Factors Influencing Utilisation of Maternal Healthcare Services: Women's Perception

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Abstract

This paper analyses the factors affecting for utilisation of maternal healthcare services. Following is the section wise description of the paper. Firstly, the paper looks into socio-economic background of women. Secondly, the paper focuses on usage of maternal healthcare services by women. Thirdly, the paper also traces the factors affecting for usage of maternal healthcare services. Lastly, the paper concludes and suggests by emphasizing the significance of proper utilisation of maternal healthcare services that it leads to better health of mother and their newborn child.

Keywords: *Maternal Healthcare, Antenatal Care, Child Immunisation*

INTRODUCTION

Maternal health is a crucial concept in women's health; it is related to pregnancy and child birth. Quality healthcare in these stages is the right of both the woman and the unborn child. Maternal health is among one of the Millennium Development Goals (MDG), to improve maternal health and reduce the maternal mortality rate of 109 deaths per one lakh live births by 2015. However the current situation of maternal health in the country is abysmal and deteriorating. The Maternal Mortality Rate (MMR) is 212 deaths per one lakh live births in India (SRS, 2011). Every year, 63,000 women in the country die from pregnancy related complications, which is more than in any other country (Sinha, 2012). The country with its current state of maternal health needs to address the problem seriously in order to achieve the MDG-5 by 2015.

Several studies have highlighted that various factors such as socio-cultural, economic, political and environment affect usage of maternal healthcare

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services by women. The studies reveal that various factors under the socio-cultural factors are strong preference for male child, inequitable allocation of resources such as food and healthcare, arranged marriage for very young girls, education and income and as well as gender bias which lead to worst outcome of poor health (Development in practice, 1996; Haider, 1995). Another study by Rani, Ghosh and Sharan (2007) shows that the majority were married at a young age of 15 years in Jharkhand.

Further, the studies reveal that a woman, who wishes to obtain healthcare, whether from a local traditional practitioner, the district hospital, or some intermediate provider, is not free to do soon her own. She must obtain permission from her husband or in-laws, be accompanied by a male family member if she travels outside the village. It is also difficult for her to find money to pay for services, medicines or take them to the centre, even if the care itself was free (Development in practice, 1996; Barua, Pande, Macquarrie & Walia, 2004) The study finds that one of the important reasons for survival of the traditional system of medicine is the economic poverty of people(Gupta, 1996). A further study states that every three out of four women had undergone the necessary tests for identifying a risk pregnancy in Andhra Pradesh. Women from lower socio-economic status still prefer to have delivery at home with the help of *dai* (Padma, 2005).

Several studies reveal that there are limited availability of quality services, poor quality of care for women, unfriendly behaviour of some of the governmental staff and uncontrolled levels of fee charged by private centres. Many grassroots level healthcare providers were not even sure what services should be provided after delivery. These factors lead to not availing antenatal services or care and majority of deliveries take place at home. Although both blocks have primary health centres, few deliveries are conducted in these facilities. Assessing referral hospitals is difficult as most villages are connected only by mud roads with no transportation facilities. Health facilities are situated too far, and wide urban-rural differential, lack of knowledge and complete isolation are major reasons for not visiting the government health facilities (Bawa, 2003; Jejeehoby & Varkey 2004; Padma, 2005; Manju, 2006; Nagdeve, 2008).

On the other hand, studies found that working for long hours, large household size and lack of adequate rest not only negatively affect women's health but also contributes to increased rate of stillbirth, premature births, and intrauterine growth retardation (Development in practice, 1996; Haider, 1995). A study finds that large number of women needs to fetch

water from outside and need to go the toilet in open. Excessive physical activity is a precipitating factor for maternal mortality especially when the women's nutritional status is poor (Radkar & Parasuraman, 2007).

Above studies reveal that socio-cultural, political, economic, and environmental factors strongly influence the maternal health of women. Over the period of time these factors are so well-built that created hurdles for women from using maternal health service and care. At times these factors became reason for death of women. Are these factors still affecting maternal health of women in contemporary world?

It is also the question of affordable and accessible services for the women. Somehow maternal health has been considered to be a responsibility of the family members and community, and not of a single unit. The importance of maternal health needs to be understood in totality. Investment in maternal healthcare will ensure better health for both women and new born child. It is all about early investment on maternal healthcare and saving women from infectious diseases during the pregnancy. The World Health Organization defines maternal health as the health of women during pregnancy, childbirth and, the postpartum period. While motherhood is often a positive and fulfilling experience, for many women it is associated with suffering, ill-health, and even death.

OBJECTIVES

The objectives of the study are

1. To appraise the socio-economic background of women in Burari.
2. To study the usage patterns of maternal healthcare services by women.
3. To assess the intra and extra familial factors related to accessibility to maternal healthcare services.

METHODOLOGY

To achieve the above objectives, the present study adheres to triangulation of qualitative and quantitative research. The study was descriptive research design as it focused on describing the various factors influencing the maternal health of women. The present study was conducted in the Burari, North district of Delhi during September to November, 2011. Sample size consisted of 30 women who were selected by using non-probability method of snowball sampling technique for the purpose of interview. Only those mothers were included who had child of age up to one year. Data

were collected through semi-structured interview. Interview schedules were coded and recoded and analysed based on various themes that were extracted from the schedules.

FINDINGS

Socio-Economic Profile

Age of Respondents

Age is a significant variable to study the demographic profile of women in terms of their roles and responsibility towards the family and bearing and rearing of child. The study brings out that 13 out of 30 respondents were in the age group 20 to 24 years, eight respondents in 25 to 29 years, and 7 respondents in 30 to 34 years. Only one respondent was in the category of 15 to 19 years and 35 to 39 years each. The data are homogeneous and can be generalized (Mean= 26; SD= 0.961). The median age is 25.6 years and 23.5 years (mode).In the study, one respondent became mother by age of 19 years. Early marriage and early pregnancy are considered 'at risk' due to 'biological immaturity'. Teenage pregnancy is prevalent in India because of culture and family pressure leading to young girls becoming mothers.

Age of Infants

In the study, eleven out of 30 infants were in the age group of one day to three month. Further, nine infants were in age group of four to six months. Only five infants were between the age of seven to nine months and equal proportion of (five) infants were between ten to twelve months.

Education of Respondents

In the study, ten out of 30women were illiterate and have studied up to the primary level (class two). It is further noted that about five out of 30 of women had studied up to elementary class (middle class), six completed up to secondary school and three acquired education up to senior secondary class. However a very small proportion of women were educated up to graduation (four).

Occupational Status of Respondents

Most (28 out of 30) respondents were housewives. Only two respondents were working. Two women mentioned that due to the pregnancy or

Table 1: Profile of Respondents

Age (in Years)	*No. of Respondents (N=30)*	*Percent (%)*
15-19	1	3.3
20-24	13	43.3
25-29	8	26.7
30-34	7	23.3
35-39	1	3.3
Education		
Illiterate	10	33.3
Primary	2	6.7
Elementary	5	16.7
Secondary	6	20.0
Senior Secondary	3	10.0
Graduate	4	13.3
Types of family		
Joint family	12	40.0
Nuclear family	18	60.0
Religion		
Hindus	26	86.7
Muslim	4	13.3
Occupation of husbands		
Government	2	6.7
Private	17	56.7
Business	4	13.3
Daily wagers	6	20.0
Farmer	1	3.3
Income of husbands (monthly) Rs.		
1000-5000		
5000-10000	11	36.6
10000-15000	15	50.0
above 20000	2	6.7
Types of House	2	6.7
Puccka		
Aadhapuccka	18	60.0
Rented	6	20.0
	6	20.0

child birth they left the job. It might be the reason that both women had responsibilities to take care of new born child as well as to look after the older children in the family.

Religion of Respondents

Data (Table 1) show that 26 out of 30 of respondents were Hindus. Only four respondents belonged to Islam religion. Results reveal that there is

linkage between religion and age at first child birth. Data bring out that among Muslims, the age of mother is below 19 years (between 15-19 years) at the time of birth of first child while among Hindus mothers are more frequently above 19 years at the time of birth of their first child. Among Muslims, women have children at younger age as compared to Hindus.

Types of Family

Twelve out of 30 women were in joint families and more than half (18 out of 30) were from nuclear family system.

Occupation of Husbands

The smallest proportion of husbands was in government jobs (two out of 30). The largest proportion (17 out of 30) of men was in private sector like shops, factories, driver etc. Six out of 30 respondents' husbands were engaged as daily wagers and another four men were having their own business. Only one man was engaged in farming activity.

Income of Husbands

Among the men, half of the sample (15 out of 30) had monthly income between Rs.5, 000 to 10,000. Another 11 out of 30 had monthly salary between Rs.1,000 to 5,000 and two husbands had an income between Rs.10,000 to 15,000. Only two males had monthly income above Rs. 20,000.

Numbers of Family Members in Household

The present study reflects that 16 out of 30 respondents had 3 to 5 members in their household. Another 14 out of 30 women had more than 5 members in their household.

Age at Marriage Among Respondents

The largest proportion of women got married at the age of 15 to 19 years (18 out of 30). Further, 11 out of 30 respondents got married at the age of 20 to 24 years. Only one woman was married at the age of 25 to 29 years. The mean age at the time of getting married was 19.2 years and mode was 18.6 years.

Age of Respondent at First Child Birth

Results show that 11 out of 30 women were in age group of 15 to 19 years when they had their first child. Most of the (17 out of 30) women were in age group of 20 to 24 years at the time of their first child's birth. Next,

one women had first child born in age of 25 to 29 and equal proportion of woman had their first child's delivery the age group of 30 to 34 years (one). The mean age at first pregnancy was found to be 20.6 years and mode is 22.7 years.

First Pregnancy

Data show that 6 out of 30 women conceived their first child within one to three months of their marriage. Further, six out of 30 respondents conceived within four to six months of their marriage, another two women conceived within one of year of marriage. While 27 out of 30 conceived but had miscarriage within one year of their marriage.

Birth Interval between Last Two Children of Respondents

Data bring out that 14 out of 30 women had birth interval between last two children as less than 24 months. Another 8 out of 30 women had birth interval of more than two years. Rest of the women were in not applicable category.

UTILISATION OF MATERNAL HEALTH CARE SERVICES BY WOMEN HER MOST RECENT PREGNANCY

Table 2: Sources of Full maternal healthcare Check-up Services

Sources of MHC services	*Antenatal check-ups*		*Place of Delivery*		*Post-natal check-ups*	
	No. of respondents	*Percent (%)*	*No. of respondents*	*Percent (%)*	*No. of respondents*	*Percent (%)*
Dispensary	25	83.3	9*	30.0	24	80.0
Government hospital	2	6.7	16	53.3	5	16.7
Private hospital	3	10.0	5	16.7	1	3.3
Total	30	100.0	30	100.0	30	100.0

*Delivery took place at home

Sources of Full Antenatal Check-Ups Services

Results show that the highest (25 out of 30) proportion of women received antenatal services from the dispensary. Only two out of 30 women received antenatal facilities from the government hospital. Another three women availed antenatal services from the private hospital.

Place of Delivery of Last Child

Data show that the highest proportions (16 out of 30) of births took place in government hospital. Only 5 out of 30 births took place in private hospital. Next, nine out of 30 births took place at home. Data show that 21 out of 30 deliveries among respondents were assisted by doctors,two were done by trained *dai* and seven attended by untrained *dai*.

Child Immunisation Services

Child immunisation is vital for the foundation of healthy life. The highest proportions (29 out of 30) of children had received immunization services. Only one child did not receive immunisation services. Women mentioned that child received immunisation services from various sources like dispensary (24 out of 30), government hospital (5 out of 30) and private hospital (one). The highest proportions of children availed immunisation services from dispensary.

Reason for Usage of Maternal Healthcare

In the present study, five reasons for usages of maternal health care services were mentioned as-using dispensary as it is nearest to the community (8 out of 30), free of cost services available in dispensary and government hospitals (3 out of 30), government hospitals are less expensive and have better quality of services for delivery (7 out of 30), private hospitals are less crowded and behaviour of doctors is good (two), and nursing homes discharge women early after the delivery as well as it is near to home (one).

Reasons for Non-Utilisation of Maternal Healthcare Services

Smallest proportion (2 out of 30) of women personally knew the trained *dai*, one of the woman mentioned that considered child birth at home comfortable, another respondents did not fill the form of hospital delivery

or had not filled up the referral slip and child birth took place at home before the expected date of delivery (2 out of 30). Only four respondents reported lack of time to arrange the transport for going to hospital.

FACTORS INFLUENCE FOR USAGE OF MATERNAL HEALTH CARE

Respondents' Awareness on Maternal Health Programmes

In the study, 70 percent of women were not aware of the programmes on maternal health. Only 30 percent of women were aware of the maternal health programmes including (10 percent) Janani Suraksha Yojana (JSY), (3.3 percent) Indira Gandhi Matritva Sahyog Yojana (IGMSY) and 16.7 percent women did not know the name of the programme. It seems that there is no statistically association between education of respondents and awareness about programmes related to maternal healthcare.

Availing Benefits of Maternal Health Programmes

Only10 percent women were getting benefits of maternal health related programmes. In this, one of the women cited names of programmes like-Janani Suraksha Yojana (JSY) and two did not know. The highest (90 percent) proportion of the respondents did not get such benefits.

Table 3: Awareness on Maternal Healthcare Services

Awareness on three stages of MHC services	*No. of respondents*					
	Yes		*No*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*
Antenatal check-up	25	83.3	5	16.7	30	100
Delivery	26	86.7	4	13.3	30	100
Post-natal check-up	24	80.0	6	20.0	30	100

Awareness on Maternal Healthcare Services

Table 3 shows that 83.3 percent women were aware of the antenatal care services and 16.7 percent were not aware. Most (86.7 percent) of the women were aware of the place of institutional delivery and 13.3 percent of the respondents were not aware of the place of delivery services. Further,

20 percent of the women did not know about after delivery facilities provided by the government health set-up. The highest proportions of the women (80 percent) were aware of the post-natal care services. It seems that awareness about maternal health care services is more among the literate and college attended women as compared to illiterate.

Women Get Extra Nutritional Food Intake

The study shows that 28 out 30 (93.3 percent) women were getting extra nutritional food intake such as milk, green vegetables, fruits, juices and so on during the pregnancy period. The smallest (6.7 percent) proportion of women did not get extra nutritional food during the pregnancy. It seems that husbands whose monthly income was less than Rs. 5000 were not able to fulfill the extra nutritional food requirement of their wives during the pregnancy. Husbands whose monthly salaries were more than Rs. 5000 were able to fulfill the extra nutritional food requirement of their wives during the pregnancy.

Restriction of Food Intake Faced by Women During The Pregnancy

In the study, majority of the women (93.3 percent) did not face any restrictions of food intake during the pregnancy. The smallest (6.7 percent) proportions of women faced restrictions of food intake such as non-vegetarian foods (hot food items) and banana (cold food) during their pregnancy.

Anaemia Among Pregnant Women

30 percent of respondents reportedly had anaemia during their pregnancy. It seems that low income of husband impacts the health of the pregnant women. Data brings out that among husbands whose monthly incomes are less than Rs. 10000, more likely their women had anaemia problem during the pregnancy and delivery.

Health System Facilities Within One km

All the women (100 percent) reported about availability of health system within one km. Women cited availability of dispensary facilities (93.3 percent) and other types of clinics (6.7 percent) within one km range.

Behaviour of Healthcare Staff

The highest (80 percent) proportion of women did not face any problem regarding behaviour of health staff members during pregnancy and after delivery in government health set-ups like dispensary and government hospital. Only 20 percent of the women faced problems regarding behaviour of hospital staff members. There were reasons cited by women such as doctor shouting at women if she arrived late for delivery, harsh talk or shouting at patients, hesitation and fear among women for asking same things again, and not good or rude behaviour of doctor and staff members with women if she had conceived third and fourth time and they emphasized on use of family planning methods.

After Delivery Home Visits by Health Visitor

In the study, 26.7 percent of women cited that health visitors did not visit their house after the delivery and 3.3 percent of women were in not applicable category because her delivery took place in village.In the study, twenty one out of 30health visitors had visited the respondents' house after the delivery. The major discussion initiated by health visitors with women were- no discussion took place (five out of 30), child care and immunisation (eight out of 30), family planning (four out of 30), and general discussion after the delivery (four out of 30).

Women having Faith in Traditional Birth Dais

Most (76.7 percent) of women did not have faith in traditional birth *dais*. On the other hand, 23.3 percent of women had faith in traditional birth *dais*. It may be these women already have their previous child birth by in traditional *dais*.

Pressure for Home-Delivery

Data bring out that 56.7 percent of the respondents did not face any force from anybody for birth of child at home. Another 30 percent of women were forced to give birth of newborn child at home.

Woman Engaged In Heavy Household Work during Pregnancy

Nearly half (fourteen out of 30) of the women were engaged in heavy household works like carrying bucket of water, etc. during the pregnancy.

Further, sixteen out of 30 women were not engaged in heavy household activities during the pregnancy time period. Data bring out that there is linkage between different types of family and respondents engaged in heavy household works. In joint families, women are less likely to engage in heavy household during the pregnancy as compared to nuclear families.

Women Get Help from Other Family Members

The highest proportions of women were getting help from other family members for managing household works (83.3 percent). Women told about the helping family members as - mother-in-law (nine out of 30), husband (four out of 30), family relatives (eleven out of 30), and others (one out of 30) during pregnancy. Other 16.7 percent women did not get help from any family members in household management. It seems that there is association between various types of families and respondents those get help from other family members in household works. In joint families, all women are more likely to get help from other family members for managing household works as compared to women of nuclear families.

Proper Time for Rest during The Pregnancy

Majority (29 out of 30) of the women were getting proper time for rest during pregnancy. Only one woman did not get proper time for rest, because of her engagement in agricultural work.

Taking the Drinking Water outside the Home

In the study, 29 out of 30 women did not go outside the house for taking or fetching the water during their pregnancy. Only one respondent went outside for taking drinking water from a source near to home.

CONCLUSION

Maternal health is a serious issue and their denial affects women's participation and well-being. It is often held that despite many efforts from the Government's side, various schemes and programmes, the state of maternal health in the country continues to deteriorate and seeks urgent attention.

The present study paper has an attempt to understand the various socio-cultural, economic, political, and environmental factors directly

and indirectly create hidden to women utilisation of maternal healthcare services. The study revealed that most than half of women got married at age of below 19 year. Early marriage of girl leads to early child birth and that directly affects the reproductive health of women. Further, the study found that most of women were using the maternal healthcare services due to active involvement of community health worker that is ASHA worker to ensure proper utilisation of maternal healthcare services. Lack of awareness about maternal healthcare services among women was also reported. Some factors influencing the maternal health of women are birth by traditional *dai*, restriction of food, heavy household works, lack of awareness of maternal health programmes, and so on. It is therefore important to understand the performance of various stakeholders in maternal and child health.

The state of maternal health in the country will improve significantly if pregnant women get quality care with regard to three stages of services such as the ante natal care (ANC), natal care, and post natal care (PNC), which will help to identify and minimize the pregnancy risks. Better maternal healthcare services directly lead to healthy new born child's delivery and care thereby reducing the rate of IMR as well as MMR.

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