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Original Research Article

Attitude of pregnant women towards institutional delivery: a study in Khaag block-a tribal area of the Kashmir valley

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ABSTRACT

Background: Motherhood is often a positive and fulfilling experience but for many women it is associated with suffering, ill health, and even death. Improving maternal health is one of the thirteen targets for the sustainable development goal 3 (SDG-3) on health adopted by the international community in 2015. Objective of the study was to find out the attitude of pregnant women towards institutional delivery in Khaag block of district Budgam.
Methods: A cross-sectional, community-based study was conducted, in February 2018 to March 2018, to assess attitude of pregnant women towards place of delivery in a tribal area of Khaag area of district Budgam. For this study, 99 pregnant women were approached. Informed consent was obtained from the participants and the registered pregnant women were interviewed by a pre-designed questionnaire.
Results: Mean age at the time of contact was 28 years with a standard deviation of 3.87 years. The maximum years of schooling were 10 years. It was found that the last delivery was conducted at hospital for about 76% of women but for the present pregnancy 88% of the women had decided to have it conducted at the hospital. Thus, the attitude of women towards institutional deliveries has changed positively (p=0.001).
Conclusions: Percentage of institutional deliveries is still less in rural area of Khaag is Kashmir. For decreasing the maternal and infant mortality rates further, much is still to be done. Awareness needs to be generated among common masses for promoting institutional deliveries. Educating women folk will make them confident in decision making.

Keywords: Attitude, Choice behaviour, Hospitals, Delivery, Rural population

INTRODUCTION

Maternal health refers to the state of complete physical, mental, and social well-being 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.[1] Improving maternal health is one of the thirteen targets for the sustainable development goal 3 (SDG-3) on health adopted by the international community in 2015. Whilst the SDGs include a direct emphasis on reducing maternal mortality, they also highlight the importance of moving beyond survival. Efforts have resulted in a 47% decline in global maternal deaths since 1990. Yet, globally an estimated 287,000 maternal deaths continue to occur every year.[2] The sustainable development goal-3 Targets re-emphasized the importance of institutional delivery. Under the broad ambit of the national health mission, the government of India introduced a broad conditional cash transfer scheme called Janani Suraksha Yojana (JSY) in April 2005 to encourage women of low socio- economic status to give birth in health facilities. According to the national family health survey (2015-16), nearly 79% of the births were institutional. With the formulation of the 2017 national health policy, the federal Indian government has promised to extend every possible effort to achieve universal coverage of institutional delivery, with a focus

on improving the quality of maternity care.[3] Out of all maternal deaths, 99% occur in developing countries.[4] Further, maternal mortality is higher among women living in rural areas of India, among poorer communities and among those with low literacy. In Jammu and Kashmir, 85.7% of births were institutional as per NFHS-4 reports.[5] But still some women prefer getting delivered at home due to various reasons like illiteracy, lack of knowledge, cultural taboos, and lower socioeconomic status. The first 24 hours of delivery being the most critical period for the postpartum mother so a woman delivering in a health facility should remain in observation for the first 24 hours period, and those who deliver at home need close observation as well, preferably by a skilled birth attendant (SBA) who can recognize the signs of problems, manage, and refer immediately when needed.[6]

Place of delivery is a crucial factor which affects the health and well-being of both the mother and new-born. Therefore, it is essential to explore the attitude of women towards the place of delivery and create awareness where needed for increasing institutional deliveries.

Objective of the study was to find out the attitude of pregnant women towards institutional delivery in Khaag block of district Budgam

METHODS

A cross-sectional, community-based study was conducted, from February 2018 to March 2018, to assess attitude of pregnant women towards place of delivery in a tribal area of Khaag area of District Budgam with a total population of 7000. The area is situated about 35 km from the Srinagar city and is under the administrative control of Department of Social and Preventive medicine, Government Medical College Srinagar which serves as its field practice area. For this study, 99 pregnant women were approached who were registered in ANC register of the health center. Each eligible woman was interviewed her respective household. Informed consent was obtained from the participants and the registered pregnant women were interviewed by a in the word pre-designed should be removed. it should be written as pre-designed questionnaire. Objectives of the study were explained to each eligible woman in the selected household. Ethical approval was obtained from the institutional ethical committee. The collected data was entered in Microsoft Excel spreadsheet and analysed using SPSS version 23.0

RESULTS

In our study which was conducted in the rural area of Khaag, we collected data from as many pregnant women as possible in the one-month period. A total of 99 women were enrolled. All the women belonged to the Khaag block of district Budgam. Mean age at the time of contact was 28 years with a standard deviation of 3.87 years. The maximum years of schooling were 10. The socio-demographic characteristics of the participants are given in Table 1.

Figure 1 depicts the place of last delivery for the women. For around 76% of the women the delivery had been at the hospital.

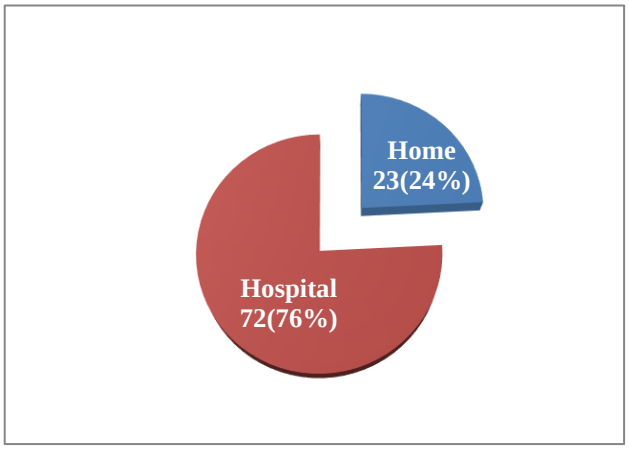

Figure 1: Place of delivery in the last pregnancy (the percentages calculated are from a total of 95 as 4 women in our study were having their first pregnancies during the present study).

Reasons for the chosen place of delivery in the last pregnancy are given in Table 2 For last delivery personal choice has been the reason mostly for choosing the place of delivery either as hospital or home. Breech presentation was the main reason for hospital delivery. For 30% of the participants who opted for home as the place for last delivery, the reason was living far away from the hospital.

The choice of present delivery as had been decided by the women at the time of contact was hospital delivery for about 88% of women as shown in Figure 2.

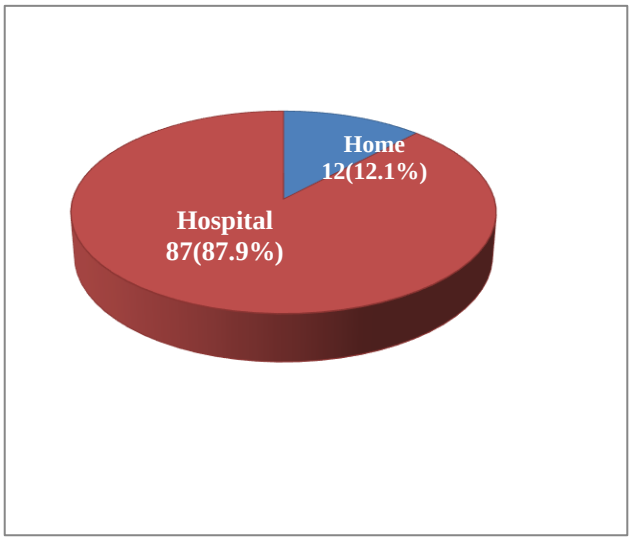

Figure 2: Choice of place of present delivery.

The participant women were asked their views about advantages and disadvantages of institutional delivery (which would in turn reflect the advantages and disadvantages of home delivery). The views of the pregnant women about hospital (institutional) delivery are summarised in Table 3. About 70% of the women said the hospital delivery is expensive while around 78% expressed the fear of surgery as something which comes in their mind when thinking about hospital delivery. Among the benefits of hospital delivery most women

acknowledged to the availability of vaccine immediately for the baby (98%), safety of the baby at hospital (96%), monetary benefits to the mother (94%) and availability of doctors in case some complications arise (92%).

Table 1: Socio-demographic characteristics of study participants.

Characteristic		Mean (SD)	Median (IQR)	Range	Number (%)
Age (years)		28.22 (3.87)	28 (26-30)	19-40	
Number of children			2 (1-2)	0-4	
Years of marriage			5 (4-6)	1-10	
Years of schooling			2 (0-5)	0-10	
Education of head of family (years of schooling)			6 (5-7)	1-12	
Occupation of head of family	Businessman				22 (22.2)
	Carpenter				7 (7.1)
	Clerk				2 (2.0)
	Farmer				34 (34.3)
	Labourer				7 (7.1)
	Mason				13 (13.1)
	Teacher				1 (1.0)
	Unemployed				13 (13.1)
	Total				99 (100.0)

SD=Standard deviation, IQR= Interquartile Range.

Table 2: Reasons for the chosen place of delivery in the last pregnancy.

Reasons	Number	Percentage
Anaemia	5	6.9
Breech	10	13.9
Choice	22	30.5
Fetal distress	6	8.3
Meconium-stained liquor	9	12.5
Obstructed labour	9	12.5
Placenta previa	6	8.3
Twin	5	6.9
Total	72	100.0
Reasons for home delivery in the last pregnancy		
Personal choice	9	39.1
Family pressure	2	8.7
Far from hospital	7	30.4
Husband's choice	4	17.4
Safe	1	4.3
Total	23	100.0

Assuming that the choices of the place of delivery will actually be the places of present delivery for these women and then comparing the results (place of delivery) of previous delivery with that of the present delivery, 47.8% (11 of 23) of those who delivered at home last time will have their deliveries in the hospital in the present pregnancy and all those who delivered at hospital in the last delivery will again have deliveries at the hospital (p=0.001 on McNemar test). Thus, the attitude of pregnant women has changed positively towards institutional delivery.

Table 3: Views of women regarding institutional delivery.

Views of women	Number	Percentage
Expensive	59	59.6
Fear of surgery	77	77.8
Family pressure for home delivery	17	17.2
Benefits of hospital delivery		
Doctors can manage complications	91	91.9
Monetary benefit from government to mother	93	93.9
Baby is safe at hospital	95	96.0
Vaccine is available for baby	97	98.0

DISCUSSION

This study was conducted in the rural area of Khaag block, district Budgam. The age range of child-bearing women in our study was from 19-40 years. The minimum age as low as 19 years for child-bearing is expected because the area is rural and low age at marriage is common in rural areas.[7] Because of the same reason, the women in our study were mostly illiterate with median 2 years of schooling. Median for years of schooling of husbands was 6 years. Keeping this background of Khaag area and the Socio-demographic details of the women in mind, if we have a glance at the number of hospital and home deliveries in mind, the picture is not that gloomy.

But the statistics must further be improved. According to NFHS-4, the percentage of institutional deliveries in rural parts of Jammu and Kashmir is 81.9%.[5] In our study we found that the last delivery was conducted at hospital for about 76% of women but for the present pregnancy 88% of the women had decided to have it conducted at the hospital. Thus, the attitude of women towards institutional deliveries has changed positively. It's better than many other states of India.[2] It may be because of the efforts of healthcare authorities of that area. Also, one of the main reasons for this positive change may be the taking up of the administrative control of the area by the department of community medicine GMC Srinagar. The department is doing the awareness and other activities with the help of community medicine experts and post-graduate students who are posted (since 2016) in Khaag area for a defined time period during their postgraduate tenure. But the actual implementation is likely to vary a bit and may be different from the decisions made because the actual implementation of decisions made by the women about their place of delivery depends not only on the pregnant woman but her entire family particularly her husband. In our study 17% of the women expressed "family pressure" as one of the factors which might limit them from going to a hospital for their delivery. Two women in their last pregnancy had to deliver at home because of family pressure. In one of the studies conducted in rural India one of the reasons given by women for home deliveries was reluctance from parents-in-law.[3] The health authorities must pay attention to do away with the hurdles that restrict many women from having institutional deliveries. Awareness generation among women is of utmost importance plus creating awareness among masses so that there's no family pressure for home delivery. This will help in the lowering of maternal and child mortality rates.

Moreover, many women viewed the hospital delivery as expensive. It reflects the lack of knowledge among women regarding various programmes run by the government for pregnant women for promoting institutional delivery with no brunt of cost on the women like JSY and therefore peripheral health workers need to bridge this knowledge gap by making frequent home visits and no pregnancy should go unnoticed. Education of women is an important factor which helps them differentiate between right and wrong and strengthens their decision-making power.

CONCLUSION

Percentage of institutional deliveries remains less in rural area of Khaag is Kashmir. For decreasing the maternal and infant mortality rates further, much is still to be done. Awareness needs to be generated among common masses for promoting institutional deliveries. Educating women folk will make them confident in decision making. Peripheral health system needs to be strengthened so that no delivery goes unnoticed and unattended.

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