

Maternal and child health services utilization in married women of age 15- 45 years

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ABSTRACT

A house-to-house survey was carried out in Edavanakad Panchayat in Ernakulam district of Kerala to study the utilization and satisfaction from the MCH services provided by the Government and private hospitals. In all 92 women of age 15-45 were selected for the study. The use of private hospital for delivery increased with education. Younger women (age <20 years) used equally both the Government and private hospitals. Overall Government hospital was preferred over private.

Antenatal practices were very good with 99% of the women having visited a doctor at least 3 times during pregnancy and women who received TT injection (99%) & IFA tablets (98%) respectively were also very good. More housewives used Government services as compared to the workingwomen and found them convenient and satisfying. The further satisfaction in services may be increased by encouraging community participation.

INTRODUCTION

Maternal and child health services (MCH) are essentially promotive and preventive. They provide avenues for the early detection of mothers and infants at high risk of morbidity and mortality. The health of the mother and child constitutes a major part of the community health, particularly in the developing countries. Maternal and child health have seen a spectrum of changes, according to the need of the community. Hence, in the present study, an attempt has been made

to assess the Maternal & Child Health (MCH) practices, utilization and if married women were satisfied with these services in a rural area.

MATERIAL AND METHODS

A community based cross sectional survey was conducted to assess the MCH practices; utilization and satisfaction in Edavanakad Panchayat in Ernakulam district of Kerala. The study subjects comprised of Antenatal and Postnatal mothers of reproductive ages (15-45) and the mothers of children of fewer than

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seven months of age. One ward was selected randomly from a Panchayat and house-to-house visit was made. The information was collected by trained interviewers on a structured schedule through personal interview. In all, 93 women satisfied the criteria of inclusion. The schedule included MCH practices and the services utilization by the mothers.

RESULTS

Socio-demographic Characteristics

Mean (\pm SD) age of the study group was 29.6 (5.6) years. Regarding education 57% of them had high school and above. 62.4% of families belonged to Nuclear families. The mean gravidity of the women was 2.3 (0.9), and mean number of living children were 1.9 (0.6). Occupationally; 94% of them were

housewives. The family income of 86% was less than Rs. 2000/month.

MCH Services Utilization

Antenatal practices were very good with 99% of the women having visited a doctor at least 3 times during pregnancy and women who received TT injection (99%) & IFA tablets (98%) respectively were also very good. The younger women (<20 years) used equally (50%) both the Government and Private hospitals for delivery; older women however preferred Government hospitals. The use of the Private hospitals for delivery increased with increasing education with 26.4% in group 'high school and above' $P<0.05$ (Table-1).

Table 1 : The Place of delivery by mother's demographic characteristics

Characteristics	Govt. Hospital (%)	Private Hospital (%)
Age (Years)		
15-20	50.0(02)	50.0(02)
21-25	88.2(15)	11.8(02)
26-30	88.0(22)	12.0(03)
31-35	66.7(20)	33.3(10)
35-40	94.1(16)	5.9(01)
Total	80.6(75)	19.4(18)
Mother's Educational Status, X^2 (df=2)=6.14; $p<0.05$		
Primary	100.0(17)	0
Middle	82.6(19)	17.4(04)
High School & above	73.6(39)	26.4(14)

An overwhelming 91.4% were satisfied with the ANC services provided irrespective of Govt. or private hospitals, 9.3% not satisfied with the ANC services in Govt. hospital as compared to 5.6% in Private hospitals. There was no statistical significant association between educational status, age and satisfaction with the services provided.

Regarding first feed given to the baby after delivery, only 66% were given Breast milk. It was noted that 34% still resorted to traditional methods like honey, orange water and sugary water. 95.6% of the women started breast-feeding on the same day of delivery. 59 (63.3%) have practiced exclusive breast-feeding for 4-6 months of age. On assessment of management of diarrhoea, 79.2% of them were aware of the use of Home Available Fluids (HAF) / ORS.

In all, 64.1% of mother's preferred Govt. hospitals for any sickness. The use of Private hospitals for any sickness increased with education; from 5.8% by the mothers with 'primary' to 49.1% with high 'school' education (Table-2, $P < 0.001$).

Out of women interviewed 77.4% were using contraceptive methods; 14% temporary methods and 86% permanent methods. For family planning services; 89% were dependent on Government hospital; 92% of them felt satisfied with the family planning services. The 8% women were unsatisfied and blamed the staff behaviour in the Govt. Hospitals as reason of dis-satisfaction.

Table 2: Preference of hospital Services for any sickness by Educational Status

Education Status of the Mother	Govt.	Private
	%(n)	%(n)
Primary	94.2(16)	5.8(01)
Middle	72.8(16)	27.2(06)
High School & Above	50.9(27)	49.1(26)
Total	64.1(59)	35.9(33)
χ^2 (df=2)=18.9; $P < 0.001$		

DISCUSSION

MCH services succeeded in generating awareness regarding services; ensuring satisfaction and utilization among majority of the studied sample. This study shows that the MCH practices were good; almost 80% of the women were aware of the use of HAF/ ORS. Mother's education and age were the strong factors of the choice of MCH services. These findings were consistent with the earlier study¹.

The level of satisfaction was 90%, though there is room for improvement in terms of the quality of services rendered. With increasing education one's expectation increases, which may explain the less satisfaction among the more highly educated. The main reasons for dissatisfaction were lack of cleanliness & nursing care in the Government hospitals and also the behaviour of the staff.

The breast milk as first oral feed was given by 66% to the newborn babies and rest given the plain water, jaggery water, honey with water and sugar water on the advice of elders. A study conducted in

Mumbai had found that the prelacteal foods interfere with mother's confidence and also with the sucking stimulation and prolactin production² The colostrums were fed by 95% of mothers to their children, which was slightly higher than 81.6% reported³ from Chandigarh. Since Chandigarh has totally urban population than in the selected sample which has more of conventional attitude, such a difference in breastfeeding practices is possible.

It was observed that antenatal care and immunization were the two services utilized maximally, followed by family planning services. Housewives who used Government services were more satisfied than workingwomen. The further improvement may be increased by encouraging for community participation.

In fact, the government provided MCH services were preferred by most because

of its accessibility and affordability, since it is a free service.

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REFERENCES

1. Bratati Banerjrr. A qualitative analysis of Maternal and child Health services of an urban health center, by assessing client perception in terms of awareness, satisfaction and service utilization. *Ind J Community Med* 2003; XXVIII (4):
2. Kulkarni RN, Anjenaya S and Gujar R. Breast Feeding Practices in an Urban Community of Kalamboli, Navi Mumbai. *Ind J Community Med* 2004; XXIX(4):
3. Parmar VR, MSalaria, B Poddar, K Singh, H Ghotra and Sucharu. KAP regarding Breast Feeding at Chandigarh. *Ind J Public Health* 2000; 44: 131-133.