



Are Women Availing Post Natal Care Services? Cross Sectional Study in an Urban Slum of Mumbai

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ABSTRACT

Background: More than half a million women each year die of causes related to pregnancy and childbirth. Utilization of postnatal care service in India is low due to various factors. Current study is an attempt to find morbidity in post natal period, utilisation of post natal care services and factors affecting same.

Material and Method: a community-based, cross-sectional study was carried out from Jan 2012 to Dec 2012 among 15-49 years mothers who gave birth during study period. Systematic random sampling and structured questionnaires were used to collect data.

Results: maximum Subjects were in age group of 26-30years. 32(16%) received one, 12 (6%) two, and 10(5%) three postnatal check-up. 103(51.5%) had problem in post natal period during first 6weeks after delivery. Only 42(21%) subjects visited doctor for their problem in post natal period. Analysis of reason for not having post natal visits were didn't feel need to go for Post Natal Health check up in 132(66%), lack of time in 28(14%) and unaware about Post Natal health services in 40(20%) subjects.

Conclusion: Post natal care is poor, steps to be taken to educate the mothers regarding the dangers in neglecting the post natal care.

Keywords: Morbidity, Post Natal Care, Urban Slum, Utilisation, Women

INTRODUCTION

The timing of postnatal care is crucial to the well-being of the mother and baby. Earlier international studies have shown that some 50% of maternal deaths and 40% of neonatal deaths occur within 24 hours after birth, also known as the 'immediate postnatal period'.^{1,2} Thus it is clear that the first 24 hours after birth is a crucial time to intervene so that any problems can be identified promptly and appropriate intervention can take place. For this reason the World Health Organisation (WHO) recommends that mothers receive postnatal care within the first 24 hours followed by postnatal check on the second or third day, and then on the seventh day after delivery.¹

In India, both child mortality (especially neonatal mortality) and maternal mortality are high. Seven

out of every 100 children born in India die before reaching age one, and approximately five out of every 1000 mothers who become pregnant die of causes related to pregnancy and childbirth (Population Reference Bureau (PRB) 2007).³

The postpartum morbid consequences include problems, such as postpartum infection, anaemia, perineal tears, urinary tract infection, and depression; others defined in the literature as long-term morbidities/ disabilities include incontinence, fistula, pelvic inflammatory disease, genital prolapse, hypertension, haemorrhoids, nerve damage, pituitary failure, anaemia, and infertility. Many of these maternal morbidities and disabilities may arise during delivery or in the first 1-2 week(s) following delivery and can become chronic if not cared for appropriately. Globally, 15-20 million women each

year are estimated to suffer from these postpartum and long- term morbidities/ disabilities.⁴

Current study is an attempt to find morbidity and utilisation of post natal care services and factors affecting same.

OBJECTIVES

The study was conducted to asses various morbidity and factors affecting using post natal care among study population.

MATERIAL AND METHODS

A cross sectional community based study for a period of one year was carried out in an urban slum area of Mumbai (Jan 2012-December 2012). Community survey was done in urban slum having 50plots, each plot having 20 lines and 10 houses in each line. As per previous year birth rate record of study area (2100 live birth in a year), study sample was taken 10% of that birth rate (210). From each plot 5 subjects were selected by systematic random sampling. Women in the age group of 15-45yrs who have delivered in one year were included as a study subjects. Total 200 subjects were interviewed by house to house visit. At the time of survey, the information was collected about various factors like religion, education, occupation, socioeconomic class, ANC Registration, ANC visits, place of delivery, PNC visit, any PNC problems etc. After filling of proforma those who were unaware about services were given information about availability of services, place, time to visit etc. The collected data was numerically coded and entered in Microsoft Excel 2007, and then transferred to the statistical package for the social science (SPSS) version 16.

Data was analyzed by applying appropriate test of significance at 95% CI and p value <0.05 was considered statistically significant.

RESULTS

Age range of study subject was 17-39 years and maximum were in age group of 26-30years. Socio-demographic profile of study group showed in Table 1. Out of 200 subjects 115 (57.5%) had registered during ANC period and 72 out of 115 had given more than three ANC Visits. out of 200 subjects 32 (16%) received one, 12 (6%) received two, and 10 (5%) received three postnatal check-up. 103 (51.5%) had problem in post natal period during first 6weeks after delivery.

Table 1: Socio-demographic profile of study group

Variables	Frequency (n=200) (%)
Religion	
Hindu	32 (16)
Muslim	168 (84)
Age Group in years	
<20	52 (26)
21-25	56 (28)
26-30	80 (40)
>30	12 (6)
Age at Marriage	
<18 yrs	44 (22)
>18 yrs	176 (78)
Occupation	
House wife	196 (98)
working	4 (2)
Family Type	
Joint	84 (42)
Nuclear	90 (45)
3rd Generation	26 (13)

Table 2: Factors Affecting PNC Service Utilisation

Variables	PNC Services		Total	OR	95% CI	p Value
	Utilised (%) (n=54)	Not utilised (%) (n=156)				
Education						
Illiterate	06(8.5%)	64(91.5%)	70	6.8267	2.64-17.60	<0.001
Primary	16(33.33%)	32(66.67%)	48	1.28	0.60-2.7	
Secondary & above	32(39.02%)	50(60.98%)	82	1		
Socio -economic Class						
Class III & above*	35(48.62%)	37(51.38%)	72	1		<0.001
Class IV	12(21.42%)	44(78.58%)	56	3.46	1.57-7.62	
Class V	07(9.73%)	65(90.27%)	72	8.78	3.54-21.74	
Parity						
Primi	20(43.47%)	26(56.53%)	46	1		0.027
Second	13(24.08%)	41(75.92%)	54	2.42	1.03-5.69	
Third	12(25%)	36(75%)	48	2.3	0.96-5.53	
Multi	9(17.3%)	43(82.7%)	52	3.67	1.45-9.27	
Place of Delivery						
Hospital	51(30%)	119(70%)	170	2.42	0.65-13.44	0.197
Home	03(10%)	27(90%)	30			

*Very few (2) participants were in class II of socioeconomic class

Most common problem in post natal period during first 6 weeks after delivery was fatigability in 110(55%) and body ache in 108(54%) followed by abdominal pain in 43(21.5%), PV Bleeding in 11(6.5%), Fever in 4(2%) and other problems like burning micturation, mastalgia, PV discharge in 8(4%) study subjects. Only 42(21%) subjects visited doctor for their problem in post natal period. Analysis of reason for not having post natal visits were didn't feel need to go for Post Natal Health check up in 132(66%), lack of time in 28(14%) and were unaware about Post Natal health services in 40(20%) subjects.

DISCUSSION

Postnatal care is essential in maintaining and promoting the health of the woman and the new-born baby, while providing an opportunity for health professionals to identify, monitor and manage health conditions, that may develop in the mother and new-born during the postnatal period.¹ In most developing countries, however, postnatal care may occur only if provided through home visits, because geographic, financial, and cultural barriers typically limit care outside the home during the early postnatal period.⁵ Present study area is typical urban slum of Mumbai with more Muslim (84%) population and almost 95% of them were migrants from UP, Bihar and MP. They were having financial, educational [Table 2] and many cultural barriers (religion, custom, traditions and ta-boos) affecting utilisation of post natal services.

In the present study, 16% of mother received one, 6% two, and 5% three postnatal check-up at health care facility. Very few (12/200-6%) answered about home health check up by ANM or USHA. Women going for post natal problems/ morbidity were more than routine health check up for their own. This reveal very low coverage of routine Post Natal checks up. Shah H et al, in a Study of assessment of maternal health service utilization in rural area of Surat district Gujrat, reported that 50.7% PNC visits was at home - out of these, in 31.6% only one visit was done, in 39.6% cases two PNC visits were done, and three or more visits were made in only 6.5% of cases.⁶ study by Uppadhaya et al found 91.9% of mothers receive postnatal visit but only 35.8% of mothers received 2 or more PNC visits. Most of mothers received PNC by doctors (48.35%) and ANMs (46.70%).⁷ Malik et al (2015) revealed that 2.7% of mothers did not receive any post-natal visit and 62.8% of subjects were received 3 or more PNC visits.⁸ This urban-rural variation highlight about poor doorstep health services in urban slum compared to rural part of country.

On analysing reason for not visiting health care facility during post natal period Out of 200 subjects

132(66%) answered didn't feel need to go for Post Natal Health check up, 28(14%) said lack of time to go as a reason and 40(20%) were unaware about Post Natal health services. Women mentioning lack of time to go as a reason were having more than 3 children and from joint family and burdened with child care and household work. Acharya LB, Cleland J stated that the main reason for the non-use of postnatal health services is the lack of awareness, or not perceiving a need for it.⁹ Lack of awareness might be related to illiteracy and lack of particular health services in accessible area. Study found significant association between mother's education and utilisation of post natal services [Table 2].

Present study revealed that the percentage of mothers opting for two or more postnatal visits was significantly more in the primipara mothers [Table 2]. Findings matches with Uppadhaya et al findings.⁷ In congruence to our study, Bhattacharjee S et al observed that mothers with high birth order received more postnatal visit.¹⁰

In this study, education of the mother and knowledge of mother about need of postnatal check-up were significantly related with PNC utilization. Other studies also reported similar finding with level of awareness, education of mother and PNC utilization.^{10,12,16}

Present study found mothers obtaining two or more postnatal visits increased significantly with increase in their socio-economic status. This could be because mothers of low SES are lacking money to visit hospital or not available at home when health worker visiting their area. Findings match with other studies.^{7,11} study done by Tej et al found rich mothers had PNC 1.5 times higher than poor mothers. Our study showed PNC Service was 8.7 times less utilized by lower SEC than higher SEC [Table 2].¹⁴

Our study found that the mother, who delivered in hospital, utilized PNC more than the mother who delivered at home. Postpartum women, who deliver at home, may not have the opportunity to utilize health care services but this was not statistically significant. Similar finding were reported in other studies.¹² Varma et al found 84 percent did not receive a postnatal check-up, irrespective of place of delivery.¹³

No significant association was found with variables like age of mother, type of family, age at marriage, ANC registration & occupation of women. Ranganath TS reported similar finding.¹⁴

Present study include urban slum migrated Muslim community and maximum were housewife [Table 1] so we couldn't find out any association regarding working status of women and utilisation

of PNC Services for their own while study by Upadhyaya et al found that percentage of mothers who made two or more postnatal visit was higher among housewives (38.4%) compared to working mothers (14.3%). This difference too can be explained on the basis of time constraint, inability to get further leaves or fear of loss of daily wages on the part of working mothers.⁷

Study found that poor, illiterate mothers are vulnerable and neglected towards their health in post natal period which is very essential for reducing the morbidity and mortality among mothers.

CONCLUSION

The present study revealed that role of education, especially of female education is important contributing factor associated with utilization of post-natal care.

Recommendation: 1. Since post natal care is poor, steps to be taken to educate the mothers regarding the dangers in neglecting the post natal care.

2. The Self Help Group (SHG) can be sensitised to give post natal care at homes.

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