

Rapid Assessment of KABP on Continuum of Care

By



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(An ISO 9001: 2008 certified Institution)



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Executive Summary:

The continuum of care has become a rallying call to reduce the yearly toll of half a million maternal deaths, 4 million neonatal deaths, and 6 million child deaths. The continuum of care for maternal, newborn, and child health usually refers to continuity of individual care and is critical throughout the lifecycle (adolescence, pregnancy, childbirth, the postnatal period, and childhood) and also between places of care giving (including households and communities, outpatient and outreach services, and clinical-care settings).

To develop a better understanding of the process of care and the inherent punctuations on account of unawareness resulting in non-translation of knowledge into palpable behavior at the level of the community; Rajasthan State Office of UNICEF conceived the idea and SIHFW, Rajasthan was assigned to deliver.

The study approach was engineered around the areas like Desk review of the dossier, including 'State of World Children 2009', studies on Continuum Care and BCC, or KABP on Maternal and Child Health, development of study tools in consultation with client organization and referring to scope of work and deliverables, empanelment of resource persons, enlistment of investigators, initiating dialogue with State and District officers; getting the relevant information dossier from UNICEF and Medical Directorate, orientation of resource and investigators, and secondary data collection.

The study was initiated using a pretested structured questionnaire where subjects from community, households (including all pregnant women and lactating mothers in the identified study village, besides their mother-in-laws and service providers-ANM/ ASHA/ AWW).

Following a stratified sampling technique, five districts were covered for assessment – Baran, Barmer, Dungarpur, Sawai Madhopur and Tonk.

From each district two CHCs were selected on the basis of performance (best and worst) in relation to institutional deliveries.

From each CHC, two PHCs were selected and from each PHC two sub centers were selected, one near the PHC and one far off from the PHC.

From each sub center 2 villages were selected. Selection of villages was based on the population size, one with a population of less than 500 and the SC village. From each village in-depth interviews with all the pregnant women, all lactating mothers with children less than one year and their mother-in-laws were conducted. Influencers, such as the ANM of all the study sub centers, ASHA and AWW of all study villages were interviewed.



The respondents comprised of **671 pregnant** (further bifurcated as 195 primi and 476 multi gravida women); **1294 lactating mothers; 1089 mother-in-laws and 132 service providers** (38 ANMs; 48 AWW and 46 ASHAs).

To get the in-depth information about the knowledge level of the respondents, questions related to awareness about ANC registration; food fads during pregnancy; warning signals and actions to be taken in case of obstetric emergency and child immunization were asked.

It was observed that 62.6% of pregnant women, 65.5% of lactating mothers and close to 60% of mother-in-laws were aware about the ANC registration though the number of ideal visits (three) were known by only 27.9% of pregnant and 29.7% of lactating mothers in comparison to 43.6% of mother-in-laws. The observations, except for Sawai Madhopur are in consonance to the DLHS-3 findings.

84.3% of pregnant women were registered at one or the other time during the course of pregnancy and 79.3% did avail antenatal care. 43% of pregnant women who had two antenatal visits had themselves registered in the second trimester. 89.2% of the lactating mothers register themselves with a health facility. 35.5% of these registered lactating mothers had two antenatal visits.

52.1% of pregnant women had two shots of TT vaccine and another 26.5% was injected with it only once at the time of study.

90+ IFA tablets were received by only 12.8% of currently pregnant women and 14.8% of lactating mothers during their last pregnancy. 12.4% mother-in-laws expressed that their pregnant/ lactating daughter-in-laws received more than 90 tablets. Regarding taking the full dose of IFA tablets, 60.3% of pregnant women, 65.2% of lactating mothers and 61.2% of mother-in-laws affirmed it.

Distance from health facility, **lack of time** and **not considering the registration necessary** were put as the reason by 21.9% of the 105 unregistered pregnant women, 48.9% of the lactating mothers were unaware and thus remained unregistered during their last delivery. Similar reason was expressed by the mother-in-laws (35.9%).

On being questioned about why the **antenatal checkups were not availed, 48.5% of the pregnant and 66.9% of the lactating mothers did not consider it important**. Only 2.9% and 3.1% of pregnant and lactating respectively were restricted by family members from not going for ANC checkups.

Almost similar view was expressed by the pregnant, lactating mothers and their mother-in-laws when the reasons behind not receiving TT shots were asked. 24.2% of pregnant women, 42.7% of lactating mothers



and 50.6% of mother-in-laws did not consider it important. Distance from the place of stay also punctuated the service utilization.

Expectation from the service provider to provide services at the doorstep seems to be the major reason for 48.5% of pregnant and, 42.2% of lactating respondents for not obtaining IFA tablets. This expectation was highest in Barmer followed by Tonk and Baran.

Of those who got the IFA tablets, nausea prevented 60.7% of pregnant women and 57.8% of lactating mothers from consuming the full dose, besides not considering taking the tablets as important.

Backed by traditional practices or individual experiences certain food fads are followed in all the study districts. The common food items that are not recommended during pregnancy are jaggery, papaya, spicy food, rice, besan, banana, groundnut and tomato. Some have a valid scientific basis (papaya known to cause smooth muscle contractions) while others have an ill founded inheritance. On an average, **62.4%** of all categories of respondents (except service providers) **expressed that no specific food is prohibited during pregnancy.**

37.6% pregnant and 39% lactating mothers restricted themselves to normal diet during pregnancy. 38.8% mother-in-laws also advocated normal diet during pregnancy. 14.3% lactating respondents took milk, ghee, fruits & green vegetables during pregnancy. 40.7% pregnant, 38.9% lactating and 41.7% mother-in-laws stated multiple things to be taken during pregnancy such as ghee, fruits, green vegetables, jaggery, milk, buttermilk, juice, rice, halwa, dry fruits, gram, curd, rabri.

The **awareness level regarding the warning signs of any obstetric emergency was quite poor** amongst the experienced mother-in-laws and the lactating mothers who had been through the process earlier while that of the presently pregnant was 60.2%. Unawareness of the three major respondent category hovered around 55.5%. The commonest warning signs voiced were swelling, high BP and oedema.

When probed about the action to be taken during any obstetric complication/emergency, **76.2% of the currently pregnant and another 71.9% of the lactating mothers felt that they would go to the nearest health facility.** Mother-in-laws also supported their views, and this supports the credibility that system enjoys besides writing off some of the excuses offered by respondents earlier.



To seek attention for the warning signals in pregnancy almost 69.5% of the currently pregnant women and 78.4% of the lactating mothers did go to a sub center or health facility immediately or after some delay. 86.9% of their mother-in-laws also confirmed it.

90.2% of the lactating mothers were aware of the vaccination need and another 81% knew that it can prevent diseases in young infants. Even the mother-in-laws seem to be familiar with vaccination and the benefits of it. 87.9% of the mother-in-laws were found to be aware of vaccination and another 77.6% knew that it can prevent diseases and these awareness levels are above 90% in all the districts but for Barmer. However, the antigen specific vaccination coverage could not be ascertained as that was not included in the scope of study.

Prevalent practice of delivery at home (24.6%) and availability of all facilities for delivery (23.7%) were the major reasons behind home as the preferred place for delivery by the pregnant women. Almost similar views were shared by the mother-in-laws. Those preferring institutional delivery felt that better facilities were available there (53.1% of pregnant women and 51.4% of their mother-in-laws), similar view was expressed by the lactating mothers and their mother-in-laws.

33.3% of lactating mothers and 27.5% of mother-in-laws said that they were unaware about giving colostrums to the new born, while family customs also proved to be one of the barriers.

It was seen that 59.4% of the now lactating mothers did follow the practice of exclusive breast feeding, still 40.6% started complementary food. Family practices once again played a part in following the practice of giving ghutti/ honey to the infant (48.4% of lactating mothers and 46.3% of mother-in-laws). Exclusive breast feeding was practiced more by those having delivery at the health facility.

Practice of feeding the new born with colostrum was followed by 76.1% of the lactating mothers, 69% of the mothers-in-law also supported it. The practice was observed to be wide and varied among the districts under study, with percentage as high as 84.9% in Dungarpur and as low as 54.9% in Barmer.

60.6% lactating mothers who had delivered at a health facility fed their children with colostrums, whereas only 15.4% practiced colostrums feeding in case of home delivery.

53% of those lactating mothers who fed their new born with colostrum had also initiated breast feeding within one hour of delivery.



59.6% of lactating mothers expressed their unawareness regarding when the child should be given bath after birth while giving bath to the baby before the shedding of cord due to family pressure was given as the reason by 39.1% of mother-in-laws.

Dependence on the health worker for immunization of the child was stated by 38.7% of lactating mothers besides being unaware about immunization. Mothers-in-law had the same thoughts behind not immunizing the child. This is one area where awareness failed to translate into practice for reasons that need to be further explored besides the known variables (fever, vaccinator absent, vaccination denied, and dependency on home visits).

Practice of immunizing the child was more among those lactating women who had institutional delivery (79.8%).

Overall the decision regarding care during pregnancy and post natal period and service seeking is imposed by the mother-in-law. 37.9% of the primi gravida were directed by their mother-in-laws while this number was 30.9% for multi gravida. Similarly while only 15.4% of the primi gravida could decide about care, 24.2% of the multi gravida were the decision makers.

73.4% of lactating mothers had their last delivery at the health facility; contrary to it Barmer alone had the highest deliveries at home (69.6%).

It was observed that mothers with home delivery did not initiate early breast feed; only 27% women gave their first feed within 1 hour of delivery. While those with institutional delivery, 47.5% women initiated breast feed within 1 hour of delivery. 35.5% of the lactating mothers who had received ANC, did start feeding the baby within 1 hour of delivery while those who did not avail the ANC checkup started as late as 2-3 days after delivery (45.3%).

39.9% of the interviewed lactating mothers bathe the baby immediately after delivery with mothers from Barmer accounting to 76.1%. Only 12.1% of the lactating mothers bathe their babies after the cord dried and fell off. Though this is against the established practices advocated under IMNCI, but then the common observation is that the time of first bath to new born is the least stressed area of new born care.

159 respondents faced any/some problem in the post delivery period, of them 45.9% immediately sought medical advice from health centre and their mother-in-laws (44.3%) also supported this practice, while 17% respondents sought delayed medical care after 2-3 days whereas 22.6% respondents did nothing or simply ignored the problem and 1.9% took treatment from Dai/Bengali Doctor.



79.8% of the lactating mothers did not consume IFA tablets after delivery as 55.5% did not consider it important. The responses from mother-in-laws (75.9%) also supported that their daughter-in-laws did not consume IFA following delivery.

Regarding rest after delivery, 42.7% of women rested for a month while 9.6% got back to the daily chores within a week. 45.3% of the mother-in-laws favored a rest for a month. The scientific basis of rest with a direct correlation to involution period for uterus could avert a lot of reproductive morbidities, assessment of which requires detailed studies in the community.

When it comes to child care it is seen that the new born is not usually taken out of the house. Practice of not having initial check up was reported by 57% of lactating mothers.

Regular growth monitoring was followed by 56.4% of lactating mothers and confirmed by 58.8% of mother-in-laws.

84.2% of the lactating mothers expressed that the child was immunized.

To understand the service providers' perspective, questions were asked to answer the "WHYs" behind pregnant women not availing ANC services; prevailing practices related to delivery, new born care and family planning. Views and suggestions regarding increasing the utilization of services were also enquired.

On being asked about why some of the target population was devoid of the health services, 42.4% replied that the target population could not be contacted, while 15.9% said that females are dependent on family members to come to the health facility.

The reason for non registration of pregnant women was ascribed to lack of contact with the pregnant women (52.3%) while 24.2% said that the expectant mother did not come to the facility as they do not consider it important. The latter was quoted by 28.8% for pregnant women not turning up for ANC as well as not getting the TT shots while 71.2% said that side effects lead to non consumption of the IFA tablet regime. Not taking extra diet & rest during pregnancy was mainly attributed to household work (48.5%). This simply is a reflection of the apathy on part of health workers, who under target free approach are expected to enumerate and register all pregnant women in the area, for which the support of AWW and ASHA is also available in the field.

75.8% felt that the preferred place of delivery among the pregnant women is hospital with 7.6% going for home delivery assisted by a dai or relatives.

Customs and family practices (46.2%) and lack of proper transport (19.7%) were the main reasons attributed by the service providers for pregnant women opting for home delivery.



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37.9% of health workers opined that superstition and another 22.7% said traditions and customs restricted the mother/family from taking the child to the health facility. Similarly, 36.4% said that colostrum was not fed to the baby because the family/ mother considered it to be unsuitable for the child, 42.4% stated that the amount of breast milk produced was insufficient for the child so other feed was also given. Forgetfulness on part of family members (31.1%) hinders in the immunization of the child.

Misconception about the birth spacing methods (32.6%) is one of the barriers in the utilization of birth spacing methods as given by service providers.

They expressed that major challenges in achieving the health care delivery targets were mainly due to the fixed attitude and lack of understanding among people living in the target area (53.0%).

40.2% of the service providers advocated women group as the best medium for BCC/IEC as these would have a direct impact and easy understandability by the target groups.