Research Article

INTERNATIONAL JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH

ISSN: 2395-6429, Impact Factor: 4.656
Available Online at www.journalcmpr.com
Volume 6; Issue 10(A); October 2020; Page No. 5321-5329
DOI: http://dx.doi.org/10.24327/23956429.ijcmpr202010910

A STUDY TO ASSESS UTILIZATION OF MCH SERVICES BY MOTHERS AND TO SEEK RELATIONSHIP WITH SELECTED FACTORS IN TRIPURA

Dr. Dilip Kumar Das

Assistant Professor, Department of Bio-Chemistry,
Agartala Government medical College and GBP Hospital

ARTICLE INFO

Received 24th July, 2020
Received in revised form 19th August,, 2020
Accepted 25th September, 2020
Published online 28th October, 2020

Key words:

Utilization Pattern of Maternal and Child Health Services

ABSTRACT

A descriptive co-relational survey design adopted to ascertain utilization of MCH services by sample of 100 mothers.

INTRODUCTION

The slogan for World Health Day 2005, "Make Every Mother and Child Count", reflects the need for today, governments and the international community to make the health of women and children a higher priority.

The well-being of societies is directly linked to the health and survival of mothers and children. When mothers survive and thrive, their children survive and thrive. When both mothers and children survive and thrive, the societies in which they live prosper.

Background of the Study

In India women in the reproductive age group of 15 to 45 years and children below 5 years of age comprise 62% of the total population. By virtue of their numbers they are the major consumers of health services, in whatever form (Neeraja K.P.Rural Women, 2003).

In developing countries, pregnancy and child-birth are one of the leading causes of death for women of reproductive age, and one child in every 12 children does not reach his or her fifth birthday. Yet, the fate of these women and children is too often overlooked or ignored (WHO 2005).

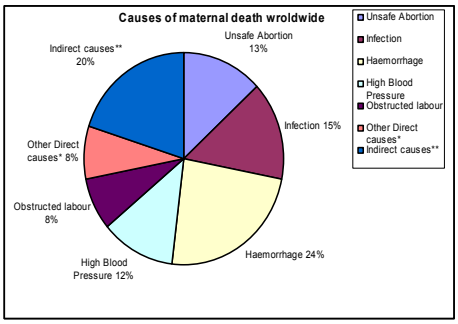
The year 2005, is a critcal year for maternal, newborn, and child health, when WHO's flagship day and report would focus on this important theme. On 7th April' 2005, World Health Day and the World Health Report will highlight the invisible health crisis of women's and of young children.

Millions of mothers and children are dying each year in pregnancy, childbirth and childhood. Even more are suffering from ill-health and under-nutrition. Newborn babies (0 to 28 days) are at the highest risk of death. Nearly all of this suffering and death occurs in low and middle income countries; and within these countries it is the poor disadvantaged who suffer the most. Just a handful of preventable and treatable conditions are to blame. Every minute, a woman dies from complications in pregnancy and child birth. This means 1400 women die every day, more than half a million women die every year (WHO,2004). Many millions more suffer disabilities.

Globally, for every two people who die in traffic accidents, one mother and 20 children die from preventable and treatable causes (WHO, 2004).

Corresponding author:* **Dr. Dilip Kumar Das
Assistant Professor, Department of Bio-Chemistry, Agartala Government medical College and GBP Hospital

About 99% of maternal deaths and under five child deaths occur in low and middle income countries, particularly in sub-Saharan Africa and South Asia. Within each country, mothers and children from the poorest families are the most likely to die (Victoria, et. al. 2003; Graham et al., 2004).

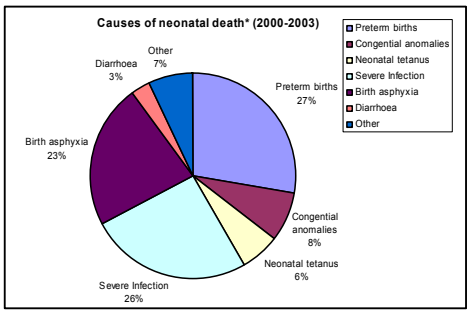


Source: WHO, Report, 2005.

Fig. 1 Causes of Maternal Death Worldwide.

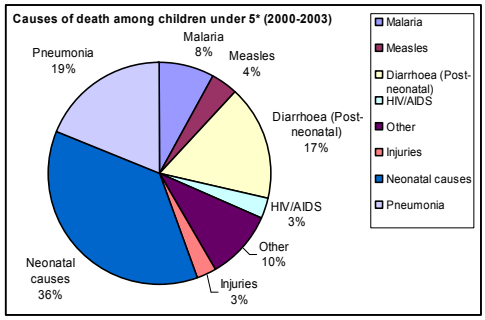
Seventy percent of all maternal deaths are caused by just five factors: haemorrhage (24%), infection (15%), unsafe abortion (13%), high blood pressure (12%), and obstructed labour (8%). Nevertheless, poverty, social exclusion, low levels of education, and violence against women are powerful underlying causes of maternal death and disability. Women who become pregnant very young, who give birth many times, who suffer from infectious diseases, and who are malnourished or anemic, are more likely to die.

HIV/AIDS presents an ever increasing threat to both mothers and their children. Women currently account for nearly half of all adults living with HIV/AIDS (UNAIDS, 2004). This not only compromises the health of women, but it also increases the risk of mother-to-child transmission of HIV.



Source: WHO, Report, 2005.

Fig. 2 auses of Neonatal Death(2000-2003)



Source The WHO REPORT 2005

Fig 3 Causes of Death among Children under 5 years.

A handful of preventable and treatable conditions are responsible for more than 70% of all child deaths. They are neonatal causes (37%), pneumonia (19%), post-neonatal diarrhoea (17%), malaria (8%), measles (4%), and HIV/AIDS (3%). Although it is rarely listed as a direct cause, malnutrition contributes to more than half of all childhood deaths by increasing a child's risk of dying. Lack of access to food is not the only cause of malnutrition; poor feeding practices and infection, or a combination of the two, are both major factors.
This inspired the investigator to carry out a study in Tripura State. The State has been divided into four districts, having a total population of 31,91,168, lakhs, with 16,36,138 lakhs male, 15,55,030 lakhs female and 8,27,012, lakhs children under the age group of 0-6years, with 2,16,244 lakhs male and 2,10, 768, lakhs female children. It has a total literacy of 20,36,159 lakhs (73.66%), with 11,56,824 male and 8,79,335 female literates.

Need for the Study

The main focus of this research stems from the prevailing inadequate utilization of maternal and child health services in rural Tripura. The study will assess the pattern of utilization of maternal and child health services.

The need is for a strategy to ensure maximum coverage of the target population by effective and efficient MCH services, which must begin where people are and where problems arise. Moreover the rural community of Tripura believe in traditional medicine, i.e. herbs etc. traditional healers, i.e. priests and saints, traditional midwives. In fact, it is said that most villager's clinics serves as a momentary stopping place on the sick man's pilgrimage from one indigenous practitioner to the other. So, this idea led me to explore the pattern of utilization of MCH services in rural area of Tripura, especially as no such study has been done in Tripura.

The study can also have both practical and theoretical relevance. From the theoretical point of view statistics and utilization of MCH services can be used as an index of certain kinds of health behavior by the mother from the point of view of medical care. They show to what extent the population is using or receiving these services.

From the practical point of view, they help to understand problems of distribution of health services and serve as a guideline for maintaining proper record.

An important contribution of this body of research for understanding of utilization of maternal and child health services is that there is no universal explanation that applies to all places and times; the determinants of utilization of maternal and child health care services are not the same across socio-economic and cultural contexts.

From practical experience of the researcher it has been observed that most of the rural mothers had not received any pre-natal services. Most of the mothers, who had attended any ante-natal clinic, did so in the last trimester of pregnancy. Post-natal follow up were utilized by very few mothers only, in case of major problems. Children were immunized partially. Most of the mothers were observed to have not used any of the family planning methods.

So, in the above perspective the investigator felt that there is a need to identify the utilization pattern of maternal and child health services by the mothers in rural area of Tripura.

Statement of the Problem

"A study to assess the utilization pattern of maternal and child health services by the mothers and to seek its relationship with the selected factors in selected Block of Tripura".

Objectives of the Study

1. To identify the pattern of utilization of maternal and child health services by the mothers in terms of
    - Ante-natal services.
    - Intra-natal services
    - Post-natal services
    - Child health care services
    - Family planning services.
2. To identify the relationship between utilization of maternal and child health services and the following selected factors
    a) Socio-economic status
        - Education
        - Occupation
        - Family income
    b) Age of the mother.
    c) Type of family
    d) Parity
    e) Number of living children.
    f) Distance of the health agency

Chapter II

Review of Literature

An extensive review of research and non-research literature was done by the investigator to determine what is known and not-known about the research problem.

The reviewed literature for the present study has been organized and presented under four broad headings

1. Literature related to the MCH services provided in India.
2. Literature related to the utilization of MCH services by the mothers.
3. Literature related to factors influencing in utilization of MCH services. .
4. Literature related to the strategies to improve MCH services

Chapter III

Methodology

This chapter deals with the methodology adopted for the study under the following headings

The present study is designed to ascertain the utilization pattern of maternal and child health services by the rural mothers.

Research Approach

In view of the nature of the problem and to accomplish objectives of the study Survey Approach is found to be most appropriate.

Research Design

For the present study a descriptive co-relational survey design is adopted to ascertain the pattern of utilization of maternal and child health services by the mothers and to seek its relationship with the selected factors.

Variables under study

For the present study, the **variables** identified are

The independent variables are the maternal and child health services provided by trained health personnel, at the health care agency or at home.

Dependent variables are the utilization of maternal and child health services by the mothers.

Setting of the study

The present study was conducted in Tripura.
There are four Districts in Tripura such as West Tripura District, North Tripura District, South Tripura District, and Dhali District.

Out of four districts, West Tripura District was selected conveniently for the present study.

Population

In the present study population comprised of rural married mothers having at least one or more children below the age of 5 years residing in the West Tripura District.

The records maintained in the Madhupur PHC, Devipur Sub-Centre, and Bikram Nagar Sub-Centre in the selected Block.

Sample and sampling technique

The sample of the study comprised the rural mothers who are married and having at least one or more children below the age of 5 years and residing in the selected Block in the West Tripura and for those whom health agency was accessible within the 5 kms. distance in the villages.

Their records are maintained in Debipur and Bikramnagar Sub-centre and Madhupur PHC under the selected block.

Sample Size 100 mothers and their records w**ere selected purposively.**

Criteria for selection of Sample Subject were

- Rural married mother having at least one or more children below the age of 5 years who are receiving services from selected health agency.
- Willingness to participate in the study,
- The health agency was accessible within 5 kms. distance from the mothers home.

Sampling technique

- Setting-conveniently,
- Sample-purposive.

Data collection procedure

Formal administrative approval was obtained from the Directors of Health Services. Government of Tripura, Agartala, Director of Health and Family Welfare Department, Government of Tripura, Agartala Chief Medical Officer Incharge, Madhupur PHC, Government of Tripura, Agartala for conducting the final study.

The data were collected from 28th December 2004 to 22nd January 2005 in the houses of the mothers in the village in Duckli and Bishalgarh Block. Their records maintained in the PHC and sub-centre were verified and analysed under these two blocks.

Samples of 100 mothers were selected using purposive sampling technique.

The investigator herself met each of the mothers individually by reaching their houses in the community.

In order to obtain a free and frank response the mothers were told about the nature and purposes of study and their expected participation in the study. They were assured about the confidentiality of their responses.

At first, house-to-house survey was conducted, to collect the information from the 100 mothers regarding utilization pattern of maternal and child health services by using the structured interview schedule.

Then, their records maintained in the Madhupur PHC and Devipur and Bikramnagar Sub-centre were verified and analysed with the help of record analysis Performa to ascertain the maternal and child health services provided by the health personnel in the health agency or at home of the mothers.

Mothers were interviewed using the structured interview schedule. Informed consent was taken from the mothers. Explanation was given to the mothers about the project, and confidentiality was assured.

Chapter IV

Analysis and Interpretation of Data

The present study is designed to find out the utilization pattern of maternal and child health services by the mothers provided by the health personnel at home or at health agency in the selected block in Tripura.

Analysis and Interpretation of the data were based on the objectives of the study through structured interview schedule and record analysis from 100 mothers.

Table 1 Frequency and Percentage Distribution of the Mothers by Their Age, Parity, Number of living Children, Age of the Youngest Child.
N = 100

S.no	Sample Characteristics	Frequency	Percentage
1.	Age		
1.1.	16 – 25 years	81	81
1.2.	26 – 35 years	19	19
2.	Parity		
2.1.	Parity one	44	44
2.2.	Parity two	44	44
2.3.	Parity three and above	12	12
3.	Number of Living Children		
3.1.	One child	44	44
3.2.	Two children	44	44
3.3.	Three and above children	12	12
4.	Age of the Youngest child		
4.1.	0 – 1 year	42	42
4.2.	1 – 3 years	26	26
4.3.	3 – 5 years	32	32

The majority of the mothers 88% belong to either parity one or two and have one or two children. Maximum children were in the age group of 0-3years.

Table 2 Frequency and Percentage Distribution of the Mothers by Their Education, Occupation, Family Income and Type of the Family
N = 100

S.no	Sample Characteristics	Frequency	percentage
1.	Education		
1.1.	Illiterate	13	13
1.2.	Primary	19	19
1.3.	Middle	52	52
1.4.	Madhyamik and H.S. Passed	12	12
1.5.	B.A. and above	4	4
2.	Occupation		
2.1.	Housewife	98	98
2.2.	Service	2	2
3.	Family Income in Rupees		
3.1.	Below Rs. 2000 per month	5	5
3.2.	Rs.2001 –Rs.3500 per month	42	42
3.3.	Rs.3501 –Rs.5000 per month	27	27
3.4.	Rs.5001 and above	26	26
4.	Type of Family		
4.1.	Nuclear	65	65
4.2.	Joint	35	35

The majority 95% of the mothers had monthly income ranging from Rs. 2001-5001 per month whereas only 5% of them had below Rs. 2000 per month, 65% of them were from nuclear family followed by 35% from joint family.

Table 3 Frequency and Percentage Distribution of the Mothers by Their Awareness Regarding Health Agency, Health Personnel, Distance of the Health Agency, Types of services available.
N = 100

S.no	Variables	Mother	
		Frequency	percentage
1.	Health Agency		
1.1.	PHC	100	100
1.2.	Sub-centre	100	100
1.3.	ICDS center	100	100
2.	Health Personnel		
2.1.	ANM/MPHW	100	100
2.2.	Anganwadi workers	100	100
3.	Distance		
3.1.	0 – 3 km	71	71
3.2.	3 – 5 km	29	29
4.	Service available		
4.1.	Curative services	100	100
4.2.	Immunization	100	100
4.3.	Ante-natal services	100	100
4.4.	Intra-natal services	100	100
4.5.	Post-natal services	100	100
4.6.	Communicable disease control	100	100
4.7.	Family planning services	100	100
4.8.	Referral	100	100

The data presented in Table 5 shows that 100% of the mothers were aware about the availability of health agency, personnel and services in and around their village. For 71% of them health agency was accessible within 3 kms, distance, whereas only for 29% it was within 5 kms. distance.

Table 4 Frequency and Percentage Distribution of the Mothers according to their Time of Ante-natal Registration, Place, Ante-natal Visits, T. T. Immunization, IFA Tablets Taken and Reason for Registration.
N = 100

S.no	Ante-natal Services	Mother	
		Frequency	percentage
1.	Time of Ante-natal registration		
1.1.	1st trimester	60	60
1.2.	2nd trimester	37	37
1.3.	3rd trimester	3	3
2.	Place of Registration		

2.1.	Pvt. Clinic	7	7
2.2.	PHC	57	57
2.3.	Sub-centre	36	36
3.	Clinic Visit during ante-natal period		
3.1.	Once	20	20
3.2.	Twice	52	52
3.3.	Thrice and above	28	28
4.	T.T. Immunization.		
4.1.	Complete doses	100	100
4.2.	Incomplete doses	0	0
5.	IFA Tablets		
5.1.	IFA taken	89	89
5.2.	IFA not taken	11	11
6.	Reason for not taking IFA		
6.1.	Don't know	7	63.64
6.2.	IFA not available	4	36.36
7.	Reason for Health Centre Registration		
7.1.	Ante-natal visit	15	15
7.2.	Minor ailments.	85	85

The present study finding reveals that there is a decrease in ante-natal coverage against the Health for All Goal.

Table 5 Frequency and Percentage Distribution of the Mothers Regarding Home Visit by Health Personnel, Conduct Delivery by Trained and Untrained Personnel and Reason for Home Delivery.
N = 100

S. no	Intra-natal Services	Mother	
		Frequency	percentage
1.	Visit by health personnel		
1.1.	Once	0	0
1.2.	Twice	15	15
1.3.	Thrice and above	0	0
2.	Delivery conducted by		
2.1.	Trained health personnel	71	71
2.2.	Untrained personnel	29	29
3.	Reasons for home delivery		
3.1.	Fear of hospital	29	29

The present survey findings shows a very few mothers were visited by the health personnel at home.
The present study finding reveals that majority of the mothers delivery was conducted by trained health personnel in the health agency.

Table 6 Frequency and Percentage Distribution of the Mothers Regarding Post-natal Visit to Health Agency, Visit by Health Personnel at Home.
N = 100

S.no	Post-natal Services	Mother	
		Frequency	percentage
1.	Visit to health agency by the mother		
1.1.	4 visits	5	5
1.2.	Less than 4 visits	95	95
2.	Visit by Health Personnel at home		
2.1.	Once	0	0
2.2.	Twice	1	1
2.3.	Thrice and above	2	2
3.	Visited health personnel in case of minor sickness of children		
3.1.	ANM / MPHW	4	4
3.2.	Doctor	96	96

The present study findings reveals that a very few mothers visited health agency for post-natal follow up, also very few mothers were visited by the health personnel at home.

Table 7 Frequency and Percentage Distribution of the Children according to Birth Weight Record, Colostrums feeding, 1st Breast Feeding Time.
N = 100

S. no	Variables	Children	
		Frequency	percentage
1.	Birth Wt. Record		
1.1.	Yes	74	74
1.2.	No	26	26
2.	Colostrums feeding		
2.1.	Yes	78	78
2.2.	No	22	22
3.	1st breast feeding time		
3.1.	Immediately after birth	4	4
3.2.	Half an hour after birth	18	18
3.3.	I hour after birth	20	20
3.4.	2 hours and above after birth	58	58

The present study findings reveals that only very few new-born had their first breast feeding within first hour of birth.

Table 8 Frequency and Percentage Distribution of Children by their Immunization Status according to their Age
N = 100

S.no	Immunization Status	Children	
		Frequency	percentage
1.	B.C.G.		
1.1.	Immunized	100	100
2.	DPT and OPV		
2.1.	Fully immunized	93	93
2.2	On process	7	7
3.	Measles		
3.1.	Immunized	77	77
3.2.	On process	23	23
4.	Vitamin 'A' Solution		
4.1.	Fully immunized	32	32
4.2.	On process	68	68
5.	M.M.R	0	0
6.	D.T.		
6.1.	Fully immunized	3	3
6.2.	On process	97	97
7.	Hepatitis 'B'	0	0

The present study findings achieved the Health for All Goal of immunization coverage for B. C. G. vaccine, DPT, OPV and Measles according to the age group of children. But none of the children immunized for MMR and Hepatitis "B" vaccine. The reason was lack of knowledge about immunization and its importance.

Table 9 Frequency and Percentage Distribution of Mothers Regarding Family Planning Services
N = 100

S. no	Family Planning Services	Mother	
		Frequency	percentage
1.	Family planning services received		
1.1.	Yes	60	60
1.2.	No	40	40
2.	Methods		
2.1.	Permanent	10	10
2.2.	Temporary	50	50
3.	Temporary methods		
3.1.	Oral pills	26	26
3.2.	Condom	24	24
4.	Reason for not received		
4.1.	Fear of complication	34	34
4.2.	Ante-natal mother	4	4
4.3.	Post-natal mother	2	2
5.	Place		
5.1.	PHC	14	14
5.2.	Sub-centre	27	27
5.3.	Market	19	19
6.	Reasons of satisfaction		
6.1.	Free of cost medicine	65	65
6.2.	Advice of health personnel	35	35

50% of the mothers used temporary methods either from PHC, Sub-centre or market and 10% adopted permanent method. 65% of the mothers were satisfied with the MCH services provided by health agency or at home. They were satisfied with the free medicines, while 35% were satisfied with the advice of health personnel.

Table 10 Frequency and Percentage Distribution of the Mothers in Area wise, Regarding Utilization Pattern of Maternal and Child Health Services.

N=100

Sl. No.	Categories	Ante-natal		Intra-natal		Post-natal		Child health		Family planning	
		F	%	F	%	F	%	F	%	F	%
1.	Fully utilized	28	28	71	71	5	5	74	74	40	40
2.	Partially utilized	72	72	-	-	95	95	26	26	20	20
3.	Not utilized	-	-	29	29	-	-	-	-	40	40

The data presented in Table 12 revealed that 72% mothers utilized ante- natal services partially, 28% fully. 71% utilized intra-natal services fully, 29% did not utilize it, 95% mother utilized post-natal services partially whereas 5% utilized fully. 74% mothers utilized child health services fully, 26% partially. 40% mothers utilized family planning services fully, while 40% mothers did not utilize the services, whereas 20% utilized it partially.

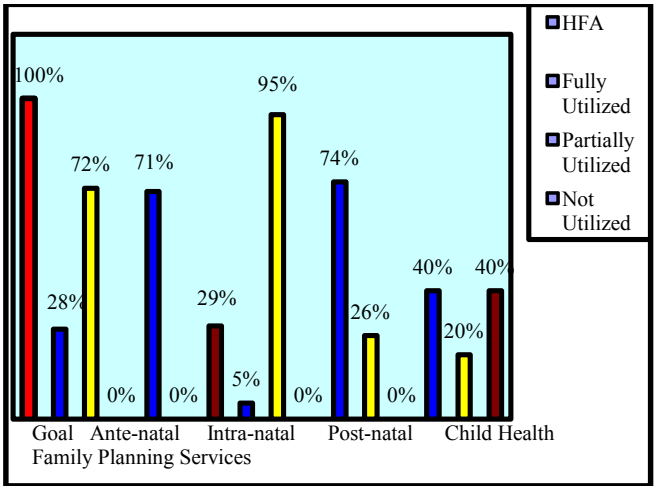


Figure 4 Bar graph showing the distribution of mothers by their utilization pattern of MCH services against HFA goal.

Section III

Findings Related to the Relationship Between Utilization of Maternal and Child Health Services and the Selected Factors

This section describes the findings of the relationship between the utilization of maternal and child health services and the selected factors.

Chi-square values were computed to find out the relationship. The computed chi-square values are presented in the table 13, 14, 15, 16, 17.

Table 11 Chi-square Values Showing Relationship between the Utilization of Ante-natal Services and Selected factors

N = 100

S.no	Selected factors	Computed chi- square	Df	Significant/not Significant
1.	Age.	0.1	1	Not Significant
2.	Type of family	3.2	1	Not Significant
3.	Occupation	5.23*	1	Significant
4.	Education	1.9	4	Not Significant
5.	Family income	6	3	Not Significant
6.	Parity	0.1	2	Not Significant
7.	Number of children	3.4	2	Not Significant
8.	Distance of health agency	0.1	1	Not Significant

* Significant at 0.05 level of significant, df (1) chi-square = 3.84 I

Table 12 Chi-square Values Showing Relationship between the Utilization of Intra-natal Services and Selected Factors.

N = 100

S.no	Selected factors	Computed chi-square	Df	Significant/not Significant
1.	Age.	0.7	1	Not Significant
2.	Type of family	0	1	Not Significant
3.	Occupation	0.4	1	Not Significant
4.	Education	8.2	4	Not Significant
5.	Family income	5.7	3	Not Significant
6.	Parity	2.5	2	Not Significant
7.	Number of children	5.6	2	Not Significant
8.	Distance of health agency	6.8*	1	Significant

* Significant at 0.05 level of significant df (1) chi-square = 3.841.

Table 13 Chi-square Values Showing Relationship between the Utilization of Post-natal Services and Selected factors

N = 100

S.no	Selected factors	Computed chi-square	df	Table value (Chi-square)	Significant/not Significant
1.	Age.	0.1	1	3.841	Not Significant
2.	Type of family	2.8	1	3.841	Not Significant
3.	Occupation	0.1	1	3.841	Not Significant
4.	Education	2.5	4	9.488	Not Significant
5.	Family income	2.7	3	7.815	Not Significant
6.	Parity	0.8	2	5.991	Not Significant
7.	Number of children	2.9	2	5.991	Not Significant
8.	Distance of health agency	0.1	1	3.841	Not Significant

The data presented in Table 15 revealed that obtained chi-square values between the utilization of post-natal services and selected factors were not found to be statistically significant at 0.05 level of significant. It indicates that utilization of post-natal services is not significantly related with selected factors.

Table 14 Chi-square Values Showing Relationship Between the Utilization of Child health Services and Selected Factors.

N=100

S.no	Selected factors	Computed chi-square	df	Significant/Not Significant
1.	Age.	0.2	1	Not Significant
2.	Type of family	2.1	1	Not Significant
3.	Education	15.7* *	4	Significant
4.	Occupation	0.6	1	Not Significant
5.	Family income	7.1	3	Not Significant
6.	Parity	3	2	Not Significant
7.	Number of children	3.2	2	Not Significant
8.	Distance of health agency	1.5	1	Not Significant

**significant at 0.05 level of significant, df (4) chi-square= 9.488

Table 15 Chi-square Values Showing Relationship between the Utilization of Family Planning Services and Selected Factors.
N=100

S.no	Selected factors	Computed chi-square	df.	Significant/not significant
1.	Age.	6.5*	2	Significant
2.	Type of family	3.3	2	Not Significant
3.	Education	4.5	8	Not Significant
4.	Occupation	1.7	2	Not Significant
5.	Family income	10.2	6	Not Significant
6.	Parity	10.5* *	4	Significant
7.	Number of children	14.2* *	4	Significant
8.	Distance of health agency	18.8*	2	Significant

*Significant at 0.05 level of significant df (2) chi-square = 5.99I
**Significant at 0.05 level of significant df (4) chi-square = 9.488

Table 16 Comparative Statement of MCH Services Coverage at National level, State level and the Present Study Findings
N=100

Sl. No.	Indicators	Goals For "HFA"%	National Level 2003-04,%	State Level 2003-04,%	Present Study Findings 2004-'05, %
1.	Ante-natal coverage	100	65.4	70.8	28
2.	Institutional delivery	100	33.6	45.2	71.0
3.	Safe delivery	100	42.6	47.5	0
4.	Immunization coverage				
4.1.	B.C.G.	100	71.6	73.5	100
4.2.	DPT 3	100	55.0	51.7	93
4.3.	Polio 3	100	63.0	57.9	93
4.4.	Measles	100	51.0	44.6	77
5.	Couple Protection rate	>60			
5.1.	Sterilization		36.1	26.7	10
5.2.	Spacing methods		6.8	16.8	50.0

Data in table 18 reveals comparative statement of Maternal and Child Health Services Coverage at National, State (under study) and present Study finding as per goals set for Health for All. For ante-natal coverage at National level is 65.4%, State level is 70.8% and present Study finding is 28% whereas goal is 100%. For institutional deliveries coverage at National level is 33.6%, at State level is 45.2% and present Study finding is 71% whereas the goal is 100%.For safe deliveries, coverage at National level is 42.6%, at State level is 47.5% and present Study finding is 0% whereas the goal is 100%. Immunization coverage in the present Study finding shows B.C.G. vaccination is 100%, DPT3 is 93%, OPV is 93%, Measles is 77% and being higher than the coverage at National level as well as State level coverage.
As regards to the couple protection rate the goal is more than 60% to be achieved. Data available in table 16 shows that couple protection rate at National level is 42.9%, State level is 43.5% whereas the present Study finding is 60% not reached to the goal.

Chapter V

Summary, findings, discussion, conclusion, Summary

Non-availability and poor quality of services in the government institutions explains the non-utilization of services provided by PHC.

The present study was intended to identify the utilization of maternal and child health services by the mothers provided in a selected block of Tripura.

Final data were collected from 28th December'2004 to 22nd January' 2005 according to the planned data collection schedule. The data collected were organized, analysed and interpreted according to the objectives using descriptive and inferential statistics.

Major findings

Major findings of the study are summarized as follows

Section I Sample Characteristics

Eighty one percent of the mothers were in the productive age group i, e, 16 – 25 years. Maximum (88%) of them were belonging to parity one and two and having either 1 or 2 children. The age of the youngest children was in the age group of 0– 3 year.

Eighty seven percent of the mothers were literate, 98% of them were house wives, 95% of them had a monthly income above Rs. 2000.per month, and 65% belonged to nuclear family.

Section II

Findings related to the utilization of maternal and child health services.

Hundred percent mothers were aware about health facilities available in and around their villages. For 71% of them health agency was accessible within 3 kms. Distance. 60% got registered in the 1st trimester of pregnancy, and 57% were registered in the PHC.52% made ante-natal visit twice during the entire pregnancy.100% had complete tetanus toxoid immunization. 89% had taken iron and folic acid tablets. 85% were registered in the health agency due to minor ailments.
Seventy one percent of the mothers had delivered with the help of trained health personnel. 95% had visited post–natal clinic less than 4 times. For 74% children's birth weight were recorded. 78% children had colostrums feeding. 58% children had their first breast feeding 2 hours and more after birth. 100% children were immunized by BCG vaccine.93% of the children were immunized by DPT and OPV vaccine according to their age group.77% children were immunized for measles vaccine and had supplemented Vit. "A" solution according to their age group. 100% of the children were not immunized for MMR vaccine and hepatitis 'B' vaccine. For 96% of the children, mothers visited the doctor during their minor sickness.

The majority 60% of the mothers utilized family planning services followed by 34% who did not utilize the services due to fear of complications. 65% of the mothers were satisfied for maternal and child health services provided by the health agency, due to availability of free medicines.
Maximum 72% of the mothers utilized ante-natal services partially, 71% of them utilized intra-natal services fully. 95% utilized post-natal services partially. 74% fully utilized child health services. 40% fully utilized family planning services.

Section III

Findings related to relationship between utilization of maternal and child health services and the selected factors.

There was no significant relationship between the utilization of ante-natal services and selected factors except occupation of the mother.

There was no significant relationship between utilization of intra-natal services and selected factors except distance of the health agency from their home.

There was no significant relationship between utilization of post–natal services and selected factors.

There was no significant relationship between utilization of child health services and selected factors except educational background of the mother.

There was no significant relationship between utilization of Family Planning services and selected factors except Age, Parity, Number of living children, distance of the health agency.

DISCUSSION

The findings of the study have been discussed in terms of the objectives and theoretical base presented in Chapter 1.

The distribution of subjects by age revealed that more mothers belong to the age group of 16-25years.

This was evident from the non-research literature and research studies i.e., Bhatia .J.C, (1985), Kumar Ashok, et. al.(2003) and the report in Times of India (2005).

Parity wise, most of the mothers belonged either to parity one or two. Kumar Ashok, et. al. (2003) in their study found that the mean parity of the subjects was 2.090 and 2.06 respectively.

The present study findings revealed that most of the mothers were literate, house wives, had monthly income ranging from Rs. 2001-5001 per month and were from nuclear family.

These findings were consistent with the findings of Prasad, K. N. et. al. (1994), Kumar Ashok, et al. (2003), NaliniHema (1989), Swarnalatha (1992),.Kavita and Adinarayan (1997), Ryan, Werjunet. al. (2002), Philip Jisha, et. al. (2002), Neeraja (1992), Radhakumari (1997). They reported that the maternal educational status, occupation, family income and type of family are significantly associated with utilization of MCH services.

The present study findings represented maximum mothers were aware about the availability of health agency, personnel, and services in and around their village, for most of the mother health agency was accessible within 3 kms. distance. One third of the population utilize ante-natal services fully, one third of them did not utilize intra –natal services at all, most of the mothers utilized post–natal services partially, and very few of the mothers utilized family planning services fully.

The findings are also supported by the Okaforr. C.B (1991), Kumar Ashok, et. al. (1994), Bhatia Cleland (1995), Talwar and Bhatia (1985), Srinivas (1986), Sreenivas Reddy K. (1997) Radhakumari (1997), They noted that reason for child delivery at home were lack of transport to the maternity home and distance to the health agency from home was the reason for the and very poor utilization of the ante-natal, intra-natal, post-natal, and family planning services.

The study findings revealed that very few mothers were visited by health personnel during their pregnancy at home.

These findings were supported by Talwar and Bhatia (1985), Jayalakshi (1996), found that very few mothers were visited by health personnel at home.

The present study finding revealed that one third of the mothers delivery was conducted by untrained personnel.

The findings are supported by Neeraja .K.P. (1992), and differ from the study findings of Kakkar M. Sharma.U. et. al. (1991), Hindustan Times (2005). Their findings revealed that majority of the home deliveries were conducted by untrained personnel. The study findings represented there was a significant relationship between utilization of ante-natal services and occupation.

Findings of Swarnalatha (1992), Kavita and Adinarayan (1997), supported this and noted that non-working women received more ante-natal care.

There was asignificant relationship between utilization of intra-natal services and distance of the health agency.

Findings of Okaforr. C.B. (1991), Philip Jisha, et. al. (2002), supported this and found that most common reasons for women to prefer delivery at home was distance and lack of transport to the health agency.

The findings of the study revealed that there is a significant relationship between utilization of child health services and maternal educational status.

The findings supported by findings of Kucera (1985), Kaushral Kishore Siddu, (1986), Devanzo (1986), Schaefer and Hughes, (1988), Irma, Eco, (1992), Taluja (1995). They reported that health and survival status of the children was found to be better in case of women with higher education and parental awareness for immunization and utilization of services was found to be significantly higher in maternal literacy.

These findings are consistent with the observation of PrasadK. N. et. al. (1994).

There was a significant relationship between utilization of family planning services and selected factors such as age, parity, number of living children, distance of the health agency.

The findings are consistent with the observations of Prasad K. N. et. al. (1994).They reported that maternal age, number of parity, distance of health agency is closely associated with utilization of family planning services.

The findings of the study show that very few mothers were satisfied with MCH services and advice of health personnel.

These findings are supported by the observation of Radhakumari (1997), Sudha C. Patel, (1993),They found that half of the mothers expressed dissatisfaction towards health personnel in provision of services.

CONCLUSIONS

The following conclusions were drawn on the basis of study findings

Maximum number of the mothers was found in the reproductive age groupi.e.16-25 years, literate, house wife and from nuclear family. For the majority of them health agency was accessible within 3kms.distance.

Most of the mothers got registered in the PHC during first trimester of pregnancy and visited ante-natal clinic twice in

ante-natal period. Majority of the mothers utilized ante-natal services partially.

Majority of the mothers delivered with the help of trained health personnel and utilized intra-natal services fully. Maximum mothers visited post-natal clinic less than 4 times and utilized post-natal services partially.

Hundred percent coverage of the immunization status according to age group of children.

One third of the population did not utilized intra-natal services at all. Many mothers did not utilize family planning services at all.

There was a significant relationship between the utilization of Maternal and Child Health Services and the selected factors

Reference

1. Olds Sally, B. et. al. Maternal – Newborn, Nursing. A family and Community Based Approach, (6th ed.), London: Prentice, Hall, 2000.
2. Bennett, V. Ruth, and Brown Linda, K. Myles Textbook for midwives, (13th ed.), Philadelphia: Churchill Livingstone Co. 2001.
3. Haines and Taylor, Obstetrical and Gynecological Pathology, 5th edition, London : Churchil Livingstone, 2003.
4. Ratcliffe, Stephen, D. Family Practice obstetrics, 2nd edition, Philadelphia: Hanley and Belfur, INC, 2001.
5. The World Health Report, "Rehabilitating the Workforce, The Key to Scaling up Maternal , Neo-born and Child Health Programme", WHO-2005, No. 2.
6. The World Health Report, "Access to Care and Financial Protection for All", WHO-2005, No. 3.
7. The World Health Report, "Working with Civil Society Organization", WHO-2005,
8. The World Health Report, "Make every Mother and Child Count", Facts and Figure, WHO-2005.

How to cite this article:

Dr. Dilip Kumar Das (2020) 'A Study to Assess Utilization of Mch Services by Mothers and to Seek Relationship with Selected Factors in Tripura', *International Journal of Current Medical and Pharmaceutical Research,* 06(10), pp 5321-5329.

****