

UTILIZATION OF MATERNAL SERVICES IN WEST BENGAL

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ABSTRACT

A study was conducted in selected blocks of West Bengal to assess the utilization of available maternal health services specially immunization, antenatal care and other services. Coverage with two doses of tetanus toxoid levels varied between 58.6 to 86.7% but it fell far short of Universal Immunization Programme target of 100%. Drop out rates were slightly higher in the rural areas. It was observed that in 5 out of 7 blocks more than 55% of the deliveries were conducted either at hospital or Primary Health Centre by health personnel. However, untrained dais predominated over the trained dais in conducting deliveries in most of the areas. This indicates the poor availability or utilization of the latter.

Key words: Coverage, Immunization, Vaccine, Antenatal care.

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The National Health Policy of the Government of India emphasises on the improvement of health of women and children. All over the world, mothers constitute a priority group and are one of the major consumers of the available health services. Although, the target of the Universal Immunization Programme is to immunize 100% pregnant women with two doses of tetanus toxoid but the actual situation falls far short of expectation(1). In spite of the Seventh Plan target of provision of antenatal care to 60-75%, an appreciable number of them do not avail minimum antenatal care and majority of the deliveries are still not performed by trained personnel(2). The present study was conducted with the aim to study utilization of immunization and antenatal care services by pregnant women and identify the place of delivery and personnel conducting the deliveries.

Material and Methods

Surveys were carried out in selected blocks of Northern and Southern parts of West Bengal covering both rural and urban areas during the period between January and September, 1990. In each area the survey was conducted according to the 30 cluster sampling technique, as advocated by the WHO(3,4). Medical officers trained in Universal Immunization Programme not belonging to the respective blocks to be surveyed were selected as surveyors along with a group of paramedical staff. Thirty teams were formed to cover 30 clusters of the blocks on the same day under a group of supervisors. Standardized procedures and proformas recommended(4) were used.

Results

The immunization status of pregnant women is presented in Table I. It was

TABLE I—*Vaccination Coverage of Pregnant Women with 2 Doses of Tetanus Toxoid.*

Place	No.	Vaccination status					
		Fully immunized		Partially immunized		Not immunized	
		No.	%	No.	%	No.	%
Pandua	211	170	(80.6)	9	(4.3)	32	(15.2)
Tamluk	202	167	(82.7)	8	(4.0)	37	(18.3)
Mogra	207	168	(81.1)	20	(9.7)	19	(9.2)
Balurghat	210	149	(70.9)	21	(10)	40	(19.1)
Hilli	208	122	(58.6)	16	(7.7)	70	(33.7)
North Calcutta	210	182	(86.7)	10	(4.7)	18	(8.6)
Dhakuria	210	174	(82.9)	6	(2.8)	30	(14.3)

observed that in North Calcutta, Dhakuria, Tamluk, Mogra and Pandua blocks of West Bengal 86.7, 82.9, 81.1 and 80.6% of pregnant women, respectively had two doses of tetanus toxoid. The highest number of the fully immunized mothers were more in North Calcutta (86.7%) and Dhakuria (82.9%). In other surveyed blocks more than 70% immunization by two doses of tetanus toxoid were achieved except in the Hilli block where the figure was only 58.6%.

Mogra block of Hooghly district had highest dropout rate (11.3%), followed by Balurghat (10.0%), Dhakuria (Greater Calcutta) had the lowest (3.3%) dropout rate followed by Tamluk (4.6%), Pandua (5%), North Calcutta (5.2%) and Hilli (7%).

Place of Delivery

Institutional delivery at hospital or health centres was highest in North Calcutta (88.1%) and Dhakuria (69.5%). The corresponding figures for Mogra, Balurghat and Hilli were 59.7, 55.7 and 38.5%, respectively. More than 55% of the

deliveries were conducted by health personnel in all the blocks except in Hilli and Tamluk where only 38.5 and 5.9%, respectively of the deliveries were conducted by health personnel. In North Calcutta and Dhakuria 88.5 and 69.6% of the deliveries were conducted by health personnel (*Table II*).

Utilization of antenatal care services were studied in four blocks where it was observed that 81.1, 61.4, 54.9 and 73.9% utilized antenatal services in Mogra, Balurghat, Tamluk and Pandua, respectively.

Discussion

Universal Immunization Programme(5) of India suggested that 100% pregnant women should be covered by two doses tetanus toxoid or a booster during pregnancy to designate them as fully immunized. In the present study, 5 out of 7 blocks had achieved more than 80% coverage by two doses of tetanus toxoid while one block had 70.9% and other blocks had only 58.6% coverage with two doses of tetanus toxoid. Though none of the blocks

TABLE II—Personnel Conducting Deliveries

Place	Delivery conducted by							
	Health personnel dais		Trained dais		Untrained		Others	
	No.	%	No.	%	No.	%	No.	%
Mogra	124	(59.9)	32	(15.4)	41	(19.8)	10	(4.8)
Balurghat	117	(55.7)	19	(9.0)	54	(30.5)	10	(4.8)
Hilli	80	(38.5)	40	(19.2)	68	(32.7)	20	(9.6)
North Calcutta	185	(88.1)	6	(2.8)	14	(6.7)	5	(2.4)
Dhakuria	146	(69.5)	8	(3.8)	52	(24.8)	4	(1.9)
Pandua	118	(55.9)	35	(16.6)	40	(18.9)	18	(8.5)
Tamluk	13	(6.4)	12	(5.9)	83	(41.1)	94	(46.5)

achieved target of 100% coverage, but they were showing some prospects of achieving the target in near future. The poor coverage in Hilli might be due to poor information, education and communication activities. *Gupta and Murali reported*(5) in a previous study in India that although none of the districts could achieve 100% coverage with two doses of tetanus toxoid for pregnant women.

The reasons for the dropout rates in the studied area might be attributed to the poor existing knowledge of the correct dose of vaccination and improper utilization of existing Mother and Child Health services. Delay in commencement of tetanus toxoid immunization for pregnant women and missed opportunity especially in large hospital might be the other possible cause.

North Calcutta area had the highest number of institutional deliveries because of its close proximity to a number of teaching and non-teaching hospitals as well as private nursing homes. However, for other

blocks still a large number of deliveries were conducted at home.

In Tamluk 32.2% of the deliveries were conducted in hospitals or Primary Health Centres but only 5.9% were conducted by health personnel. This is because medical officers conducting the deliveries were included in "other" group and health personnel group included paramedical staff. *Misra et al.*(2) reported that three fourth of the deliveries were conducted by untrained dai/family member in some part of Varanasi district. However, in the present study corresponding figures were lower in most of the blocks. The reasons might be due to differences in the literacy rate or presence of better primary health care facilities in the State.

Reports of the coverage evaluation survey carried out through out the sampled district of India showed a remarkably high level of antenatal care averaging 75% across the country(5). Only the findings of the two surveyed blocks, i.e., Mogra and Balurghat corroborated with the above

findings while other two blocks fell far short of the national average as regards utilization of antenatal care services. The findings of this survey were strongly focusing on the growing need for improvement and modification of existing Mother and Child Health practices in our health care system. There is need for increased facility for training of untrained dais along with the improvement of information, education, communication activities in these blocks.

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NOTES AND NEWS

SOCIAL WORK AWARD

Dr. N. Sundravalli is the recipient of the Best Social Worker Award for the year 1992, instituted by the Wisdon International Monthly. Heartiest congratulations from the Pediatric fraternity.

—Editor