

Original Article**UTILIZATION OF MATERNAL HEALTH CARE SERVICES AND HOME OR HOSPITAL DELIVERY OF CHILD BIRTH AMONG WOMEN OF DEUPURKOT VDC OF PARBAT DISTRICT IN NEPAL*****Babu Ram Pokhrel¹, Sushila Acharya¹, Namu Koirala²**¹Department of Public Health, ²Department of Nursing, Purbanchal University School of Health Sciences Gothgaun, Morang, Nepal

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DOI: <https://doi.org/10.3126/mjen.v1i02.51154>**ABSTRACT****Background**

Nepal has made significant improvement in meeting the maternal and child health care services also progress newborn, infant and under mortality over the past two decades. The stark disparities on utilization of health services due to women with lower education, low wealth quintile household, disadvantage cast/ethnic groups and women in remote areas. The utilization of available maternal health care services from public and private service is remarkable to reduce maternal morbidity and mortality in Nepal.

Methods

The community base descriptive cross sectional study was conducted in 509 households through door to door home visit in Deupurkot VDC covering all first to nine wards. The information was obtained using pretested questionnaire of Pokhara University by Bachelor level students of Public Health. The data was entered into Microsoft excel and analyzed. The data was collected from 19th November to 18th December 2014


Results

The nuclear family size was (74.3%). Majority (80%) of the household have their pakka house, (95.7%) household used sanitary latrine and (86.7%) household heads were literate. The major occupation was agriculture (52.55%). The age of marriage before 18 yrs was (25.30%). Majority of women (81%) women used Injection Depo-Provera and less used device was Norplant/Implant user was (3.7%) World Health Organization (WHO) recommended almost (41%) had antenatal care (ANC) visit. Majority (96.70%) had gone for ANC visit and (67%) of them give birth their children at health institution. More than half (51.60%) women had knowledge of postnatal care (PNC) but (32.60%) used this service either in Health post, primary health care center (PHCC) or Hospital.

Conclusion

The antenatal care (ANC) visit were high in conclusion is high even up to WHO recommendation mark. There is a gap between knowledge of postnatal care (PNC) and its utilization, we need to improve this NPC visit gap utilizing available health services.

Keywords: Antenatal care (ANC) & postnatal care (PNC) visits, Institutional delivery, Service utilization

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INTRODUCTION

Every year more than half million Women die alone due to their complication of pregnancy in the World. Statically (99%) of maternal deaths occurs in developing countries of sub-Saharan Africa and significant percentage in South Asian continent.¹ Utilization of maternal health services: antenatal visit, institutional delivery and postnatal care are vital components of maternal health which are vary in country to country and within the country in developing nations. Antenatal care is the first step of taking maternal health service may play remarkable role in reducing maternal mortality by encouraging women deliver their children in health facility with the help of skill birth attendant in health institution. The situation of maternal health services is worse in developing countries due to lake of access, its infrastructure or poor utilization of health services.² As a developing country Nepal made remarkable progress in maternal health indicators reduction of Maternal Health Ratio from 850 to 258 per 100,000 live birth in year 1990 to 2015,^{3,4} with the implementation of the Safe Mother Hood project and Plan 1997 to 2017. However, women of marginalized population like disabilities and Dalits are still lower the utilization of maternal health services then the general population.^{5,6} The Nepal Maternal Morbidity and Mortality survey was conducted at eight district in 2008, found that the maternal mortality is higher in mountain districts compared to hill and Terai plain land.⁷ Furthermore, studies have shown that disparities in access and utilization of maternal health services by cast and ethnicity, rural urban differences and economic status of the family. Those who reside in rural area and the poor are low user of maternal health care.^{8,9,10,11}

So we plan to conducted study in varies population scatter to find the Utilization of maternal health services in Deupurkot Village Development Committee (VDC) of Parbat district in Nepal.

METHODS

The data was collected from 19th November to 18th December 2014. The cross sectional study design was adopted to conduct the study. The household information was collected from structured and pretested questionnaire schedule through the door to door visit of residence of Deupurkot VDC covering all first to nine wards. Verbal inform consent was taken from the respondents before fill up the structured questionnaire. The simple random sampling method was adopted before obtain the information. The Pokhara University School of Health and Allied Sciences, BPH 6th semester students were deployed for data collection. There were total 704 household¹² in whole VDC, out of that 509 (72%) household were visited for

obtained information in the field of Parbat district.

RESULTS

We covered the five hundred and nine household, there were 2,466 persons all age group. Out of 2466 people 596 (24.17 %) were reproductive age women 15 to 45 yrs of age. Most (59.7%) of the households were Bramin cast Chhetri were (20.6%) and Dalits (11.%) and followed the Gurung/Mager and other casts. More than three out of four household heads (86.7%) were literate, 80.0 % of them have Pakka house and (95.7%) were used sanitary latrine facility. The Nuclear family size was (74.3%) and in our study sample. (Table 1).

More than half (52.55%) household agriculture was their main source of income, however most of the houses they left houses and went to Bazar area (Town) for better opportunity of health, education and employment. The utilization health service 63.7 percent house hold family member visit the health institution health post or primary health care center (PHCC) during their first illness and others were gone to medical shops and private clinic. Very limited (0.8%) of household used Dhami/Jhakri. More than one out of four reproductive age women (25.30%) were pregnant less than 18 years of age and only (13.3%) household heads are Illiterate. (Table 2). The maternal health services among 81 women were used varies of temporary family planning method used: Injection

Table 1: Socio-Demographic Characteristics of the Households (N=509)

Variables	Categories	Frequency	Percentage
Ethnicity	Bramin	304	59.7
	Chhetri	105	20.6
	Newar	02	0.4
	Gurung/Magar	30	5.9
	Dalit	56	11.0
	Others	12	2.4
Religion	Hindu	496	97.4
	Buddhists	11	2.2
Type of Family	Others	02	0.4
	Nuclear	378	74.3
Over all education	Joint	131	25.7
	Illiterate	68	13.3
Type of house	Literate and above	441	86.7
	Pachha	407	80.0
Sanitary Latrine facility at home	Kaccha	102	20.0
	Available	487	95.7
	Not available	22	4.3

Depo Provera (40.71%) followed by Condom (30.9%) OC Pills (17.3%) IUD (7.4%) and less user were Norplant/Implant (3.7%) respectively. (Figure 1).

Utilization of maternal health care services was assessed among 91 reproductive age mothers. Among them (96.70%) had gone for antenatal care (ANC), (67%) of them they gave birth their children at hospital and (96.70%) mothers taken TT vaccine, Iron table taken sample was 95.% in our study population. In this more than half (51.60%) women had the knowledge of post natal care (PNC), however after child birth only (32.60%) had used to PNC visit either in health post, PHCC or Hospital (Table 3)

Table 2: Utilization of health services sources of income & education status and first age of pregnancy (N=509)

S. No	Variables	Categories	Frequency	Percentage
1	First point of use health services during illness	Health Institution	323	63.7
		Medical shops/Clinic	182	36.0
		Dhami/Jhakri	04	0.8
		Agriculture	267	52.55
		Job	148	29.1
2	Income source	Business	60	11.8
		Labor	11	2.2
		Pension	18	3.5
		Others	05	1.0
		Illiterate	68	13.3
		Illiterate	61	12.0
3	Education status	Primary	94	18.4
		Secondary	170	33.5
		Higher	70	13.8
		Secondary Graduates and above	46	9.0
4	First age of pregnancy	< 18 yrs.	129	25.30
		> 18-30 yrs.	380	74.70

Table 3: Utilization of maternal health services ANC and PNC visits (N=91)

SN	Variables	Categories	Frequency	Percentage
1	Four times ANC check ups	Completed	88	96.70
		Not completed	3	3.30
2	Practice of PNC visit	yes	30	32.60
		No	61	67.40
3	Place of Delivery	Home	30	33.00
		Hospital	61	67.00
4	TT Vaccine	Given	88	96.70
		Not given	3	3.30
5	Iron tablets	Taken	86	95.0
		Not taken	5	5.0
6	Albendazole tablets	Taken	83	91.0
		Not taken	8	9.0

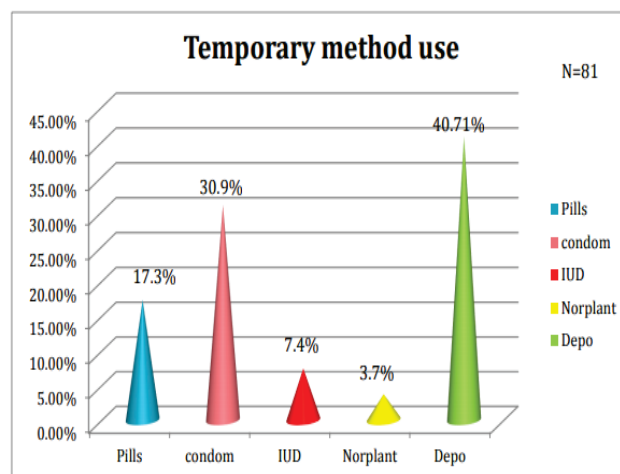


Figure 1

DISCUSSION

This study an attempt to find overall health status of residence among 509 household with 91 reproductive age mothers of Deupurkot VDC of Parbat. House to house survey was conducted finding overall information of household with the help of female community health volunteer (FCHV) and community leaders by the bachelor of public health (BPH) six semester students of Health and Allied Sciences at Pokhara University. Most of the household (74.3%) belongs to nuclear family, this finding is similar to other studies was conducted by .Pokhrel & Shrestha.^{13,14} Majority of the residence were belongs to Hindu religion followed by Buddhists, our study finding is similar to other study conducted by Bhandari & Simkhada.^{15,16} Over all literacy was (86.7%), (80.0%) households had their Paccha house and (95.7%) of them had their sanitary latrines in their home, this study is similar to Kihun VDC of Tanahun district.¹⁷ In this study first age of pregnancy was (25.30%) less than eighteen yrs of age, most of the respondents(63.7%) first visited in health institution were instead of medical shops and traditional healers during illness. Similar findings were also sown in Biratnagar study is (32.5%), Tanahun study (25.5%) their first age of pregnancy and respondents visited at health institution also were (65.44%) in Tanahun. In addition various research reveals that early age pregnancy make complication of maternal health problems: low birth weight of baby birth, complication of pregnancy including higher risk of health conditions to mothers.^{13,16}

Utilization of maternal health, (96.70%) respondents were completed the recommended four antenatal care (ANC) visits and 67 percent mothers were delivered their child at health institution reveals in our study. The national average of four ANC visits and institutional delivery were (51%) and (55%) based on Annual Report published by Department of Health Services year 2072/2073.¹⁸ The ANC visit and institu-

tional delivery is quite high and better condition of women in our sample population. However our sample population quite low so it can't be predicted the national average on other population based study. Overall, the access to maternal health and institutional birth egregiously low in Nepal, particularly women with no or lower education, low wealth quintile households, disadvantage caste/ethnic groups and women from remote areas.¹⁹

CONCLUSION

The antenatal care (ANC) visit up to and over in our sample population. However we have to improve the gap between knowledge of post natal care (PNC) visit and its utilization.

Limitation of the study

The result of this study cannot be generalized because of small portion of the population of multicultural ethnic group was taken of VDC

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