

## ORIGINAL ARTICLE

# Mothers from a Hilly Region Speak: Factors Influencing Maternal Health in North India

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## ABSTRACT

**Background:** Maternal health is an indicator of the development status of a country. Reducing the maternal mortality ratio needs better maternal health services delivery and management of the factors at the community level.

**Aims:** To explore the factors that contribute to maternal health in Hamirpur district of Himachal Pradesh in North India

**Materials and methods:** A qualitative study using focus group discussion was conducted among women. Interviews were semi-structured, thematic and included open-ended questions. Interview topics included support and care of the family, the importance of male child, problems faced in the hospital during an antenatal checkup, knowledge of danger signs during pregnancy and preference of place of delivery.

**Results:** One core category emerged, 'factors that affect maternal mortality, which connected the categories 'community-level factors' and 'hospital-level factors'. Barriers to access antenatal care services are: "inadequate family support" and "inadequate knowledge of danger signs in pregnancy". "Negative attitude of healthcare staff" and "fixed day ANC care" are the factors which pose as a barrier from delivering baby in the hospital and seeking care.

**Conclusion:** The study concluded that there are community-level issues and health system level issues which predict maternal health. The need of the hour is to launch community-based programs to educate people about the importance of family support in ANC care. There is a need to dispel the notion regarding preference for a male child. Government initiatives like Beti Bachao Beti Padhao should be promoted urging people to change their patriarchal attitudes toward girls. Good behavior from hospital staff and avoiding fixed day ANC care will go a long way in promoting institutional delivery.

**Keywords:** Community level factors, Family support, Maternal health, Qualitative survey.

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## INTRODUCTION

Maternal death is a national concern. The maternal mortality rate is regarded as an indicator of the development status of a country. In the past decade, India has made appreciable progress in improving the overall health indicators, but the pace of decline of maternal mortality has been quite low thereby indicating that it is still a public health concern.<sup>1</sup>

This ambitious agenda outlined in sustainable development goals of reducing the global maternal mortality ratio to less than 70 per 100,000 live births needs better maternal health services delivery and managing the factors at the community level.<sup>2</sup> Some traditions like approval of husband for going anywhere restrict women from receiving the desired medical treatment on time during a pregnancy. Sometimes it is a problem of finances which are inhibitory factors for getting the requisite care. In some communities, people do not like women to go to government health centers for delivery while sometimes the ill-treatment by the hospital staff is a barrier to antenatal care services and hospital delivery.<sup>3,4</sup>

The best way to elicit information on community-level factors and health system level factors influencing maternal health is by conducting qualitative surveys. They help us in inferring whether the maternal health problem occurred due to the community level factors or due to inadequate health care. With this background, this qualitative study was conducted to investigate the factors that contribute to maternal health in North India.

## MATERIALS AND METHODS

This qualitative study was carried out in Hamirpur district of Himachal Pradesh in North India from September 2012 to August 2013. Hamirpur district is situated between 31°25'N and 31°52'N and between 76°18'E and 76°44'E. Situated at an altitude of 785 meters, it is one of the 12 districts of the state of Himachal Pradesh, India. According to the 2011 census, Hamirpur district has a population of 4,54,768. It has a literacy rate of 88.2%.

A pilot study of three focus group discussions (FGD) was conducted for developing the discussion guide. The guide included semi-structured open-ended questions related to support and care of the family, importance of male child, problems faced in the hospital during an antenatal checkup, knowledge of danger signs during pregnancy and preference of place of delivery.

Focus group discussion team consisted of the moderator, who was the researcher, and a note taker. The note taker had been trained before conducting the FGDs. Each focus group discussion contained six to eight participants. Women who had given birth in the last three years (regardless of their current pregnancy status) were invited to take part in focus group discussions. Each FGD lasted between 90 minutes and 120 minutes. Oral informed consent to participation in the recorded FGDs was obtained from every woman. Confidentiality and privacy were guaranteed, names and other information that would enable participants' identification being removed.

All the FGDs were conducted in Hindi and local Pahari dialect, which was the mother tongue of the moderator, the note-taker and the participants. The FGDs were recorded and transcribed verbatim. All the transcriptions were anonymized to ensure that the ethical principles adhered during data analysis. The transcriptions were translated into English and thoroughly double-checked against the original. Different themes were identified in the textual data during analysis by using principles of grounded theory and also by using topic areas from the discussion guide.<sup>5</sup> Ethical clearance was taken from institute ethical committee before starting the study.

## RESULTS

One core category emerged, 'factors that affect maternal health, which connected the categories 'community level factors' and 'hospital level factors'.

### Community Level Factors

- Inadequate support from family members: Barrier in seeking antenatal care  
The FGDs revealed that barring a few, in many cases, there was inadequate support from family members.

A woman narrated: "In case I am not feeling well and feel the need for medical care. I have to go against the stubborn attitude of my mother-in-law. I go to the bus stop to take the bus to a check-up with the doctor and come back in the evening on the same day".

- Importance of male child in the family—leading to repeated pregnancies, which in turn put women at risk of dying

Majority of the women were of the view that at least one of the children should be a male child. A woman narrated "I already have two daughters, the younger being one year old. Both my pregnancies were problematic. I had very less blood in my body. I feel tired all the time. But my mother-in-law wants me to conceive again. She suspects I might have opted for some form of family planning method and she has even searched my room a few times in my absence. She takes me to various hospitals to get me checked because she is worried now as to why I am not conceiving. She says she knows a Babaji who gives dawai (medicine) for a male child. I do not know what to do. My husband also seems to be convinced about having a male child this time" (Flowchart 1).

### Hospital Level Factors

- Unaware of danger signs of pregnancy—inefficient health staff

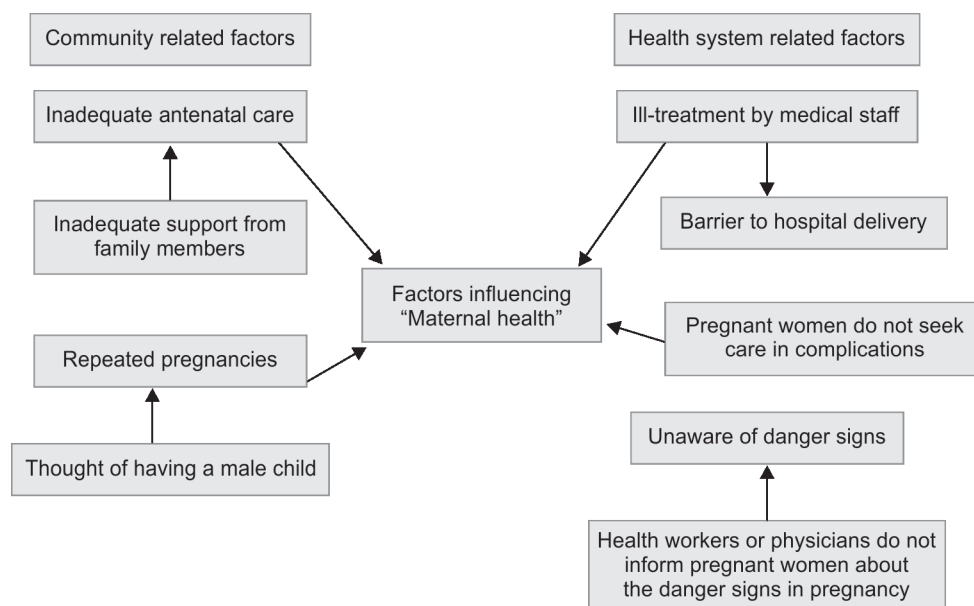
The women were aware of a few complications like pain lower abdomen, vomiting, dizziness, and insomnia. They were not aware of serious symptoms of toxemias of pregnancy like the blurring of vision, swelling of feet, headache and convulsions. When probed regarding the source of knowledge of enumerated complications, they said that either they had experienced it during a previous pregnancy or had listened from other pregnant ladies. Nearly all told that health workers or physician they visited had not told them about the danger signs in pregnancy and when to seek medical care.

- Fixed day antenatal care—barrier in accessing antenatal care

Participants told that antenatal care day was on a fixed day of the week at health primary level facilities. One narration was: "The nearest government hospital from my place is 10 km away. But I did not have a very good experience there. Once I went with severe pain in my abdomen, and they refused to see me saying that I had come on a wrong day".

- Ill-treatment by medical staff—barrier in hospital delivery

For some of the participants, the hospital delivery experience was a nightmare. Once such participant said: "My first delivery was conducted in a govern-

**Flowchart 1:** A model showing the relationship between core category factors that affect maternal health and the connected categories

ment hospital. They admit you, allot you a bed and then they treat you badly. The nurses scream so loudly as if they are Gods themselves. Rather than helping the women in labor, they abuse them. I was shouted at and even slapped in the labor room. I was so scared that I planned my second delivery at home. I received more care at home than at the hospital. I would advise others not to go there ever". Another participant stated, "If nurses want to continue with their same rude behavior, then home delivery is better. Trained dai is a better option for deliveries in front of these rude nurses" (Flowchart 1).

## DISCUSSION

Family support plays an important role in the pregnant mother's ability to make obstetric care choices. Not only physical benefit this has been seen to have a positive emotional effect. Low level of support has been linked with poor pregnancy outcomes in terms of low birth weight, preterm labor, low maternal weight gain, etc. In our study, we found mixed support (both positive and negative). In a study done by Haobijam et al. in Punjab, the authors inferred that was a significant positive relationship between family support and the outcome of pregnancy. Similar studies have shown those pregnant mothers having family support are more likely to have positive birth experience.<sup>6-8</sup> In our study, sociocultural factors like the opinion of husband and family members influenced pregnant mothers health-seeking behavior. Several studies carried out in Africa and elsewhere have highlighted how culture influenced health care seeking process.<sup>9-11</sup>

In our study, the response of the participants in the focus group discussion shows that study subjects were

obsessed with the idea of male child importance. In the Indian set up, ensuring the continuation of the family name is an oft-cited reason for this. The high literacy rate of Hamirpur district of Himachal Pradesh (88.2%) has not helped in eliminating the preference for boys. In a study done by Dhwanee et al. in Gujarat, the majority of study subjects had expressed their desire for a male child followed by a female child preference.<sup>12</sup> Government programs like *Beti Bachao Andolan* talks about commitment about raising awareness of people and thus tackling the issue of female feticide.

In our focus group discussions, symptoms like swelling of feet, blurring vision, fever, loss or decreased perception of fetal movement, all remained unknown to these people. Similar to our findings, in a study among pregnant women in Senegal, 13% regarded fever, pallor, and dizziness as normal signs of pregnancy because these conditions were common among pregnant women in that area.<sup>13</sup>

In our study, health staff rude behavior emerged out to be an important factor in hindering obstetric care. Health system failures have been identified as a major contributing factor to maternal deaths in many studies.<sup>14-18</sup> Lauren et al. reported that in the health facility the midwives often showed disrespect for the pregnant woman and her accompanying family members.<sup>17</sup> In an ethnographic study of a Bangladesh hospital obstetric unit, it was reported that nurse-midwives scolded and humiliated patients to reinforce their dominant status.<sup>19</sup> In an Ethiopian study, it was stated that health workers' attitude was disrespectful, insulting and embarrassing to the women during delivery.<sup>20</sup>

## CONCLUSION

The study concluded that there are community-level issues and health system level issues which predict maternal health. The need of the hour is to launch community-based programs to educate people about the importance of family support in antenatal care. There is a need to dispel the notion regarding preference for a male child. Government initiatives like *Beti Bachao Beti Padhao* should be promoted urging people to change their patriarchal attitudes toward girls. Good behavior from hospital staff and avoiding fixed day antenatal care will go a long way in promoting proper antenatal care and institutional delivery.

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