

Reasons as Stated by the Women, for not Utilizing Institutional Facilities for Delivery, of Selected Rural Community West Bengal

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Abstract

Maternal health is always a matter of concern for health care professionals. Despite the various international efforts that have been initiated to improve maternal health, more than 500,000 women worldwide die each year as a result of complications arising from pregnancy and childbirth. Majority of those deaths occur in less developed regions particularly Africa and Asia [1]. Furthermore, every year, more than 20 million women become pregnant, and some 15% are likely to develop complications that will require skilled obstetric care to prevent the unacceptably high maternal morbidity and mortality. These numbers of deaths are widely depending upon the utilization of Health care Facility & its availability [2,3].

Keywords: Psychosocial; Health care; Immunization; Blood investigations; Women health.

Introduction

The developing countries as well as less developed countries can take count on the type of health services provided to the maternal health [4,5]. The choice of delivery locations in India are broadly be classified into three mutually exclusive categories [6]. A woman can deliver her baby at home or Institutions, with or without the presence of a birth attendant, who may be trained or untrained. Home delivery is usually the cheapest option, with or without the availability of skilled birth attendants & it is also a potential source of infection & complications [7,8]. An institutional delivery at private hospitals & Nursing homes, where availability of skilled professionals is also not assured contributes equally for maternal mortality & morbidity [9]. The availability of Public facilities to combat this situation is also not less though, the utilization of this services are not up to expected level due to certain reasons such as poverty, illiteracy, poor socio-economic status, traditional health beliefs etc. The present Study is directed to find out the reasons of utilization & Non utilization of health care system for maternal health so as to see the impact on maternal morbidity & mortality. A study to identify the reasons for utilization/non utilization of institutional facilities for delivery as expressed by the mothers of selected families in a rural community of West Bengal [10].

Objectives

The objectives of this study are:

- To identify the proportion of institutional & home delivery taking place in the community.
 - To identify the reasons for home delivery/ institutional delivery as expressed by mothers of selected families.
 - To establish an association of institutional facility utilization for delivery with selected demographical factors.
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Methodology

The present study methodology is plain descriptive survey with convenient sampling technique. A total 100 mothers who delivered in past one year selected as study subjects to obtain data through interview schedule (Structured Questionnaire). The conceptual framework is based on Rosentoch's & Becker & Maiman's Health Belief model.

Major Findings

- Proportion of Institutional & Home delivery (Table 1)
- Commonly identified reasons for home/institutional delivery
 1. Kind of personnel available for Delivery (Traditional Dai 52%)
 2. Source of information for institutional facility for delivery (not received information 71%)
 3. Involvement of health worker in motivation (Motivated 21%)
 4. Distance of health care facility (More than 4 KM 80%)
 5. Expenditure of delivery (Reasonable 75%)
 6. Presence of significant illness (Absent 80%)
 7. Preference for delivery place (Institution 26%)
 8. Decision making power (In-laws 60%)
 9. Psychosocial belief (Present 60%)
- Institutional Facility utilization
- Registration at PHC (45%)
- Prophylactic Immunization of TT (60%)
- Iron & Folic acid Supplementation (85%)
- Antenatal Visits & Checkup (40%)
- Blood investigations (85%)
- Institutional Delivery (70%)
- Institutional Facility Utilization Pattern(Figure 1)

Presence of association

The association between institutional facility utilization with selected demographic factors i.e. Education, Occupation & Income, for Home delivery shows significant association at the level of 0.01. The obtained χ^2 for Education is 10.48, Occupation is 13.76 & Income is 4.29 (2×2 contingency table with degree of freedom 1). There was no significant association in case of home delivery with the same respect. A finding of the present study indicates that Antenatal care allows for the management of pregnancy, detection and treatment of complications, and promotion of good health. However, women rarely perceive childbearing as problematic and therefore do not seek care. This affects the utilization of maternal health services in regions of the country where poverty and illiteracy are widespread. The level of utilization of antenatal care services was not the same across states. This is likely to be due to differences in availability and accessibility of care among the states.

Conclusion

The following conclusions were drawn on the basis of findings. There is a lack of institutional facility utilization for delivery among the mothers of rural community. Basically lack of availability of health workers (33%), lack of motivation from health worker(21%), literacy level of the women (30% Primary level), Socioeconomic status of the family (50% BPL), decision making capacity of the mother

regarding choice of delivery (40%), all this factor affects the choice of Delivery place. Other causes include distance from health center (more than 4 KM for 80%), cost of delivery (reasonable for 75 %), reliable person for conducting delivery, psychosocial belief of the family. It is well understood that availability of health care services alone cannot influence the choice of delivery, continued education, motivation & making aware about the available health care facility for delivery are important aspects & to be taken into consideration.

Recommendations

- The study can be replicated on a larger sample of rural mothers of different locality to make the findings more generalized.
- A comparative study can be done to identify the utilization pattern of institutional facility for delivery at home & in institution.
- A study can be done on the available health care infrastructure for a particular population.
- A co relational study can be done on knowledge of facility available for delivery with practice of delivery.

References

1. Ministry of Health and Family Welfare. 2000a. Bulletin on rural health statistics, 2000. New Delhi: department of family welfare, ministry of health and family welfare.
2. Basu AM, Stephenson R. low levels of maternal education and the proximate determinants of childhood mortality: a little learning is not a dangerous thing. *Soc Sci Med* 2005; 60: 2011-2023.
3. Das, NP, Mishra VK, Saha. PK, Does community access affect the use of health and family welfare services in rural india? mumbai, national family health survey subject reports no. 18. International institute of population sciences; east-west centre, population and health studies, Hawaii, 2001.
4. Navaneetham K, Dharmalingam . A: Utilization of maternal health care services in Southern India. *Soc Sci Med* 2002; 55: 1849-1869.
5. Ray SK, Mukhopodhyay BB, Das R, Ganguly MM, Moidal MM, et al. Extent of utilization of maternal health care services of PHC by families of a rural area. *Indian Journal of Public Health* 1984; 28: 122-127.
6. Regional Health Forum WHO South-East Asia Region 2003;7.
7. Sunil TS, Rajaram S, Zottarelli LK. Do individual and program factors matter in the utilization of maternal care services in rural India: a theoretical approach. *Soc Sci Med* 2006; 62: 1943-1957.
8. Shariff A, G. Singh. Determinants of maternal health care utilization in India: Evidence from a recent household survey. *NCAER working paper* 2003; 85: 1-38.
9. Griffiths P, Stephenson .Understanding users' perspectives of barriers to maternal health care use in Maharashtra. India. *J Biosoc Sci* 2001; 33: 339-359.
10. C Kannan. A cross-sectional study of the profile and percentage of institutional deliveries among currently married women of 15-45-year age group in the villages of Veerapandi panchayat union of Salem district, Tamil Nadu, *journal of community medicine* 2007; 32: 304-305.

Table 1: Proportion of institutional & home delivery

Sample Characteristics	Number
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Population	26,999
Target delivery	734
Total delivery taken place (1st Jan. 09 to 31st Dec. 09)	572
Institutional Delivery	182
Home Delivery	390

