



## RESEARCH ARTICLE

### KNOWLEDGE OF WOMEN REGARDING AVAILABILITY OF MATERNAL AND CHILD HEALTH SERVICES IN COMMUNITY HEALTH CENTRE, AMBALA HARYANA, INDIA

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#### ABSTRACT

To measure the availability of knowledge of services among women regarding maternal and child health services.

**Study Design and setting:** This study follows check list scale containing 74 set of items related to services provides by the community health set up in rural area. 100 multigravida women who were utilizing the services from the community health center from the sample. Directive technique is used for the data collect to collect the data from the sample. Data analysis consisted of inferential statistics analysis by using non purposive.

**Result:** The check list consist of five categories related to maternal and child health services. Preparation of check list contain statement belong to general health services, antenatal, postnatal, child care and immunization and family planning services. The reliability coefficient for check list was calculated by using split halfmethod and was found to be 0.71. Women who were utilizing the services from the community health centerhaving the 100% knowledge in the field of the antenatal and family planning services. In case of postnatal services 84% of data lied under the good category and 16% of knowledge score came under the averagecategory. They were not having appropriate knowledge related to the child care as well as immunization. That's why 100% of women fall under the average category regarding the knowledge of maternal and child health services.

**Conclusion:** Enhancing the free of coat Antenatal , postnatal and child care and immunization services in the rural area and in all the health center will lead to achieve the target of "Health for all"

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## INTRODUCTION

In developing countries the primary objective was improve the health condition of the tribal, rural people through the extension of basic health care services. Maternal mortality rate is key pointer of population health and economic and social development. According to the over-all assessment maternal mortality indicate that more than half a millions ladies died due to pregnancy related causes in 2005 1. In developing countries maternal mortality rate is 200 times is higher than that in western countries2. India achieved average annual rate of reduction rate 4.7% of Maternal Mortality Rate in between 2005-2015 4. According to the Ministry and Family Welfare report Maternal Mortality Rate of Haryana is 146 per one 100,000 live births in 2012-2012 while infant mortality rate of

this state is 42 per 1000 live birthin the year 2012 3. According to the millennium development goal to achieve the target of maternal mortality rate 30/100,000 lie birth till 2015. To achieve this target essential health care is provided through the quality primary health care to the rural people with the help of the rural health center. 5. India was a participant to Alma-Atadeclaration and to provide quality primary health care services to achieve Health for All by the year 2000. With the one of the best principal of community participation is essential key by which primary health care is established. So the shortcoming in the primary health care delivery servicers has resulted in the lack of knowledge of availability of the maternal and child health services that are provided free of coast and it will lead to the less utilization of health care services which lead to high maternal and infant mortality rate. Knowledge about maternal and child health services to women will help to decrease the maternal mortality rate. Awareness about the health care services can aid in high utilization and better delivery of health services. This study tries to assess the

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women knowledge about the availability of health services at community health Centre.

## Objectives

1. To assess the knowledge of availability of health services among women regarding the maternal and child health services in community health Centre of Haryana.
2. To seek the association between the knowledge of availability of health services with selected demographic variable among women regarding the maternal and child health services in community health Centre of Haryana.

## Methodology

Present descriptive research was conducted with directive technique by face to face meeting with multigravida women who was utilizing the facility of maternal and child health services in the community health centre. The questionnaire was designed by the researcher. Consent was taken to participants. The questionnaire was administer general health services, antenatal services, postnatal services, child care and immunization and family planning which was under the facility of maternal and child health services. The women were assured regarding the confidentiality of information provided by them.

### Data collection form was generally two-part interview:

The first part was including some social demographic characteristics (age of sample, religion, education, occupation, distance from health centre, number of antenatal and postnatal visit, sources of information, mode of transport etc. Second part was check list of questionnaire regarding availability of services knowledge about contraception methods (general health services, antenatal services, postnatal services, child care and immunization and family planning). Descriptive statistics and inferential statistics was used for data analysis. The collected data was analysed with regards to the information given by the samples according to the sets of questionnaire items and analysed data in the following tables.

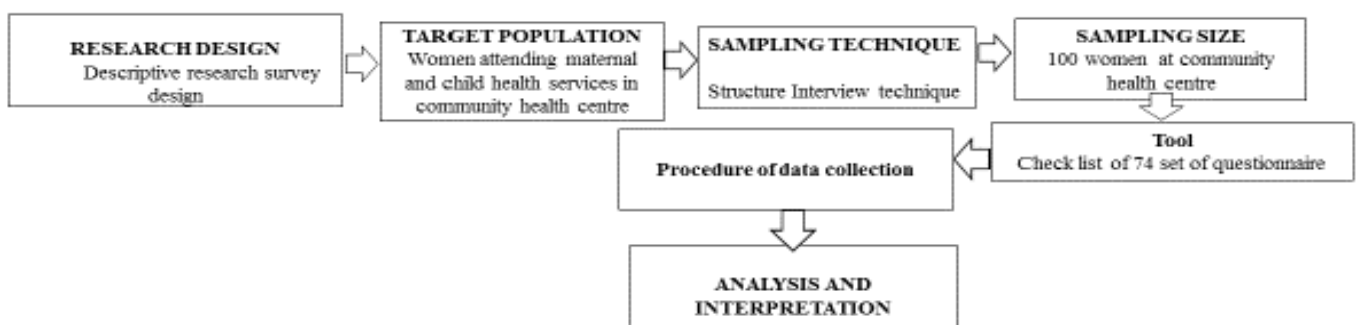
## RESULTS

Table 1: containing the 10 socio-demographic sample characteristics. Maximum 41% of women belong to the age group of 20-24 while maximum score of religion 89% of the sample belong to Hindu.

**Table 1. Frequency and percentage distribution of sample characteristic among women regarding the maternal and child health services in community health Centre of Haryana**

N=100			
S. No.	Sample characteristic	Frequency	%
1	<b>Age in years</b>		
a	15-19	01	01
b.	20-24	41	41
c.	25-29	16	16
e.	30-34	01	01
f.	35-above		
2	<b>Religion</b>		
a.	Hindu	89	89
b.	Muslim	10	10
c.	Sikh	01	01
d.	Christian		
3	<b>Education of mother</b>		
a.	Non-literate	21	21
b.	Primary school	20	20
c.	Middle school	30	30
d.	Secondary school	22	22
e.	Senior secondary	4	4
f.	Graduate	3	3
4	<b>Occupation of mother</b>		
a.	Homemaker	99	99
b.	Government job	0	0
c.	Private job	0	0
d.	Self employee	01	01
5	<b>Family monthly income per capita</b>		
a.	Less than 5000Rs	42	42
b.	Rs 5001-8000	42	42
c.	Rs 8001-10,000	14	14
d.	Rs>10000	2	2
6	<b>Number of antenatal visit</b>		
A	1	12	12
b.	2	30	30
c.	3	35	35
d.	More than 3	23	23
7	<b>Number of postnatal</b>		
a	0	17	17
b.	1	10	10
c.	2	28	28
d	3	31	31
e	More than 3	14	14
8	<b>Any information regarding MCH services</b>		
a.	Yes	60	60
b.	No	40	40
9	<b>Source of information</b>		
a.	Family and relatives	90	90
b.	Friends and neighbor	3	3
c.	Mass media	2	2
d.	Health personnel	5	5
10	<b>Mode of transport</b>		
a	By walk	75	75
b	Rikshaw	20	20
c	Car	1	1
d	taxi	4	4

**Objective: To assess the knowledge of availability of services among women regarding maternal and child health services in selected health centre of Haryana.**



**Fig.1. Schematic representation of research Methodology**

30% of mother having educational status up to the middle school and 99% of mother belongs to house wife. 42% of mother having the per capita income in between the 5000 to 8000. 60% of mothers having the information of MCH services and 90% of mother got the information from the family and relative. 75% of women used to go by walk to the community health center.

**Table 2. Frequency and percentage distribution of level of knowledge among women regarding maternal and child health Antenatal (AN), Postnatal services (PN), Family planning services (FP) and Child care and immunization services (CCI)**

S.No	Type of services	Good		Average		Poor	
		f	%	f	%	f	%
1	General health services	100	100	0	0		
2	Antenatal			100	100		
3	Postnatal	84	84	16	16		
4	Family planning						
5	Child care and immunization			100	100		

Table 2 mention that women are 100% knowledge of regarding the general health services antenatal and family planning services and came under the good category. The 100% average status is and immunization services which is available at the health center but not utilized by the women, this in one of the reason to increasing the child mortality rate due to the deficit knowledge.

**Table 3. Mean and mean % of level of knowledge among women regarding maternal and child health services. Antenatal (AN), Postnatal services (PN), Family planning services (FP) and Child care and immunization services (CCI)**

S.No.	Type of services	N	Mean	Mean %	Rank
1	General health services		16.7	92.7	II
2	Antenatal	100	17	100	I
3	Postnatal		12.1	81	III
4	Child care and immunization		11	61.1	IV
5	Family planning		06	100	I

Table 3 indicate the mean and mean percentage of the different services. According to this table good knowledge about the availability of the services like antenatal and family planning services to the women, while general health services are got 2<sup>nd</sup> and postnatal services got the 3<sup>rd</sup> and the last i.e. is 61% is got by the child care and immunization services. So the knowledge enhancement from this section to be enhanced at the community level to achieve the good result.

Table 4 indicated the impact of the socio demographic variable on the knowledge of the women regarding the maternal and child health services. In the present study researcher not got any significant factor which was associated with the different parameters.

**DISCUSSION**

In the present study, we observed that the maternal and child health services are render to the different health centre of rural

area in India, to achieve the less maternal mortality rate and infant mortality rate. In the different health centre free of cost facility is provided to the mother as well as children.

**Table 4. Chi square value showing the association of level of knowledge among women regarding maternal and child health services**

S. No.	Sample characteristic	Below median	Above median	df	P Vale
<b>1</b>	<b>Age in years</b>				
a	15-19	1	24	4	7.182 <sup>NS</sup>
b.	20-24	17	21		
c.	25-29	20	4		
e.	30-34	12	0		
f.	35-above	01			
<b>2</b>	<b>Religion</b>				
a.	Hindu	44	45	2	1.372 <sup>NS</sup>
b.	Muslim	6	4		
c.	Sikh	1	0		
d.	Christian				
<b>3</b>	<b>Education of mother</b>				
a.	Non-literate	11	10	5	7.02 <sup>NS</sup>
b.	Primary school	13	7		
c.	Middle school	10	20		
d.	Secondary school	13	9		
e.	Senior secondary	1	1		
f.	Graduate	-	2		
<b>4</b>	<b>Occupation of mother</b>				
a.	Homemaker	51	41	1	1.051 <sup>NS</sup>
b.	Government job	0	1		
c.	Private job				
d.	Self employee				
<b>5</b>	<b>Family monthly income</b>				
a.	Less than 5000	27	15	3	6.935 <sup>NS</sup>
b.	Rs 5001-8000	17	25		
c.	Rs 80001-10,000	7	7		
d.	Rs>10000	0	2		
<b>6</b>	<b>Number of antenatal visit</b>				
A	1	4	8	3	2.410 <sup>NS</sup>
b.	2	15	15		
c.	3	18	17		
d.	More than 3	14	9		
<b>7</b>	<b>Number of postnatal</b>				
a	0	7	10	4	5.366 <sup>NS</sup>
b.	1	4	6		
c.	2	12	16		
d	3	21	10		
e	More than 3	7	7		
<b>8</b>	<b>Any information regarding MCH services</b>				
a.	Yes	39	21	1	11.76 <sup>NS</sup>
b.	No	12	28		
<b>9</b>	<b>Source of information</b>				
a.	Family and relatives	49	35	2	0.668 <sup>NS</sup>
b.	Friends and neighbor	9	11		
c.	Mass media	02	1		
d.	Health personnel	0	2		
<b>10</b>	<b>Mode of transport</b>				
a	By walk	40	35	3	1.49 <sup>NS</sup>
b	Rikshaw	9	11		
c	Car	0	1		
d	taxi	2	2		

\*Significant (p<0.05)  
NS- Non Significant

With increasing the value of education the knowledge regarding the availability of services is also increased of the mother and also utilizing the more services from the health

centre. Study supported by the Banerjee, in a similar type of study at Urban Health Centre, Chetla, Kolkata, showed that nearly 75% of the beneficiaries could be categorized as good or excellent in terms of knowledge, convenience, utilization, and satisfaction. 7 in the present study showed that 15 % of women having the knowledge about the antenatal visit in rural area, which was supported by This proportion is greater than that in other rural areas; for example, in rural areas of Vietnam in 2006, 71% of women had at least one prenatal visit,<sup>8</sup> and in rural southern Tanzania in 2007, more than 80% of women had a prenatal visit after 17 weeks of gestation.<sup>9</sup> in the present study 51% great majority of housewives were having the knowledge of the services. In a similar study, housewives appeared to be more satisfied (63.8%), while 44.8% of the working women felt so.<sup>7</sup> so the study conclude that the with increase in time the knowledge and utilization of services will be enhanced and that will help in future to achieve the goal for Health for all and achieve the national health policy goal also.

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