

Utilization of Maternal Health Care Services in Kihun Village Development Committee of Tanahun District of Nepal

Pokhrel BR,^{1*} Parajuli SB,¹ Khatiwada S,¹ Adhikari C²

Affiliation:

1. Lecturer, Department of Community Medicine, Birat Medical College & Teaching Hospital, Tankisinuwari-02, Morang, Nepal.
2. Lecturer, School of Health & Allied Sciences, Pokhara University, Kaski, Nepal.

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* Corresponding Author

Mr. Babu Ram Pokhrel

Lecturer

Department of Community Medicine
Birat Medical College & Teaching Hospital
Tankisinuwari-02, Morang, Nepal.
Email: pokhrelssm@yahoo.com

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ABSTRACT

Introduction

Nepal had significant improvement to reduce the maternal mortality ratio. Still, the maternal deaths are common in rural areas. The proper utilization of maternal health care services is important to reduce maternal death in Nepal.

Objective

This study was conducted to know current maternal health care service utilization at Kihun Village Development Committee (VDC) of Tanahun District.

Methodology

A community based cross-sectional study was conducted from 1st Nov 2014 to 30th Dec 2014 among 570 household of Kihun VDC. The pretested semi-structured questionnaire was used to collect the required information. The obtained data was entered into Microsoft excel analyzed.

Results

The majority (65%) of the family was nuclear. Majority (90.90%) had Hindu as a common religion. The major occupation was agriculture (68.95%). Age of marriage before 18 years was 44.70% and pregnancy below 18 years was 25.5%. The knowledge of ante natal care (ANC) check up was reported from 96.3% but only 93.20% went for ANC check up. Almost 41% had 4 times ANC visit as suggested by world health organization (WHO). Majority (69.40%) had home delivery and 56.8% of them, family members were involved to conduct such delivery. Though 31.20% were aware about post natal care (PNC) visit but only 22% had visited for PNC.

Conclusion

The ANC and PNC care practices were not up to the mark. For improvement of maternal health, we need to improve maternal health care service utilization.

KEY WORDS

ANC visit, delivery, PNC visits, service utilization

INTRODUCTION

The Constitution of Nepal (2072 B.S.) has declared that "Every citizen shall have the right to basic health services free of cost and no one shall be deprived of emergency health services".¹ Besides these facts, in September 2000, representatives of 189 countries of United Nations (UN) adopted the Millennium Development Goals. Due to implementation, among MDGs, the Maternal Mortality Ratio (MMR) has fallen by 44% from 341 to 216 per 100,000 live births since 2000 to 2015.³ Despite these progresses, the World has failed to meet these MDG for Maternal Mortality Ratio.⁴ Now the global community has moved into the new agenda named "Sustainable Developmental Goals" (SDG). Moreover, SDGs have focused equitable service coverage through quality of health care and integrated services through primary health care system of the country. The SDGs has promoted seventeen goals.^{5,6}

Among the MDGs unfinished agendas one of them is the maternal mortality rate. Maternal mortality in South-East Asia accounts for 40% of global deaths. A huge majority of women, particularly living in rural areas, the poor and the marginalized people, do not have easy access to life-saving technologies so maternal health is miserable condition in Nepal too.⁷ The Maternal Mortality Rate (MMR) in Nepal is decreasing from 1800 maternal deaths per 100,000 life birth in 1950 to 850 in 1991 and 170 in 2011.⁸ Total fertility rate of same period was 7 in 1950, 5.8 and 2.6 in 1991 & 2011 respectively.⁹

In a study at Ilam regarding post natal care service utilization among mother in eastern region of Nepal reported that 98% at the respondent received post natal care and the medium of awareness of PNC was health worker (53%) followed by Television 36%.¹⁰ Despite all those development and progresses, research has shown that institutional delivery in urban location among Muslim population was 24.5 %, even in urban Kathmandu 19 % of women deliver their baby at home. The respondents stated that the cause of not delivering children in Hospital: lack of awareness (60 %), afraid of the cost of hospital (34 %) and not allowed to deliver their baby in hospital (6%).¹¹ The study was conducted to know the maternal health care service utilization in Kihun VDC of Tanahau district in Nepal.

METHODOLOGY

The cross-sectional study was conducted from 1st Nov to 30th Dec 2014. Among 824 household of Kihun VDC only 570 (74%) of them were selected by stratified random sampling.

The information was collected from the head of the household using pretested semi-structured questionnaire. The data was collected by BPH 6th semester students of School of Health and allied Sciences of Pokhara University for their community diagnosis program (CDP). The data were entered in MS-Excel and analysed by using SPSS.

RESULTS

A cross sectional study was conducted in Kihun VDC. As shown in table 1, majority (65%) were nuclear family and most of them (90.90%) were hindu. The major occupation was agriculture (68.95%) The place of visit during illness was health institution (65.44%).

Table 1: Socio-demographic characteristics of respondents (n=570)

Characteristics	Number	Percentage
Type of Family		
Nuclear	370	65.0
Joint	200	35.0
Religion		
Hindu	518	90.90
Buddhist	05	0.90
Muslim	47	8.20
Occupation		
Agriculture	393	68.95
Others	177	31.05
Source of Drinking Water		
Tape Water	481	84.4
Well	11	1.9
Spring	77	13.5
Others	01	0.2
Type of Houses		
Pakka	445	78.0
Kachha	125	22.0
Source of Cooking Fuel		
Fire Wood	512	89.80
Smoke Free Stove	19	3.30
LPG Gas	25	4.40
Others	14	2.50
Sanitary Latrine Available		
Yes	538	94.40
No	32	5.50
First Place of Visit During Illness		
Health institution	373	65.44
Baidhya	03	0.53
Medical Shops	154	26.67
Traditional healers	38	6.67
Others	02	0.07

Table 2 shows the different characteristics of ante natal visit. One out of four were pregnant below 18 years. Though 96.3% had knowledge of ANC check up, only 93.20% had health chekup during last pregnancy. Only 4 out of 10 had four ANC visit as suggested by world health organization.

Table 2 : Different characteristics of ANC

Characteristics	Number	Percentage
Age of Marriage (n=161)		
<18 years	72	44.70
18- 20 years	61	37.90
>20 years	28	17.40
Age at First Pregnancy (n=161)		
<18 years	41	25.5
18- 30 years	118	73.31
>30 years	02	1.20
Knowledge of Health Checkup During Pregnancy (n=161)		
Yes	155	96.3
No	06	3.7
Health Checkup During Last Pregnancy (n=161)		
Yes	150	93.20
No	11	6.80
Source of information of ANC visit (n=155)		
Radio	11	7.1
Poster/Pamphlets	01	1.29
Health Workers	97	62.58
Friends	23	14.84
Mother in Law	06	3.87
Others	17	10.82
Knowledge on frequency of ANC checkup (n=155)		
1-2 times	13	8.4
3 times	39	25.2
4 times	51	32.9
>4 times	46	30.3
No idea	02	3.2
Place of ANC Checkup (n=155)		
FCHV	21	13.3
SHP/HP	110	72.7
Hospital	19	12.7
Local medical shop	01	1.3
Frequency of ANC Visit (n=150)		
1 time	04	3.3
2 time	07	4.7
3 time	42	28.0
4 time	61	40.7
>4 time	34	23.3

Table 3 shows the different characteristics of post natal care. Majority (69.40%) had home delivery and family members 56.8% were involved in home delivery. Though 31.06% heard about post natal care (PNC) visit only 21.74% attended PNC visit.

Table 3 : Different characteristics of PNC

Characteristics	Number	Percentage
Place of Delivery (n=161)		
Home Delivery	111	69.40
Health Institution	44	27.50
Others	06	3.10
People helping during at home delivery (n=111)		
Family Member	65	56.8
Skilled Birth Attendent	04	3.6
Health Worker	17	16.2
FCHV	19	18.0
Others	06	5.4
Things used to cut umbilical cord at home (n=111)		
Knife/Sickle	03	3.6
New Blade	104	94.59
Scissor	02	0.9
Others	02	0.9
Heard About PNC visit (n=161)		
Yes	50	31.06
No	111	68.94
Attended PNC visit (n=161)		
Yes	35	21.74
No	126	78.26
Place of PNC visit (n=35)		
FCHV	01	5.7
HP/SHP	23	68.5
Hospital	08	22.9
Local medical hall	01	2.9
Colostrum feeding (n=161)		
Yes	147	91.30
No	14	8.70

DISCUSSION

This study included 570 households with 161 reproductive as mother. Majority of the women belonged to nuclear family which is similar to the study conducted by Pokhrel & Shrestha.^{11, 12} Majority of the participants were Hindu, this finding is similar to the study conducted by Simkhada.¹³ Their main occupation was agriculture and majority (84.4%) were using tap water for daily usages. In this study, majority of respondents visited health institution during their illness instead of traditional healers and Baidhya. Various researches have shown that age of marriage is also important factor for maternal health: less than 18 years of age pregnancy may lead to low birth weight baby, complications of pregnancy and higher risk of various health condition to mothers. More than 80% marriages were take place before 20 years of age that indicates that there is large scope to improve the ideal marriages age. A similar study, conducted among 200 Muslim women in Biratnagar had revealed that only 7 % of the females got married at more than 20 years of age.¹¹ In our study, age of first pregnancy of every three forth women was 18-30 years (73.31%), another similar study was conducted in Sindhupalchowk district that had shown 58.3% women in the same age group.¹²

In this study source of information for ANC was health worker In addition, the use of antenatal care services with skilled provider was strongly related to the education of pregnant mother.¹⁴ Most of the pregnant mother were not aware about the importance of the antenatal care so overall women education had played a vital role in the utilization of services.¹⁵ The subject knowledge and frequency of ANC visits in health institution was another components for safe delivery and prevent its related complications. The 4 times ANC visit in our study was 40.7%, and in national level less than three fifth of the mother had completed the four ANC visit in the fiscal year 2070/2071.¹⁶ Therefore, the ANC visit practice in our study population is far below than national average.

In this study majority had home delivery (69.40%) and the family members were the helping hands during the time of delivery. Eastern Developmental Region the institutional delivery close to 60 % as recorded in the same year¹⁶. Majority

of the respondents respondent said that the reason of home delivery was due to availability of health workers at home, and considered distance of health institution and other factors. A study from rural Nigeria showed that education level, occupation of women, religion and occupation of spouse were found to be the most consistent associated factors with use of health facility for delivery.¹⁷ In a study conducted Ilam District of eastern Nepal by Bhattarai S, et al found that distance to the health center was important for health care service utilization¹⁸, which is similar to our study finding. Most of the mothers (68.91%) did not heard of the PNC therefore (78.26%) respondents did not attend PNC visit. The national level data shows the percentage of mothers who received first post natal care at the health facility among expected life birth had increased from 55 in facial year 2069/2070 to 59 percent in facial year 2070/2071. The number of women attending 3 PNC visits has been in declining trend. That indicates that still 56% of mothers do not complete the PNC visits.¹⁶

CONCLUSION

The ANC and PNC care practices were not up to the mark. For improvement of maternal health, we need to improve maternal health care service utilization.

RECOMMENDATIONS

This research findings and conclusion can be applied by policy makers for planning. In addition similar study can be conducted in other location of having different inhabitants and different geographical setting in Nepal.

LIMITATION OF THE STUDY

This study can not be generalized because only a small portion of a VDC was taken.

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CONFLICT OF INTEREST

We declare no conflict interest.



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