

## A Comparative Study to Assess the Utilization of MCH Services in Selected Rural and Urban Areas of Pune District

Maisnam Romila Devi

### How to cite this article:

Maisnam Romila Devi. A Comparative Study to Assess the Utilization of MCH Services in Selected Rural and Urban Areas of Pune District. *Int J Pediatr Nurs.* 2019;5(3): 117-121.

### Abstract

The average percentage of MCH facilities in rural (67.34%) is lesser than average percentage of MCH services in urban (76.12%). There is highly significant difference in average percentage (%) use of MCH services in rural and urban areas. Thus it can be inferred that the MCH services used in urban area is more than that of rural area. There is highly significant association of selected demographic variables i.e. occupation of the mother, educational status and service provided. Association with other variables were not found such as age of the mother, type of the family, religion and monthly income of the family of the mothers.

**Keywords:** MCH services; Utilization; Comparative; Assess; Mothers; Rural and urban.

### Introduction

Mothers and children in any community constitute a vulnerable or special risk group. The risk is connected with child bearing in the case of women; and growth, development and survival in the case of infants and children. Global observations show that, in developed regions maternal mortality ratio averages at 13 per 100000 live births: in developing regions the figure is 440 for the same number of live births. Globally, more than half a million women die each year because of complications related to pregnancy and childbirth.<sup>1</sup>

India is the second most populous country in the world. Out of this, women of child bearing age that is 18–45 years and children less than 5 years together constitute 31.60% of total population.<sup>3</sup> India accounts for 25% of under - five deaths occurring

worldwide every year with the present under - five mortality of 17.4 per 1000 live births. In India out of 1000 live births, 80 infants do not live long enough to see their first live birth. In this aspect, care of the mother and child occupies a paramount place in our health service delivery system.<sup>4</sup>

The various Maternal and Child Health (MCH) services which meant for upliftment of women and children's health and development, were delivered through National Family Planning Programme (1952), National Family Welfare Programme (1977), Expanded programme on immunization (1978), Universal Immunisation Programme (1985) and Child Survival and Safe Motherhood programme (1992).<sup>5</sup>

As a result, Government of India (GOI) launched Reproductive and Child Health (RCH) program on 15<sup>th</sup> October 1997, during the 8<sup>th</sup> Five year developmental plan.<sup>6</sup>

In spite of the new programs launched by the Government of India, significant reduction in maternal mortality rate and Infant mortality rate has not occurred. The reasons could be non-utilization of services by the people due to ignorance, illiteracy, customs, lack of transport, hostile behavior of health personnel etc.

This is an important determinant of maternal

---

**Author Affiliation:** Assistant Professor, Shree Sahjanand Institute of Nursing College, Bhavnagar, Gujarat 364001, India.

**Corresponding Author:** Maisnam Romila Devi, Assistant Professor, Shree Sahjanand Institute of Nursing College, Bhavnagar, Gujarat 364001, India.

**E-mail:** romila\_1984@yahoo.com

**Received on:** 21.08.2019, **Accepted on** 27.11.2019

and child morbidity and mortality and also about the awareness of family planning methods and Reproductive Tract Infections (RTIs) among rural people. So the present study has been undertaken to know the utilization pattern of RCH services in order to give a fillip to these services.

### *Need for the Study*

Maternal mortality is the leading cause of death among women of reproductive age in most of the developing world, and has been given high priority in strategies for health for all by the year 2000.<sup>9</sup>

At the UN Millennium Summit in Sept 2000, one of the key goals of the millennium declaration was to reduce the number of women who die in pregnancy and child birth every year.<sup>10</sup>

The Government of India through the five year plans with the association of the Department of Health and Family Welfare Services reset in dysfunction of the existing services. More mothers die in India has reemphasized MCH scheme as RCH Services since 1992, with the child survival and safe motherhood a whole package of services is been implied for mothers, children, eligible couples, described in terms of Reproductive and Child Health (RCH Services).<sup>11</sup>

The increasing demand for Reproductive and Child Health care in developing countries and the constraints in terms of available resource to meet this demand in one week than they do in the whole of Europe in 12 months. The mothers die in poor countries and in small villages, the causes being:

- Insufficient antenatal care.
- Intrapartum management.
- Lack of proper transport, communication, health services and health education contribute greatly to the high maternal mortality in India.

In developing countries like India, it is the basic antenatal care and the minimum perinatal care that will significantly reduce the maternal mortality and morbidity.<sup>12</sup>

Keeping in view all the studies and findings of the earlier researchers indicating inadequate utilization of MCH services and need for improvement in MCH care and services, there is a need to study and assess the utilization of MCH services in Urban and Rural areas.

Nurses as a mid-wife and community health nurse have a greater role in the preventive, promotive and curative health services of the mother and child. By developing deeper insight of the problem

under study can effectively get involved in the planning, implementation and evaluation of the mother and child health care services and help in better utilization of services.

### *Statement of Problem*

A Comparative study to assess the utilization of MCH services in selected rural and urban areas of Pune district.

### *Objectives of the Study*

- To assess the utilization of MCH services in rural area.
- To assess the utilization of MCH services in urban area.
- To compare the utilization of MCH services in rural and urban areas.
- To find out the association between selected demographics variables and utilization of MCH services.

### *Assumption*

- Mothers are utilizing MCH services.
- There is more utilization of MCH services in urban area than rural area.
- The demographic variables (education, mother's age, occupation, income, type of family, religion and parity) have influenced mothers utilization of MCH services.

### *Conceptual Framework*

The conceptual framework selected for the study was based on Health Belief Model by Becker (1974).

### *The Health Belief Model describes 3 variables*

- Individual perceptions.
- Modifying factor.
- Likelihood of action.

### **Materials and Methods**

The study approach and design used was descriptive survey method. The population of the study comprises of mothers aged between 18-45 years, and those who have at least one year old child in selected rural and urban areas. The total sample consists of 300 mothers, 150 mothers were selected from rural area and 150 mothers from

urban areas and was selected by using convenience sampling technique.

**Development and Description of Tool**

The self-structured questionnaire tool was developed to assess the utilization of MCH services in selected rural and urban areas of Pune district.

The self-structured questionnaire schedule consists of two sections i.e.

*Section I:* This section included items seeking information on socio-demographic background. It consists of total 7 questions.

*Section II:* This section include the extend of utilization of MCH services, it consists of 15 open ended and close ended questions covering the following areas of antenatal, postnatal and referral services.

**Validity and Reliability of the Tool**

The content validity of the tool was established by 19 experts. The tool was found to be reliable and feasible. To test the reliability of the tool the method of 'rational equivalence' has been used. The reliability Co-efficient 0.827364.

**Results**

The data gathered were analyzed and interpreted according to the objectives. Descriptive and inferential statistics methods were used and Frequency, percentage distribution and unpaired Z test were used for the demographic variables and utilization of MCH services with graphical

presentation of data chi-square ( $\chi^2$ ) test was applied for finding association between selected demographics Variables and utilization of MCH services for both rural and urban areas.

**Discussion**

Finding Regarding the Association Between Selected Demographics Variables and Utilization of MCH Services

Association between selected demographics variables and utilization of MCH services using chi-square ( $\chi^2$ ) test.

- There was highly significant association between utilisation of MCH services and occupation of the both rural and urban areas as the *p* value (0.000024) is less than 0.01.
- There was highly significant association between utilisation of MCH services and education of both the rural and urban areas as the *p* value (0.0013) is less than 0.01.
- And also the data shows highly significant association between utilisation of MCH services and service provided of the both rural and urban areas as the *p* value (0.0004) is less than 0.01.

There was no association found between the utilisation of MCH services i.e. age of the mother, type of the family , religion and monthly income of the family as '*p*' value of the above said point both in urban and rural is greater than 0.01.

- Association between utilisation of MCH services and occupation of both rural and urban areas. *n*=300 (Fig. 1).

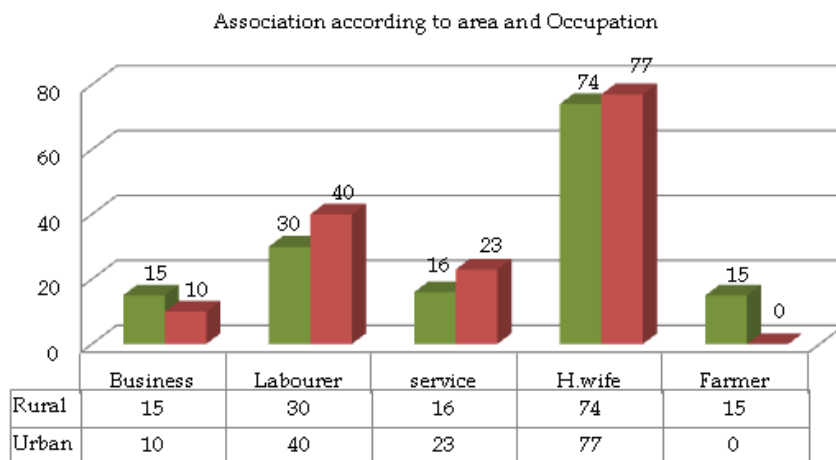


Fig. 1: Bar graph shows that utilisation of MCH services and occupation of both rural and urban areas.

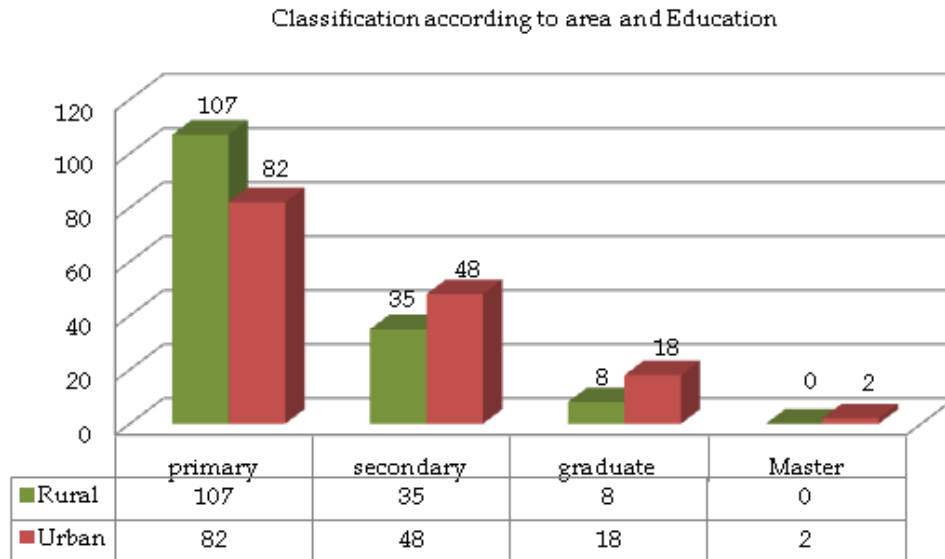


Fig. 2: Bar graph shows that utilisation of MCH services and education of both rural and urban areas.

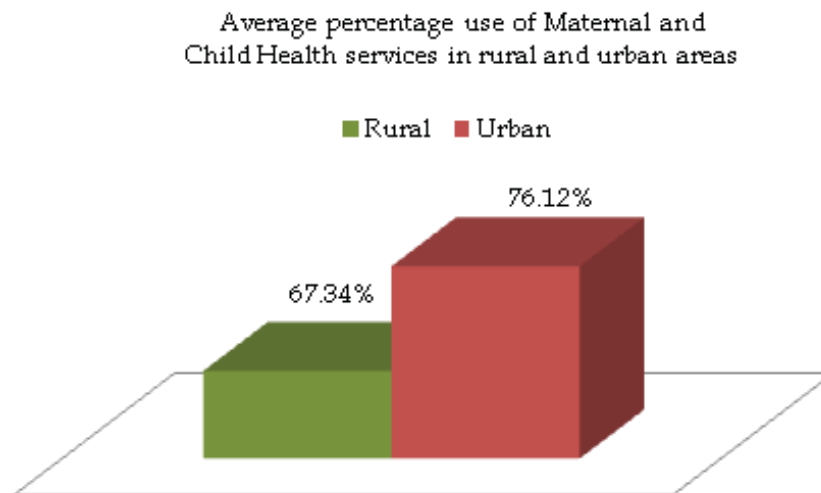


Fig. 3: Bar graph shows that average percentage use of Maternal and Child MCH services in rural and urban areas. n = 300.

- Association between utilisation of MCH services and education of both rural and urban mothers. n=300 (Fig. 2).

*Finding Regarding Average Percentage (%) Use of MCH Services for Both Rural Urban Areas.*

The Z values between rural and urban with regard to average percentage (%) use of MCH services. As  $p$  (0.000\*\*\*) value is less than 0.01,  $H_0$  is rejected at 1% l.o.s. and again 'z' calculated value (3.41) is more than table value (1.644854), therefore  $H_1$  is accepted i.e there is highly significant difference in average percentage (%) use of MCH services in rural and urban areas. The average percentage of MCH services in rural (67.34%) is lesser than average percentage of MCH facilities

in urban (76.12%), thus it can be inferred that the MCH services used in urban area is more than that of rural area (Fig. 3).

**Conclusion**

- Findings of study show that the utilisation of MCH services in urban area was higher than rural area.
- There is an association between education and occupation of the mother and the utilisation of MCH services in both rural and urban areas. whereas, there is no association between age of the mother, religion, type of family, total monthly income of the family and services provided by government,

Private and Both Government and Private sector in both rural and urban areas and the utilisation of MCH services.

### Acknowledgement

This study was undertaken in partial fulfillment of the requirement of the award of a degree of Master of Science in Community Health Nursing Bharati Vidyapeet University College of Nursing, Pune, Maharashtra.

### References

1. Khan, Khalid S. WHO Analysis of Causes of Maternal Death. A systematic review 2006 Apr 2<sup>nd</sup>; 367(9516): 1066-74. Available from: URL:([http://www.who.int/reproductivehealth/publications/maternal\\_mortality\\_2006/index.html](http://www.who.int/reproductivehealth/publications/maternal_mortality_2006/index.html)).
2. The world health report Make every mother and child count. Geneva, World Health Organization. [Online] 2005 [cited 2005 Jun 19<sup>th</sup>]; Available from: URL: <http://www.who.int/whr/2005/en>.
3. Park K. Preventive and social Medicine. 18<sup>th</sup> ed. Jabalpur: Banarasidas Bhanot publications 2005:430.
4. Sharma. Infant mortality an analysis of recent births in infant mortality in India. 4<sup>th</sup> ed. New Delhi: Sage Publications 2001;36-38.
5. Park K. Preventive and social Medicine. 15<sup>th</sup> ed. Jabalpur: Banarasidas Bhanot publications 1992:435.
6. Park K. Preventive and social medicine. 20<sup>th</sup> ed. Jabalpur: Banarasidas Bhanot publications 2009: 443-45.
7. UNICEF health statistics. Infant mortality rate most recent by country. [Online]. 2009 [cited 2009 Feb 20<sup>th</sup>]; Available from: URL: <http://www.unicef.int/>
8. Maternal Mortality Estimates. WHO, UNICEF, UNFPA and the World Bank. [Online] 2005 [cited 2005 July 12<sup>th</sup>]; Available from: URL: <http://www.who.int/whr/2005/en>.
9. Marcia Stanhope Lancaster, Public health and community health nursing, 6<sup>th</sup> ed. Mosby Publications 2000.
10. Swain S, Prakash A. Utilization of referral services by high risk pregnant population in rural Varanasi. Indian Journal of Maternal and child health. 2000 Sep 25;3(3):74-6.
11. Amit p. Utilization of RCH services pregnant population in rural Varanasi. Indian Journal of Maternal and Child Health. 2001 Aug 2;3(2):70-6.
12. Ministry of Health and Family Welfare. Government of India. [Online] 1992[cited 1992 July 1<sup>st</sup>]; Available from: URL: <http://www.mhfw.org/>