

Original article:

Socio-cultural reasons of infant mortality in uttarakhand–health care provider versus community’s perspective

Dr. Vartika Saxena*

Additional Professor, Department of Community & Family Medicine

All India Institute of Medical Sciences, Rishikesh, Veerbhadra Marg, Uttrakhand-249203

Corresponding author*

Abstract:

Introduction -State of Uttarakhand had shown staggering progress in Infant Mortality rate(IMR) for couple of years. The present research paper is the part of comprehensive study done to analyse the factors associated with Infant Mortality, which focuses on qualitative analysis of the provider and community’s perspective about various socio-cultural reasons for infant mortality.

Methods: Study was conducted in 8 blocks of 3districts of Uttarakhand .In-depth Interviews(IDIs) and community meetings were conducted for data collection. IDIs were conducted with Medical officers, ANMs, AWWs and ASHAs. Data was subjected to systematic qualitative analysis for finalizing the results.

Observation: Study showed that transportation, poor economic status and unavailability of low cost health services are the major factors for poor health care seeking behaviour. Study revealed evident gaps in the awareness level of community members and certain harmful traditional practices as the associated reasons for infant mortality.

Key words- Health seeking behaviours, Health services, community and provider’s perception, Infant mortality

Introduction:

The fourth Millennium Development Goal (MDG-4) has underlined commitment to improve the health of infants and children, as many countries have pledged to reduce mortality rate of under-5 year children to two-thirds by the year 2015 from the baseline as set in the year 1990. Unfortunately, this goal cannot be met simply until infant mortality rate is not reduced to at least one-half. Although the world has begun to see significant improvements in child survival, even then the fear of mortality in the first year of child’s life remains virtually unchanged.

Unfortunately, in the state of Uttarakhand National Family Health Survey-III (NFHS – 3)^{1&2}, report showed 4 point increase in IMR from the previous

NFHS-II report.(NFHS III -IMR :42 per thousand Live Births,NFHS-2 IMR: 38 per thousand live births).Hence Infant death Audit was planned in the state to analyze the factors which might have resulted in this situation. The key objective of the infant death audit was to understand the causes of infant deaths in Uttarakhand. Total 417 Infant death cases were studied out of which 121 were neonatal cases(55.7%). Common causes of neonatal death were birth asphyxia (20.4%) and preterm birth (15.4%). while common causes of post neonatal deaths were pneumonia (26.1%), septicaemia (12.5%), diarrhoea and acute gastroenteritis (19%). Study has showed that in 38.7% cases mothers were illiterate, 41% cases were from low socioeconomic status. In 82% cases no or

inadequate antenatal checkups were received by the mother.

Above mentioned Infant death Audit study has also focused on understanding the health care seeking patterns, Utilization of health services, referral issues, role of private practitioners and common sociocultural practices impacting the infant health through In-Depth Interviews (IDIs) & Community meetings.

Present research article presents the qualitative analysis of the observations recorded during IDIs and Community meetings.

Material and Methods -

Study was conducted in three districts of the state of Uttarakhand, selected from three distinct zones as per the altitude. Uttarkashi was selected from upper Himalayan region; Almora from middle Himalaya and Haridwar was selected from foothill region. In the selected three districts, 3 blocks were selected from Uttarkashi and Almora district and two blocks were selected from Haridwar districts based on Probability proportional to size sampling. For data collection In-depth interviews and community meetings were conducted through a pre-designed and pre-tested semi-structured questionnaire. Questionnaire included issues like - major illnesses and causes of infant death, health care seeking patterns, Utilization of health services, referral issues, role of private practitioners and common sociocultural practices etc. The interviews were conducted with Medical officers (8), ANMs (8), ASHAs (8) and AWWs (8) in each of the eight blocks. These functionaries were selected from the villages/areas where maximum Infant deaths were reported.

Eight community meetings were organized, one in each of the identified block. These meetings were attended by community level health providers (ASHAs, ANMs and AWWs), panchayat members and other community members ranging 20-30

participants in each meeting. So total 221 participants were presents in the 8 community meetings. All the interviews and community meetings were audio recorded. The fieldwork was initiated in early April 2008 and was completed by mid of August 2008.

Data submitted by investigating teams was analysed systematically in a three step process, At first step domain codes were developed considering all the responses. Based on the codes, responses of all the Interviews and community meetings were coded & quantified. This data was entered in the excel sheet and final analysis was done to calculate percentages for each of the indicators.

Observations and results -

The main objective of the qualitative study was to understand the perception of health service providers (Medical Officers, ANMs, AWW and ASHAs) and of primary beneficiary about the existing health services and their functionality as well as other associated factor effecting the infant survival. Although ASHA is a link between service providers and beneficiaries, but for the sake of simplicity of analysis her views are described under Provider's section.

A) Health seeking behaviour

Provider's Perspective-43.7% health providers expressed their concern about delay in bringing infants for the treatment to the hospital by family members, according to them when child becomes seriously ill then only parents report to them.. ASHAs and AWWs specifically mentioned that when baby stops feeding (50%) and cry excessively (28.7%) then only parents bring the child to Health Care Centre. Most of the health providers (Doctors, ANMs, AWWs and ASHAs) expressed that poverty (71.8%); Old customs (28.5%), lack of awareness (18.7%) are some reasons which restrict the parents from using hospital facilities for neonatal and postneonatal care.

Community's Perspective-In majority of community meetings, transportation problems (100%) and unavailability of facilities (75%) at hospitals are being cited as the main causes for not accessing the health centre's services during the illness. In all the three districts during the

community meetings, many community representatives said that "lack of public emergency transportation services and non-functional health centres discourage parents to go to Government health facilities"

Table –I Provider's opinion on the reasons for not seeking health services by community members

S. No.	Factors	Doctor % responses	ANM % responses	ASHA % responses	AWW % responses	Total
1.	Poor economical conditions	100	37.5	75	75	71.8
2.	Old traditions / customs / Superstitions / Believing home based remedies & traditional medicines	75	12.5	37.5	37.5	28.5
3.	Lack of health care facilities	12.5	37.5	0	0	12.5
4.	Not aware about proper treatment /lack of awareness about appropriate health centre	12.5	37.5	12.5	12.5	18.7
5.	Lack of Transportation	12.5	12.5	25	12.5	15.6
6.	Long distance from health care centre	0	12.5	25	12.5	12.5
7.	Absence of facilities/medicines in hospitals	12.5	12.5	0	12.5	6.25

B) Utilization of health services

Provider's Perspective -Most of the health providers(50%-75%) mentioned that usually parents prefer to go to the nearest health centres without understanding or knowing whether the centre is equipped for providing emergency infant care or not. Poor financial status, lack of transportation and absence of information about appropriate hospital plays crucial role in selecting the hospital for treatment.

Community's Perspective- As per the community meetings almost 50% families prefer to go to private hospital during the illness of infants as their past experiences have been bad with government health facilities. During the community meetings a father of deceased child said, "My son died because I first went to government hospital and then they referred us to a private facility and it took us four hours extra to reach that facility and by that time my son was dead".

C) Referral system

Provider's Perspective -Almost all the health providers accepted that people are not using ambulance because of high cost. In Haridwar, during an interview ASHA informed that many newborn babies are dying at home because parents do not have money to go to the hospital. They also mentioned that many time they have to travel by motorcycle, Tractor and other kind of transportation facilities which also causes delay in reaching the hospital.

Community's Perspective At the time of community meetings in Uttarkashi community members said that ANMs are not visiting their villages regularly. It affects the infant's health because there is no one in the village who can assess the "At Risk Infants" well on time to ensure timely referral. During the community meetings at Almora many community members said that most of the remote villages do not have any kind of health services for small children, resulting in the death of large number of babies.

D) Private practitioners

From the in-depth interviews and community meetings it became clearer that private practitioners play a significant role for health care especially in the remote areas of Uttarakhand. Almost over half of health provider said that there is an urgent need to establish better coordination between public and private practitioners. Most of these private practitioners are either Ayurvedic doctors or RMPs(Registered Medical practitioners), who can be trained to ensure quality treatment in the remote areas.

E) Socio-cultural practices

Some common socio-cultural practices revealed during the discussion are as follows-

- In mountainous regions women continuously remain involved with doing

hard work and pregnancy is not an exceptional period. In few cases the mothers deliver their baby while on work. People believe that it would help the mother in having easy delivery and will make them stronger. However in plain areas women are not allowed to do heavy work. During the second and third trimester, pregnant women avoid long journeys and participation in cultural activities.

- In many families pregnant women are restricted to have green vegetables, yellow color fruits, meat and dry fruits. Pregnant women are not allowed to eat hot and spicy food.
- In remote areas, elder members in the families restrict pregnant women to receive antenatal health services and TT injections.
- Pregnant women are given lesser quantity of food in a belief that it will result in smaller size of baby so in-turn would result in easy delivery.
- In some places people also organize some cultural activities and distribute sweets at the completion of seventh month of pregnancy.
- After delivery women in the mountains are not allowed to come out of the confines of home/place of delivery for about a month period and thus restricting their mobility and freedom for seeking health care services.
- Culturally delivery is preferred at home. Delivery is usually conducted in a separate room and no one is allowed to touch the mother and baby for until 21 days except dai. Mothers have to live alone and dai usually prepare food for mother and baby.

Mother & Baby are not allowed sun exposure for atleast 5 days. If the mother suffers any medical problem, then only Dai, handles it in traditional ways.

- Pre-lacteal feeding is common in communities and they give ghee and honey before starting breast-feeding. Mother's first milk is considered hard for baby's digestive system. So, mother's milk is usually started after 3 days.
- Although mothers feed their babies for quite a long time, however they usually give tea, juices and other traditional drinks from the birth of baby. Families consider that these items will prevent their babies from various illnesses and will make them stronger.

F) Measures for Improvement-

Health services-In almost all community meetings and in-depth interviews health providers and community members said government should ensure sufficient number staff members, proper supply of required equipments and medicine and establish free ambulance services during emergencies. One medical officer from Almora said that *"we have to disseminate right information about our services; most of the time there is a total mismatch between information and available services"*. The majority of doctors said that government has to focus on at least one functional centre at block level which can provide twenty four hours emergency and regular health care services appropriately.

Coordination and Capacity building of health providers-As the private practitioners have significant role ensuring infant health services especially in the

rural parts of Uttarakhand. Government have to focus more on village base health providers and provide appropriate trainings, adequate supply and necessary equipments to private practitioners for risk management.

Information Education and Communication (IEC) and Integration-

Almost all the health providers pointed out that illiteracy and lack of awareness gives are basic reason for high infant mortality hence strong community awareness programs should be implemented. Community members also expressed that they should be informed about when they must go to hospital for treatment of their sick child, so that their children can be saved

Discussion –

Present research paper has analysed the providers and community's perspective about the whole issue of Infant death and associated factors with the flexibility of full expression to each responder yet retaining the scientific edge in analysing the data. Study shows that as per the providers view poor economic status is the main reason followed by unavailability of transport as the major reasons for not bringing the children to the hospital. Schellenberg et al³ have also reported that there was association between socioeconomic status and health seeking behaviour. However, in this study, community's response has added one more dimension to the situation, although community members have accepted unavailability of transport as the major factor but unavailability of services at the hospital/ health care centres has been cited as the basic reason for not taking the children to the hospitals. Most of the families startup with home remedies or take their children to faith healers in the beginning, when they are left with no money

and child also does not improve they take him to the hospital in a apparent belief that their child will improve but with an inside fear of child's eminent death .If the child improves they consider it God's grace/Doctor's grace, if not, they take it as their fate.

Another major point which has come out from the study is that often mothers/ caregivers are unable to understand risky condition of the baby so referral of baby gets delayed, D'Souza⁴ RM also reported the similar findings in a multivariate analysis of Karachi based study that Seeking effective medical services is highly influential on whether the child survives or succumbs to ARI or diarrhoea ($p < 0.05$). Further, study has revealed that Community and providers are already aware about the measures for improving the situation and perhaps they need government's active role for bringing a change in health care delivery system. Babar T(2007)⁵ also has recommended that Health sector reforms are necessary for developing mechanisms to deliver more need based and quality services, considering thoughtfully users' concerns and perspectives. D'Souza RM also mentioned that as mothers are the first providers of care, an attempt should be made to try and improve their skills through health education so that they can use simple and effective treatments for minor illnesses. They should also be

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taught to recognize potentially life-threatening conditions, to seek care early and to persist with treatment

Conclusion-

Present research paper concludes that there is crucial need for equipping the primary health centres with the neonatal and Infant treatment facilities so that community can easily access them. There is also a need to create awareness about the risk factors for common infant conditions. This would help in decreasing the mistrust and communication gap between provider and community. Private Practitioners should be involved in providing child health services. Further, it is important to encourage positive cultural practices and breaking the negative ones through conscious community based efforts.

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