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Original Article

A Comparative Study on "Mother's Beliefs towards Preference of Institutional Delivery in Urban and Rural Area of Baran District, Rajasthan

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Abstract

Introduction: Overall development of a country is incomplete without women who constitute nearly half of the human resource potential available. If proper care is not taken during this childbearing process, then it affects the overall health especially the reproductive health of the woman as well as the health and well being of the newborn child. In real sense, the place of delivery is an important aspect of reproductive health care provided to the mother and the quality of care received by the mother and the newborn baby depends upon the place of delivery.

Materials & Methods: Conceptual framework of the study is based on Health Belief Model Developed by Becker's (1984). It include individual perception, modifying factors and likelihood action (IML) based on the problem statement and objective of the study. A Sample of 60 mother's in both Urban and Rural areas of Baran District, Rajasthan selected by purposive sampling technique. Data were collected semi-structured questionnaire. Data were analyzed using comparative and inferential statistics and representation in graph and tables.

Results: In the present study the mean of positive belief of both urban and Rural mother's are 39.17 and 34.8. Standard Deviation is 7.74 for urban mother's and 8.187 for rural mother's, coefficient variation is 0.1976 for urban mother's and 0.2350 for rural mother's, and Z test value is 3.013 and there P value is is 0.9992. we can say that it is highly significant. This reject the null Hypothesis.The value of correlation is 0.9874 which lies between 0 and +1, therefore the null hypothesis get rejected.

Conclusion: Mother's had high negative belief score about institutional delivery in rural area., mother's have high positive belief about institutional delivery, have moderate positive belief and have mild positive belief and mother had mild negative belief in urban area, marks had moderate negative belief score and had high negative belief score about institutional delivery in urban area.

Keywords: Comparative study; beliefs; purposive sampling technique

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Introduction

Mothers Reflect God's loving presence on earth."------William R.Webb

Motherhood is such a blessing in woman's life, that a loving mother, she forgets her own self for the tender love of her dear one sand trains her children to virtue. The bond between a mother and her child is a powerful component in a child's life. Motherhood is a wonderful time experienced by a woman beginning with pregnancy. Motherhood continues throughout the child‟s life and never ends. But mothers who die during child birth or before the birth of a baby leave behind their never ending stories, their children and families and numerous reasons as to why their lives ended so early.

Pregnancy is a physiological process but also a period of potential risk leading to complications during labor, delivery, and post natal period. The provision of care for women during pregnancy and childbirth is essential to ensure a healthy and successful outcome of pregnancy for them other and her newborn. Maternal mortality is a global burden, lots of women dying due to pregnancy and childbirth-related complications. Birth-preparedness and complication readiness is a comprehensive strategy to improve the use of skilled providers at birth, the key intervention to decrease maternal mortality.

Institutional delivery means giving birth to a child in a medical institution under the overall supervision of trained and competent health personnel where there are more amenities available to handle the situation and save the life of the mother and child. If the child is born at home, then chances of getting infected from unhygienic environment are more and it is very tough and sometimes impossible to handle child birth complications. In India, it is a prevalent practice to deliver the child at home instead of taking the pregnant women to some health facility. This is more common in rural areas as compared to urban areas. Institutional births result in reduced infant and maternal mortality and increased overall health status of the mother and the child.

Reduction in maternal and child mortality has been a top priority in India, especially in light of the commitment on the part of the national government to the reach the Millennium Development Goals. A major reason for this high MMR is home delivery of pregnant mothers, often by unskilled traditional birth attendants (TBAs),relatives or neighbors. It is needless to mention that institutional delivery is an essential measure for preventing maternal death, which is still underutilized by Indian women. Recent analysis of third National Family Health Survey (2005/6) shows13% of the women in the lowest wealth quintile accessing institutional delivery care compared with 84% in the highest.

The importance to proximity to health services as a factor affecting utilization has also been stressed. Institutional births result in reduced infant and maternal mortality and increased overall health status of the mother and the child.

Many programme in India like the Child Survival and Safe Motherhood (CSSM) and the Reproductive and Child Health (RCH) programme are focused on this aspect. Under these programme, encouraging deliveries in proper hygienic conditions only by trained health staff and to provide better health care to the mothers and children are emphasized.Our government's commitment in this direction is reflected in the goals of the National Population Policy(NPP),National Health Policy (NHP),and the National Rural Health Mission(NRHM)launched by the Honourable PrimeMinister of India on 12 April 2005. The NRHM has a safe motherhood intervention programme (Janani Suraksha Yojana- JSY). The objective of JSY is to reduce Maternal Mortality Rate(MMR) and Neo-natal Mortality Rate(NMR) through the promotion of institutional deliveries.

Objectives

01. To observe the mother's beliefs towards the preference of institutional delivery in urban areas.
02. To observe the mother's beliefs towards the preference of institutional delivery in rural areas.
03. To compare the mother's beliefs towards preference of institutional delivery in urban and rural areas.
04. To observe the co-relation between the mother's belief between urban and rural areas.

Hypothesis:

- **H_0** There is no correlation between belief score of rural and urban mothers towards the preference of institutional delivery.
- **H_1** There is significant association between demographic variable and beliefs of mother's residing in rural area towards the preference of institutional delivery.
- **H_2** There is significant association between demographic variable and beliefs of mother's residing in urban area towards the preference of institutional delivery.
- **H_3**- There will be a significant co-relation between belief score of rural and urban mothers towards preference of institutional delivery.

Materials & Methods

Research approach: A phenomenological approach was found to suit best.

Research design: The research design selected for the present study is qualitative research design.

Methods of data Collection: Semi– structured interview schedule.

Sample and sample size: Considering the data saturation and time available for the data collection, it was decided to include 60subjects in the study in both urban and rural area. This sample size was considered adequate for the matic analysis & to make valid generalizations.

Sampling techniques: Purposive sampling technique was adopted for selection of subjects for the study.

Setting for the study: Selected for the study are the rural and urban areas of district Baran. The rural area is village Siswali and the urban area is Anta of district Baran.

Population: Selected for present study was all mother's who had given birth in the past year.

Results

The aim of this study was to compare the Beliefs of rural and urban Mother's towards the preference of Institutional Delivery.

- **The First objective was to assess the mother's beliefs towards the preference of Institutional Delivery in urban areas.**

  Statistical Analysis of Urban Mother's showed those 35.00% Scored Moderate beliefs, 48.33% Scored High belief regarding preference of institutional delivery and 16.67% Scored Mild belief, 33.33% Scored Mild belief, 63.33% Scored Moderate belief and 3.33% Scored High belief regarding ignorance of institutional delivery.

- **Second objective was to assess the mother's belief towards the preference of Institutional Delivery in rural areas.**

  Statistical Analysis of Rural mother's showed that 41.67% Scored Moderate belief, 26.67% Scored High belief and 31.67% Scored Mild belief regarding preference of the institutional delivery and 20.00% Scored Mild belief, 68.33% Scored Moderate belief and 11.67% Scored High belief regarding ignorance of institutional delivery.

- **The Third objective was to compare the mother's belief towards the preference of Institutional Delivery in urban and rural areas.**

  Statistical Analysis showed that mean preference of institutional delivery belief score (34.8) of rural mother's are less then Mean preference of the institutional delivery belief score (39.17) of urban mother's towards the preference of Institutional Delivery with the preference of Institutional Delivery beliefs Standard Deviation 8.187 (Rural Mother's), 7.74 (Urban Mother's). Z value of preference of Institutional Delivery beliefs 3.013. Mean towards the ignorance the institutional delivery belief score (19.22) of rural mother's are grater then Mean towards the ignorance the institutional delivery belief score (14.72) of urban mother's towards the ignorance the institutional delivery with the towards the ignorance the institutional delivery beliefs Standard Deviation 8.17 (Rural Mother's), 7.64 (Urban Mother's). Z value of towards the ignorance the institutional delivery beliefs 3.125 indicate that calculated Z value is more than tabulated Z value so null hypothesis rejected and alternative hypothesis accepted that, there is difference between beliefs of Rural Mother's and Urban Mother's towards preference and ignorance of Institutional Delivery. P= value (0.9992), indicates that this difference extremely statistically significant.

- **The Fourth objective was to observe the Co-relation between the mother's belief between urban and rural areas.**

  Statistical Analysis showed that there is partial preference of institutional delivery co-relation of mother's preference of institutional delivery belief between urban and rural mother's with preference of institutional delivery Mean 39.8 (Rural Mother's), 39.17 (Urban Mother's) and preference of institutional delivery Standard Deviation 8.187 (Rural Mother's), 7.74 (Urban Mother's).

  Statistical Analysis of partial preference of institutional delivery co-relation of mother's preference of institutional delivery belief between urban and rural mother's was 0.9874 and preference of institutional delivery Co-efficient variation of Rural Mother's 0.2350 and Co-efficient variation of Urban Mother's 0.1976.

  There is partial co-relation of mother's towards the ignorance the institutional delivery belief between urban and rural mother's with towards the ignorance the institutional delivery Mean 19.22 (Rural Mother's), 14.72 (Urban Mother's) and towards the ignorance the institutional delivery Standard Deviation 8.17 (Rural Mother's), 7.64 (Urban Mother's).

  Statistical Analysis of partial Positive co-relation of mother's negative belief between urban and rural mother's was 0.9720 and towards the ignorance the institutional delivery Co-efficient variation of Rural Mother's 0.4250 and Co-efficient variation of Urban Mother's 0.5910.

Major findings of the study

Section-I

A :- Analysis of rural mother's demographic characteristics

- 46.67% of the mother's belongs toagegroup26-32years, 31.67% belongs to 18-25 years age group and 21.67% belongs to 21.67% age group.
- 88.33% were married, 6.67% were divorced and 21.67% were above 32 years.
- 8.33% were illiterate, 40%were primary educated, 8.33% illiterate, 23.33% secondary educated, 28.33% senior secondary educated.
- 50% belonged to rural area.
- 48.33% were Hindus, 50% were Muslims and 1.67% were other religion.
- 3.33% husband were illiterate, 33.33% were primary educated, 13.33% were secondary educated, 25% were senior secondary educated, 25% were graduate.
- 25% were having incomes less than Rs.5ooo/month; 58% belonged to income group of 5000-10,000 and 17% belonged to income group of 10,000-20,000.
- 53.33% had 1-2 pregnancy in her life,46.67% had 3-5 pregnancy in her life.
- 51.67% mother's delivered her baby at home, 48.33% mother's delivered her baby at hospital.

B. Analysis of urban mother's demographic characteristics

- 28.33% mother's belongs to age group 18-25 year, 41.67% mother's belong to 26-32 year, 30% mother's belongs to age group > 32 year.
- 65% were married, 20% were divorced, 15 % were widow.
- 11.67% were illiterate, 26.67% were primary educated, 28.33% were secondary educated, 33.33% were senior secondary educated.
- 58.33% were Hindu, 15 % were Muslim, 15 % were Christian, 11.67% were Others religion.
- 3.33% husband were illiterate, 10% were primary educated, 23.33% were secondary educated, 25% were senior secondary educated, 38.33% were graduated.
- 36.67% were having income less then Rs.5,000/month, 30% belongs to income group of 5,000-10,000/month, 20% belongs to income group of 10,000-20,000/month and 13.33% belongs to income group of more then 20,000/month.
- 60% had 1-2 pregnancy in her life, 38.33% had 3-5 pregnancy in her life, 1.67% had more then 5 pregnancy in her life.
- 31.67% mother's delivered her baby at home and 68.33% mother's delivered her baby at hospital.

Section II

- 31.67% mother's had mild belief score towards the preference of the institutional delivery in belief related questionnaire in rural area, 41.67% mother's had moderate towards the preference of the institutional delivery belief score and 26.67% mother's had high towards the preference of the institutional delivery belief score,20.00% mother's had mild towards the ignorance of the institutional delivery belief score in belief related questionnaire in rural area, 68.33% mother's had moderate belief score and 26.67% mother's had high belief score towards the ignorance of the institutional delivery.

- 16.67% mother had mild belief in urban area, 35% marks had moderate belief score and 48.33% had high belief score towards the preference of institutional delivery, 33.33% mother had mild belief in urban area, 63.33% marks had moderate belief score and 3.33% had high belief score towards the ignorance of the institutional delivery.

Conclusions

- 46.67% & 41.67% mother'sbelongs toagegroup26-32years in both urban and rural area.
- 88.33% & 65% ofthe mother's were married in both area rural and urban.
- 40 % mother's primary educated in rural area and 33.33% mother's sen.secondary level educated in urban area.
- 41.67% mother's have moderate belief about institutional delivery, 31.67% mother's have moderate belief and 26.67% mother's have high belief towards the preference of the institutional delivery and 20.00% mother's had mild belief score in belief related questionnaire in rural area, 68.33% mother's had moderate belief score and 26.67% mother's had high belief scoreabout ignorance of the institutional delivery in rural area.
- 48.33% mother's have high belief about institutional delivery, 35% have moderate belief and 16.67% have mild belief towards the preference of the institutional delivery and 33.33% mother had mild belief in urban area, 63.33% marks had moderate belief score and 3.33% had high belief score about ignorance of institutional delivery in urban area.

Recommendations:

- Similar study can be conducted by using quantitative research design.
- Similar study can be done in hospital settings.
- Similar study can be done on a large scale.
- More and relevant information should be provided through mass media on institutional deliveries.

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