CHAPTER IV

Data Exercise

4.1. INTRODUCTION

The study is proposed with the aim to reduce the incidence and severity of obstetrical complications by increasing antenatal service coverage for all pregnant women of age 15-49 years in Kalyanpur village, Siraha district, Nepal. Since antenatal service coverage is only 19 %, therefore, after the training has been provided to TBAs on Home-Based Prenatal Record (HBPR), they will provide antenatal service to both high and low risk pregnant women. Although the purpose of using HBPR is to focus on high risk pregnancy identification, but at the same time they will encourage women to use existing antenatal service, so that early treatment, management, and referral is possible with increasing antenatal care utilization. Training will be provided in November, 1998 and from December; program implementation will be made.

Monitoring and supervising process will be carried out alternately in every month during a year of providing antenatal service. After one year of program implementation, impact evaluation will be made to see how TBAs are progressing in carrying out their performance with the correct use of HBPR by providing prenatal teaching including referral and any changes in their attitudes and behavior with pregnant women. The women will have adequate prenatal service from TBAs including information about high-risk symptoms, tetanus toxoid immunization, iron folate

supplementation, and encourage women to attend the clinic at least once in every trimester. The official statistics, focus group discussion, guideline of survey questionnaire and observation checklist will be used as data instruments to evaluate the impact of program.

4.2. OBJECTIVES OF THE DATA EXERCISE

Since this is an intervention post-test designed study, and needs to evaluate the impact of the program to see how the intervention could improve utilization of antenatal service among pregnant women. To test the appropriateness of the techniques used and pre-testing the survey, focus group and observation checklist, a data exercise was done in Thailand to achieve the following objectives:

1. To refine the data collection techniques
2. Pre-test the data collection instruments

4.3. DATA COLLECTION TECHNIQUE

Focus group discussion was selected as a data collection technique. This is one of a qualitative technique of data collection, which will also describe the findings and suggests how the study could be improved based on the lesson learned from the data exercise.

4.4. DATA COLLECTION PROCEDURE

4.4.1. Field preparation

Phahurat was selected as site to conduct focus group discussion. This place is situated in the Phranakhon District, half an hour distance from the Bangkok city by bus. The area is covered of 5,536 square kilometer. The population of this community comprised of 87,255 in total, in which, female population of 42,645 are accupied including reproductive age group of women. This is one of the main trade center in Bangkok. People from different community as India, Burma, Lao, China, and Thailand itself used to come and staying there for the business purpose. The total number of household found 19,935. The health facilities available are 1 hospital, 2 Primary health centers, 88 clinics, 87 drug stores, and 29 traditional medicine store (National Statistics Office, Information of Bangkok, 1990).

The physical structure, facilities, and, community group in Phahurat were not similar to study area and group in Nepal. However, the place and group was chosen with several reason that they can speak Nepali language for the reason of easy communication, understand their discussion and also to avoid misinterpretation that may occur if discussion made with native speaking or different languages that from the researcher. Female group were available including few pregnant and others had one and more than one child. Therefore, focus group discussion was conducted in Phahurat with the group of women habitat from Nepali origin and culture with the citizenship of Burma.

I have visited Phahurat for two times which were on 20 and 27 December, 1998 respectively. Discussion were made with a couple working in their own restaurant to make a necessary arrangement with consent prior to focus group discussion. Plan was made for gathering required number of women, time and venue for discussion. On mysecond visit, focus group discussion was conducted with already prepared guidelines, tape recorder, camera, snacks and some gifts for the participants.

4.4.2. Data exercise population

A. General characteristics of women

Altogether, there were 10 married women attending in focus group discussion of age between 18-37 years. Three of them were pregnant of 7, 8, and 8 months gestation and primi, third and fifth gravida respectively. The others were the mothers of 1-6 numbers of children. Most of them belonged from Hindu religion and some were Buddhist. Educational level among women ranged from grade 3-9. Some were working together with their husband in their own restaurant, some in the garment industry, and some were working in their own small shops earning almost similar amount of money which they can spend enough and saving some money to sent to Burma specially in the big festivals.

B. Field activities

According to scheduled date and time on 27th of December, 1997, focus group discussion was conducted at 4.00 PM in a small room of a hotel. Moderator's role was taken by one Nepalese female MPH student studying in CPH, Chulalongkorn

university, Thailand and working as a lecturer in Institute of Medicine, Nepal. Another female student who was studying in MSC in Health Development in Chulalongkorn university, Thailand, and working as a Nursing Supervisor in Teaching hospital, Kathmandu, Nepal took responsibility of note taking. Two of my other friends helped to take some photographs, playing tape recorder and serving the snacks.

Almost all of the participants, moderator, note taker, observer were female therefore, discussion on pregnancy was done quite smoothly and without hesitation so that they explored their own view more openly. Moderator started the discussion session by introducing with each other, and explaining the purpose of discussion clearly. As most of them were experienced with pregnancy and child birth, therefore they seemed more eager to express their childbearing experiences with each other except one who was pregnant for the first time. She was silent and looked shy most of the time, therefore she was encouraged to speak by moderator time to from time. Discussion time was taken exactly an hour. At 5.00 PM snacks were served and finally gifts were presented to all of the participants.

4.5. LIMITATIONS OF DATA EXERCISE

The purpose of this study is to provide antenatal service to pregnant women of rural community through TBAs in Siraha District, Nepal. After a year of the program implementation, impact evaluation will be carried out by using focus group discussion with the TBAs, and mother group who achieved the antenatal service. But whoever

participated in this focus group discussion in Thailand, they did not belong from the same group in Nepal. Therefore, it seemed unreliable to predict the thing either in right or wrong way. Also the participants have had access to modern health facilities with trained health care provider as doctors, midwife and nurses. Women in rural community of Nepal lacks the facilities as availability for women in urban area.

Commitment of health workers is crucial in providing health services. In addition to this supporting system of referral network and availability of obstetrical emergency service also needs to be available for effective antenatal service. Not only this, pregnant women themselves should be motivated to utilize the existing service which do not go together to achieve the success in the vein. Data collection technique like survey and observation are not possible to carry out here in Thailand, because of the proposed study is still in preparatory phase and other difficulty is the language barrier. Thus, the techniques will be used in Nepal according to the scheduled plan made.

4.6. FINDINGS

4.6.1. Knowledge of antenatal service:

All the women know that they need to go for checkup in the hospital, clinic when they are pregnant. They think that if they have examination during pregnancy, it will be good for both mother and baby as well. Not only in pregnancy time but for the delivery, also they preferred to go to hospital..

4.6.2. Use of antenatal service:

They all have ideas to attend antenatal clinic at least for two course of tetanus toxoid injection, although none of them know how often they should visit antenatal clinic during pregnancy. Nobody instructed about the frequency of visit, and they themselves were not bothered about this because of the time availability due to their running business.

4.6.3. Decision to seek service:

In Burma, some live in joint family, and mother-in-law decide mostly for seeking care during pregnancy and child birth and after child birth as well. Here, they were living in single family. The person to decide for seeking care during pregnancy was their husband, some by themselves and sometimes by joint decision, and it was wondering that relatives and friends used them for seeking care during pregnancy, childbirth and time of illness.

4.6.4. Source of information about service:

Since they have been migrated from the Burma, they mostly believe relatives and friends as they are the one who can help during the emergency situation. They mentioned that because of this, they are in touch with their friends and relatives. So definitely the source of the information about all concerned are their friends and relatives mentioned by three women. Three of them were informed about health education through Indian television that they are able to watch sometimes. Two of them were advised to go to antenatal clinic by Midwife nearby their home in Thailand,

whereas two of them were suggested by a medical shop keeper for going to antenatal clinic.

4.6.5. Knowledge of risk symptoms:

Three of them mentioned that bleeding per vagina is dangerous for health of the mother but not sure about the baby. Two women explained that paleness during pregnancy (Khun suknoo in Nepalese term) is harmful. One of them experienced of having heavy vaginal bleeding during the last trimester of her third child birth. She said that if she was not hospitalized in time, and blood transfusion was not given then definitely she might lose her life. Four of them mentioned that if giddiness occur during pregnancy then they used to go to medical shop to get some tonic otherwise they will be weak at the time of delivery. They do not think to go to the hospital or clinic in this condition.

4.6.6. Preference of person and place for antenatal checkup:

Since they are living in Thailand for a long time except some had experiences of childbearing in Burma, they all prefer to go to the hospital or clinic during pregnancy and childbirth, because they think that there are no other places than that and are accessible. One lady explained that she was delivered by a TBA without having any complication. According to her experience, TBAs are far better than a doctor or Nurse.

4.6.7. Frequency of visit:

All the women attended antenatal clinic at least for two times just to complete the course of tetanus toxoid injection. Very few attended the clinic regularly. None of them have idea to attend clinic once in every trimester or four times during the pregnancy. Even from the hospital, nobody has instructed them about this. Frequency of antenatal visit or continuity of antenatal service is an indicator of client satisfaction with antenatal service and important indicator to measure antenatal coverage. Therefore, the information which has been drawn out from the focus group discussion is that there is a need to increase an Information Education and Communication activities to make women aware about the importance of continuity of antenatal service so that "at risk" pregnancies and complications can be managed earlier by regular monitoring which is possible only if woman visits antenatal clinic frequently as needed.

4.7. DISCUSSION

Majority of the women had experienced of being pregnancy and child birth. Only one was pregnant for the fist time. All of the participants including the moderator were female, therefore, discussion were made in quite friendly manner. Some seemed quiet whereas some were very talkative. In average, they participated well in discussing the topic and exploring their view and ideas. In general, almost all knew about the benefit of antenatal care and knew that antenatal attendance is necessary for competing the tetanus toxoid injection, better health of the mother and child, and a

little bit about the "at risk" pregnancy. They did not have any idea for continuity of antenatal attendance during pregnancy.

Decision to seek antenatal care is mostly done by husband, some made by themselves and some by joint decision. In Burma, decision mostly made by mother-in-laws also as in Nepal. Source of information about the service they got mostly from the friends, relatives health workers, medical shop, and from the health related television program.

Regarding knowledge of "at risk" pregnancy, major risk symptoms as bleeding per vagina and anemia thought to be harmful to both mother. There are numbers of other risk symptoms that they did not know about. They did not have idea to attend the hospital for the treatment if they get anemia and preferred to have tonic from the medical shop thinking that it was due to the weakness during pregnancy.

They were satisfied with the behavior of health workers in the hospital, the only thing was language barrier which prevented them to have free talk about their problems. They did not have ideas about continuity or regular attendance to antenatal clinic. Attendance were made just to complete the dose of tetanus toxoid injection, and for the serious complication such as bleeding but not for anemia and other disease conditions.

From the focus group discussion, information, knowledge, perception, beliefs and practices regarding antenatal service utilization during normal and in "at risk" pregnancies establish my idea to think that there are some areas in the program which really need to be strengthen to improve the health of the women during pregnancy. The crucial information came out from the focus group discussion was the continuity of antenatal service which is the most important issue relating to reduction of risk during the pregnancy, because pregnancy is a period of potential risk and any women can develop complication and die. The risk increases even more if there is the presence of "at risk" condition. Therefore, providing education to the health care provider as well as health care receiver seemed significant and essential in the reduction of risk during pregnancy and prevents untimely death of the women.

4.8. CONCLUSION

It has been found that communication, mass media, and approach through health workers are the motivating factors in utilization of antenatal service as well as in educating about the risk factors. In approaching and providing of antenatal service, female health workers are strongly preferred. In addition to that, in the rural community, TBAs are the first person to contact during pregnancy and in urban community, trained Midwives are available to provide the antenatal service.

4.9. LESSON LEARNED FROM FOCUS GROUP DISCUSSION

It has been learnt from data exercise that when collecting the data, privacy must be maintained to draw out the in-depth information regarding the subject related to my study. In Nepali culture, women are not supposed to talk freely about the pregnancy and childbirth as well as the problem related to these conditions. Therefore, female health staffs need to be hired for data collection. Most of the Nepali women are busy in household work as well as working in the field, therefore, time management seems necessary when using the data collection techniques. In the conclusion, lesson learned from data exercise gave me a clue that Nepali women are bounded strictly with culture, norms, values and tradition in utilization of antenatal services, no matter where they live, either in Thailand or in Nepal. The lesson learned from data exercise regarding cultural values will be included in the survey questionnaire.

The purpose of the study is to improve antenatal services. The findings and lesson learned from the data exercise helped me in this regard in a sense that outreach antenatal services has to be extended with an adequate support of IEC activities. Nepali women have low decision making authority in using antenatal services with other constraints related with, health service characteristics such as absence of female health staffs in the health care center, tend them for under-utilization of antenatal services. Therefore, TBA is the only person who can provide antenatal service in the door step, educate the woman and family, and can refer high-risk pregnancies by providing education with introduction of a simple technology.