



ACCESS TO MATERNAL HEALTHCARE SERVICES IN PHERZAWL DISTRICT, MANIPUR

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Abstract

Background

Maternal healthcare is influential in improving the health of women and children. Its services are still a challenge in the rural area due to several factors like lack of infrastructure facilities, economic constraint of the people, socio-cultural and geographical location. This paper evaluates the availability of access to maternal healthcare services looking into the existing healthcare system in Pherzawl district, Manipur.

Methods

This study uses purposive and random sampling technique to find out the health seeking behaviour in access to maternal healthcare services among women of 15-49 years of age. Investigation is made on the services of three important component of maternal healthcare such as antenatal care, childbirth and postnatal care using in-depth interview and observation.

Result

The study found that 11.43% of women were receiving ANC check-ups more than four times during pregnancy while 2.86% of them have not done even a single visit. The reason behind is the inconveniences caused due to lack of awareness, their busy schedule for food security, poor cooperation from the husband and financial issue. Home delivery is high which constitute 38.57% wherein it is due to the poor quality of services and far distance from home. Majority of the home delivery is assisted by untrained traditional birth attendant. Government institutional delivery stood 42.86% with private hospital delivery is 18.57%. Moreover, 62.86%

of women have not received postpartum check-ups due to lack of awareness which made them felt unnecessary unless they have serious health complications.

Conclusion

Maternal healthcare service is poor in the rural area. It is necessary that the healthcare system needs to improve the quality of services so that maternal healthcare services reach the target beneficiaries at the maximum. Also, stakeholders who are responsible for the proper implementation of healthcare services must be vigilant in serving the underserved population.

Index Terms: Maternal health, antenatal care, child delivery, and postpartum care

I. INTRODUCTION

Motherhood has an experience of a mixed emotion of unrest and happiness. Meanwhile, it is accompanied with several complications ranging from minor illness to severe condition. Lack of support system from the family and society, and increased in household workload during pregnancy can stress out pregnant women affecting both her mental and physical health (Aggarwal et al, 2021). Maternal healthcare pose a serious concern thus gaining worldwide attention. To reduce maternal and infant death, the reproductive health of women needs special attention. Access to healthcare such as comprehensive care during pregnancy, childbirth, and postnatal period needs special consideration.

Antenatal care (ANC) is a critical phase during pregnancy. As such, integrated care is needed throughout pregnancy to reduce maternal complications from pregnancy to childbirth (WHO, 2016). It is the key element of the primary healthcare service which aims to improve the health of women and newborn child (Roy et. al, 2013). Antenatal period, which is the pre-delivery phase, is a significant stage in the field of maternal healthcare (Bhattacharyya, 2013). Antenatal care can improve the life of women by diagnosing and giving timely intervention to safeguard the life of mother and child. According to the National Family Health Survey conducted in Manipur within a period of 2019-2020 (NFHS-5), 79.9 percent of mothers visited health facility for ANC check-ups at least four times during pregnancy.

Institutional child delivery is another area of concern for the well being of mother and child. Attention should be given on antenatal care to improve institutional delivery (Roy, 2019). Delivery attended by skilled health practitioner with the availability of adequate infrastructural facilities and medical resources is significant to reduce maternal and child mortality (Joe et al, 2018), which is also the core objective of National Rural Health Mission (NRHM). To increase institutional delivery, conditional monetary assistance packages and transport provision is arranged under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) undertaken by NRHM. As such might be, there has been an improvement in institutional birth from 69.1 percent from NFHS-4 (2015-2016) to 79.9 percent in NFHS-5 (2019-2020) in Manipur. Meanwhile, home delivery is also reduced from 8.0 percent (NFHS-4) to 5.8 percent (NFHS-5).

Postnatal care is critically important in detecting complications after child delivery. However, less attention is given by the developing countries especially the rural area due to certain factors, which eventually caused

several deaths of mother and child (Jahnavi K et al., 2020). A high risk of death for both mother and newborn child occur during delivery or a short period after delivery (Singh A et al., 2012). Utilization of postnatal is instrumental in safeguarding the life of mother and newborn child. However, utilization can be obstructed by a number of factors ranging from socio-demographic, family economy, availability and accessibility of maternal healthcare (Uppadhaya SK et al., 2016). The state Manipur has witnessed 70.3 percent (NFHS-5) in the delivery of postnatal care after two days of delivery. Systematic approach is needed to cover the whole population for maximum utilization of postnatal care service.

Although there has been increase in the utilization of maternal healthcare services in the public health centers in Manipur, whether the rural community is getting the benefit is doubtful. Therefore, this paper aims to find out the access to maternal healthcare services in the rural district, Pherzawl.

II. MATERIALS AND METHOD

Study Location

The present study was carried out in Pherzawl District, which is the new district of Manipur created on 8th December 2016 by the government of Manipur (GoM, Secretariat, 2016). The district is located in the interior area with poor road connection with the other districts of the state. It has a literacy rate of 72% with low utilization of maternal healthcare services (pherzawldistrict.com). There are four sub-divisions, such as Pherzawl Sub-Division, Parbung Sub-Division, Thanlon Sub-Division, and Vangai Sub-Division. The two sub-divisions namely Pherzawl and Parbung were selected for the study. Within the selected two sub-divisions, 1 village where the District Hospital of Pherzawl is located, 2 villages with Primary Health Centers, 3 villages with Sub-Centers, and 2 villages without any health facilities were chosen for the study.

Pherzawl is a fledging district which is bifurcated from Churachandpur district. Due to lack of resources, temporary offices are still maintained in Churachandpur using their available resources. Although the Community Health Center (CHC) located at Parbung village is upgraded into District Hospital Pherzawl, due to lack of the needed resources, the District Hospital of Pherzawl still functions at the level of ordinary CHC. Among the selected health centers, the District Hospital is the only health center that is functioning to provide healthcare services for the people. Maternal healthcare like ANC check-ups, child delivery, and postpartum care are given to women by the District Hospital alone, be it the near and far off villages.

Methodology

Purposive and simple random sampling techniques are applied in the selection of the study location and respondents. Within the study area, selection of participant was based on a woman who has at least one child till the age of two years during the study. The age group of women range from 15-49 years.

Sample

The size of the sample is different depending on the number of population as the villages were thinly populated. Out of the selected 8 villages, a total of 140 women respondents were selected for the study. There

are differences in terms of birth experience, education, household income, and age among the respondents; however, there is homogeneity in terms of ethnicity wherein all the respondents belong to the Hmar community. Data are collected among the women respondents on their experiences of maternal healthcare services on the area of ante-natal care, child delivery, and post-partum period.

Tools of Data Collection and Analysis

Primary data are collected from the respondents by applying in-depth interview and participant observation during the period of June 2020 to January 2021. Then, the collected data are analysed by using percentage calculation.

III. RESULTS AND DISCUSSIONS

Antenatal Care (ANC)

Pregnancy is a critical time in the lives of women. To protect the health of mother and unborn child, proper and timely antenatal care is crucial so that any health complication is diagnosed and treated. Skilled health practitioners can impart the knowledge of health behavior during pregnancy and give psycho-emotional support (UNICEF, 2021).

The findings in the field shown in Table 1 points out that 11.43 percent of the respondents did ANC check-ups four or more time during their last pregnancy, while 42.14 percent of them did three ANC check-ups. Meanwhile, 24.29 percent and 19.29 percent of them did two times and one time respectively. Surprisingly, 2.86 percent of the respondents did not go for ANC check-ups even once during their last pregnancy.

The reason behind why some women did not have a single ANC check-up varies from individual to individual wherein 21.43 percent of them claimed as due to the long distance of health center from home. Since the only existing health center is the District Hospital, women from the neighbouring villages have to travel a long distance for their medical needs. Moreover, the rural community of Pherzawl are fully engaged in agricultural work throughout the seasons. Giving a day off for ANC check-ups cannot be their priority over food security. With no secure financial income of the family coupled with lack of public transport services, 25.00 percent of the respondents faced financial constraint for ANC check-ups. Also, 43.57 percent of them faced inconveniences which they claimed to include inadequate time due to their heavy work in the field. Lack of decision making power in the family due to gender influences has created another factor which failed the women for not accessing maternal healthcare services. On the other hand, 10.00 percent of the respondents felt that ANC check-ups as unnecessary. This is due to their lack of awareness on the importance and the consequences that unattended pregnancy can impact their health so also the child.

Assisting pregnant women for healthcare is important because they are physically and emotional weak wherein they sometimes need the support of others on the way to healthcare and at the health center too. During the ANC check-ups, 27.86 percent of the women are assisted by their Accredited Social Health Activist (ASHA). Giving awareness on the importance of maternal healthcare, enrolling and assisting pregnant women

during ANC check-ups, child delivery, and postpartum period is the sole responsibility of ASHA worker. However, due to the inadequate work carried out by ASHA, 48.57 percent of the women were assisted by their family members or friends for antenatal care service. Pregnant women assisted by the husband for ANC check-ups are alarmingly low which occupy 6.43 percent. This can be because people of the study area are living in a patriarchal family set up wherein men do not give much attention to maternal healthcare unless it is a serious condition. They believed that reproductive health should be dealt by women themselves. Women residing within the vicinity of the District Hospital availed healthcare by themselves wherein 17.14 percent access ANC check-ups. This makes it much easier for women and the family in such a way that they can save time and perform other household activities after their medical examination. It would be much convenient for the other women if they all can access healthcare within their own village.

Table 1. Ante-natal Care

Variables	Percentage
1. Number of ANC Check-up	
Four or more times	11.43
Three times	42.14
Two times	24.29
One time	19.29
Nil	2.86
2. Reasons for no ANC Check-up	
Long distance of health center	21.43
Financial constraint	25.00
Inconvenient	43.57
Not necessary	10.00
3. Assistance for ANC Check-up	
ASHA	27.86
Family/friends	48.57
Husband	6.43
Self	17.14

Delivery Care

Table 2 shows the delivery care given to rural women of the study area. 42.86 percent of the respondents give birth to their last child in the government health center, which is the District Hospital of Pherzawl. However, in spite of the presence of the existing health center within the district, 18.57 percent of them opt for private hospital for child delivery. On the other hand, it is surprising to see that 38.57 percent of women respondents delivered their child at home.

The reason that women claimed for private hospital delivery is the availability of doctors at private hospital which stood at 52.86 percent. 27.14 percent of them said that private hospitals have better facilities compare to government institution. Also, due to the inadequate resources in the government health center, only normal delivery is available. Therefore, 11.43 percent of women respondents gave birth in private hospital due to

health complications which include difficulty in delivery leading to the need for caesarean section. Moreover, 8.57 percent of the women felt that private hospital offer better hospitality. As mentioned earlier, motherhood is a mixture of emotions; a feeling of stress, frustration, and excitement. In this critical juncture, women are longing for emotional support which according to them, government hospital failed to provide them.

Increase in institutional delivery is one of the core objectives to improve maternal health. In spite of the much effort taken up by the government to increase institutional delivery for the well being of mother and child, there are still end number of reasons to opt for home delivery. 32.14 percent of the respondents claimed that long distance of health center from home is the reason why they chose home delivery. Though the government provide safe motherhood package, like monetary assistance through the Janani Suraksha Yojana (JSY) program and free transportation along with diet supplement and medicine through the Janani Shishu Suraksha Karyakaram (JSSK) to increase institutional delivery for the reduction of maternal and child death, the program still remains a challenge in reaching the target beneficiaries. As a result, 17.14 percent of the respondents faced a financial constraint for delivery in the health center which made them opt for home delivery. Besides, among the women who delivered a child at home, 37.86 percent of them claimed the reason as due to the poor quality services and the inadequate facilities provided to the people. Availability of quality healthcare services can have a major impact to the health of the rural people. Moreover, since majority of the villages are without any healthcare facility, due to easy child birth or due to sudden onset of delivery, 12.86 percent of the women gave birth at home. Travelling several kilometers coupled with inadequate transport system and financial issue for emergency child delivery is a big challenge. Therefore, women are left with no option, but to deliver their child at home.

Majority of home delivery were assisted by untrained Traditional Birth Attendant (TBA) with 63.57 percent. Meanwhile, 11.43 percent of women were assisted by ASHA for home delivery. Also, due to the unavailability of TBA and ASHA, 25.00 percent of the respondents were assisted by their family, relatives or neighbour during home delivery. In this scenario, one can imagine the unhygienic and unsafe delivery practices which the family, relatives or neighbour would employ who are untrained and had no experience in child delivery.

Table 2. Delivery Care

Variables	Percentage
<i>1. Place of Child Delivery</i>	
Government Institution (Health Center)	42.86
Private Hospital	18.57
Home Delivery	38.57
<i>2. Reason for Private Hospital Delivery</i>	
Availability of Doctors	52.86
Good Facilities	27.14
Health Complications	11.43
Hospitality	8.57
<i>3. Reasons for Home Delivery</i>	
Long Distance of Health Center	32.14
Financial Constraint	17.14
Poor Quality Service and Facilities in Health Center	37.86
Sudden Onset of Delivery/Easy Birth	12.86
<i>4. Assistance for Home Delivery</i>	
Traditional Birth Attendant	
ASHA	63.57
Family/Relatives/Neighbors	11.43
	25.00

Postpartum Care

Timely postpartum care becomes important for mothers because untreated reproductive health complications after child delivery can lead to serious health complications which can sometimes be fatal. Table 3 shows that out of the total women respondents, 37.14 percent of them did postpartum health check-ups after delivery. However, 62.86 percent of the respondents have not undergone any form of postpartum care after child delivery.

While asking the reason on why women did not received postpartum care, 30.71 percent of the women respondent said that it is the long distance of health center that made them failed to access postpartum care. Meanwhile, awareness on the importance of postpartum care is lacking which resulted to 17.14 percent of women failed to access. In the same vein with Table 1 where women faced a problem in accessing antenatal care due to inconvenient, 46.43 percent of the respondents faced inconveniences in accessing postpartum care due to their busy agricultural work where food security is their priority. Also, ignorance on the importance of maternal healthcare, gender perception towards reproductive healthcare, and financial insecurity are some of the other factors causing inconvenient for women in accessing postpartum care. They are brought up in a society wherein women are taught to be obedient, hard working, and persevere in facing challenges. The same attitude has shaped their health seeking behaviour. Unless their health complications are severe, they hardly seek medical attention. As such, 5.72 percent of the respondents felt that postpartum care is not needed unless it is serious enough to cause prolong illness.

Table 3. Postpartum Care

Variables	Percentage
<i>1. Postpartum Check-up</i>	
Yes	37.14
No	62.86
<i>2. Reasons for non Postpartum Check-up</i>	
Long Distance of Health Center	30.71
Not Aware	17.14
Inconvenient	46.43
Not Needed	5.72

IV. CONCLUSION

Timely care during pregnancy, childbirth and postnatal care become important so as to improve the well-being of mothers, which ultimately determines the future of family, community, and even the healthcare system. While a number of factors create a barrier in accessing maternal healthcare services, exceptional factor is the socio-economic life of woman in the family and community which decide her health seeking behaviour. Gender difference is often implicated to women on her status of education, financial income, depending on where she lives, and her being a woman. These factors further correlated with her health status and her nature of accessing healthcare. Maternal healthcare during pregnancy, child delivery, and post-partum phase need extra attention by bridging the gender gap between men and women so that health for all is achieved. Also, proper road connection is important especially for those mothers who do not have any healthcare facilities within their village. Availability of healthcare services is another crucial factor determining access to maternal healthcare services. Moreover, the availability of healthcare practitioners in the health centers, the needed medical equipments and drugs, and the provision of maternal healthcare packages are essential to increase antenatal care, institutional delivery and postpartum care.

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