ASSESSMENT OF KNOWLEDGE AND UTILIZATION OF MATERNAL AND CHILD HEALTH SERVICES AMONG WOMEN

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Abstract

This paper attempts to study the knowledge and utilization of maternal and child health (MCH) services among woman residing in Badali and Gharuan village near Kharar. The total sample size was 60 women in selected rural areas Badali and Gharuan near Kharar (Punjab). Purposive sampling method was adopted to collect the data. Purposive sampling is non probability sampling technique. Self structured questionnaire was constructed to assess the knowledge and utilization of maternal and child health services among women extensive review of literature i.e books, journals, experts opinion and investigator's professional experience and informal interviews with women, provided bases for the constitution of the self structured questionnaire tool. Findings indicated low utilization of MCH services provided by the public health system. One of the primary reason for the non utilization of MCH services may be the lack of knowledge on these services offered by the government, which may be attributed to high illiteracy and lower accessibility of institutions providing the services. Results suggest that there is a need to enhance service utilization by inducing awareness among women residing in selected villages in Kharar on MCH services that are provided by the Government.

Keywords: maternal, MCH services, utilization, professional experience, Self structured questionnaire tool

Introduction

Promotion of maternal and child health has one of the most important objective of the family welfare program in India. As current Reproductive and child health program (RCH) was launched in oct 1997. The RCH programs incorporated the components covered under the survival and safe motherhood program and include additional components related to reproductive tract infection and STD[1]. In order to improve the maternal health at the community level, The present strategy is to provide mother and child health services as integrated package of essential health care which is based on the principal of equity, intersectional, co-ordination and community participation[2]

Need and Significance

The study explores the prevalence and factors associated with the utilization of maternal and child health care services among married adolescent women in India using the third round of the National Family Health Survey (2005-06)[3,4]. The findings suggest that the utilization of maternal and child health care services among is far from satisfactory in India. Large differences by urban and rural residence, educational attainment, religion, economic status and region were evident[5]. Health care programmes should focus more on educating adolescents, providing financial support, creating awareness and counselling households with married adolescent women

Objectives:

1. To assess the knowledge regarding Maternal and Child Health services among women provided at selected health centres Kharar
2. To assess the utilization of Maternal and Child Health services among women provided at selected health centres Kharar
3. To find correlation of knowledge and utilization among women regarding Maternal and Child Health services with socio-demographic variables**.**
4. To prepare guidelines on maternal and child health services.

Assumptions:

1. Women do have awareness regarding maternal and child health services
2. Women do utilize some maternal and child health services

Conceptual frame work

The conceptual framework of the present study is based on Imogene King's interactions System model (1981). In the interactions system model there are three dynamic interacting system. Personal system (individual), interpersonal systems (group of individuals) and social systems (families).

1. Personal system
2. Interpersonal system
3. Social system

Thus interaction of these systems will show utilization of family welfare services leads to good health where as poor interaction among systems leads to the poor knowledge and results in poor utilization of Maternal and child health services, which is due to lack of knowledge.[6,7] Therefore it is understood that the utilization and utilization influences the knowledge.

Methods and Procedures:

A descriptive approach was undertaken to assess the knowledge and utilization of MCH services The total sample size was 60 women in selected rural areas Badali and Gharuan, Kharar. Purposive sampling method was adopted to collect the data. Self structured questionnaire was constructed to assess the knowledge and utilization of maternal and child health services among women extensive review of literature i.e books, journals, experts opinion and investigator's professional experience and informal interviews with women, provided bases for the constitution of the self structured questionnaire tool. Tool is divided into three parts- Part I, II and III.

Part -I: This part consists of item for obtaining personal information about selected variables i.e age, education of husband, education of women, occupation of husband, occupation of women, type of family, religion, number of children, family income, source of information.

Part -II: Knowledge of women regarding maternal and child health services:- 50 items. It is self structured questionnaire requires 20 – 30 minutes for the subject to complete. The questionnaire provide information about the knowledge of maternal and child health services among women. The maximum score was 50 and minimum was 0, self structured questionnaire was on family planning, immunization, antenatal care, postnatal care.

Part -III: This part consists of 16 items related to utilization of maternal and child health services among women. It included questions related to family planning, immunization, antenatal and

postnatal. Maximum scores was taken 32 and minimum score was 0.

Results

Data was computed statistically using descriptive and inferential statistics. Table No. 1 depicts that only 5% of the subjects had excellent knowledge regarding the maternal and child health services. Majority of the subjects i.e., 75% had good knowledge regarding MCH services. Hence, it can be concluded that majority of women had good knowledge regarding maternal and child health services.

Table 1:Percentage distribution among women according to their level of knowledge regarding Maternal and child health services. N=60

Level of Knowledge	Frequency	Percentage
Average (18-27)	12	20.0
Good (28-37)	45	75.0
Excellent (>=38)	3	5.0
Total	60	100.0

Table 2: Percentage distribution among women according to their level of utilization of maternal and child health services. N=60

Level of Utilization	Frequency	Percentage
Below average	2	3.3
Average (11-17)	9	15.0
Good (18-24)	20	33.3
Excellent (>=25)	29	48.3
Total	60	100.0

Table 2 indicates that 48.3% of the women had excellent level of utilization of maternal and child health services and 33.3% had good utilization, while 15% of the subjects had average utilization score and 3.3% of the subjects had below average utilization of maternal and child health services. Hence it can be concluded that women had utilized the maternal and child health services very effectively.

Table No.3- Correlation between knowledge and utilization of maternal and child health services among women.

	Mean Score	Pearson's r Correlation

Knowledge Score	30.78	
Utilization Score	23.9	0.898

To assess the relationship of knowledge with utilization of maternal and child health services among women, Pearson's 'r' was computed. Table 3, depicts that the mean knowledge score of women was 30.78 and mean utilization score was 23.9 and the correlation was calculated statistically and was found positive. So it is evident that there is positive relationship between the knowledge and utilization of maternal and child health services.

Discussion:

Findings related to level of knowledge indicated that 75% of women had good knowledge and only 3% women had below average utilization regarding maternal and child health services. The mean utilization score of women was highest i.e. 8.65 regarding immunization and was lowest i.e., 1.53 regarding family planning.

According to age mean knowledge score was higher 31.55 in those women who were between age group of more than 50 yrs whereas the women who were 31 -40 yrs of age having lesser mean knowledge score (30.28). According to education of mean knowledge score was higher (31.50) in those who were graduates.

According to education of women mean knowledge score was higher (31.73) in those who were 10+2 and less (30.09) who were matriculate. According to occupation of husband mean knowledge score was higher (32) who were unemployed and lesser in (28.88) who falls in others category.

According to occupation of women mean knowledge score was higher (34.33) who were doing services and lesser (30.35) who were housewives. According to type of family women obtained (31.25) higher score who belonged to nuclear family. According to religion the mean knowledge score was higher (35.75) in women who belonged to Christian families. According to number of children mean knowledge score was higher (31.13) in those who were having more than two children.

According to income, those women who belonged to income group of more than 10,000 had highest mean knowledge score (32.07). According to source of information, the mean knowledge score was higher (32.29) in those who got the information from health professionals whereas who got the information from health professionals where as who got the information from health personnel had less mean knowledge score (29).

According to age, mean utilization score was higher (25.73) in those women who were between the age group >50 yrs where as the women who were between the age group of 31-40 yrs had lesser utilization score (23.41). According to education, mean utilization score was higher (29) in those husbands who were graduates.

According to education of women, mean utilization score was higher (25.33) who were graduates and lesser in those (22.73) who were 10+2. According to occupation of husband, mean utilization score was higher (24.76) in those who were doing service and lesser mean utilization score (22.13) who falls in others category. According to occupation of women obtained higher score (24.33) who were doing service and lesser score (20) who were doing business.

According to type of family, women obtained higher score (27) who belong to extended family. According to religion, the mean utilization score was higher (32) who belonged to Christian families.

According to number of children, mean utilization score was higher (27.71) who were having more than three children. According to income, those women who belonged to income group of < 5000/- had highest mean utilization score (27.57).

According to the source of information, mean utilization score was higher (27.22) in those who got the information from peer group whereas who got the information from health personnel (21.40) got the lesser mean utilization score. There was statistically significant difference in the knowledge of women according to religion.

.Implications:

The findings of this study have certain very important implications for the nursing profession i.e clinical practice, nursing education, nursing administration and nursing research. Nurse acts as an educator, organiser, leader, councillor and motivator. Nurses can provide a family centralised approach to help women to gain more knowledge and utilization of maternal and child health services.[9]

Conclusion:

The study shows unacceptably low utilization of immunization and family planning services. It shows the coverage of family planning is inadequate. This is an important message to health providers and policy makers to strengthen immunization and family planning to reduces neonatal morbidity and mortality

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