



The Awareness of Fertility, Use of Contraceptives and Status of Service Delivery for Adolescent, Maternal and Child Health at Gairsain Block of District Chamoli

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Abstract: Fertility awareness method (FAM) is a collection of practices that help a woman know which days of the month she is most likely to get pregnant. Fertility Awareness is a form of Natural Family Planning. India has one of the fastest growing youth populations in the world, with an estimated 190 million adolescents. Girls below 19 years of age comprise one quarter of India's rapidly growing population. Adolescent girls in India are caught in the cycle of early marriage, repeated pregnancy and poverty limiting their future choices of healthy life and development. That is why emphasis is given on adolescent health that is of future mother

Keywords: (TSC) Total Sanitation Campaigning • (MCH) Mother and Child Health

Introduction

The social, physical, economic, nutritional and health status of all segments of the society reflect the real index of development of any nation. In order to promote comprehensive development, United Nations declared 'Health for All' by 2015. Government of India (GoI) has aligned its national goals with this declaration and during its 5 years plans has launched number of schemes and programmes like NRHM, TSC, Swajal, ICDS and SSA for ensuring Reproductive and Child Health (RCH) services, environmental sanitation, Safe Drinking Water, HIV etc.

The activities focus on women in reproductive age-group, in particular pregnant and lactating women. Men were also identified as key partners for bringing change in health seeking behaviors. Other key stakeholders including government health functionaries, local service providers, and influential community members were also targeted

for getting support in building a supportive environment for improved maternal and child health. The research aimed to develop and integration of cadre of community health volunteers into primary health care services. The research also aims at fostering better coordination and convergence between various departments' of the state government, like health, ICDS, Total Sanitation Campaign (TSC), Swajal, Panchayati Raj etc. The key strategies included mobilizing community groups, sensitizing and capacity building of health functionaries and CBOs, thus strengthening health systems and building networking & linkages with key agencies having similar mandate. Advocacy with key functionaries also received special attention of the research through generating consensus on key health issues for the larger benefit of the community and to determine the awareness, approach, and practice among adolescent girls, pregnant and lactating



women and examine the current status of service delivery for maternal and child health. To make pragmatic recommendations to improve upon health status of mother and child (MCH) at the study sites

Material and Methods

In order to obtain complete, accurate and reliable information, research demands careful planning involving proper formulation of the procedures. A proper planning and methodology helps in drawing valid and logical conclusions. This paper explains the methodology adopted by the present study to fulfill the objectives. It has been discussed in the following sections under the sub-headings such as the study area, study design, data collection tools, ethical considerations, and analysis plan.

Result and Discussion

The Figure 1 shows some of the important reproductive health practices and behaviors. A high proportion of the marriage is still happening below legal age and is twice among women age 20-49 as compare to currently pregnant women. Receiving TT injection is again high among lactating women which indicates that pregnant women needs to be motivated for early registration and receiving of TT injection. Only 41.3 percent of the lactating women have ever used any method which is highest. This clearly indicates that lot of efforts has to be made to promote institutional delivery as only 31.7 percent which is highest among lactating women is critical.

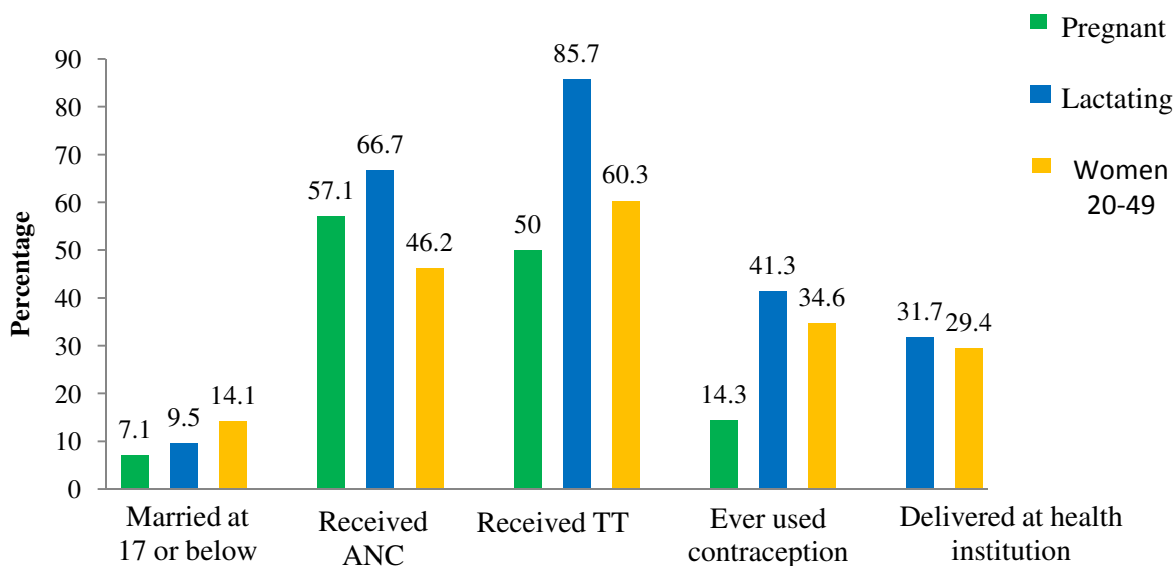


Figure 1 Percent of ever married women reporting selected reproductive health behaviors

Characteristics: Table 1 presents the percentage distribution of ever married women respondents by age, education, marriage below legal age. Three categories of the ever married women were interviewed in the present baseline study: those who were found pregnant at the time of survey, who were having 0-6 years of children and

continuing breast feeding to the baby/kid, and those who women age 20-49 and were currently married.

Pregnancy care: Table 2 shows the percent distribution of ever married women by the number of antenatal care visits consumption of IFA tablets, receiving of TT injections, and place of delivery



(intended for pregnant women) for their most recent pregnancy and birth.

Delivery care: The Table clearly shows a positive shift in the place of delivery. Home delivery which was highest (66.7 percent) among women age 20-49 lowered to 32.2 percent among lactating women and preference of it which is slightly lowered to 64.3 percent among pregnant women which should be a high concern and need to explore various reasons of such preference and practice.

Health Problems during Pregnancy and Prevalence of Pregnancy, Delivery and Post Delivery Complications: As shown in Table, the pregnancy-related health problems are common among all ever married women as half of the pregnant and more than half of the lactating and women of 20-49 years have/had any type of problems during pregnancy.

Health problems and complications during delivery: A slightly higher proportion (63.5 percent) of lactating women had reported any type of health problems during delivery than to women age 20-49 (62.8 percent). The most commonly reported delivery complications by lactating and women age 20-49 were prolonged labour (45 percent by lactating women and 36.7 percent by women age 20-49).

Postpartum Complications: Table shows that more than half (55.6 percent) of the lactating mothers had post partum health problems comparing to 39.7 percent of women age 20-49. The most common problem reported by lactating and women age 20-49 were lower abdominal pain (68.6 percent by lactating and 54.8 percent by women age 20-49) followed by high fever (57.1 percent by lactating and 41.9 percent by women age 20-49), severe headache (28.6 percent by

lactating and 35.5 percent by women age 20-49), convulsions (20 percent by lactating and 25.8 percent by women age 20-49), and excessive bleeding (12.9 percent by women age 20-49). Only 2.9 percent of lactating mothers had foul smelling vaginal discharge comparing to 9.7 percent of women age 20-49

Postnatal Care: The figure given below shows that only 11.1 percent of the lactating women have gone for post delivery check up comparing to women age 20-49 (10.3 percent) which indicates that women needs to be informed about advantages of post natal check up along with possible risk and danger in absence of it. Intended place of delivery for pregnant women

Infant and child care: The health of a newborn child especially borne in non-institutional settings depends not only on the health care she receives during her pregnancy and delivery, but also on the care the infant receive during the first few weeks after birth. The Table 4 shows that the lactating mothers and women age 20-49 were asked about check-up after delivery within 24 hours of birth, feeding of colostrums milk to the baby, incidence of diarrhea, Pneumonia whereas the pregnant mothers were asked about their awareness and future intention about these issues.

Fertility awareness and use of contraceptives

The Table 3 depicts awareness about male contraceptives the lactating women had highest (60.3 percent) awareness comparing to pregnant women (50 percent) and women age 20-49 (42.3 percent). Similarly, awareness about emergency contraceptive pills was again highest among lactating women (46 percent) than to pregnant women (only 7.1 percent) and women age 20-49 (32.1 percent).



Table 1 Profile of ever married women Percent distribution of the pregnant, lactating and women of reproductive age group by age and educational attainments

Characteristics	Pregnant		Ever married women Lactating		20-49	
	N	%	N	%	N	%
Age						
15-19	1	7.1	0	0	0	0
20-24	5	35.7	27	42.9	15	19.2
25-29	6	42.9	24	38.1	29	37.2
30-34	2	14.3	10	15.9	23	29.5
35-39	0	0	0	0	8	10.3
40-44	0	0	2	3.2	2	2.6
45-49	0	0	0	0	1	1.3
Educational attainments						
Up to 5 th	3	25	10	17.5	20	32.3
6 th -8 th	5	41.7	16	28.1	20	32.3
9 th -10 th	1	8.3	11	19.3	6	9.7
11 th -12 th	2	16.7	7	12.3	6	9.7
13 th and more	1	8.3	13	22.8	10	16.1
Illiterate	2	14.3	6	9.5	16	20.5
Total	14	100	63	100	78	100
Percentage got married below legal age	1	7.1	6	9.5	11	14.1

Table 2 Pregnancy care Percent distribution of the pregnant, lactating and women of reproductive age group by number of ANC visits, consumption of IFA tablets, receiving of TT injections

Characteristics	Pregnant		Ever married women Lactating		20-49	
	N	%	N	%	N	%
Number of ANC visits						
None	6	43	21	33	42	54
1	5	63	4	9.5	2	6.1
2	3	38	26	62	15	46
3	0	0	9	21	13	39
4+	0	0	3	7.1	3	9.1
Consumed IFA						
Yes	NA	NA	44	70	47	60
No			19	30	31	40
Total			63	100	78	100
Taken TT						
Yes	7	50	54	86	54	69
No	7	50	9	14	24	31
Total	14	100	63	100	78	100
Place of delivery*						
Government hospital	2	14	14	22	18	23
PHC	1	7.1	2	3.2	3	3.8
Sub center	2	14	3	4.8	0	0
NGO/trust hospital/clinic	0	0	1	1.6	1	1.3
Private hospital/clinic	0	0	0	0	1	1.3
On the way to hospital	0	0	0	0	1	1.3
At home	9	64	39	62	52	67
At natal home	0	0	2	3.2	2	2.6
Other	0	0	2	3.2	0	0
Total	14	100	63	100	78	100



Table 3 Fertility awareness and use of contraceptives percent distribution of the pregnant, lactating and women of reproductive age group having knowledge about fertility awareness and type of contraceptives

Characteristics	Ever married women					
	Pregnant		Lactating		20-49	
	N	%	N	%	N	%
Awareness about fertile days						
Yes	9	64.3	37	58.7	50	64.1
No	0	0	23	36.5	15	19.2
Do not know	5	35.7	3	4.8	13	16.7
Total	14	100	63	100	78	100
Correct knowledge about fertile days	1	11.1	5	13.5	6	12
Aware about condom						
Yes	7	50	38	60.3	33	42.3
No	7	50	25	39.7	45	57.7
Total	14	100	63	100	78	100
Aware about emergency contraceptive pill						
Yes	1	7.1	29	46	25	32.1
No	13	92.9	34	54	53	67.9
Total	14	100	63	100	78	100
Using/ever used at least one contraceptive method						
Yes						
No	2	14.3	26	41.3	27	34.6
Total	12	85.7	37	58.7	51	65.4
	14	100	63	100	78	100

Conclusion

The practice of early marriage is still prevalent in the community. Though, the baseline study findings show a declining trend but it is still in practice. The practice of home delivery is pretty high with limited utilization of ante-natal care services. Importance of colostrums feeding, exclusive breast feeding and use of condom is found to be limited among community members especially among ever married women. The community needs for MCH services are not being adequately met by the available government health services. Due to financial reasons, majority of people who access government services belong to the economically marginalized groups. The rationale for this is that people consider pregnancy as a normal process and not a health condition of serious concern. People in the areas lack complete knowledge about STI/RTIs. Still significant chunk of deliveries in the area are conducted by untrained TBAs. The families in study areas generally are large in size with an average of 6-7

members. Men are the key decision maker with regard to health care decisions especially those related to women's health. Finding of the study shows that there are specific areas where more efforts need to be put upon to improve the overall status of mother and child health of the study area. The adolescent girls who are future mother need to be more informed about importance of use of ANC services particularly taking TT injection during pregnancy time, going any health institution for delivery, and consuming IFA. Among ever married pregnant and lactating women age 20-49, importance of utilization of ante-natal care services has to be reinforced particularly consumption of IFA tablets.

Contraceptive awareness particularly about condom, emergency contraceptive pills has to be promoted. Efforts should be made to promote use of any contraceptive methods particularly condom by using cafeteria approach.



Involvement of husbands in providing support to their wives is found to be okay but taking responsibility of using contraceptive methods has to be promoted. A close work with young boys and men can change the attitude and then expected behaviours can be promoted. Discussion with the young boys and men on perception about use of condom, intention to use condom in future and sharing responsibility of being husband and father can help bringing such change among young male adolescents and youth. The male members of the community including young men need to make aware about triple benefits of use of condom. However, community members need to be regularly contacted and be informed about management of RTI/STI, diarrhea, Pneumonia, and HIV/AIDS.

The community members are also needed to inform about importance of health insurance. Information on benefits of adopting healthy habits, ways to improve personal hygiene, regular ANC check up during pregnancy, and treatment seeking from modern health care institutions is important and should be disseminated through mass media

campaign. The capacity of health volunteers need to improve to deal with local tradition and health practices.

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