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‘‘A Study To Assess The Awareness Regarding Institutional Delivery Among Antenatal Mother Attending Clinic In Rural Areas In View To Develop Information Pamphlet’’

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Abstract: Health is the precious possession of all human beings as it is an asset for an individual and community as well. Though health is related to individual and attained through individual efforts to quite an extent but, it also depends upon the concerted and co- operative efforts of people in the community to which the individuals belong. It is well established that giving birth in a medical institution under the care and supervision of trained health care providers promotes child survival and reduces the risk of maternal mortality. The aim of the study was to assess the Awareness regarding Institutional Delivery among Antenatal Mother attending clinic in rural areas in view to develop Information Pamphlet.

Methods : An Quantitative research approach was used with Non experimental exploratory survey research design to assess awareness of antenatal mothers regarding institutional delivery. The study was conducted in in Gramin Rugnalay, Jamod, Jalgoan area. The permission was granted from authority and data collected from ANC OPD and ANC clinics under Gramin rugnalay, Jalgoan, Jamod. The sample composed of 200 antenatal mothers attending clinic in rural area. The sampling technique used in this study was non probability purposive sampling technique method of sampling. A self structured questionnaire was used for data collection. The structured questionnaire was prepared and tested for reliability and validity. The data collection was carried out and the data was analysed by using the descriptive and inferential statistics.

Result : The study result depicted that, The participants included in the study were maximum number 61.50% of the mothers were in the age group of 20-25 years, 49.50% of the mothers belongs to Muslim religion. 43.50% of mothers completed primary education. 68% of the mothers were housewife. Maximum numbers 74% of the mothers was having below 10000 monthly income. 50.50% of the mothers belongs to joint family. Regarding the existing awareness of the antenatal mothers, there was good Awareness about institutional delivery. mean Awareness score among mothers regarding institutional delivery was 14.62±5.02.

Conclusion : The study was concluded that Institutional delivery is to give the care to both mother and neonate. Institutional delivery reduce risks for the mother and baby. The study focus was to assess the Awareness regarding importance of institutional delivery among antenatal mothers. Findings of the study show that the antenatal mothers had good Awareness regarding institutional delivery. There is no significant association found between Awareness score with demographic variables except educational status, occupation, type of family, information about institution, source of information.

Keywords: Antenatal Mother, Institution, Delivery, Institutional Delivery, Pamphlet, Mother and Neonate.

INTRODUCTION

Emergency Obstetrics and newborn Care services is called a life-saving group of people which as a facility is offered by mostly all of the clinical facilities 7 days a week. Most of the deaths of both early newborns as well as the mothers can often by avoided with a proper care to the newborn, prenatal and postnatal by an available EmONC services (Emergency Obstetric and Newborn Care) with minimum distance from one's home.[1]

Institutional delivery is a delivery that takes place at any medical facility staffed by skilled delivery assistance. Institutional delivery service utilization is one of the key and proven intervention to improve maternal health and wellbeing and to reduce maternal mortality through providing safe delivery and reducing complications that are related to and occurred during birth. It is estimated that using institutional delivery could reduce 16 to 33% of maternal deaths.[1]

To achieve faster and equitable improvements in maternal and child health outcomes, the government of India launched the National Rural Health Mission in 2005. Institutional delivery care in India increased from 43% in 2004 to 83% in 2014. Innovative decomposition shows public sector contributed towards 51% reductions in socioeconomic inequality. Wealth-based gradient in public sector births has significantly declined between 2004 and 2014. Public investments significantly contributed towards equitable institutional delivery care.[2]

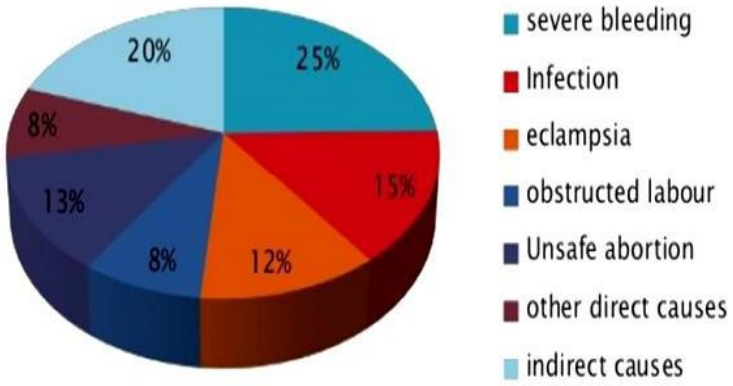
Delivery by skilled birth attendants (SBAs) and receiving institutional care at birth can significantly reduce the risk of maternal and neonatal deaths attributable to prematurity, intrapartum or postpartum complications. Universal coverage of skilled delivery care services has therefore been a global development goal for many years.[3]

Health facilities working under proper health programs, on every level will be fully equipped as well as strengthened for providing comprehensive and basic newborn and maternal services in the form of an integrated package manner as the complications related to Obstetric could never be predicted before hand but can always be prevented by managing a timely provision of services to save the lives. Maximum of such complications includes numerous services which can be dealt under basic services of EmONC as well as other complex cases which would require comprehensive facilities of EmONC, where maximum of the emergency services for new burns deals in a basic level of EmONC.[4]

Facilities providing Public health care are the major care provider of the country, particularly for both rural as well as disadvantaged segments of the population. Approximately 80.1 per cent of all rural India deliveries are facilities related, of which around 70 per cent are public facilities. 89.5 per cent of births are institutional for metropolitan regions, of which 47.4 per cent are public hospitals. Many of India 's regions, more facilities-based supplies occur at government health establishments than they do individually. In fact, the level of public sector treatment mainly impacts the poorer portion of the nation, as the lowest quintile of

income depends more strongly on public health services than the wealthiest, especially in urban regions (48% vs. 19%)and agricultural areas (58% vs. 29%).[5]

Perry E. et.al. (2017) In a Worldwide approximately 800 women's dies every day with the problems related to pregnancy and childbirth. By 2015, it was calculated that approximately 303,000 patients died in their pregnancy as well as childbirth. It is the one of the most common cause in which in low- resource conditions, almost all deaths happened and most could be avoided. People are murdered before and after conception and birth owing to the complications.[6]



Park K.(2005) Health is the precious possession of all human beings as it is an asset for an individual and community as well. Though health is related to individual and attained through individual efforts to quite an extent but, it also depends upon the concerted and co-operative efforts of people in the community to which the individuals belong. The health care providers including the large number of doctors and nurses, who claim to be promoters of health concentrate on making diagnosis and give therapeutic care to ill clients where as the emphasis has been on freedom from disease and currently there is a shift in this trend i.e. increasing emphasis is on preventive and Promotive aspects of health.[7]

MHFW (2013) The MMR in India amounted to 212 per 100,000 for amounts 2007– 09, with values between 81 and 390 across countries. The "National Rural Health Mission"(NRHM), a flagship scheme to growing public health investment from 0.9 per cent to 2–3 % of GDP, has been initiated by India's federal government since 2005. This has culminated in a significant 30 percent rise in institutional deliveries (from 41 percent to 54 percent) around the world over a few years. The resulting degree of expenditure is the management of personnel skill development, the enhancement of continuity of treatment systems and the reinforcement of the country's 3-tier health system.[8]

Vincent De. (2011) During 2015, MMR in developing region was almost 20 times more than that of developed regions. In Sub-Saharan Africa, the ratio is almost 45 (WHO,2015). According to UNFPA (2005), an Afghan woman is 600 times likely to die during childbirth than an American woman. Such global disparities reflect not only resource constraints, but the societal attitude towards women/ maternal health.[20] In the third stage, the mothers face many problems like hemorrhage, retained placenta and inversion of the uterus. This may lead to increased mortality and morbidity rate. These problems can be prevented by breast feeding especially early suckling. In women early suckling play an important function like, promoting

bonding between mother and baby, helps in involution of the uterus to pre pregnant state, act as natural contraceptive and reduces the risk of primary post partum hemorrhage.[20]

Vincent De. (2011) From time immemorial, the community through the organized efforts has been organizing certain activities which pertain to improvement of environmental aspects, promotion of healthful living prevention of diseases, care of the sick at home. There has been an account of organized Government efforts to provide such services to prevent and control diseases, to pro- mote health and efficiency of people at large in a defined community and the goal was to attain 'Health For All'. In our society, the pregnant women and her neonate from the vulnerable sector, more importantly in rural areas and in the urban slums so, in the past few decades a greater emphasis has been laid in rural health as 80% of our population lived in villages.[21]

India is exerting many attempts for improving delivery of public health facilities. Despite the predominance of the Indian community residing there, the initial policies focused on rural areas and thus a presumption that access the quality health care were comparatively stronger in the urban areas. Nevertheless, reports of poorer health conditions for urban poor relative to urban wealthy and often even rural communities contributed to the official implementation of "National Urban Health Mission" in 2013. A single NHM is now tasked with regulation of quality health services in urban and rural regions. The NRHM offered considerable funds and technological assistance to the regions with comparatively poor public health metrics and facilities for the health sector, including the states of the "Empowered Action Group" (EAG) (Chhattisgarh, Madhya Pradesh, Bihar, Jharkhand, Rajasthan, Uttar Pradesh, Uttaranchal, and Orissa). 23 Approximately 46 percent of population of India living within the EAG where this area lags behind other Asian countries on socio-economic, and demographic health indicators.[22]

Promotion of Institutional delivery is one among the foremost important interventions in India with a higher neonatal and maternal mortality rate. A Nation-wide survey reports 73% institutional deliveries within the year 2009. Important reasons for home deliveries documented were lack of felt need for delivery at clinic, and high cost of the hospital services in India. Factors affecting care seeking include economic status, parental education, expenditure in hospitalization, and lack of or unaffordable transport facilities.[23]

During Clinical Experience in antenatal ward and all the review of literature enlightened that there is lack of knowledge regarding institutional delivery among the antenatal mothers. So the researcher selected this study to assess the awareness of antenatal mothers regarding institutional delivery in clinics in rural areas.

PROBLEM STATEMENT

"A study to Assess the Awareness regarding Institutional Delivery among Antenatal Mother attending clinic in rural areas in view to develop Information Pamphlet"

OBJECTIVES OF THE STUDY:

The objectives of the study were -

Primary Objective

1. To assess the existing awareness regarding institutional delivery among antenatal mother attending clinic in rural area

Secondary Objective

2. To develop &distribute information pamphlet on institutional delivery
3. To assess the association between awareness of institutional delivery with selected demographic variable of antenatal mothers.

MATERIALS & METHODS

Researcher methodology defines what the activity of research is, how to proceed, how to measure progress and what constitutes success.

Research Design: Non experimental exploratory survey research design was used in present study

Research Approach: Quantitative Research Approach

Sample: Antenatal mothers attending clinic in rural area.

Sample Size: Sample consists of 200 antenatal mothers attending clinic in rural area who fulfil the required inclusion and exclusion criteria.

Sampling Technique: Non Probability purposive sampling technique.

Data collection tool: Self structured knowledge questionnaires was used for data collection.

Criteria for Sample selection:

a. Inclusion criteria:

1. Antenatal mothers attending clinic in rural area.
2. Antenatal mothers who are willing to participate in the Study.
3. Present during the period of data collection.
4. Able to read and write Marathi.

b. Exclusion criteria:

1. Antenatal mothers who are not attending clinic in rural area.
2. Antenatal mothers who are sick.
3. Antenatal mothers who were participated in pilot study.
4. Antenatal mothers who are not willing to participate research study.
5. Antenatal mothers who has participated in similar programme

The researcher approached the subjects, informed regarding the objectives of the study and obtained informed consent after assuring the subjects about the confidentiality of the data. Purpose and important of research study explain before collection of data. The knowledge was assessed by Self structured knowledge questionnaires. Descriptive and inferential statistics was used for data analysis. The collected data was organized and tabulated by using descriptive statistics, i.e. frequency, percentage, mean and SD and one way ANOVA test was used to find the association between knowledge score with their selected demographic variables. The data was planned and presented in the form of tables and figures.

RESULT

The data collected is entered in the master sheet for tabulation and statistical processing. In order to find out relationship, the data was tabulated, analyzed and interpreted using descriptive and inferential statistics.

Table 1 : Description of the antenatal mothers according to their demographic variables

n=200

Demographic Variable	Frequency	Percentages
Age		
20-25 years	123	61.50
26-30 years	68	34.00
31 -35 years	08	04.00
36-40 years	01	00.50
Religion		
Hindu	90	45.00
Muslim	99	49.50
Christian	00	00
other	11	05.50
Educational Status		
No formal education	72	36.00
Primary education	87	43.50
Secondary education	27	13.50
Graduate and more	08	04.00
Other	06	03.00
Occupation		
Service	06	03.00
Daily wages	55	27.50
House wife	136	68.00
Others	03	01.50
Monthly income of family		
Below 10000 per month	148	74.00
10001 – 20,000 per month	37	18.50
20001 – 30,000 per month	07	03.50
above 30000 per month	08	04.00
Type of family		
Nuclear family	77	38.50

Extended	22	11.00
Joint family	101	50.50
Information about institution		
Yes	186	93.00
No	14	07.00
Source of information		
Health team member(ASHA, ANM)	125	62.50
Media (news channel, internet)	12	06.00
Relatives, Friends	63	31.50
Gravida		
1st	82	41.00
2nd	69	34.50
3 rd	46	23.00
4th and above	03	01.50
Parity		
0	86	43.00
1	68	34.00
2	43	21.50
3 and above	03	01.50
When you registered your name in clinic		
1st trimester	128	64.00
2nd trimester	39	19.50
3rd trimester	33	16.50
Present gestational age		
20-24weeks	104	52.00
25-29 weeks	53	26.50
30-34 weeks	30	15.00
35-45weeks	13	06.50
Place of delivery of the last pregnancy		
Home	20	10.00
Health facility	177	88.50
Other	03	01.50
First antenatal visit in current pregnancy		
Within 12 weeks	105	52.50
Within 12 to 28 weeks	76	38.00

Within 28 to 37 weeks	19	09.50
How many visits you have completed till now		
One	56	28.00
Two	55	27.50
Three	58	29.00
More than three	31	15.50

The above table 1 shows that the maximum number 61.50% of the mothers were in the age group of 20-25 years, 49.50% of the mothers belongs to Muslim religion. 43.50% of mothers completed primary education. 68% of the mothers were housewife. Maximum numbers 74% of the mothers was having below 10000 monthly income. 50.50% of the mothers belongs to joint family. Regarding obstetrics Data, 41% of the mothers were having 1st Gravida and 43% of the mothers were having 0 parity. 64% of the mothers were registered their name in 1st trimester. 52% of the mothers completed 20-24weeks. Majority 88.50% of the mothers was done delivery in health facility in last pregnancy. 52.50% of the mothers were attend first antenatal visit within 12 weeks.

Table 2 : Level of knowledge score of the antenatal mothers regarding institutional delivery

n=200

Level of Awareness Score	Frequency	Percentage
Poor	07	03.50
Average	35	17.50
Good	64	32.00
Very Good	73	36.50
Excellent	21	10.50

The above table 2 depicts that 36.50% of the mothers was having very good Awareness regarding institutional delivery. 32% of the mothers was having good Awareness whereas 17.50% of the mothers was having average Awareness. 3.50% of the mothers was having poor Awareness whereas 10.50 % of the mothers was having excellent Awareness regarding institutional delivery.

Table 3 : Assessment of Awareness score of antenatal mothers regarding Institutional Delivery

n=200

Category	Maximum score	Mean	Standard deviation	Mean percentage
Awareness Score	23.00	14.62	5.02	58.48

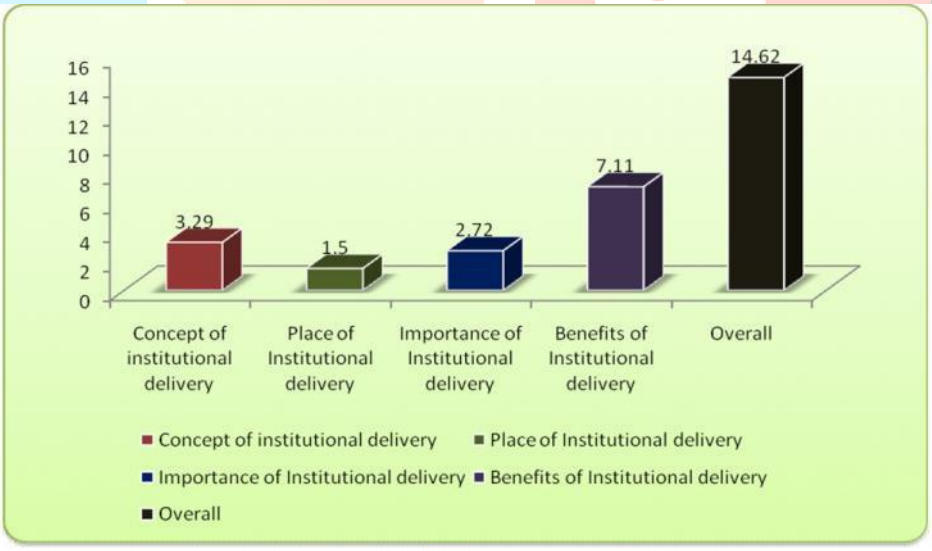
The above table 3 depicts that the mean Awareness score among mothers regarding institutional delivery was 14.62±5.02. Mean percentage was 58.48. it indicates that most of the mothers was having good Awareness about institutional delivery.

Table 4 : Area wise assessment of Awareness score of antenatal mothers regarding Institutional Delivery

n=200

Category	Maximum score	Mean	Standard deviation	Mean percentage
Concept of institutional delivery	05.00	3.29	1.13	65.80
Place of Institutional delivery	02.00	1.50	0.61	75.00
Importance of Institutional delivery	05.00	2.72	1.54	54.40
Benefits of Institutional delivery	13.00	7.11	2.99	54.69
Overall	23.00	14.62	5.02	58.48

The above table 4 depicts that the result of area wise mean Awareness score regarding institutional delivery among antenatal mothers. Highest Awareness score regarding institutional delivery was in place of institutional delivery i.e. 1.50. Mean Awareness score in concept of institutional delivery was 3.29. whereas in importance of institutional delivery mean score was 2.72. in benefit of institutional delivery mean Awareness score was 7.11 and the overall Awareness level was 14.62 (58.48 %).



DISCUSSION

Demographic characteristics of the sample

As per demographic variables the results of the 200 antenatal mothers were assessed With regard to age, religion, education and so on assessed and indicates that out of 200 samples, 61.50% of the mothers were in the age group of 20-25 years and 34% belongs to 26-30 years of age. 4% of the mothers were in the age group of 31 – 35 years and only 0.50% belongs to more than 36-40 years of age.

On the basis of religion shows that, the 49. 50% of the mothers belongs to Muslim religion. 45% of the mothers belongs to Hindu. In relation to Educational status, 43.50% of mothers completed primary education. 36% of the mothers had no taken formal education. 13.50% of the mothers had completed secondary education and only 4% of the mothers had completed their graduation and more education. Distribution of samples according to occupation shows that the 68% of the mothers were housewife. 27.50% of the mothers were belong to daily wages. 3% of the mothers were doing service. On the basis of Socio-economic data as per monthly income of family shows that the highest percentage 74% of the mothers was having below 10000 monthly income and 18.50% of mothers was having 10001 to 20000 monthly income. Distribution of mothers according to type of family shows that the 50.50% of the mothers belongs to joint family. 38.50% of the mothers belongs to nuclear family and 11% of the mothers belongs to extended family. In relation to information about the Institutions and 7% of the mothers was not having information about institutions. Distribution of mothers according to source of information shows that the highest percentage 62.50% of the mothers getting information from Health team member(ASHA, ANM) and 31.50% of the mothers getting information from Relatives, Friends.

On the basis of Gravida depict that, 41% of the mothers were having 1st Gravida. 34.50% of the mothers were having 2nd Gravida and 23% of the mothers were having 3rd Gravida. In relation to parity depict that, 43% of the mothers were having 0 parity. 34% of the mothers were having 1 parity and 21.50% of the mothers were having 2 parity. Distribution of mothers according to registered name in clinic depict that, 64% of the mothers were registered their name in 1st trimester. 19.50% of the mothers were registered their name in clinic in 2nd trimester and 16.50% of the mothers registered their name in clinic in 3rd trimester. On the basis of mothers according to gestational age depict that, 52% of the mothers completed 20-24weeks. 26.50% of the mothers completed 25-29 weeks. 15% of the mothers were completed 30-34 weeks. In relation to first antenatal visit shows that the 52. 50% of the mothers were attend first antenatal visit within 12 weeks. 38% of the mothers attend within 12 to 28 weeks and 9.50% of the mothers attend first antenatal visit within 28 to 37 weeks. Distribution of mothers according to number of antenatal visit completed shows that the 28% of the mothers completed 1antenatal visit. 27.50% of mothers completed 2 antenatal visit. 29% of the mothers completed 3 antenatal visit.

The first objective was to assessment of Awareness score of antenatal mothers regarding Institutional Delivery.

The mean Awareness score among mothers regarding institutional delivery was 14.62±5.02. Mean percentage was 58.48. it indicates that most of the mothers was having good Awareness about institutional delivery.

Area wise analysis of the level of Awareness on institutional delivery among antenatal mothers was done and found that Highest Awareness score regarding institutional delivery was in place of institutional delivery i.e. 1.50. Mean Awareness score in concept of institutional delivery was 3.29. whereas in importance of institutional delivery mean score was 2.72. in benefit of institutional delivery mean Awareness score was 7.11 and the overall Awareness level was 14.62 (58.48 %). This result indicates that the antenatal mothers was having good Awareness regarding all the areas.

Level of Awareness score of antenatal mothers.

The table no.18 depicts that, 36.50% of the mothers was having very good Awareness regarding institutional delivery. 32% of the mothers was having good Awareness whereas 17.50% of the mothers was having average Awareness. 3.50% of the mothers was having poor Awareness whereas 10.50 % of the mothers was having excellent Awareness regarding institutional delivery.

The third objective was to assess the association of Awareness score of antenatal mothers in relation to demographic variables.

By applying one way ANOVA to Awareness score with selected demographic variable of antenatal mothers. Result shows that, there is no significant difference found with selected demographic variables except educational status, occupation, type of family, information about institution, source of information.

Similarly a cross-section observational descriptive study was conducted on factors influencing institutional care acceptance or refusal in Mexico. Variables with statistical significance related with institutional care acceptance or refusal were patient age ($P < 0.05$), marital status pregnancies number ($P < 0.001$), parity ($P < 0.01$), cesarean section number ($P < 0.001$) and previous Awareness on institutional delivery ($P < 0.001$).

CONCLUSION

The study was done to assess the Awareness of antenatal mothers regarding institutional delivery. Institutional delivery is to give the care to both mother and neonate. Institutional delivery reduce risks for the mother and baby. The study focus was to assess the Awareness regarding importance of institutional delivery among antenatal mothers. The data was collected from 200 samples through non probability purposive sampling technique. The result of this study shows that the most of the antenatal mothers had good Awareness regarding institutional delivery. There was no significant association found between Awareness ice with their selected demographic variables except educational status, occupation, type of family, information about institution, source of information. This study conclude that, it is better to make intense and consistent increased mass media regarding risk and potential problem related to home delivery. Further, it highly advised that all health facilities in rural areas must provide regular and ongoing health education about institutional delivery for all clients visiting their institutions.

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