CHAPTER-9

ANTENATAL CARE AND DELIVERY
HEALTH PRACTICES
Better understanding of fetal growth & development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care (ANC) as an intervention to improve both maternal and newborn health. Realizing the fact, different international conferences such as World Summit for Children in 1990, International Conference on Population and Development in 1994, the Fourth World Conference on Women in 1995, their five-year follow-up evaluations of progress, and the United Nations General Assembly Special Session on Children in 2002 adopted antenatal care as a specific goal.

The primary objective of antenatal care is to establish contact with the women, and identify and manage current and potential risks and problems. Few life threatening complications can be prevented antenatal, most requiring interventions at the time of delivery. There are potential benefits from some of the elements of antenatal care, and these benefits may be most significant in developing countries where morbidity and mortality levels among reproductive age women are high. On one hand, the antenatal interventions may be vital to the health of the pregnant women and well-being of their infants and on the other hand, it may provide the path for skilled assistance during delivery. Women receiving antenatal care come in contact with health-care providers who are likely to encourage them to give birth in a medical facility.

Reproductive and child health is not a new specialty. It is a method of antenatal care and delivery health care special group in the population, which is especially vulnerable to disease and health.

Antenatal care and delivery health practices have been a central theme in the agenda of today's welfare, particularly reproductive health of women. The safe motherhood emergent is one of the priority areas of the maternal and child health care programmers. The least educated and under developed society's exhibits high rate of maternal morbidity and mortality, which is a result of various factors. These factors play an important role in the
underutilization of antenatal care and delivery health services among the Hill Korwas women. The antenatal care and delivery health practices of the Hill Korwas are headed to study because these are least educated, underdeveloped and poor economic condition.

On the related aspects of antenatal and delivery health practices a number of studies have been made by various investigators viz., Basu (1993), Sinha (1995), Jain (2000), Sharma (2000), Dwivedi (2003), Jain & Sharma (2006) and Tiwari & Sharma (2007) etc. The Objective of the present study is to assess the antenatal care and delivery health practices for the promotion of health care among the Hill Korwas of Sarguja district. The observations related to antenatal care and delivery health practices among the Hill Korwas, are presented in the following tables:

Table 9.1, shows information regarding visits to primary health center or sub-health center for antenatal checkups by the mothers, it could be observed from the table that maximum mothers did not visited primary health center or sub-health center for antenatal checkups (80.58). There are only 13.71 per cent mothers, who visited primary health center only once for antenatal checkups. It may be concluded from the table that there is unawareness and negative attitude regarding availing health care services among the Hill Korwas.

Table 8.2, shows information regarding reasons of non-visiting primary health center or sub-health center for antenatal checkups by the mothers, it could be observed from the table that maximum mothers did not visited primary health center or sub-health center for antenatal checkups because not feel necessary (51.77), rather than lack of awareness (36.17) and illiteracy (12.08). It may be concluded from the table that there is unawareness and negative attitude regarding availing health care services among the Hill Korwas.
Table 9.3, reveals information regarding person checkup and take care in hospital, it could be seen from the table that the maxim number of respondents were checkup by nurses (60.29), rather than female Dr. (17.65), male Dr. (11.76) and health workers (10.29).

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Table 9.4, reveals information regarding persons cares in home, it could be seen from the table that 100.00 percents respondents reported that family members and relatives take care in the home.

Table 9.5, shows information regarding place of delivery of last child, it could be observed from the table that maximum deliveries take place at home (84.57), rather than other places (06.86), government hospital (06.29) and primary health center (02.29). It may be concluded from the table that maximum number of deliveries take place at home. It shows that Hill Korwas are not properly utilizing antenatal health care facilities.

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Table 9.6, reveals information regarding percentage distribution of births by type of attendance at delivery, it could be seen from the table that maximum mothers are attended by relatives and family members (55.43), rather than health workers (22.86), dai (11.43), doctor (05.71) and nurse (05.57). There are more than half of the mothers who are attended by family members and relatives during delivery.

Table 9.7, reveals information regarding span of taking rest after delivery, it could be observed that maximum mothers take 5-10 days rest after delivery (80.59), rather than 10-15 days rest (09.79), 15-20 days rest (06.36) and 20-25 days rest (03.26). It may be stated that 5-10 days rest after delivery are taken by maximum Hill Korwas. On the other hand, before delivery normally not a single mother takes rest they used to do routine work of their daily life.
Table 9.8, exhibits information regarding health problems faced by mothers during last delivery, it could be seen from the table that maximum mothers reported no any problem (40.00), rather than swelling hand and foot, heavy pain and weakness (23.43), to much pain (12.57), swelling in feet and hand (09.71), weakness (08.00) and to much bleeding (06.29). It shows that 60.00 per cent mothers faced various health problems during their deliveries.

Table 9.9, shows information regarding availing medical aid during complications or health problems at delivery, it could be observed from the table that maximum mothers were not consulted to any one (78.57), rather than consulted to dai (17.14) and consulted Dr. (04.29).

Table 9.10, shows information regarding instrument used for the cutting of naval cord, it could be seen from the table that maximum neonate's naval cord cut by the blade (92.00), rather than thread (04.29), knife (02.29) and scissors (01.43). It could be seen from the table that 92.00 per cents Hill Korwas used blade, but not aver that new blade.

Table 9.11, exhibits the information regarding dressing material used or applied on naval cord, it could be observed from the table that maximum mothers applied dressing material ash (86.86), rather than powder (06.57), no any dressing material (02.86) and oil (00.86).
On the basis of above foregoing findings, it may be concluded that:

1. The maximum mothers did not visited primary health center or sub-health center for antenatal checkups (80.58).

2. The maximum mothers did not visited primary health center or sub-health center for antenatal checkups because they don't feel necessary (51.77).
3. The maxim number of mothers attended by nurses (60.29) in the primary health centers.

4. The 100.00 per cents mothers were cared by family members and relatives in the homes.

5. The maximum deliveries take place at home (84.57).

6. The maximum mothers were attended by relatives and family members (55.43) during delivery.

7. The maximum mothers take 5-10 days rest after delivery (80.59).

8. The maximum mothers faced one or other health problem during delivery.

9. The maximum mothers were not consulted to any one (78.57) during complications or health problems at delivery.

10. The maximum neonate’s naval cord was cut by the blade (92.00).

11. The maximum mothers applied dressing material ash (86.86) in naval cord.

The results obtained from the study reveals that the unawareness among the Hill Korwas major is the factor, which deprives them from not utilizing the proper antenatal care and scientific health care practices. The Hill Korwas, didn’t utilize the proper antenatal health care facilities, because they are mostly illiterate. Apart from the illiteracy and unawareness there are some other factors which acts as barriers for utilizing the modern health facilities, some of these factors are distance of the health service center, feeling not necessary and customary, inconvenience to accept or avail facilities, no botheration shown by the elders, attitude of health staff, etc.

The findings suggest that to aware the Hill Korwas about the availability of benefits of antenatal care and modern delivery health care services. It also suggested that lowering the cost and making services more accessible could also increase the utilization of antenatal care and delivery health services.