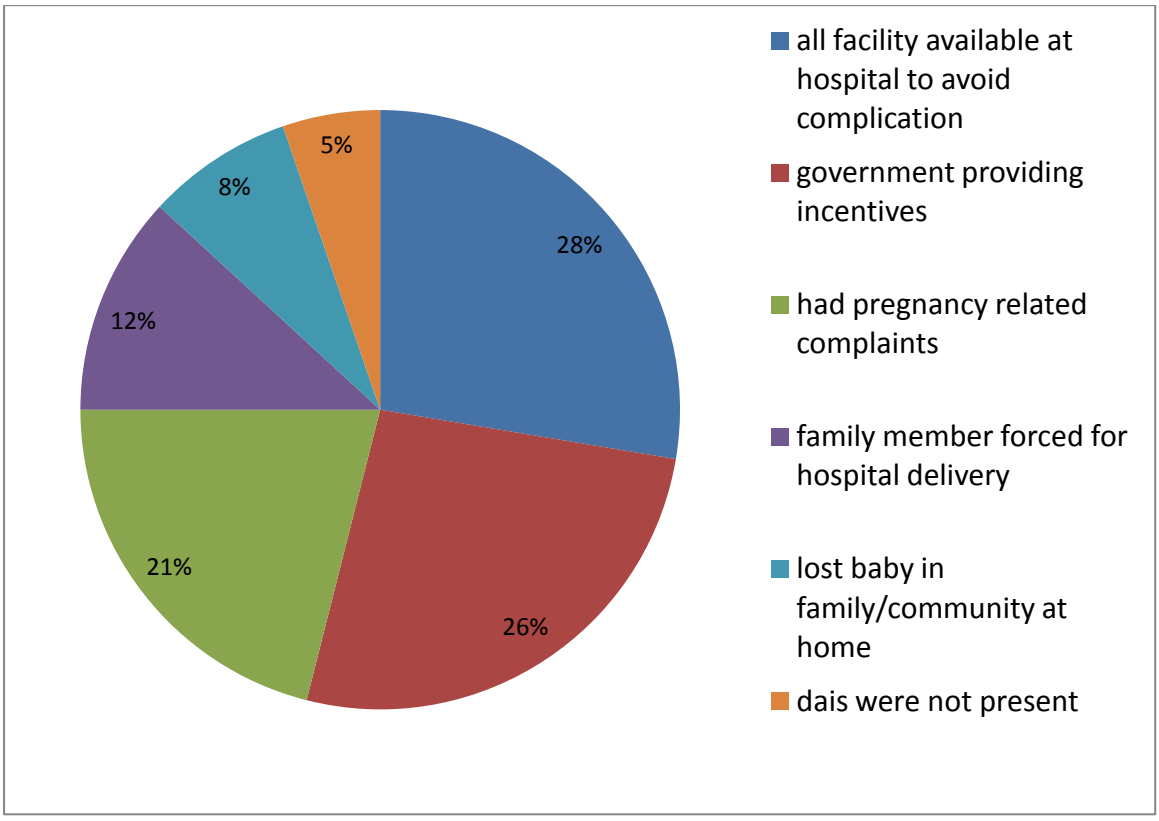
"I had lost of baby due to negligence of government hospital so I don't trust them, that's why I delivered baby at home."

"During last delivery, doctors had given wrong expected delivery date, so we don't trust doctors."

"I am afraid of hospital and injections."

C4) Reason for institutional delivery

Graph no.9 Reason for institutional delivery (N=37)



(Multiple response were allowed)

Study shows that though percentage of complete ANC is only 33 percent, percentage of other delivering baby at institute is more (72 percent) .Most of the mothers are attending institutional delivery only because of incentives provided to them under JSY scheme; in fact this scheme has motivated lot of mothers to choose institutional delivery.

SECTION-D

POSTNATAL CARE

Post natal care involves 3 to 4 postnatal visits.(1st within 24 hrs.2nd after 2 to 3days,3rd one after 6 to 7 days and last one at 6 weeks after delivery).these visits are require to check on bleeding, Preventing mastitis and other complications and providing counseling and range of option for family planning.

D1) Awareness

D1.1) Postnatal Check up

As you can see that out of total 51 mothers only 4 mothers were aware of postnatal checkup. Lack of awareness was the main barrier for the utilization of postnatal care. , there was no information available about uptake of postnatal care in particular these villages.

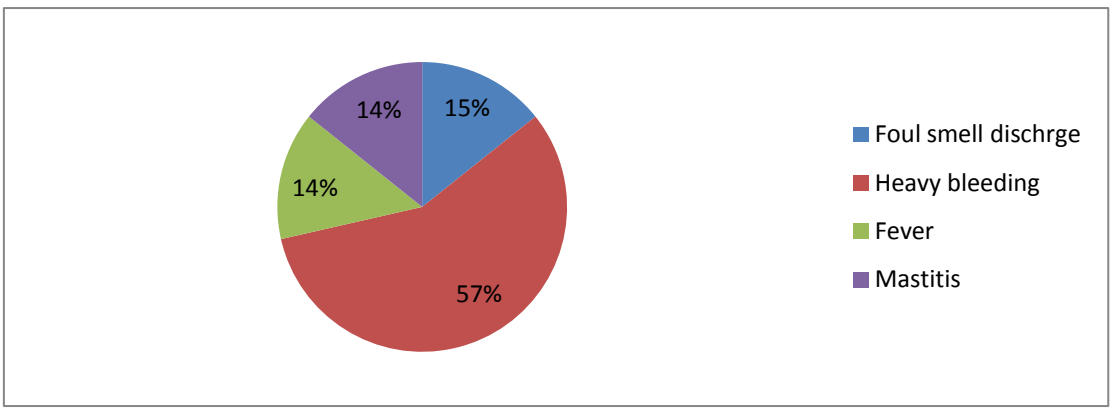
Table no.9 Awareness about postnatal check up and family planning

Services	Frequency of response	Percentage
1.postnatal check up	**4**	**8**
2.Family planning	**26**	**51**

D1.2) Dangerous Symptoms after delivery

Appropriate detection and management of dangerous sign can save the mothers. Counseling on Postnatal care emphasizes on Identification of general danger signs, Emotional support, Support for maternal nutrition, Establishing optimum breastfeeding, Hygiene and infection prevention, Support for family planning, Special care for HIV-infected mothers, Early care seeking for the mother and the newborn baby if problems arise, Routine care of a normal baby . But the fact was found that most of the mothers (57%) were aware of heavy bleeding (PPH) only, many of them were merely aware of foul smell discharge, mastitis etc.shows poor counseling was given after birth to the mother.

Graph no. 10 Awareness about Dangerous symptoms after delivery (N=51)



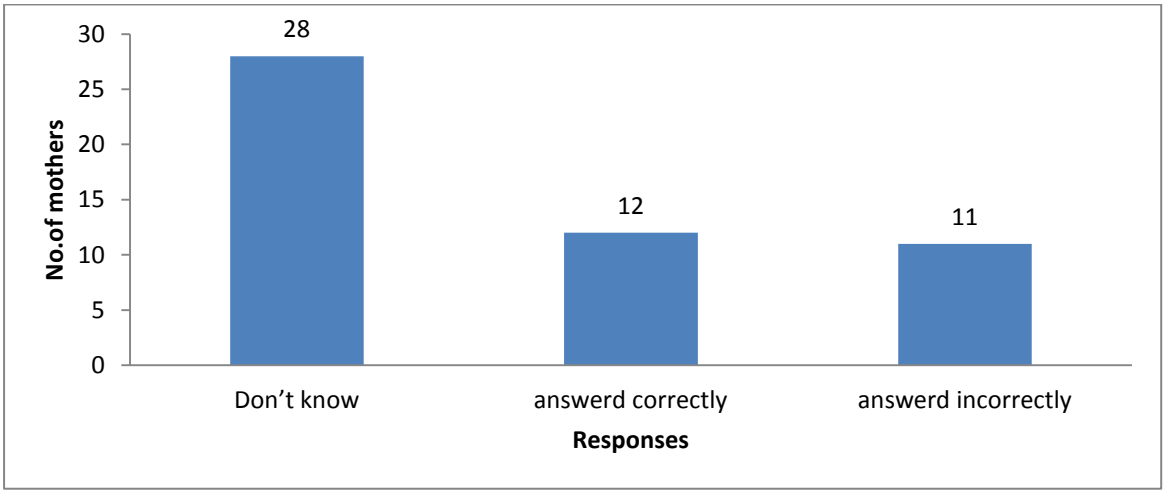
D1.3) Family planning awareness

Family planning allows couples to anticipate and attain their desired number of children and the spacing and timing of their births. But while interviewing mother we found that only half of mother aware of contraceptive facility provided by government. (Table no.9)

D1.4) Year gap between two consecutive children

A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy, so at least mother should know the minimum age gap between two consecutive children and she should maintain it, but the fact found was that only 23% of other was completely aware of minimum age gap(3years) rest of them were answers incorrectly and 55% of mother totally unaware of it.

Graph no.11 Awareness about minimum age gap between two consecutive children (N=51)



D2) Practices in Postnatal care

D2.1) Doctors/ANM advice regarding PNC Follow up

It is doctors/ANM duty to inform mothers about the postnatal checkup and give counseling regarding postnatal care as it is the least service utilized among maternal care services even after knowing the extreme importance of this service. But study found that only 5 mother were asked by doctor/ANM for follow up after delivery..

D2.2) Postnatal checkup

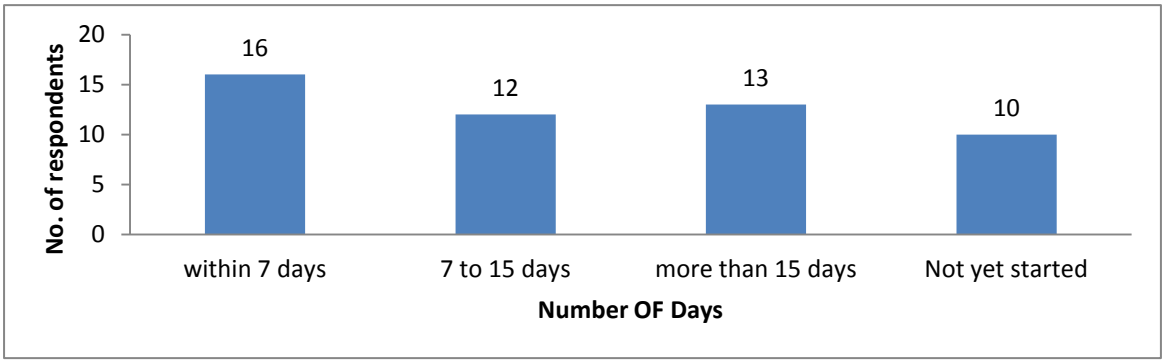
The purpose of the postnatal care is to prevent complications of postpartum period, to check adequacy of breast feeding, to provide family planning services and rapid restoration of

mother to optimum health. Only 20 percent of the delivered mothers received postnatal checkup where as 80 percent of the mothers didn't received PNC checkup even after knowing complications which can arise after delivery. Proportion of mother received postnatal care was very low i.e. One in five mother had received postnatal check up. Though there were 72 percent of institutional delivery but even after that percentage of mother received postnatal care was only 20 percent. Most of mother among them didn't even received 1st visit.

D2.4) Daily routine started after delivery

Giving birth is a major and sometimes traumatic event for your body, and all women need recovery time. Taking care of yourself and a plan new baby is the first challenge of motherhood, but due to lack of knowledge 16 mother started their daily routine within 7 days immediately after delivery without taking rest due to which they could not give much time to their baby and for their own health also.

Graph no.12 Daily routine after delivery (N=51)

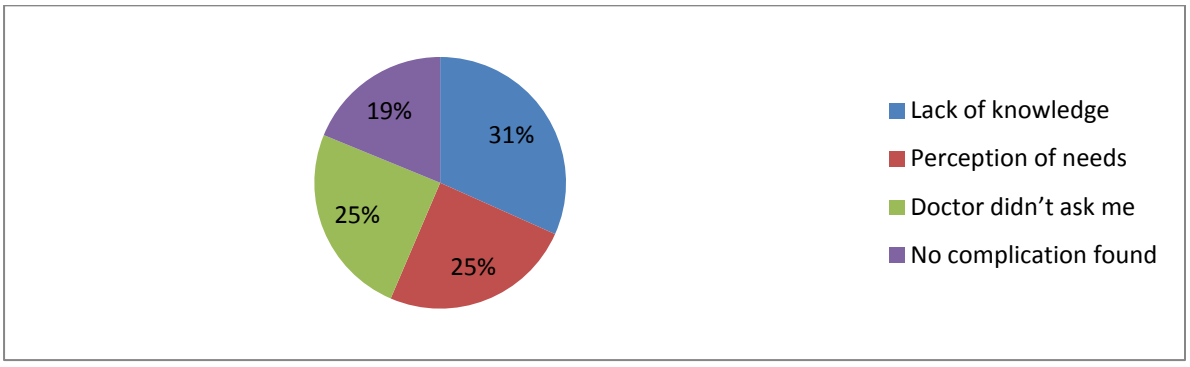


D3.Reason behind not receiving postnatal care

It is a generational legacy that mother didn't receive any postnatal care, as they didn't had any illness after delivery.they even didn't know such type of care is provided by government.there were no proper initiative from health care facilities for the awareness of villages regarding importance of PNC ,which inturn has chaenged their attitude towards PNC.

Study was able to fine the following probable cause of not receiving postnatal check up were

Graph no.13 Reason for not receiving postnatal check up(N=41)



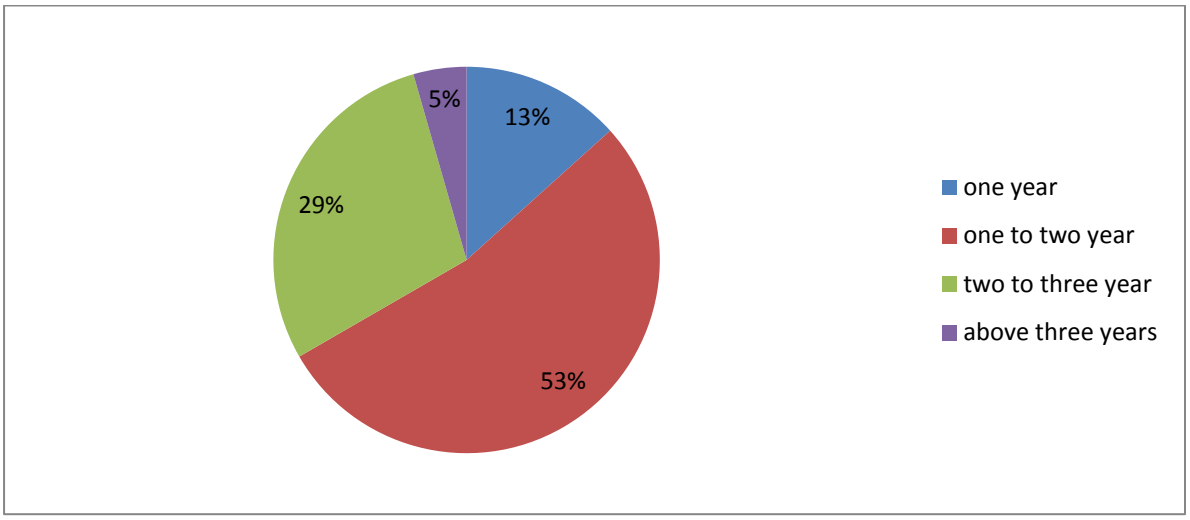
D4) Reason behind receiving post natal check up (N=10)

Most of the people (60 percent) who had received postnatal checkup said that they went to health care facility only because they faced post natal complication otherwise they would have never visited the hospital. Rest of them visited to hospital because they were asked by ANM/Doctor and in addition to that they were having postnatal complication .All of them had received only one visit whereas minimum 3 to 4 post natal visits are recommended.

D5.1) Year gap between recent and last pregnancy

Among 45 mothers only 29% mother had kept minimum age gap (3 year) between their two consecutive children. There should be at least 3 years of age gap between two children in according to decrease the population and to maintain small family size norm, but the fact found was 13% mother had got pregnant within one year after last delivery.

Graph no.14 age gap between two consecutive children (N=45)



D5.2)Family planning

Family planning helps save women's and children's lives and preserves their health by preventing untimely and unwanted pregnancies, reducing women's exposure to the health risks of childbirth and abortion and giving women, who are often the sole caregivers, more time to care for their children and themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children and to have access to the information, education and means to do so, but due to lack of knowledge and other reasons more than half of the mother were planning for next children without using any family planning methods and without maintaining the minimum year gap between two consecutive children.

Table no.10 Mother who planned for family planning

Planning for family planning	Frequency	Percentage
Yes	**18**	**35**
No	**31**	**61**
Not yet decided	**2**	**4**
Total	**51**	**100**

D6) Reason behind family planning

Study was able to find the probable reason for family planning by mother are as

- Got enough children (65%)
- Want to maintain gap (25%)
- Poverty (10%)

D6) Reason behind not planning for family planning

- want one more children(35%)
- family restriction(25%)
- religious belief(17%)
- using natural method(13%)
- side effects(10%)

Their responses were like this

"God gives children how we can oppose him."

"Mother-in-law: mother will not use family planning method till her menopause. We welcome whatever God gives."

"Husband: I don't get any pleasure when I use it."

SECTION-E

NEONATAL CARE

E1)Awareness

E1.1)Neonatal services

As we know that neonatal care plays a very important role right from zero days to 28 days.this period is especialy is most vulnerable period for neonatal mortality. On assesment it was found that less than of the mother (22)knew about exclusive breast feeding.Most of the mothers(50) knew cord hygiene and whear as almost only half of them knew about immunization and special care to LBW,ill and premature baby.

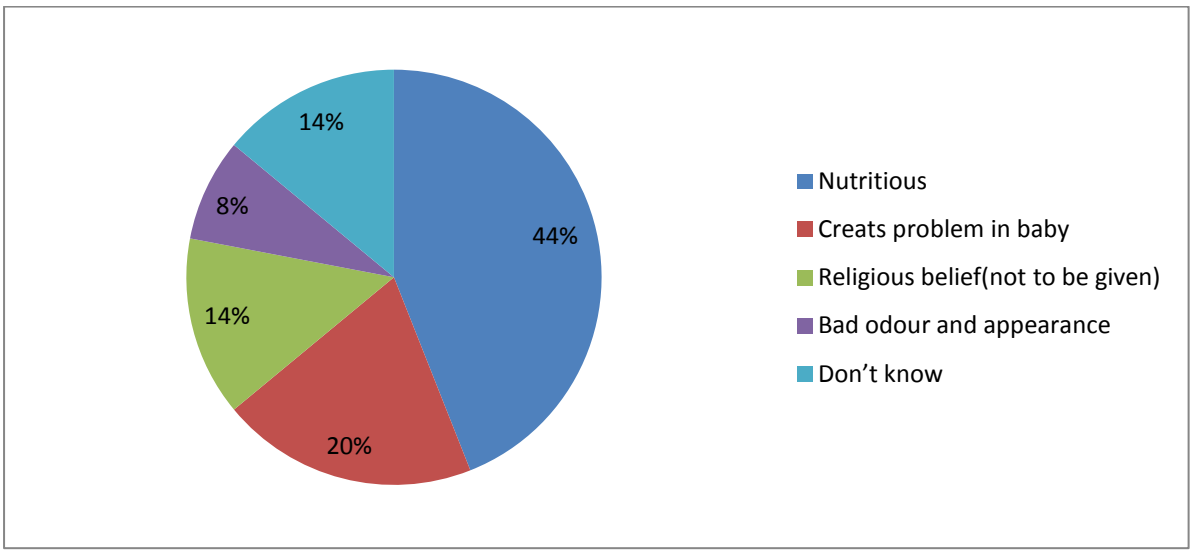
Table no.11 Neonatal care awareness(N=51)

Neonatal care	Frequency	Percentage
Exclusive Breast feeding	**22**	**43**
Cord hygeine	**50**	**98**
Immunization	**27**	**53**
Special care to LBW,ill neonate	**23**	**45**

E1.2) Colostrum

colostrum is the first milk of the mother which comes only for first hour after delivering baby and it is highly nutrititous for baby and it gives immunity to baby against diseases up to 6 months.but the poor thing is that only 44 percent of mothers knew the importance of colostrum and rest of them were having religious belief about colostrum.

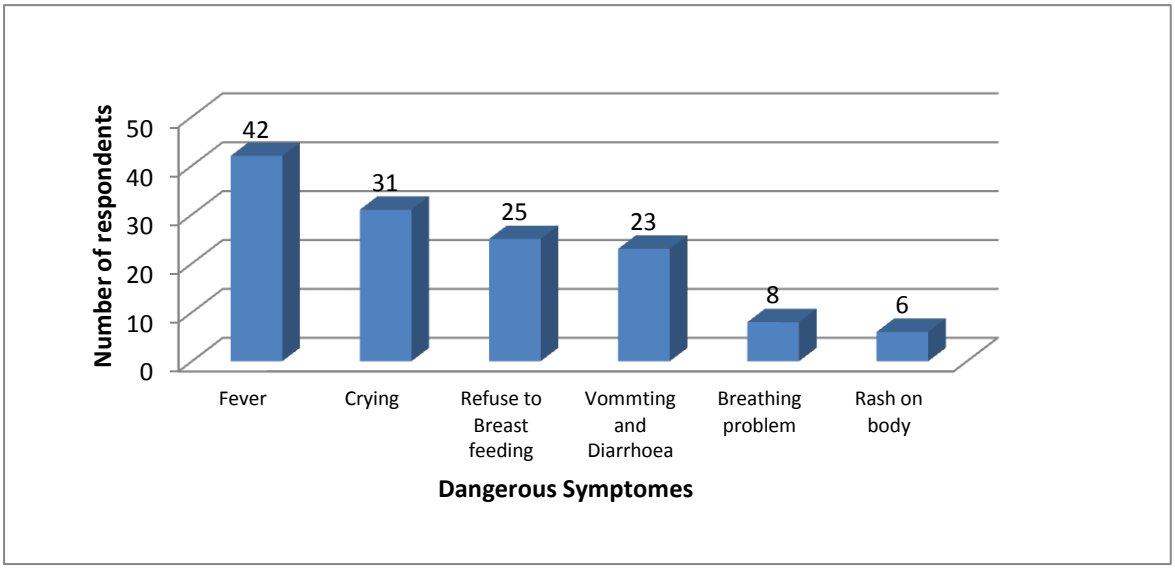
Graph no.15 View about Colostrum(N=51)



E1.3)Awareness about dangerous sign and symptomes of ill neonate

After delivery of baby mother is counselled for dangerous sign and symptomes of ill neonate in order to minimize the neonatal mortality and morbidity.In these four villages most of the mother were knew about about fever but only less than half of mother knew about vommiting and diarrhoea. And none of them were aware of convulsions.

Graph no.16 Awareness about dangerous symptomes of ill neonate



(Multiple responses were alloweded)

E2.1)Neonatal care Pracices

Study came to know that even after knowing the importance of neonatal care,percentage of following neonatal practices compared to percentages of awareness regarding neonatal care found to be vey low.

Table no 12.Neonatal care practices

Neonatal care	Frequency	Percentage
Exclusive Breast feeding(N=50)	**19**	**38**
Cord hygeine(N=50)	**49**	**98**
Immunization(N=50)	**15**	**30**
Special care to ill neonate,LBW,premature baby(N=29)	**16**	**55**

For complete Neonatal care,baby must be given exclusive breast feeding, maintaining cord hygeine,immunization,and a special care to ill.LBW nad prematuare baby.study found that only 30 percent of mother were giving the complete neonatal care.

More than half of baby (29) had fallen ill (4 were LBW and one was premature ,rest of other were having fever ,diarrhoea etc) still only 16 babies got special care and others were either treated by home remedies or left untreated because of their own beliefs and attitude.after birth first 28 days of life plays very crucial role for developing neonate into healthy infant and ultimatel which grow into healthy children,but due to lack of knowledge,lack of counselling regarding neonatal care,many newborn of these four villages were far away from this care.

To know the views of mother regarding immunization,she was asked about the immunization ,responses were like this,

Table no.13 Reason behind not immunizing baby(N=35)

Reasons	Response Percentage
Immunization doesn't make any differenc to baby	16
It creats problem to baby	9
Religious belief	20
Don't know schedule of immunization	24
Irregular nurse	12
ASHA didn't inform us	28
I was at my parent home	24
Under false belief that immunization should be given only after two months of births	28

(Multiple response were allowded)

"I will never allow my baby for injection,because my god doesn't give me permission for the same."

"After immunization,leg of baby get swollen,bashe get fever and other side effects ,so we are afraid of immunizing baby"

"Since from birth to two months baby is not supposed to exposed to external people,that's why we don't immunize our baby till two months"

Above responses shows that there is lack of knowledge and mis concepts among community regarding immunization so health care system need to give more emphasis on making people

aware about immunization.in this context ASHA and ANM are more responsible for creating awareness.

Study could find the following reasons for immunizing baby:-

Table no 14 .reasons behind immunizing neonate(N=15)

Reasons	Percentage respondents
To avoid diseases and get immunity	**18**
ASHA/ANM asked me	**8**
Following others(community)	**2**
Under false beleif	**2**

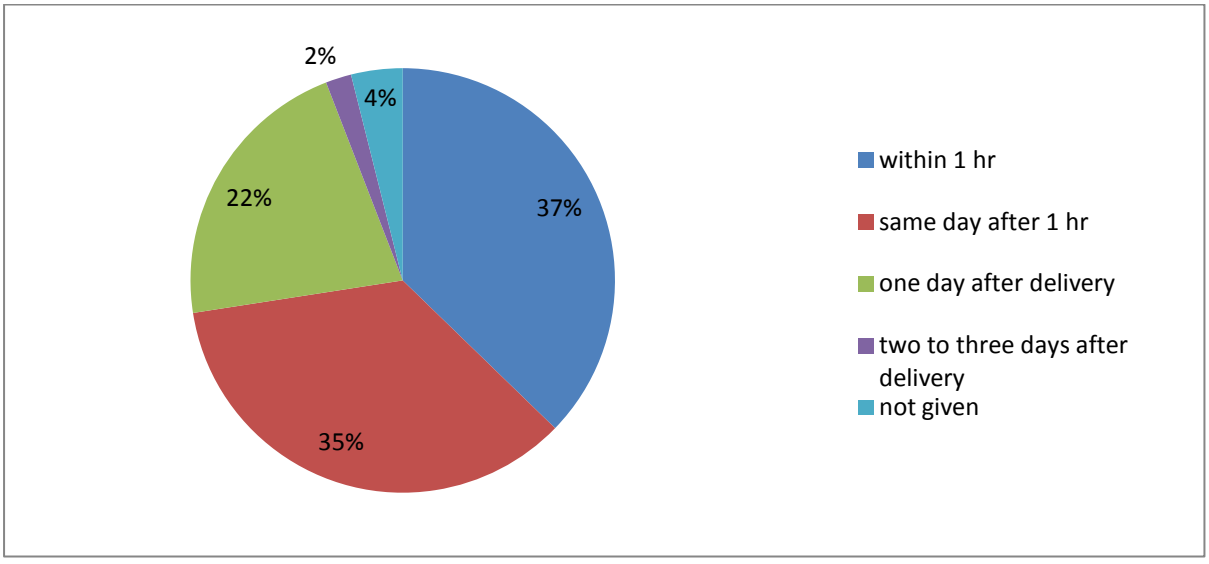
False belief:-"immunization is given to avoid malaria,dengue and typhoid"

Although they are immunizaing neonate they were completely unaware of the reason behind immunizing neonate.

E2.2)Breast feeding initiation

Risk of neonatal mortality increases according to the time of initiation of breast feeding.but the fact found was that only 19 mothers(27%) initiated breast feeding within one hr.two mothers didn't given breast milk because one of them were having inverted neepls and later one's baby died because of premature delivery.

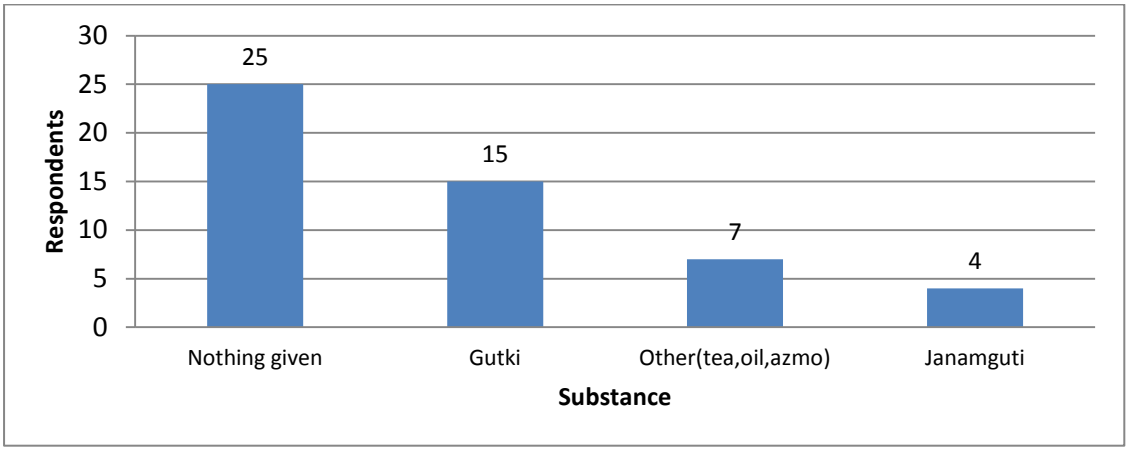
Graph no.17 Breast feeding initiation (N=51)



E2.3)Prelacting feeding

Most of the mothers before intiation of breast feeding had given Gutaki,janamguti etc. because of their religious belief.

Graph no.18 prelacting feeding(N=51)



"Religious belief we give Gutki or Janamguti to baby coz to get ownership of our baby"

E2.4)Breast feeding practices

Due to lack of knowledge about exclusive breast feeding (after every two hrs) most of the mother fed their baby less than six times in a day.exclusive breast feeding is most important practice of mothers to keep baby healthy.it helps to boost up the immunity of neonates.breast milk is highly nutritious to baby,but when t come to the practice half of the mother not giving exclusive breast feeding.

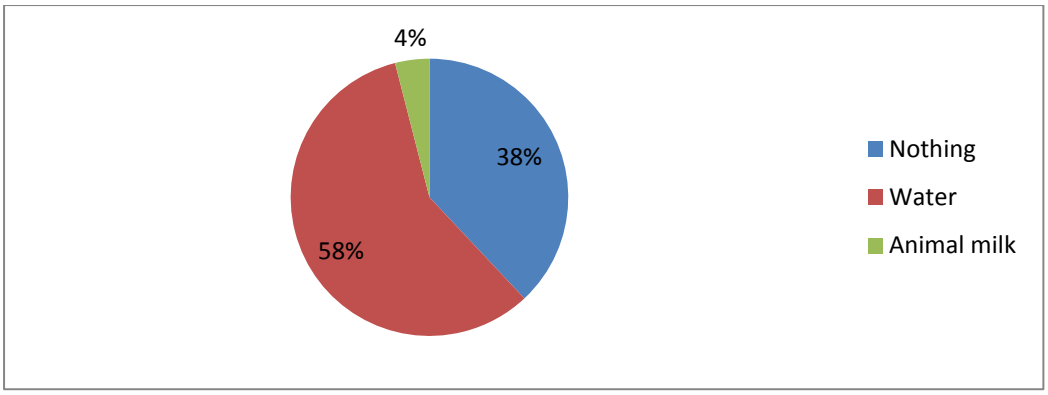
Table no.15 Frequency of breast feeding (N=50)

Frequency of breast feeding	Number of respondents	Percentage of respondents
Not feeding	1	2
After crying only	6	12
Three to six times	11	22
Six to nine times	6	12
More than nine	26	52

E2.5)supplimentary feeding

Breats feeding is so nutritious diet for the baby for first 6 months that he/she doesn't need any supliment still 58 percent of mothers are feeding the baby along with water to compensate the required frequencies of breast feeding every day,as they don't get time from their work.

Graph no.19 supplimentary Feeding



E3) Reason behind neonatal care

Study could find out the probable reason for both providing and not providing neonatal care,which are as follows

E3.1) Reason behind giving neonatal care(N=17)

- Owenership(44%)
- To grow my baby into healthy adults (20%)
- Its my duty to provide care (36%)

E3.2) Reason behind not providing neonatal care

- Perception of need (41%)
- Applied home remedies(21%)
- Religious belief(14%)
- Lack of health facility at subcentre(10%)
- Financial problem(10%)
- Transport problem(4%)

"We are just fed up of nurse irregularity."

"Giving birth to baby is a gift of god,so when baby get ill,we are no one to interfere.....so god will do the things well."

SECTION-F

FACTORS BEHIND CRITICAL BEHAVIOR

Study tried to find out the factors which are leading to critical behavior of mother**.**

F.1) EFFECT OF EDUCATION

F.1.1) Awareness

Following table clearly shows that educated mothers were more aware about the antenatal, neonatal and post natal care services. Education plays important role in health seeking behavior of mother.

Table no.16 Awareness of mothers according to education

Services	**Educated(N=10)**		**Uneducated (N=41)**	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Antenatal Care Services				
Blood test	**8**	**80**	**24**	**59**
Weight	**7**	**70**	**23**	**56**
Immunization	**10**	**100**	**37**	**90**
Blood pressure	**7**	**70**	**14**	**34**
IFA tablet	**5**	**50**	**21**	**51**
Urine test	**6**	**60**	**18**	**44**
USG	**5**	**50**	**15**	**37**
Visits	**4**	**40**	**11**	**27**
Postnatal care services				
Postnatal checkup	**2**	**20**	**2**	**5**
Family planning	**7**	**70**	**19**	**46**
Year Gap between consecutive children	**4**	**40**	**8**	**20**

Neonatal care				
Exclusive breastfeeding	**10**	**100**	**12**	**29**
Cord hygiene	**10**	**100**	**40**	**98**
Immunization	**9**	**90**	**18**	**44**
Special care to ill,LBW,Premature baby	**7**	**70**	**15**	**38**
Importance of colostrums	**6**	**60**	**7**	**17**

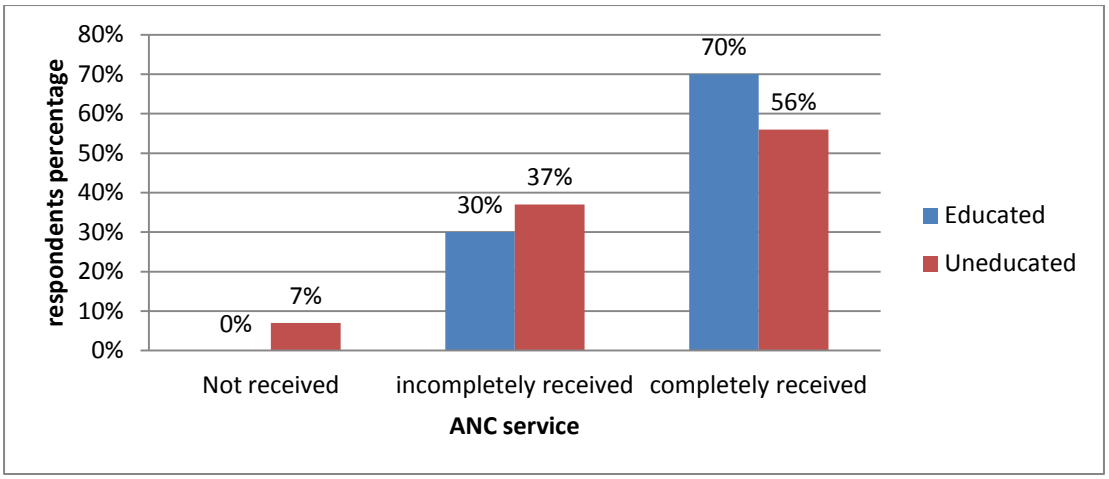
Education helps to enhance the awareness regarding health care services which ultimately leads to increase in the utilization level of services.

F.1.2) Practices

F1.2.1) ANC

When ANC comes to practices, percentage of educated mothers availing ANC is more compared to percentage of uneducated. Jasol village had more number of educated mothers.

Graph no.20 comparison between the ANC practices of mother according to educational status (N=51)

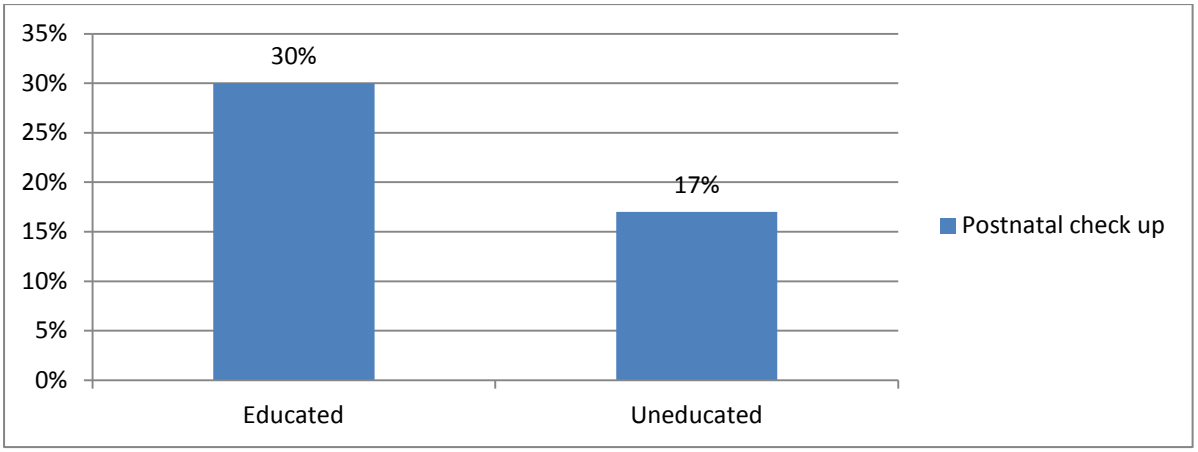


F1.2.2) Postnatal care

While comparing the practices among educated and uneducated mother study came to know that though percentage of educated mother availing ANC is more than uneducated but percentage of availing post natal care among both group was very low. Shows there is need

of creating awareness regarding postnatal care. Most off the maternal death occurs in postnatal period still it is more neglected area compared to other services given under maternal care.

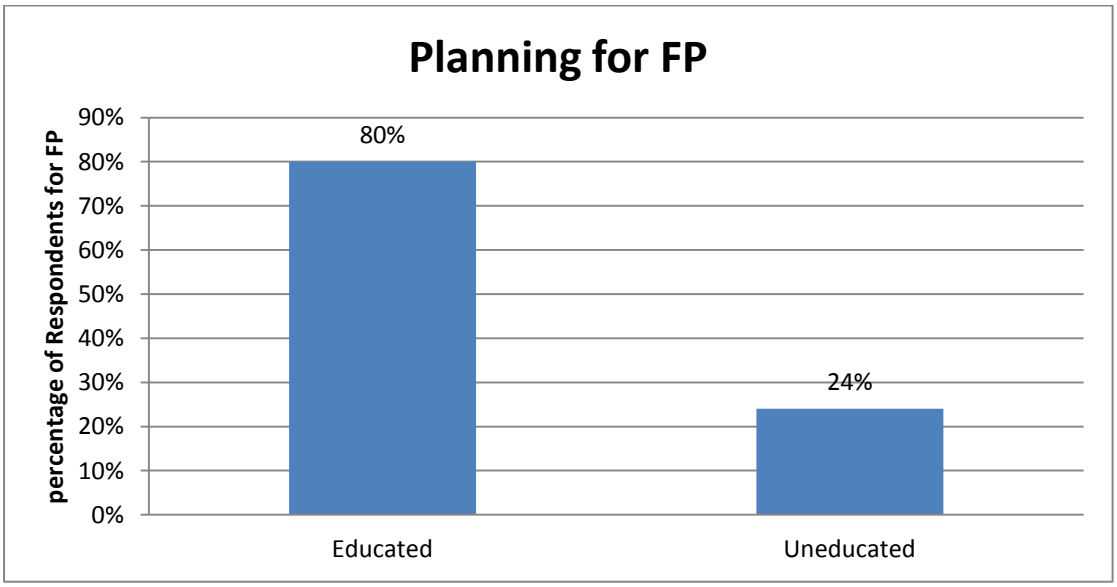
Graph no.21 comparison between the PNC practices of mothers according to education (N=51)



F1.2.3) Family planning

Education can affect the health seeking behavior of community. Which is shown in following graph, as percentage educated mothers planning for family planning is much more than the percentage of no educated mothers

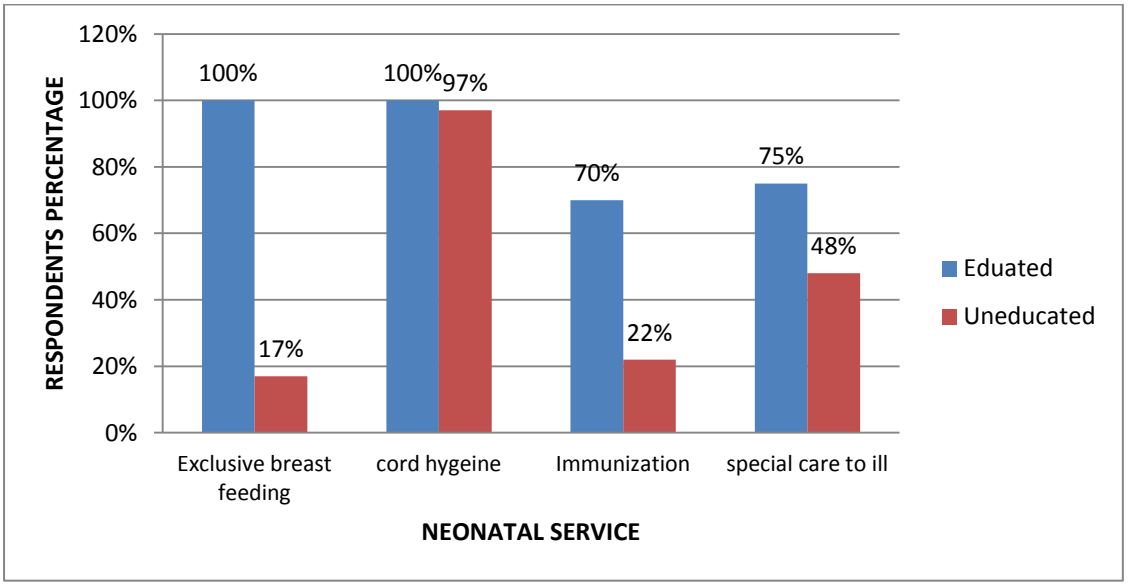
Graph no.22 comparison between family planning practices of mothers according to Education (N=51)



F1.2.4) Neonatal Practices

Except cord hygiene practice other neonatal care practices shows major difference among educated and non educated mothers.

Graph no.23 comparison between neonatal care practices of mother according to education (N=51)

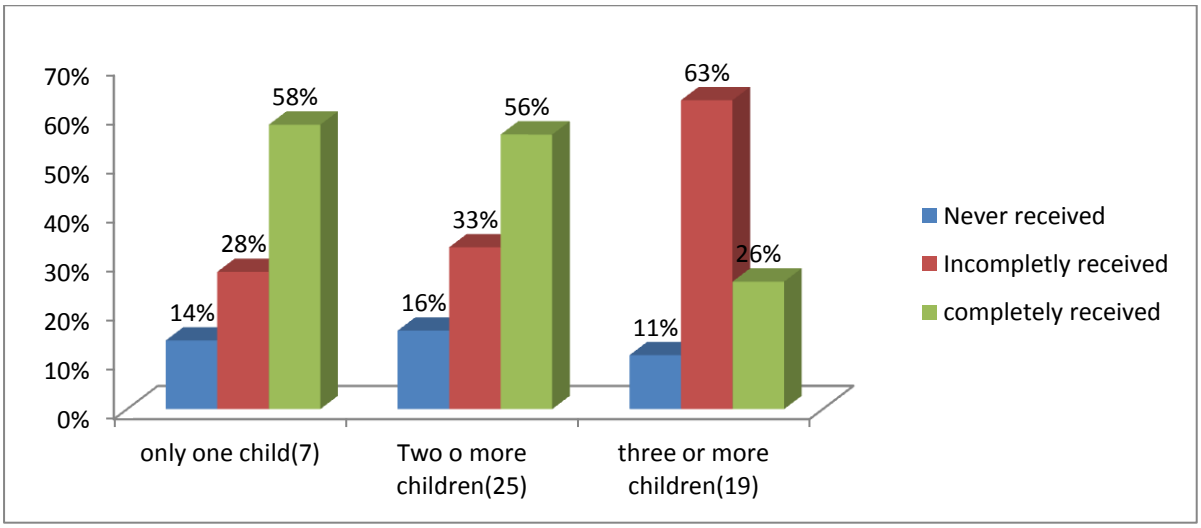


F2) EFFECT OF PARITY

F2.1 Antenatal care

From the graph, you can see that as parity increases percentage of receiving ANC care decreases. Though there is slight difference in the beneficiaries who were having one child and the beneficiaries with two children but when compared to beneficiaries with three or more children the ANC care received had very huge difference.

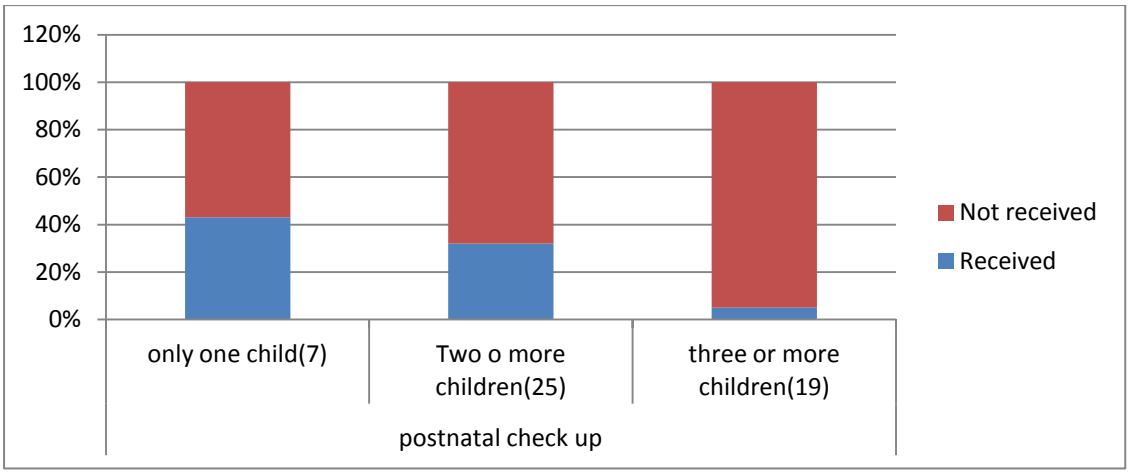
Graph no.24 comparison between the ANC practices of mothers according to parity (N=51)



F2.2) Postnatal care

As parity increases the expriances of mother of delivery increases.you can see that though the mother were aware of postnatal check up ,the percentage of receiving post natal check up is very less compared to mothers were having less children.

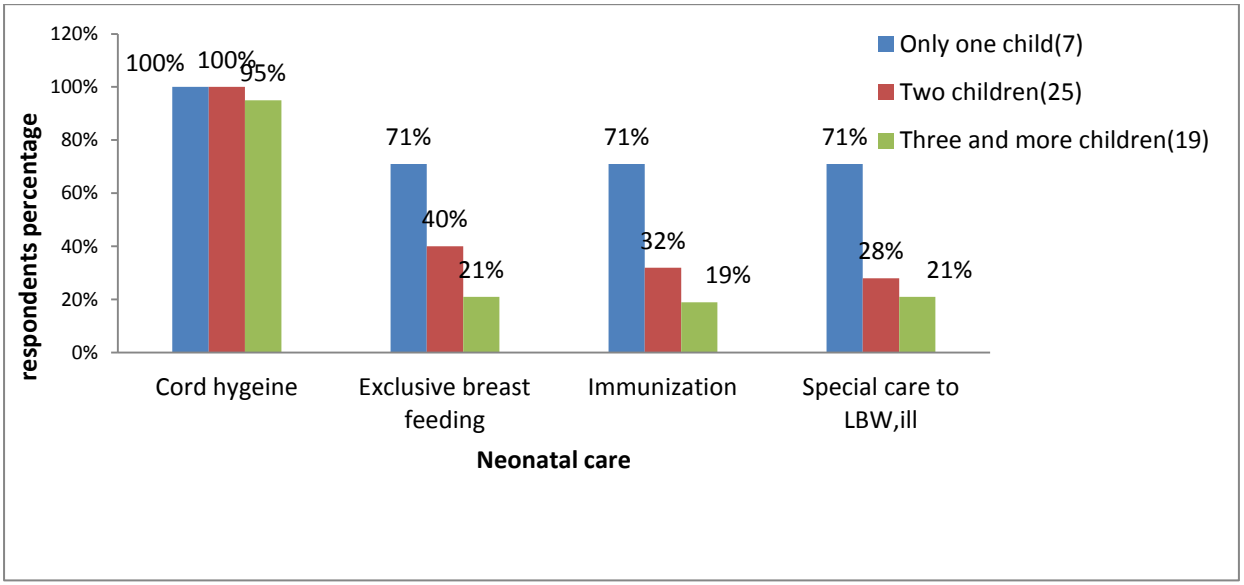
Graph no.25 comparison between the PNC practices of mothers according to parity (N=51)



F2.3) Neonatal care

Study came to know that as parity increases health seeking behavior of mother get changed in neonatal care. And she doesn't care for neonate because in previous delivery she didn't faced any neonatal complication

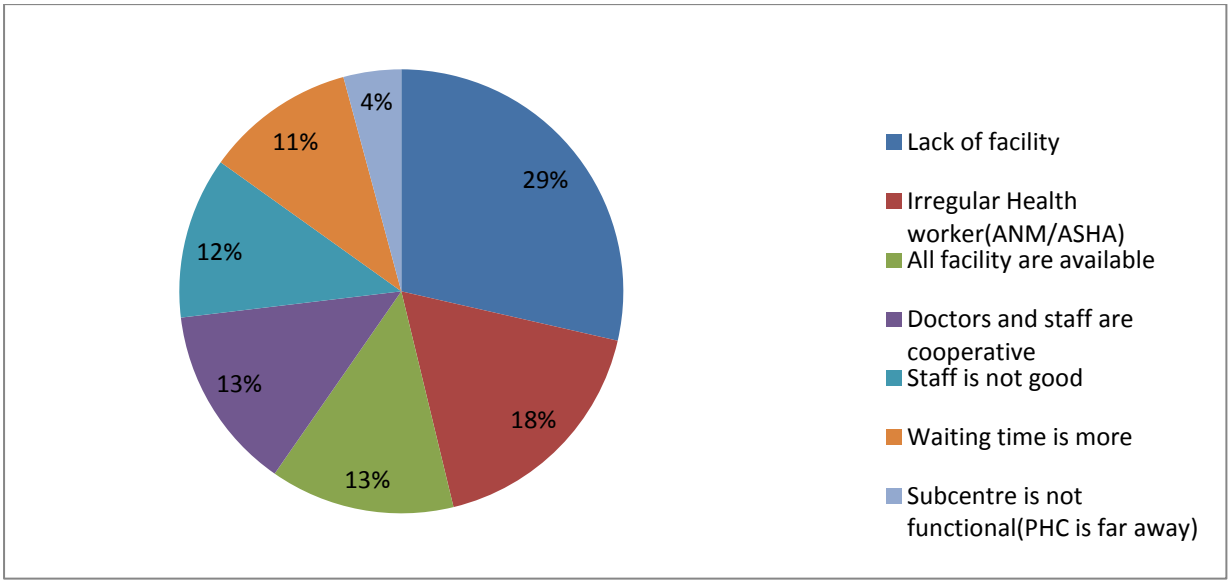
Graph no.26 comparison between mothers according to parity



SECTION-G

VIEWS ABOUT HEATH CARE FACILITY

Graph no.27 Views about health care facility



CHAPTER 8

Conclusion

Study shows that knowledge as well as utilization of antenatal, neonatal and postnatal care with family planning is very low. The possible factor study found is that lack of knowledge about maternal care service, socio-demographic factor such as education and parity, various cultural beliefs about these services, and due to problems at health care services such as lack of facility at Anganwadi centre, subcentre and primary health centre etc, inconsistance staff.

This study shows that policy makers still have to concentrate on creating awareness among the community and make service easily available for them. Making community aware of maternal care services & empowering with knowledge of services would help in utilization of antental,neonatal and postnatal care services which eventually leads to improve outcome of maternal and child health.

Recommendation

- Awareness of pregnant women, lactating mothers and their family members regarding maternal care services at all the stages, which can be facilitated through ASHA, ANM and community leaders.
- Proper counseling of pregnant women's and lactating mothers at the time of checkup along with their regular follows up by trained personnel.
- Anganwadi centers should be supplied with sufficient supply of IEC materials and contraceptives.
- Health promotions and health education for maternal care can be make more effective by delivering it through mass media like Tv,radio,newspaper,posters etc.
- At community level, community leaders, teachers, panchayat committee members can be involved in health promotions because people pay more attention to them.
- Emphasis should be given on increasing educational level of women as it grossly affecting health of mother.

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14. Informal Meeting on provision of home-based care to mother and child in the first week after birth, Follow-up to the Joint WHO/UNICEF Statement on "home visits for the newborn child",Meeting Report 8–10 FEBRUARY 2012

QUESTIONNARE

Study of Knowledge and Practices of Demand Side in Receiving Antenatal, Neonatal and Postnatal care

Interview Schedule

(For Household)

Location of the interview_____

Introduction and Informed consent:-

Namaste! My name is _____ and I am working with UNICEF, Rajasthan. We are conducting a health survey about the maternal care services. We would very much appreciate your participation in this survey. Several different maternal health-related topics such antenatal, neonatal and post natal care with family planning will be asked. The survey usually takes between 60 and 90 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. Participation in this survey is voluntary and if you choose to participate, you may withdraw at any time. However, we hope that you will take part in this survey since your participation is important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now? 1. Yes 2.No
Starting time - Closing time-

Section A. -General information of beneficiaries:-

Age- (in completed years)

Caste-

Category-

Religion-

Level of education -

Economic status-

Occupation-

Type of Family-

Decision maker of family regarding health-

Number of children in the family-

Date of delivery-

SECTION B- Awareness about Maternal health care services

	Antenatal care	**Postnatal care**	**Neonatal care**
1.What you know to be done regarding	Weight Blood Test Urine BP USG Immunization IAF tablet Nutritional supplements	Post natal checkup and Treatment Family planning	Exclusive Breast Feeding Umbilical cord care Immunization Special care to LBW, HIV Positive, ill -neonate
2.Which one you received in last pregnancy	Weight Blood Test Urine BP USG Immunization IAF tablet Nutritional supplements	Post natal checkup and Treatment Family planning	Exclusive Breast Feeding Umbilical cord care Immunization Special care to LBW, HIV Positive, ill -neonate
3.Dangerous symptoms			

4. When were you last pregnant?

……

5. What were the reasons for receiving /not receiving antenatal care?

……
……
……

SECTION C. Intranatal care

6. Are you aware of Janani Suraksya Yojna?

1. Yes 2. No

7. Are you aware of Janani express?

1. Yes 2.No

8. Type of last delivery

1. Home delivery
2. Delivery by Skill birth attendance
3. Institutional delivery

9. Reason behind Home or Institutional delivery?

……
……
……

SECTION D-Post natal Care

10. Did doctor/ANM ask you to come for post natal checkup?

1. Yes 2. No

11. After how many days you started your daily routine work?

……

12. Are you aware of the age gap between two consecutive children?

1. Yes 2.No

12.1 If yes then specify

……

13. Are you aware of contraceptive services are freely provided by government

1. Yes 2.No.

14. Contraceptive measures

14.1)Planning for contraceptive measure	1.Yes 2.No
14.2)Name of contraceptive measure	
14.3)Reason behind planning or not planning	

15. What was the reason behind receiving or not receiving postnatal checkup?

……
……
……

SECTION E. Neonatal care

16. was your baby LBW or Premature?

1. Yes 2.No

16.1) If yes then what you did?

……

17. What was given to baby immediately after birth?

……

18. What is your view about colostrums?

……

19. In a day how many time you breast feed your baby?

……

20. What do you feed your child other than breast milk?

……

21. Had your baby fallen ill in first 28 days after birth?

1. Yes 2. No

21.1. If yes then did you consult your baby to the doctor?

1. Yes 2.No

22. What was the reason behind immunizing or not immunizing neonate?

……
……

23. What was the reason behind receiving or not receiving Neonatal care?

……
……

24. What are your views regarding health care facility?

……
……**……**

Signature of Interviewer.