CHAPTER V

Presentation

On 1st of June, 1998, the examination committee was held to evaluate my thesis. The overall view of the thesis study on the topic of "Detection of high-risk pregnancies using Home-Based Prenatal Record through Traditional Birth Attendants: An intervention to increase antenatal coverage in Nepal" was presented. The presentation was divided into 4 main parts: introduction, essay, proposal and data exercise.

In the introduction part, I presented a glance on problem related to maternal health in Nepal. In the essay part, I discussed about identification of problem related to pregnancy and clarified various factors related with ANC utilization and coverage with a concept of some alternative solution as to provide effective antenatal service. In the proposal section, I discussed about implementation of my proposed study in Siraha district, Nepal in order to provide ANC service using HBPR for evaluation scheme to evaluate the ongoing processi n the 4th part of the high risk pregnant. After the implementation, I presented my study, I discussed about result of pre-test of evaluation indicators of FGD done in Phahurat, Thailand and indicators were presented with other parts in data exercise result as limitations, discussion and lesson learned. I concluded that this result could not be generalized because of geographical, socio-cultural, economical, educational and political variations of different countries. During the presentation, committee member asked me questions about my project, to which I tried to answer. The

overhead transparencies were prepared and used for the presentation. The content is given below sequentially as shown to the examination committee.

TITLE OF THESIS

DETECTION OF HIGH-RISK PREGNANCIES USING HOME-BASED PRENATAL RECORD THROUGH TRADITIONAL BIRTH ATTENDANTS: AN INTERVENTION TO INCREASE ANTENATAL COVERAGE IN SIRAHA DISTRICT, NEPAL
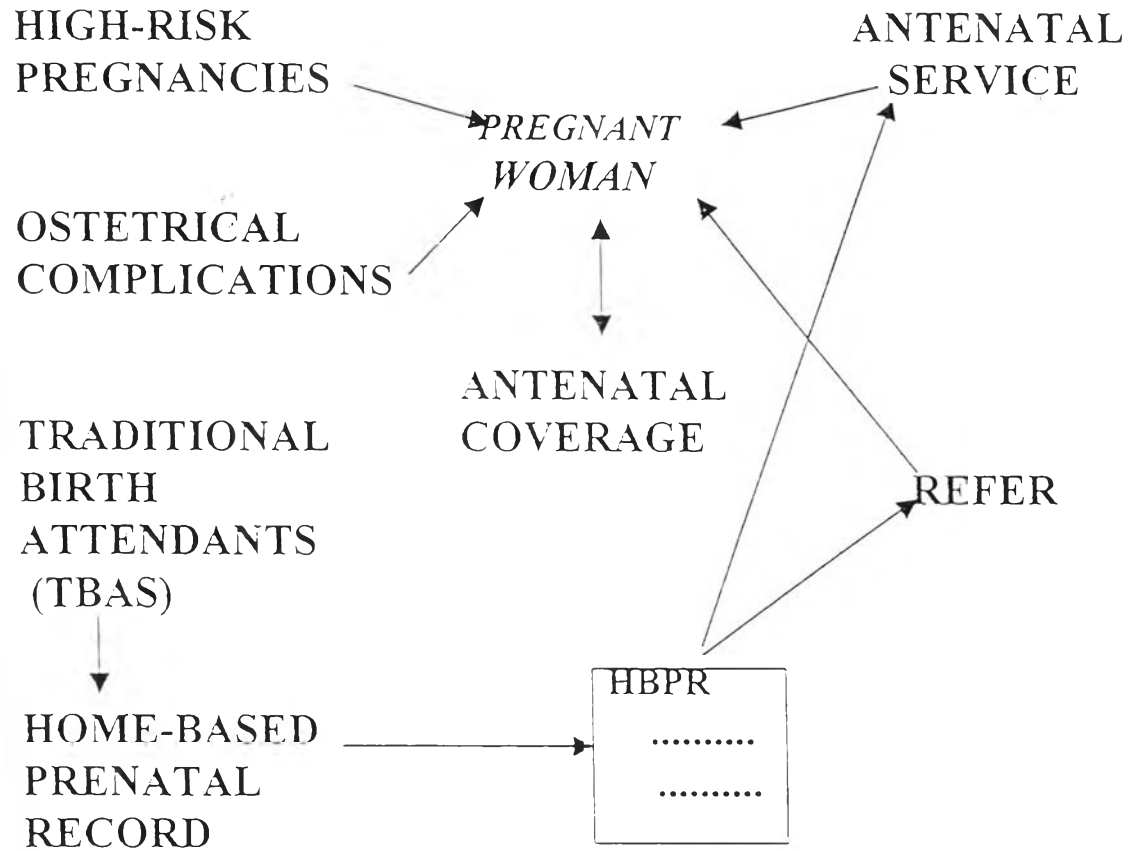
CONTENTS

1. ESSAY

- IDENTIFICATION OF THE PROBLEM
- CLARIFICATION OF THE PROBLEM
- APPROPRIATE SOLUTIONS

2. PROPOSAL

- DEVELOPMENT OF HOME-BASED PRENATAL RECORD (HBPR)
- TRAINING
- IMPLEMENTATION OF HBPR
- MONITORING
- SUPERVISION
- EVALUATION

3. DATA EXERCISE

KEY WORDS/ RELATIONSHIP

HIGH-RISK PREGNANCIES

ANTENATAL SERVICE

PREGNANT WOMAN

OSTETRICAL COMPLICATIONS

ANTENATAL COVERAGE

TRADITIONAL BIRTH ATTENDANTS (TBAS)

REFER

HOME-BASED PRENATAL RECORD

HBPR
....
....

MAGNITUDE OF THE PROBLEM

- AT PRESENT, NEPAL'S MATERNAL MORTALITY RATE (MMR) IS 539 PER 100,000 LIVE BIRTHS

- CAUSES ARE RELATED TO PREGNANCY AND CHILD BIRTH

- AT RISK PREGNANCIES ARE ABOUT 40% OUT OF 370,890 TOTAL PREGNANCIES

- MORE THAN 80% OF PREGNANT WOMEN DO NOT GET ANTENATAL SERVICE.

OBST. COMPLICATIONS AFFECTING HEALTH OF MOTHER/ BABY		
PROBLEMS OR SERIOUS COMPLICATIONS	MOST SERIOUS EFFECTS ON MOTHER	MOST EFFECTS ON FETUS BABY /
1. SEVERE ANEMIA	- CARDIAC FAILURE - INFECTION	- LOW BIRTH WEIGHT - ASPHYXIA - STILL BIRTH
2. HEMORRHAGE	- SHOCK - CARDIAC FAILU - INFECTION	- ASPHYXIA - STILL BIRTH
3. HYPERTENSIVE DISORDERS	- ECLAMPSIA CEREBRO-VASCULAR ACCIDENT	- LOW BIRTH WEIGHT - ASPHYXIA - STILLBIRTH
4. HEPATITIS	- POST PARTUM HEMORRHAGE	- HEPATITIS
5. MALARIA	- SEVERE ANEMI - CEREBRAL THROMBOSIS	- PREMATURITY - INTRA-UTERINE GROWTH RETARDATION
6. INFECTION DURING PREGNANCY, SEXUALLY TRANSMITTED DISEASES (STD)	- PREMATURE ONSET OF LABOR - PELVIC INFLAMMA TORY DISEASES	- PREMATURE DELIVERY - NEONATAL EYE INFECTION - BLINDNESS

OBST. COMPLICATIONS AFFECTING HEALTH OF MOTHER/BABY

PROBLEMS OR	MOST SERIOUS	MOST SERIOUS
		- PNEUMONIA - STILL BIRTH - CONGENITAL SYPHILIS

(Safe motherhood. Mother Baby Package, 1994)

ISSUE

HOW TO REDUCE OBSTETRICAL COMPLICATIONS AMONG HIGH-RISK PREGNANT WOMEN IN NEPAL?

CONCLUSION

OBSTETRICAL COMPLICATIONS CAN BE REDUCED BY INCREASING ANTENATAL COVERAGE

REASONS

- AT PRESENT, NATIONAL ANTENATAL COVERAGE IS ONLY 19% (ANC 1ST VISITS EXPRESSED AS A % OF EXPECTED PREGNANCIES)

- CONTINUITY OF ANTENATAL SERVICE IS 1.8 (EXPRESSED AS NUMBERS OF TOTAL VISITS DIVIDED BY 1ST ANTENATAL VISIT)

- AT PRESENT, VISITS OF COMPLICATED PREGNANCIES ARE NOT REPORTED ON ROUTINE SERVICE STATISTICS

- LACK OF FEMALE HEALTH STAFFS IN ATLEAST HALF OF THE HEALTH POSTS IN NEPAL

(DOHS, 1996)

IMPORTANCE OF ANTENATAL CARE

- PREGNANCY IS A PERIOD OF POTENTIAL RISK
- ANY PREGNANT WOMAN CAN HAVE COMPLICATIONS AND DIE
- ACCURATELY PREDICTING WHICH WOMAN WILL DEVELOP COMPLICATIONS IS NOT POSSIBLE
- EARLY DETECTION AND MANAGEMENT OF COMPLICATIONS IS VITAL.

(Safe motherhood. Mother Baby Package. WHO, 1994)

EVIDENCES

- 15% OF ALL PREGNANT WOMEN REQUIRE SKILLED OBSTETRIC CARE, WITHOUT WHICH THEY SUFFER SERIOUS AND LONG TERM MORBIDITIES, DISABILITIES AND EVEN DEATH

(WHO, 1994)

- 80-90% OF ALL ILLNESSESS RELATED TO PREGNANCY AND CHILD BIRTH CAN BE PREVENTED BY RELATIVELY SIMPLE MEANS WITHOUT ANY NEES FOR HIGH TECHNOLOGY OR HOSPITAL FACILITIES

(Lumbiganon, 1988)

GENERAL OBJECTIVES

1. TO INCREASE ANTENATAL COVERAGE THROUGH THE TRADITIONAL BIRTH ATTENDANTS BY PROVIDING EDUCATION TO IMPROVE THEIR KNOWLEDGE, ATTITUDES AND PRACTICES IN PROVIDING ANTENATAL CARE AND DETECTION OF HIGH-RISK PREGNANCIES.

2. INTRODUCTION OF HOME-BASED PRENATAL RECORD (HBPR) AS A TOOL TO DETECT THE HIGH-RISK PREGNANCIES IN ORDER TO REDUCE OBSTETRICAL COMPLICATIONS IN SIRAHA DISTRICT, NEPAL.

SPECIFIC OBJECTIVES:

1. TO DEVELOP THE TRAINING CURRICULUM FOR TRADITIONAL BIRTH ATTENDANTS (TBAS) ON HOME-BASED PRENATAL RECORD (HBPR)

2. TO TRAIN TBAS IN PROVIDING ANC AND DETECTION OF HIGH-RISK PREGNANCIES USING HBPR

3. TO EVALUATE THE IMPACT OF THE TRAINING BY MEASURING KAP OF TBAS IN PROVIDING ANC AND HIGH-RISK DETECTION USING HBPR

4. TO EVALUATE THE IMPACT OF SERVICE ON WOMEN BY MEASURING;

   I KAP ON ANC UTILIZATION
   II THE % OF 1ST VISIT AND CONTINUITY OF ANC SERVICE

5. TO MAKE RECOMMENDATION TO DECISION MAKERS AND POLICY MAKING BODIES IN APPROPRIATE LEVEL FOR USING HBPR BY TBAS AS A TOOL FOR DETECTION OF HIGH-RISK PREGNANCIES.

Figure 2.2. Analytical framework of casual relationship of antenatal service utilization and risk reduction: /
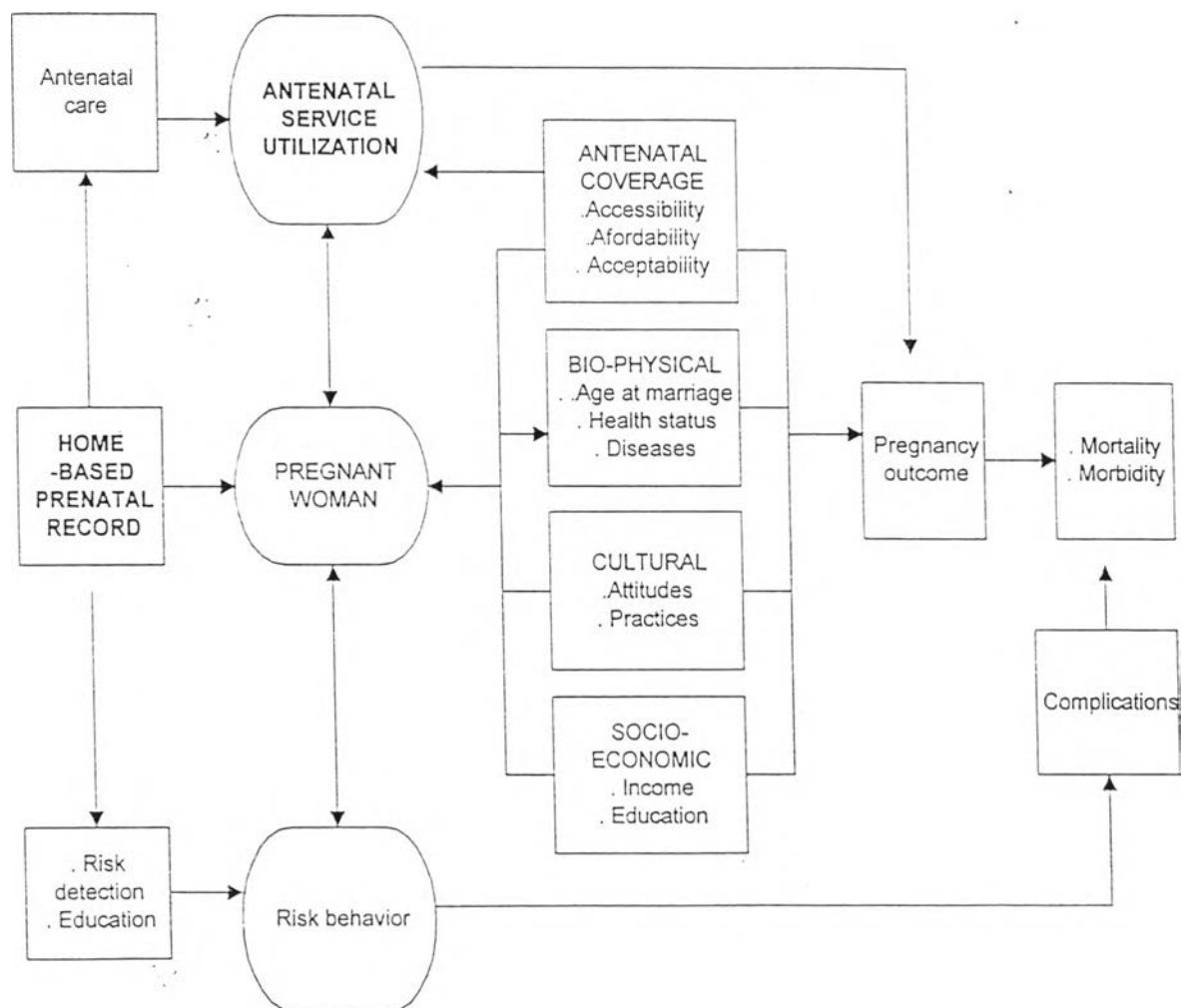
INDRODUCTION OF STUDY AREA: SIRAHA DISTRICT. NEPAL.

- POPULATION   539,923

- TARGET POPULATION OF MCH PROGRAM FOR MARRIED WOMEN OF REPRODUCTIVE AGE 15-49 ARE   107,578

- NUMBER OF EXPECTED PREGNANCIES   23,454

- ANC COVERAGE   19.69%
  (DOHS, 1996)

- DELIVERY BY TRAINED HEALTH PERSONNEL INCLUDING TBAS IS   2%

- FEMALE LITERACY RATE IS   16.7%
  (DOHS, 1993)

HEALTH FACILITIES:

HOSPITAL	-	2
PHC/HC	-	2
HP	-	12
SUB-HP	-	97
NUMBER OF TBAS	-	197

(DOHS, 1996)

TRAINING OBJECTIVES:
(EXPECTED OUTCOME OF THE TRAINING)

1. TBAS WILL DEMENSTRATE ABILITY TO TALK WITH WOMEN IN A FRIENDLY MANNER AND SHOW WARMTH AND CONCERN.

TRAINING APPROACH:

COMPETENCY-BASED, NON FORMAL, ADULT
EDUCATION

TRAINING METHODS:

- DISCUSSION
- PROBLEM SOLVING
- CASE STUDY
- ROLE PLAY
- DEMONSTRATION AND RE-DEMONSTRATION
- EDUCATIONAL GAME, DRAMS, SONG, AND
  STORIES

INTRODUCTION OF HBPR:

1. DEVELOPMENT OF HBPR, AS A TOOL FOR RISK
   DETECTION
2. PRE-TEST OF HBPR
3. USE AS IEC MATERIAL IN PRENATAL EDUCATION
   FOR UTILIZING ANTENATAL CARE
4. DISTRIBUTION OF HBPR TO USE IN HIGH-RISK
   DETECTION

WHAT IS HOME-BASED PRENATAL RECORD (HBPR)?

1. SIMPLE TOOL FOR DETECTION OF HIGH-RISK
   PREGNANCIES TO BE USED BY TBAS
2. HBPR WILL REMAIN WITH WOMEN SO AS TO USE
   WHENEVER SHE NEEDS TO GO TH THE HEALTH
   FACILITIES

3. TOOL AS TO EDUCATE WOMEN WITH "AT-RISK" PREGNANCIES FOR EARLY REFERRAL

4. APPROIATE CONTENTS/FIGURES USED AS TO FOLLOW STEPS EASILY BY TBAS AND COVER "AT RISK" CONDITIONS:

STEP-1. HISTORY TAKING

STEP-2. EXAMINATION

STEP-3. PRENATAL ADVICE USING IEC MATERIALS/ HBPR

STEP-4. IDENTIFICATION OF "AT-RISK" PREGNANCIES AND REFERRAL

STEP-5. CORRECT USE OF HBPR/RECORDING

OTHER ACTIVITIES OF PROPOSED PROGRAM

1. PROVISION OF IEC MATERIALS AND HBPR IN PRENATAL TEACHING

2. MONITORING OF ANTENATAL SERVICES TO SEE IT'S TRENDS

3. SUPERVICION OF TBA'S ACTIVITIES IN PROVIDING

   I.   ANTENATAL CARE
   II. USE OF HBPR IN DETECTION OF "AT-RISK" PREGNANCIES

EVALUATION OF THE PROGRAM:

1. TRAINING PROCESS AND LEARNING OUTCOME EVALUATION

2. IMPACT EVALUATION OF TRAINING ON TBAS
3. IMPACT EVALUATION OF ANTENATAL SERVICE ON THE WOMEN

4. IMPACT EVALUATION ON THE ANTENATAL SERVICES i.e. ANC COVERAGE

1. TRAINING PROCESS AND LEARNING OUTCOME EVALUATION

CRITERIA EVALUATOR	TOOLS USE	METHODS	
- OBJECTIVES -RESOURCES	- CASE STUDY FORMAT OF "AT-RISK" CASES	- PRE AND POST TEST	- TRAINERS FROM SPECIFIC AREAS
- CAPABILITY OF TRAINEES/ TRAINERS	QUESTIONNAIRS - CHECK-LISTS	- PRACTICAL - QUESTIONS/ ANSWERS	

IMPACT EVALUATION OF PROGRAM:

A. IMPACT EVALUATION OF THE TRAINING ON TBAS

MEASUREMENT INDICATORS	TOOLS USED	METHOD	EVALUATER
1. KNOWLEDGE 2. ATTITUDES 3. PRACTICES	- CHECH-LIST - HBPR - IEC MATERIALS	-DIRECT OBSERVATION	- ANM AS A SUPERVISOR

B. IMPACT EVALUATION OF ANC ON WOMEN

MEASUREMENT INDICATORS	TOOLS USED	METHODS	EVALUATER
1. KNOWLEDGE 3. ATTITUDES 4. PRACTICES OF ANC UTILIZATION	- SURVEY QUESTIONN -AIRES	- STRUCTURED INTRERVIEW	ANMS

C. ANTENATAL COVERAGE:

INDICATORS

I.   ANC FIRST VISIT AS A % OF EXPECTED
     PREGNANCIES
II. COTINUITY OF ANC SERVICE AS NUMBER OF
     TOTAL VISITS DIVIDED BY 1ST VISIT

SOURCE: OFFICIAL STATISTICS	INFORMATION
1. MASTER REGISTER *2. MONTHLY REPORT FORM*	- ANC COVERAGE, INCLUDING DEMOGRAPHIC CHARACTE RISTICS OF PREGNANT WOMEN
3. CONSOLIDATING REPORT FROM HBPR	- NUMBERS OF "AT-RISK" PREGNANT WOMEN REFERRED BY TBAS - PREGNANCY OUTCOME

SOURCES OF DATA COLLECTION:

1. FOCUS GROUP DISCUSSION (KNOWLEDGE,
   ATTITUDES, AND PRACTICES)

2. HOUSE HOLD SURVEY

3. REVIEW OF OFFICIAL STATISTICS

OBJECTIVES OF DATA EXERCISE:

1. TO REFINE DATA COLLECTION TECHNIQUES
2. TO TEST THE DATA COLLECTION INSTRUMENTS

DATA EXERCISE:

PLACE OF DATA	PHAHURAT, PHARANAKHON
EXERCISE:	DISTRICT, BANGKOK
DATE/TIME:	27TH OF DECEMBER, 1997
DATA COLLECTION:	FOCUS GROUP DISCSSION (FGD)
PARTICIPANTS:	10 MARRIED WOMEN INCLUDING 3 PREGNANTS OF AGE 18-37 YEARS
INSTRUMENT USED:	FGD INDICATORS
COMPONENTS: (KNOWLEDGE, ATTITUDES, AND PRACTICES OF ANC SERVICES)	1. KNOWLEDGE OF ANC 2. USE OF ANC 3. DECISION TO SEEK CARE 4. SOURCE OF INFORMATION 5. KNOWLEDGE OF RISK SYMPTOMS 6. PREFERENCES OF PLACE/PERSON 7. TIME AND FREQUENCY OF ANC VISITS

FINDINGS OF FOCUS GROUP DISCUSSION:

1. MOST OF THE WOMEN KNEW ABOUT ANTENATAL SERVICE

2. LACK OF KNOWLEDGE ON PROPER UTILIZATION OF ANC i.e.

    A. AT THE TIME OF "AT-RISK" CONDITIONS
    B. VISIT AT LEAST ONCE IN EVERY TRIMESTER

3. STRONGLY PREFERRED FEMALE HEALTH WORKER TO GET SERVICE

4. MOST OF THE WOMEN PREFERRED TO GET SERVICE FROM HOSPITAL

5. COMMUNITY-BABED FEMALE HEALTH WORKERS, AND FRIENDS ARE THE MAJOR SOURCE OF GETTING INFORMATION ABOUT THE SERVICES

6. MASS MEDIAS AND COMMUNICATIONS FOUND SIGNIFICANT IN DISSESSMINATING THE MESSAGES OF ANC IN TH ECOMMUNITY.

LESSON LEARNED FROM FGD:

1. FGD IS INCORPORATED IN THE PROPOSAL

2. FEMALE HEALTH STAFFS FOR DATA COLLECTION

3. PRIVACY HAS TO BE MAINTAINED

4. TIME MANAGEMENT IS NECESSARY

5. CULTURAL VALUES TO BE CONSIDERED IN INSTRUMENTS

PLANNED STRATEGIES TO INCREASE ANC COVERAGE:

1. INCREASING ACCESS TO ANTENATAL SERVICES IN RURAL NEPAL.

2. PROVIDING ANC THROUGH FEMALE TO FEMALE APPROACH

3. IMPROVING EXISTING KNOWLEDGE, ATTITUDES, AND PRACTICES OF TBAS PROVIDING ANC.

4. USING THE SIMPLE TECHNOLOGY (HBPR) FOR DETECTION OF HIGH-RISK PREGNANCIES

5. EMPHASIZING IEC ACTIVITIES TO RAISE AWARENESS OF COMMUNITY ABOUT "AT-RISK" PREGNANCIES

6. CO-ORDINATION AMONG THE HEALTH WORKERS TO IMPROVE REFERRAL.