

CHAPTER I

Introduction

Maternal mortality is the leading cause of death among women of reproductive age in Nepal. The trend of Demographic Health survey 1996 has shown the increasing rate of maternal mortality from 515 deaths per 100,000 live births in 1995 to 539 deaths per 100,000 live births in 1996. The causes of deaths are hemorrhage, sepsis, toxemia, obstructed labor and septic abortion. Most of the deaths are related to pregnancy and child birth and is resulted from obstetrical complications. Child bearing age in Nepal constitute 23 percent of total population of 18.46 million (Demography Health survey, 1996). With a total fertility rate of 5.8, the chances of Nepalese women getting pregnant and suffering the consequences are very high (Family Health Division, 1993). There are about 800,000 pregnancies per year in Nepal, and 40 percent estimates to be in “at risk” conditions (Malla, Pradhan, 1994). Most of the deaths can be prevented by means of antenatal care services with early detection, timely management and referral, and accessible family planning services.

The antenatal service coverage in Nepal is only 19 percent, (DHS, 1996) which is unacceptably low in comparison to neighboring countries like Thailand, Indonesia, India, and Pakistan which were 80%, 76%, 27%, and 24% respectively. Most of the women who are primiparous, poor ethnic minority, malnourished and living in rural area with inadequate and inappropriate health services receive less prenatal care and most make only one visit to a health center and that one is late in

pregnancy which makes the total risk to be one hundred times greater than the average. It is concluded that by low coverage of antenatal services is the most significant cause of increasing obstetrical complication among high-risk pregnant which leads to mortality and morbidity of women of reproductive age. Therefore, antenatal coverage needs to be increased sufficiently and content of antenatal care should be adjusted according to local technologies, economics, and population needs. The prevailing health problems has be identified and care should be targeted to those at risk so that they are identified and treated. To meet the target to reduce maternal mortality from the present rate of 539 to 400 during the 8th year plan, strategies can be made by strengthening the community/ village level services through available resources with a plan to establish a community outreach system for prenatal care which would provide nutrition, advice, high risk pregnancy detection, make appropriate referral and encourage use of available maternal and family planning services (MOH,DHS,FHD, 1993).

The essay, chapter II describes in detail on pregnancy, risk factors of pregnancy, and its cause and consequences leading to obstetrical complications and adverse effect to mother and fetus. Further the essay describes the reasons for use and non-use of antenatal care service affected by a number of socio-economic, bio-physical, and cultural factors as well as by the antenatal care service itself. It also suggests the need for antenatal care services for pregnant women especially those with high-risk conditions. The essay describes in detail some of the important strategies to improve antenatal coverage as on increasing access of antenatal services, acceptable

health services through female to female approach, emphasis on IEC activities, use of low technology for detection of high-risk pregnancy, and establishment of coordination among the health workers. The essay also describes some of the other alternative actions to make antenatal care functioning more effectively, and strengthening with support of health services like referral network, quality care at health center, and proper screening facility with backup support of emergency obstetric service and transportation.

After the situation analysis, the essay concludes with a recommendation for training of Traditional Birth Attendants on Home-Based Prenatal Records (HBPR). After the training, TBA will use the records as a tool to provide effective antenatal care to women by detection of high-risk conditions, dissemination of important messages to mothers for use of antenatal service.

The proposal, chapter III, has general objective to provide training for TBAs on HBPR to improve their knowledge, attitudes and skills in detection of high-risk pregnancy in order to reduce the obstetrical complications by increasing the ANC coverage in Siraha District, Nepal. The Proposal also covers an overview of the rationale and methodology to be used in the study. The specific objectives of this study are to develop the training curriculum for TBA on HBPR, train them accordingly, implement the program, monitor and supervise the service provided, and evaluate the outcome of training and impact of the services from TBA to pregnant women in the community to see as increase in antenatal service coverage.

The main theme of this study is to provide effective antenatal care service to pregnant women of Siraha district through the TBA. The training will focus on how to use the HBPR to detect and refer high risk pregnant by assisting them to upgrade their knowledge, attitude and practice and perform their work more efficiently i.e. history taking, examination, prenatal teaching, recording HBPR, and refer if to health center.

Monitoring and supervision of antenatal care will be carried out according to plan made. The process will provide an opportunity to see if the objective to provide knowledge, attitude, practice regarding HBPR, and antenatal care are achieved by TBA or not. Providing supervision in TBA's activities. They will improve their performance and do job in more better way. After 12 month of program implementation in Siraha District, impact evaluation will be made according to plan and schedule.

Chapter IV, describes the data exercise and actual data collection in Thailand is not possible because of program is still in initial phase and language barrier for being a foreign student and also not reliable

Two objectives of data exercise were set as data exercise were implemented as to refine the data collection method and to develop the data collection instrument method, pre-testing by focus group discussion found appropriate to get accurate information needed for my study.

Chapter V, contains the presentation made during the thesis examination. It consist of transparencies of information which was presented to examination committee. The annotated bibliography, appendices and other added materials are enclosed after this chapter.

Finally, I hope that the study will provide a clear cut view on antenatal care service provided through TBA using HBPR in Shiraha district. It is also expected that Family Health Division, Safe motherhood program, and national TBA training program will get benefit from the research results in planning, implementing and evaluating the future programs as an ongoing process. The outcome of result will be presented to Family Health Division, Department of health service, Nepal.