



## Descriptive study to assess the Knowledge & Utilization of Community Health Care Services related to Maternal & Child Health by Mothers

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**Abstract:** Mother & child are vulnerable & precious presents of god on earth, so make them countable & valuable. India has an excellent infrastructural layout for the delivery of MCH services in the community through a network of sub centers, primary health centers, community health centers, district hospitals, state medical college hospitals, and other hospitals in the public and private sectors. However, the health pyramid does not function effectively because of limited resources, communication delays, a lack of commitment on the part of health professionals, and, above all, a lack of managerial skills, supervision, and political will. A descriptive approach was adopted to assess the knowledge & utilization of community health care services related to maternal & child health by mothers belonging to Uttai village in Durg District, Chhattisgarh. The objectives stated in the study were to assess the knowledge of CHC services available to mothers. To assess the utilization of MCH services. To determine the relationship between knowledge and utilization of CHC services by mothers. To determine the association between knowledge of MCH services with selected socio-demographic variables. In view of the nature of the problem, a structured interview schedule was prepared to assess the knowledge & utilization of CHC services by mothers residing in Uttai village. Purposive sampling was used to select 25 mothers & the data was collected & analyzed by using descriptive & inferential statistics. The present study shows that the level of knowledge of mothers revealed that 64% of mothers had good knowledge regarding MCH services but the utilization level of services revealed that, only 48% of mothers had adequate utilization regarding MCH services. There was a moderate positive relationship between knowledge & utilization of MCH services by mothers. Thus, there is felt need of awareness and education to mothers of rural area regarding MCH Services.

**Keywords:** Utilization, CHC- Community Health Care, Antenatal care, Postnatal care, Infant care, Maternal and child health (MCH)

### I.INTRODUCTION

**Maternal health** refers to the health of women during pregnancy, childbirth and the postpartum period (WHO, 2010). In any community, mothers and children constitute an important and priority group especially in developing countries like India where vulnerability to morbidity and mortality and amenability to prevention of ill health and mortality, to a large extent, make them target group for special attention. By improving health of mothers and children in any society we contribute to a large segment of general population and it is because of this special and usually combined health services for mother and child, the Maternal and Child Health (MCH) Services are considered globally more so in developing countries.<sup>1</sup> The main aim of MCH Services remain to ensure that, throughout pregnancy and puerperium, every mother maintains optimal health and at the end of pregnancy we have a healthy mother and a healthy baby and to promote the child health throughout the infancy and childhood.<sup>2</sup>

In India, the Reproductive and Child Health Programme aims at providing at least three antenatal checkups which should include a weight and blood pressure check, abdominal examination, immunization against tetanus, and iron and folic acid prophylaxis, as well as anaemia management<sup>3</sup>. The risk of maternal mortality is the highest for adolescent girls under 15 years old. Complications in pregnancy and childbirth are the leading cause of death among adolescent girls in most developing countries, including India. Their inadequate knowledge about pregnancy care, breast feeding, and immunization leads them to complications of pregnancy and ill health of infants. This situation is more in case of primigravida females (pregnant for first time), because they have no previous experience of pregnancy. Their lower educational status and other social factors limit their access to proper ANC care. In recent times, most couples are limiting their family to single or two children. Hence there is need to focus on all females to improve their utilization of ANC.<sup>3</sup>

Women in rural India experience more episodes of illness than males. These women have less access to health care facilities before the illness is well advanced. This situation is directly linked to poverty; a vast majority of poor women caught in this vicious circle are young mothers in the reproductive age, who are deprived of their basic right to be healthy.<sup>4</sup>

Keeping in view the above mentioned factors, it is necessary to evaluate the knowledge & proper utilization of MCH services in rural areas by mothers, so that complications in pregnancy and infant mortality rate can be avoided to a lesser extent.

## II. MATERIALS AND METHODS

**Design and setting:** In a view of the nature of the study, *evaluatory approach* was considered as an appropriate one for the present study. The research design used for study is *non-experimental descriptive survey design*. The study is conducted in selected rural area of *Durg district (Uttai village)*. The village occupies a population of 8847.

**Sample and sampling techniques:** Population of the study was of 20-40 yrs.' of age of mothers in the selected area of Uttai village Then a total of 25 study subjects were selected as sample from Uttai village by using a purposive sampling technique.

**Data collection & Procedure:** Tool for data collection for the study comprises of two sections:

**Section-A:** It consists of socio-demographic variables which include of age, religion, education, parity, family type, occupation.

**Section-B:** This section consists of items regarding the knowledge of MCH services by mother. Each carries 1 mark for correct answer & 0 for wrong answer which was collected by interview schedule.

**Section-C:** This section comprises statements on utilization of MCH services by mother. One score for a correct response & zero score was assigned to each wrong response.

A formal permission was obtained from the medical officer of Uttai, CHC. The data collection was done with in a given period of 2 weeks. The investigator visited 2 houses daily. Before interview the purpose of the interview was explained to all mothers with self –introduction. Subjects were made comfortable & relaxed. An average time of 30-40 minutes was taken per each mother interview.

**Data analysis:** Data was analyzed by using descriptive and inferential statistics. The master data sheet was prepared to compute the data. Frequency and percentage distribution were used to depict socio-demographic variables. The data was presented in the form of tables and diagrams. Frequency, percentage were used to depict the knowledge & utilization scores. Chi-square was used to analyze the association between selected socio-demographic variables and knowledge scores. Level of significance was set at a level of 0.05 to interpret the hypotheses and findings. The knowledge index was categorized as Good for > 50%, 30-49% as Average and less than 29% as poor knowledge. Similarly, the utilization index was categorized as Adequate for > 50%, 20-49% as average and less than 19% as poor Utilization.

**Ethical consideration:** For the present study the investigator, took into considerations the following ethical issues: The research problem and objectives were approved by the research committee. Due permission from authorities was sought and obtained. Informed consent from participants was taken. Anonymity of the participants was assured & freedom to withdraw from the study at any time was provided.

## III. RESULTS

**SECTION: A- Distribution of study subjects according to socio-demographic variables using frequency and percentage.**

**TABLE - 1: SOCIO-DEMOGRAPHIC PROFILE OF SUBJECTS**

n=25		
SOCIO-DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
<b>Age (in years):</b>		
20-25	8	32
25-30	15	60
30-35	2	8
35-40	0	0
<b>Religion:</b>		
Hindu	25	100
Muslim	0	0
Sikh	0	0
Christian	0	0
<b>Educational Status:</b>		
Literate	16	64
Illiterate	9	36
<b>Occupational status:</b>		
Working	0	0
Non-Working	25	100
<b>Gravida:</b>		
Primi	9	36
Multi	16	64
<b>Type of family:</b>		
Nuclear	9	36
Joint	16	64
<b>Age of marriage:</b>		
5 yr	17	68
10 yr	8	32
15 yr	0	0
<b>Family Monthly income:</b>		
<Rs.5000/-	2	8
Rs.5000-7000/-	8	32

Rs.7000-9000/-	10	40
>Rs.9000/-	5	20

### SECTION: B Analysis of Knowledge of Community Health Care Services Related To Maternal & Child Health by Mothers

Table-2: DISTRIBUTION OF SUBJECTS ACCORDING TO KNOWLEDGE SCORE

n=25

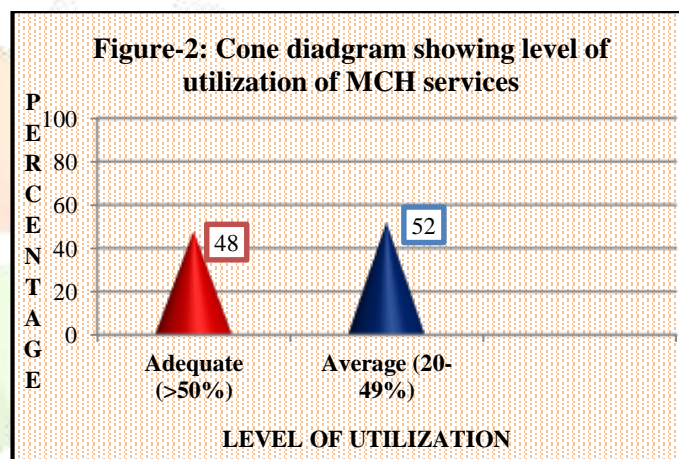
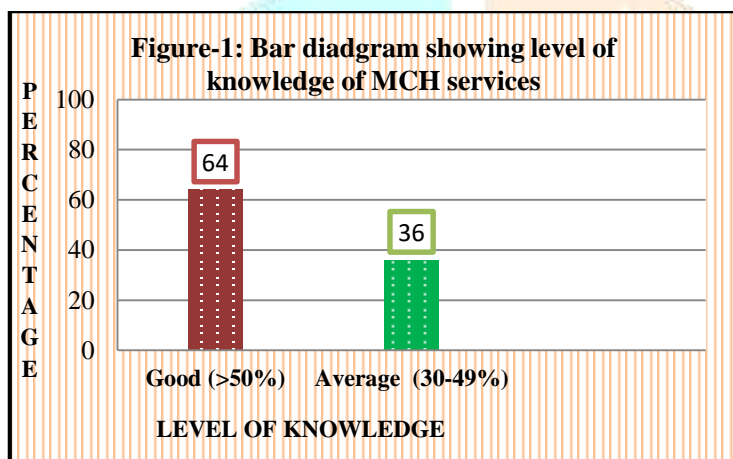
LEVEL OF KNOWLEDGE	FREQUENCY(f)	PERCENTAGE (%)
Good (>50%)	16	64
Average (30-49%)	9	36
Poor (<29%)	0	0
Total	25	100

### SECTION: C Analysis of Utilization of Community Health Care Services Related to Maternal & Child Health By Mothers

Table-3: DISTRIBUTION OF SUBJECTS ACCORDING TO UTILIZATION SCORE

n=25

LEVEL OF UTILIZATION	FREQUENCY(f)	PERCENTAGE (%)
Adequate (>50%)	12	48
Average (20-49%)	13	52
Poor (<19%)	0	0
Total	25	100

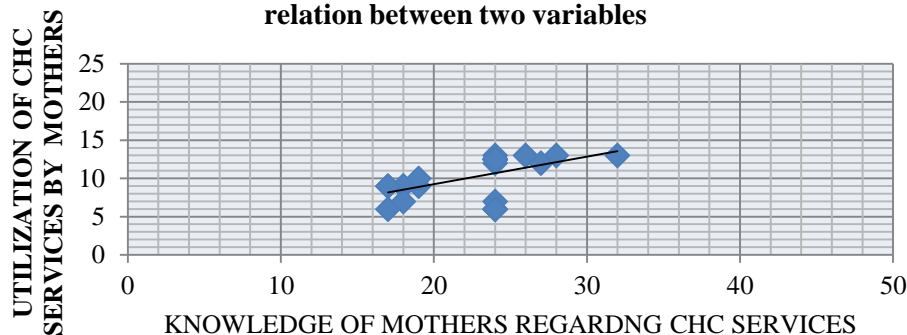


### SECTION D: Analysis of relationship between knowledge of mothers And utilization Of Community Health Care Services Related To Maternal & Child Health by mothers

Table-3: CO- RELATION BETWEEN KNOWLEDGE & UTILIZATION OF SERVICES RELATED TO MATERNAL & CHILD HEALTH

Variables	Mean	S.D.	Co-relation Co-Efficient
Knowledge	22.4	3.949	
Utilization	10.1	2.654	0.422

**Figure-3: Scatter diagram showing moderately positive correlation between two variables**



**SECTION D: Chi-square association between knowledge of mothers related to maternal and child health with socio-demographic variables**

**Table-3: CHI-SQUARE ASSOCIATION BETWEEN KNOWLEDGE OF MOTHERS WITH SOCIO-DEMOGRAPHIC VARIABLES**

n=25

S.NO	SOCIO DEMOGRAPHIC VARIABLE	p-value	DEGREE OF FREEDOM	CHI SQUARE VALUE	LEVEL OF SIGNIFICANCE	INFERENCE
1.	Age (in years)	0.588	2	1.061	0.05	NON SIGNIFICANT
2.	Educational status	0.509	1	0.435	0.05	NON SIGNIFICANT
3.	Gravida	0.382	1	0.762	0.05	NON SIGNIFICANT
4.	Type of family	0.733	1	0.115	0.05	NON SIGNIFICANT
5.	Age of marriage	0.8907	1	0.018	0.05	NON SIGNIFICANT
6.	Family monthly income	0.513	1	0.427	0.05	NON SIGNIFICANT

**IV.DISCUSSION**

Most maternal deaths can be prevented if women have access to basic medical care during pregnancy, childbirth and postpartum period.<sup>5</sup>The findings of the study have been discussed with inference to the objective & hypotheses with findings of the study. The demographic characteristics indicated that maximum numbers of the mothers were 15(60%) in the age group of 25-30 yrs, 8(32%) of them were in the age group of 20-25 yrs, 2(8%) were in the age group of 30-35 yrs. With regard to religion, majority 25 (100%) were belong to Hindus. With inference to Gravida 9(36%) were primi mothers & 16(84%) were Multi gravida mothers. Majority of mothers were 16(84%) were literate & 9(36%) of them were illiterate. With regard to age of marriage, 17(68%) were under the difference of 5yrs of age, 8(32%) were in age marriage difference of 10 yr. With regard to monthly income, 2(8%) of families were having <Rs.5000, 8(32%) of families were having Rs.5000-7000, 10(40%) of families were having Rs. 7000-9000 & 5(20%) were having >Rs.9000. Regarding occupational status all mothers were non-working & with regard to type of family 9(36%) were belongs to nuclear family & 16(84%) belongs to joint family. The knowledge score obtained that 16(64%) of mothers were having Good knowledge & 9 (36%) of mothers were having average knowledge. On the other hand, only 12(48%) were having adequate utilization & 13(52%) were having average utilization of CHC services related to maternal & child health. The relationship between knowledge & utilization of MCH services by mothers shows a moderately positive correlation and there is no association between knowledge & of MCH services with selected demographic variables.

This study was supported by a Cross sectional study conducted by *Elayarani Elavarasan et al* to assess the knowledge and awareness among MCH beneficiaries about antenatal and infant care in rural Tamil Nadu, and it is found that Awareness about routine antenatal care, danger signs of pregnancy and preparation for emergency labour were observed to be poor among antenatal women. Knowledge about new born care, infant feeding practices, immunization, newborn and childhood illnesses were all found inadequate among mothers of under three. All the aspects were better in antenatal women who were educated, could read Tamil, and belonged to joint family. But these factors had no effect of mothers of under three. Health workers and family members were the major source of information for both the groups. As, a result Knowledge is observed to be poor, inspite of all the participants being beneficiaries of Rural Health Centre and the majority of them being educated up to secondary standard.<sup>6</sup>



## V.IMPLICATIONS

### **5.1 NURSING IMPLICATIONS:-**

There is a felt need for the improving of knowledge & utilization of MCH services by mothers in rural community area. It is a challenge for all the health workers in the community like community health nurse, school health & occupational health nurse especially in rural areas. The implications are discussed under following headings:-

### **5.2 NURSING EDUCATION:-**

Nurses who are equipped with up to date knowledge regarding MCH services & its utilization are better persons to impart appropriate knowledge to nursing students which will help in preventing health problems & will lead a protective life. In perspective of Nursing Education, students may be given clinical field assignments & activities to find out special health needs of the mother & target groups of community.

### **5.3 NURSING PRACTICE:-**

Mother is the key person in providing care to children .So it is the primary responsibility of the public health nurse to assess the level of knowledge regarding MCH services. As a result health education can be planned out according to the needed area of knowledge regarding MCH services and also their practices regarding infant care related to breast feeding practices can be monitored effectively.

### **5.4 NURSING RESEARCH:-**

There is a wide scope of conducting research study in depth using other tools in order to assess the awareness & identify the factors favorable & not favorable for the utilization of MCH services & develop effective policies to better utilization of MCH services.

### **5.5 NURSING ADMINISTRATION:-**

The nursing administration need to realize the values of community nursing practices & plan, organize & co-ordinate community health education programme effectively to impart knowledge & curative care & help the community people to utilize the services provide for them with full part.

## VI.CONCLUSION

Thus, the study concluded that utilization of maternal and child health care (MCH) services were average in rural areas. Awareness of women regarding her health assumes special importance because the maternal health problems are mainly due to ignorance, poverty, and lack of knowledge regarding the issue. Therefore, it is very important to emphasis on low income group, less educated women regarding antenatal visits, intra and post-natal visits. Also, various IEC campaigns and health programmes can be organized to motivate all mothers for institutional delivery and regular checkup of themselves and their children, more so at least till one year of child's life to decrease the mortality rates. Also the mothers must be educated about the breastfeeding within half an hour after delivery. More campaigns through medical staff as well as media may be utilized for the awareness of importance of early identification of risk factors. This awareness in community on MCH will help in improving community participation leading to sustaining and improving the quality, accessibility, and utilization of maternal health care services provided by the government agencies in community field areas.

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