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Discontinued Maternal Health Care Utilization in Bhojpur District, Nepal

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Abstract

Why all pregnant women did not receive all care at antenatal period; those who did not even utilize any ANC visit may also prefer to utilize facility-based delivery or postnatal care related queries are rarely available in several rounds of NDHS data set. A study conducted in Tarai region of Nepal, analysis of Nepal demographic and health surveys of several rounds, Annual Health Report 2077/78 published by the Department of health services, Ministry of health and population were taken into study. A qualitative study designed in 2014-15 from the women of reproductive health having children of 2-23 months were asked their discontinuation, if any. Maternal health service utilization through national and the district level data were analysed to study about the discontinuation in utilization.Several factors are identified as the cause for discontinuation in the Tarai region of Nepal. Data revealed by department of health services for the fiscal year 2077-78 show discontinued maternal health service utilization (MHSU) in Bhojpur district. The NDHS 2022 report still found some level of discontinuation in national level. Therefore, urgent need of qualitative study is a most for Bhojpur district which has low level of utilization. In the new administrative set-up according to constitution of Nepal, effective functional policy adopted by municipal region may solve several issues of maternal health. Hilly regions could have different response than Tarai region of Nepal. Therefore, local bodies of hilly regions should bring maternal health policy and program to achieve continuum of maternal health care which will ultimately help Nepal to achieve SDG related goal and target.

Key words: *Discontinuation, Maternal health service utilization, Hilly region, ANC, Health facility Delivery, Postnatal care and Local bodies*

Background of the Study

Several rounds of Nepal Demographic and Health Survey reports revealed that there is discontinued maternal health care utilization. Some studies (such as Matsumura and Gubhaju 2001; Rai 2007) have unveiled some of the important determinants of the use of maternal health care in Nepal, however many limitations are noted in those studies. One most crucial thing consistently found in utilization pattern is '**V**' shape, with a higher level of use for ANC, followed by a low level of use for delivery and relatively higher level of use for PNC. The gap between the proportion of one time ANC visits and delivery care by SBA over the period (2001-2011) has not been changed.

However, the level of utilization has increased tremendously since 1994. With changing socio-economic context, it can be expected that the utilization pattern must be in a way to reducing the gap. However, it has not seen as such after long-time initiation of medical scrutiny in childbearing process in Nepal. Several studies have often pronounced that role of education, place of residence, distance, parity, household poverty were the underlying factors for the utilization of maternal health services (Obermyer 1993; Bhatia and Cleland 1995; Mitra et al. 1997; Gage and Calixte 2006; Gage 2007; Mostafa 2009). Getting into the depth of finding the underlying cause, Gyimah, Takyi and Addai (2006) favours in-depth study in exploring more on it.Having services in free of cost in Nepal, it must explore why discontinuation exists in utilization. Hilly region of Nepal has geographical barrier in reaching health care facilities. Scattered residence and many other factors always notice as a barrier in utilization of health facilities. A detail study conducted in the Tarai region of Nepal in 2016 using Nepal demographic and health survey data along with qualitative approach has found several factors in discontinued maternal health care. Now, in the decentralized health care system in federal structure of Nepal, it must explore the regional factors so that policy intervene can be made promptly in order to reach at sustainable development goals.

Data and Methodology

This study utilizes several rounds of Nepal Demographic and Health survey (NDHS) data.Similarly, Annual Health report 2077/78 published by department of health service, ministry of health and population, government of Nepal has been used. Since the study focuses to Bhojpur District, Koshi province, Nepal to know its discontinuation, a qualitative study by Dulal (2016) data file was also used to take major references. The qualitative study on maternal health care utilization in the Tarai region conducted by Dulal (2016) has sampled two villages of Bara District, Nepal. All together 126 women (having children of age 2-23 months) were taken under the study. Focus group discussions, key-informant interview, interviews with key stakeholders were also conducted during the study.

Major outcomes obtained through qualitative study by Dulal (2016) are presented in the analysis section. Situation of maternal health care utilization of Bhojpur district is analysed and compared with NDHS 2022 report. Result is taken into consideration for the study of Bhojpur district's maternal health care utilization.

Results

Of the 126 women (15-49), the highest proportion is in age 20-24 years and the least proportion in 35 years and above. The median age of women is 23.5 years, and 28 years for their husbands. Women belonging to Tarai/Madheshi caste/ethnic group are dominant in the sample villages (41 percent) and the least proportion (around 8 percent) is Hill caste and Dalits. Vast majority of women are Hindu (75 percent). About three-fourth of the women are living in joint family. Likewise, four out of five women reported that their husbands and other members are the head of the household in their family. Early marriage is highly pronounced in the sample villages with 17.2 years as their mean age at marriage. Women seem to be much more disadvantaged than their husband for education attainment. Nearly one-fourth (24 percent) of the women reported that non-agricultural occupation, whereas three-fourth of the women are engaged in household work (including agriculture). Many families relied on non-agricultural occupations as the source of livelihood. Majority of women are exposed to any one mass media.A huge majority of women have ownership of their own house, however, more than half of women have Kachcha house. About 10 percent of women had faced pregnancy loss before the birth of the most recent child. One third of the births were of first order (*Table not shown*).

The most common reasons for discontinuation in the Tarai region of Nepal

The study of Tarai region illuminated the reasons at individual/household level as well as problem concerned to health facility and in some cases at community level. For example, poverty and previous birth experience are the reasons that are related to individual/household level and the regular contact with FCHV/ANM or service provider is related with health facility. Individual/Household level problems are commonly conveyed by many women who could not seek care during ANC and mostly at the delivery care. However, the problem related to health facility was the most commonly cited reason for discontinuation in receiving any maternal health care (ANC, delivery care and PNC).

Reasons at Individual/Household Level

Each individual or the family holds some specific characteristics. However, some characteristics seem to be similar for seeking health care. Poverty and previous birth experience are the two reasons which compelled many women in the sampled villages (of Bara district) of the Tarai region not to completely avail the service or even they could not initiate taking pregnancy care service.

Previous Birth Experience

In earlier days, many women remained unsupervised at their pregnancies and delivery due to unavailability of services nearby their areas. Many of them followed the instructions as per their experienced elders. They had an increased confidence level at higher parity. Due to earlier experience, such women do not rely on modern health care for childbearing even services are available in own village in free of cost.

Similarly, women at higher order of birth perceived that the experience they had earlier during delivery would repeat again in successive birth too. Earlier study by Mathole et al. (2004) also finds the evidence regarding this. Women having experience/s of

successful earlier births without any loss motivates them and their family not to think about the modern health care at health facility.

At Health Facilities/Service Provider

There might be a debate that is it essential for someone to report at health facility during pregnancy and childbirth or the similar care if someone receive at home is also consider as safe. Earlier studies show that someone closed to TBA's resident is associated to receive her care (Matsuoka et al. 2010; Titaley et al. 2010). Like earlier studies, the villagers in the sampled villages were benefitted by the skilled attendants, FCHV and other health personnel. Therefore, regular informal contact with ANM/FCHV or service provider was the prime reason among the women who remained discontinued for ANC, delivery and postnatal care.

Common voices from Stakeholders

Two focus group discussions with female child health volunteers, six with women of age 35 years and above explored the reasons for maternal health service discontinuationthat they find with villagers as well as in the community. Besides many reasons, discussions unravelled that the prominent reasons are the lack of social and health awareness, poverty, presence of old generation who believe in traditional attendants during delivery. They also stress that the dysfunctional local bodies and their role towards public health issue are weak since couple of years. The same has also been reported during the in-depth interview with health managers. From their standpoint, educational differentialsbetween the old and new generation at home, awareness and budget allocation for maternity allowance to defray transportation cost are some of the barriers that they observe in the districts. It can be inferred from the district that the whole Tarai region can't be exceptional to this pattern.

Changes in 2011-2016

Since the qualitative study was designed based on the data available for 2011 at national level, the study further analysed the situation of2017 as well. It has been observed that there is huge gap between ANC and delivery care or with post-natal care (figure 1). The study further sought whether the 'V' shape pattern of service utilization in the three major components of maternity care has changed over the time (figure 2). It shows almost same over the period.

Figure 1: ***Maternal Health Care Utilization in Nepal, NDHS, 2017***

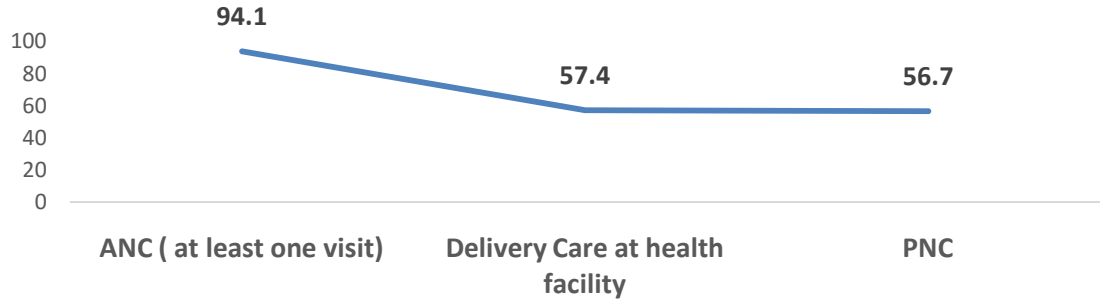
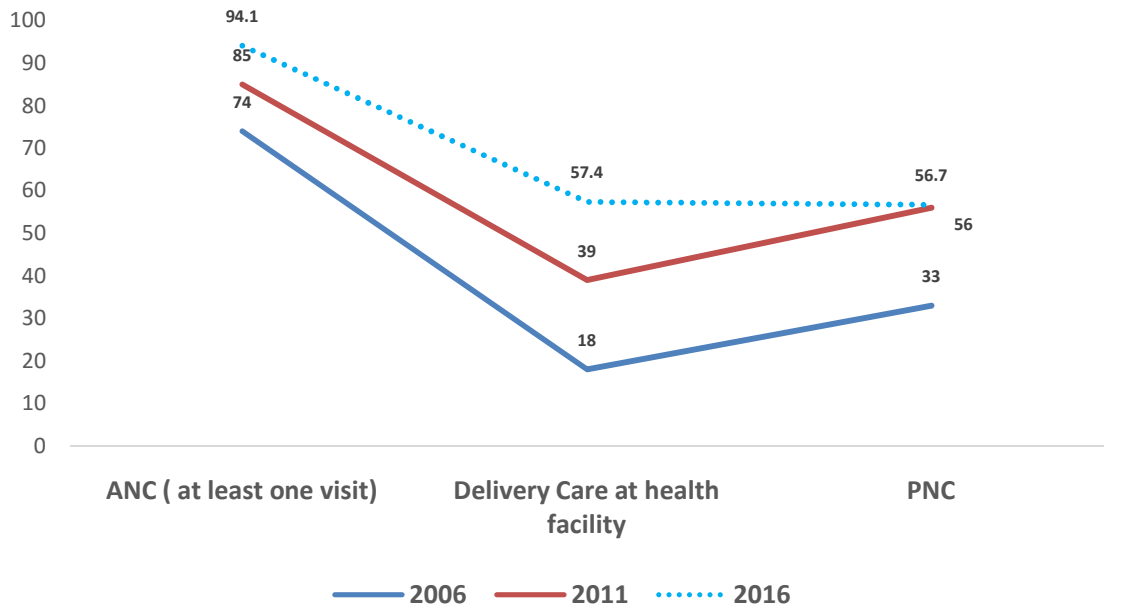


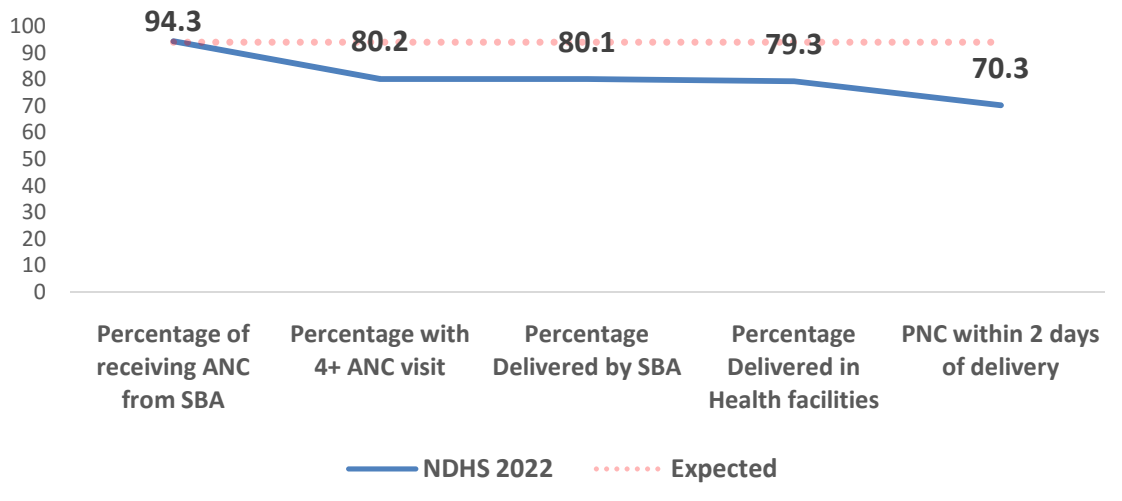
Figure 2: ***Maternal Health care Utilization in Nepal, 2006-2016***



Discontinued care still exists in Nepal?

Discontinued maternal health situation still exists in Nepal. It has been observed through NDHS 2022 report that more than 90 percent of the women who had given birth to child in the last three years have utilized ANC from skilled birth attendants (SBA). Similarly, nearly 80 percent of the women had delivered their last birth at health facility or received care from SBA and, the proportion has declined by 10 percent point in utilization of postnatal care. The result shows that the care offered to all the pregnant women in health facility are not utilized by all pregnant women.

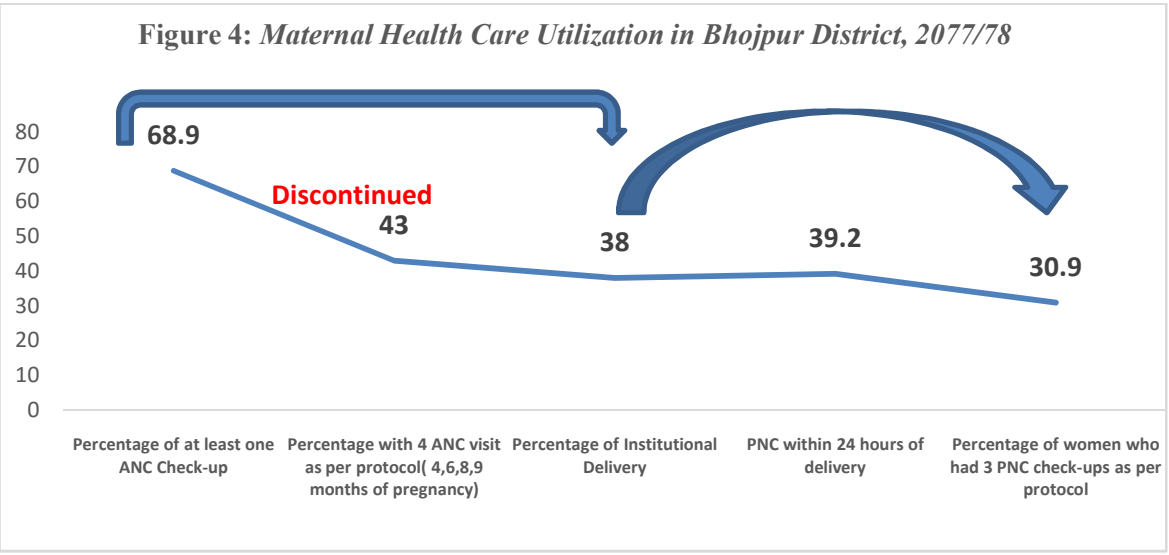
Figure 3: ***Maternal Health Care Utilization, NDHS 2022***



Maternal Health Care in Bhojpur District

Since the Nepal Demographic and Health survey sample is not to sufficient for district level analysis, annual health report data published by the department of health services, ministry of health and population, government of Nepal has been used to study the situation in Bhojpur district. It has been observed that the district has not been reached at national level of utilization of ANC, delivery care well as for postnatal care. The shape of the utilization pattern looks similar with the national level pattern. The gap is more pronounced in ANC and delivery care. Since most of the maternal deaths are observed in delivery care or soon after delivery, this huge gap indicates the possibility of complications in the future. The gap in utilization of delivery care and the postnatal care in the district also shows discontinued. The data shows that there is need to consider two major things into policy. The first is to increase in level of utilization and the next is to explore the reason behind gap or discontinued in service utilization. As presented earlier the situation of such a discontinuation in the Tarai region in the past shows several results in the Tarai region, further study may also be designed in the Bhojpur district.

Figure 4: *Maternal Health Care Utilization in Bhojpur District, 2077/78*



Source: Annual Health Report 2077/78

Expectations through existing Program

Although the situation of utilization of maternal health care in Bhojpur district is at lower level than national average, the continuum of care has not been observed (figure-4). Current provision of services can be revised with necessary modification that can bring changes to achieve continuum of care. A huge gap in utilization of maternal health care services has been observed (figure 5). Being a hilly district, some joint efforts to reach at national level of utilization is a most. Lower level of utilization in the district also infers

that the services offered in the districts though existing health facilities for maternal health are to be revised or emphasized more.

Figure-5: Maternal Health Care Utilization in Bhojpur District, Annual Health Report, 2077/78

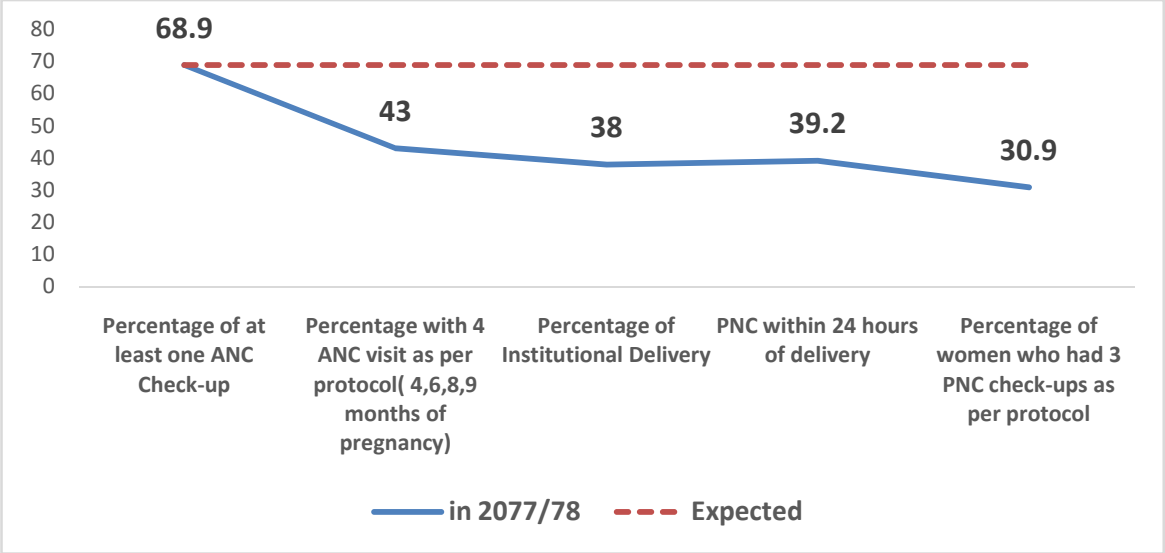
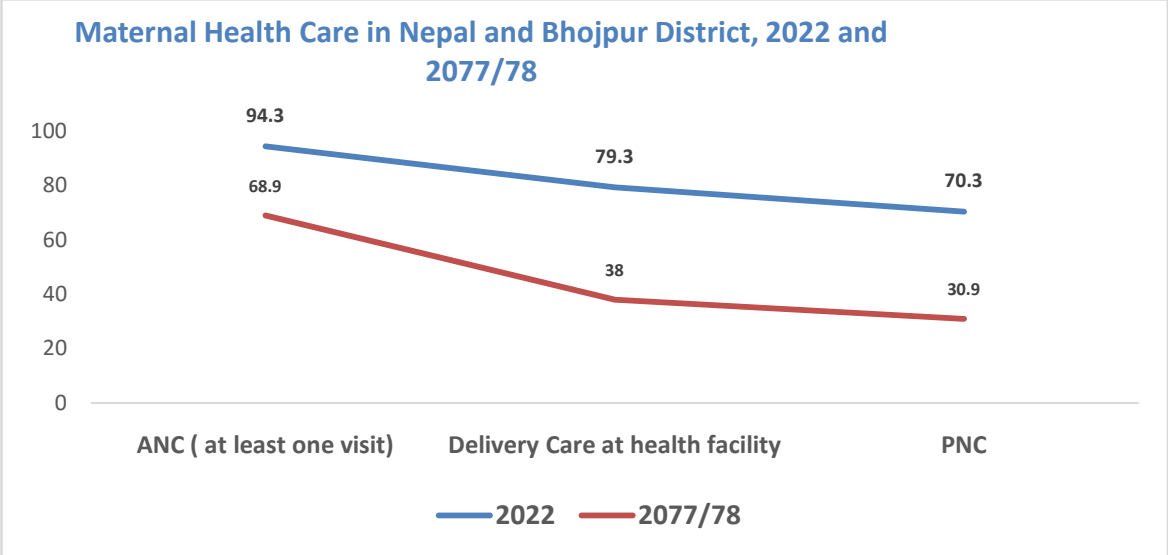


Figure 6: Comparative Study, two different Sources, NDHS-2022 and DoHS-2077/78



Discussion and Conclusions

It is argued that once a woman comes in contact of health personnel for pregnancy reasons, she should give continuity henceforth. But there is a big problem. Not all women who noticed pregnancy generally initiates care early. Late initiators miss the opportunity of utilizing complete antenatal care. According to the illuminated narratives, reasons are concentrated at individual/household, supply side and the community level. In-depth interview, FGD with FCHV and women aged 35 above along with health manager also

specified that the reasons are at many-sided. Such situation leaves a message that reasons can be deleted only by a strong mechanism which can coordinate among individual/household, supply side and the community. Current provision of safe motherhood policy seems unable to create such a mechanism though it has incorporated in its policy document. Merely provision of policy without a strong institution to overlook at the lowest level cannot improve the situation. For this, municipal body can take its initiation.

The prime conclusion drawn from the situation of Bhojpur district is that local bodies (Government) of hilly regions should bring maternal health policy and program to achieve continuum of maternal health care which will ultimately help Nepal to achieve SDG related goal and target. Three major steps seem the prerequisites to bring all women during childbearing under the medical screening. First is at individual/household level, the second is at institutional level and the third is at community level. For family level, there is no doubt that socio-economic advancement brings more awareness to common people. Programme towards improving socio-economic status further advances their understanding to utilize complete maternal health care. In institutional level, proper record keeping and follow up to the deprived section of women will be more applicable. Many of these problems can also be addressed through better counselling to each of the pregnant woman and their attendants ensuring regular ANC visit.

At present, local government has the constitutional rights to adopt health policy ensuring compliance tothe national guidelines. Effective functional policy adopted by municipal region throughout the district may solve several issues of maternal health service utilization. Hilly regions could have different response than Tarai region of Nepal as cited above. Therefore, local bodies of hilly regions, by understanding local issues,should bring maternal health policy and program to achieve continuum of maternal health care which will ultimately help Nepal to achieve SDG related goal and target in the reduction of maternal deaths.

References

Bhatia, J.C. and J. Cleland. 1995. "Self-Reported Symptoms of Gynaecological Morbidity and Their Treatment in South India," *Studies in Family Planning* 26:203-16.

Department of Health Services (DoHS), Ministry of Health and Population, Nepal.2079. "*Annual Report 2077/78(2020/21)"*. Department of Health Services, Ministry of Health and Population, Nepal.

Dulal, Komal Prasad. 2016.*"Maternal Health Care Utilization in Nepal: A Case of Tarai Region",* (An unpublished doctoral thesis) submitted to Jawaharlal Nehru University, New Delhi, India.

Gage, A. J.2007. "Barriers to the Utilization of Maternal Health Care in Rural Mali," *Social Science and Medicine 65*:1666-1682.

Gage, A. J, and M. G. Calixte. 2006. "Effects of the Physical Accessibility of Maternal Health Services on their Use in Rural Haiti," *Population Studies 60* (3):271-288.

Gyimah, Stephen Obeng, Baffour K. Takyi, and Issac Addai. 2006. Challenges to the reproductive-health needs of African women: On religion and maternal health utilization in Ghana" *Social Science & Medicine 62*: 2930-2944.

Mathole T., Gunilla Lindmark, Franz Majako, Beth Maina Ahlberg.2004. "A qualitative study of women's perspective of antenatal care in a rural area of Zimbabwe," *Midwifery 20*: 122-132.

Matsumura, M. and B. Gubhaju.2001. "Women's Status Household Structure and the Utilization of Maternal Health Services in Nepal," *Asia-Pacific Population Journal 16* (1):23-44.

Matsuoka, Sadatoshi, Hirotsugu Aiga, Lon Chan Rasmey, Tung Rathavy and Akiko Okitsu.2010. "Perceived barriers to utilization of maternal health services," *Health Policy 95*: 255-263.

Ministry of Health (MOH) [Nepal], New ERA, and ORC Macro. 2002. *Nepal Demographic and Health Survey 2001.* Calverton, Maryland, USA: Family Health Division, Ministry of Health; New ERA; and ORC Macro.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and Macro International Inc. 2007. *Nepal Demographic and Health Survey 2006.* Kathmandu, Nepal: Ministry of Health and Population, New ERA, and Macro International Inc.

Ministry of Health and Population (MOHP) [Nepal], New ERA, and ICF International Inc. 2012. *Nepal Demographic and Health Survey 2011.* Kathmandu, Nepal: Ministry of Health and Population, New ERA, and ICF international, Calverton, Maryland.

Ministry of Health, New ERA, and ICF. 2017. *Nepal Demographic and Health Survey 2016.* Kathmandu, Nepal: Ministry of Health, Nepal.

Ministry of Health and Population,Nepal, New ERA, and ICF 2023. "*Nepal Demographic and Health Survey 2022*." Kathmandu, Nepal: Ministry of Health and Population[Nepal].

Mostafa Kamal, S. M. 2009. "Factors Affecting Utilization of Skilled Maternal Care Services among Married Adolescents in Bangladesh," *Asian Population Studies* 5(2): 153-170.

Mitra, S.N., A. Al-Sabir, A.R. Cross, and K.Jamil.1997. *"Bangladesh demographic and health survey 1996-1997."* Dhaka: NIPORT.

Obermeyer, C.M. 1993. "Culture, maternal health care and women's status: a comparison of Morocco and Tunisia," *Studies in Family Planning* 24(6):354-365.

Rai, Bina.2007. The pattern of utilization of Maternal and child Health Services in Nepal" an unpublished PhD Thesis submitted to Jawaharlal Nehru University, New Delhi, India.

Titaley, Christiana R, Cynthia L Hunter, Peter Heywood and Michael J Dibley.2010. " Why don't some women attend antenatal and postnatal care services?: a qualitative study of community members' perspectives in Garut Sukabumi and Ciamis districts of west Java Province, Indonesia," *BMC Pregnancy and Childbirth* 10:61.