



# HUM: Helping Underserved Mothers



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## Introduction

- ❖ The leading contributor of maternal mortality is India with a national average of 212 deaths per 100,000 live births.
- ❖ The Millennium Development Goal (MDG) for India is to reduce their maternal mortality to about 109 deaths per 100,000 by 2015.



- ❖ Many parts of India have a higher average of maternal deaths per 100,000 live births than the national average.
- ❖ Uttar Pradesh, one of the states, surpasses this number with an average of 359 maternal deaths per 100,000 live births.
- ❖ The specific city of interest was Agra, a more conservative city, where most women are not well educated about the importance of prenatal care or are sometimes bound by the views of their families or by the many other tasks that they have to complete as a daughter-in-law.
- ❖ As a result, few women receive prenatal care and some deliveries occur at home without the benefit of a trained healthcare provider.
- ❖ This in turn can increase the chances of maternal morbidity and mortality and it can also deem dangerous for the baby.
- ❖ We aim to address this research gap by analyzing factors that may be at play in this disproportionate burden of disease.

## Purpose

1. To examine the environmental, social and cultural factors associated with prenatal care access and related behaviors, knowledge, and attitudes among Asian-Indian women in Agra, Uttar Pradesh.
2. To evaluate which method of dissemination will increase health literacy in the target population.

## Participants

Participants (n=129) were pregnant or non-pregnant women ages 18 years or older. The median age was 25 years of age. Most women were homemakers, with a few that were employed. Almost all women were living in joint families with an average household size of 7 people. A majority of the women had an education level of grade school or less. Out of the 129 women that were surveyed, 116 of the women had been pregnant before- whether it was a live birth, miscarriage or abortion.

## Methods

### Recruitment

Women 18 and older were recruited at Varsha Hospital and a village clinic, which are mainly private OB-GYN clinics. The women verbally consented for participation in the needs assessment.

### Questionnaires

There was a pre-questionnaire which asked the demographic information, which was followed by a questionnaire with 20 questions about general health and prenatal health. All questions were quantitative. A range of topics were addressed, including community health beliefs, social support and culture, and experiences all relative to prenatal care.

### Setting

The interviews took place at the private clinics. Interviews were supposed to take place one-on-one but there were times that a spectator was in the room.

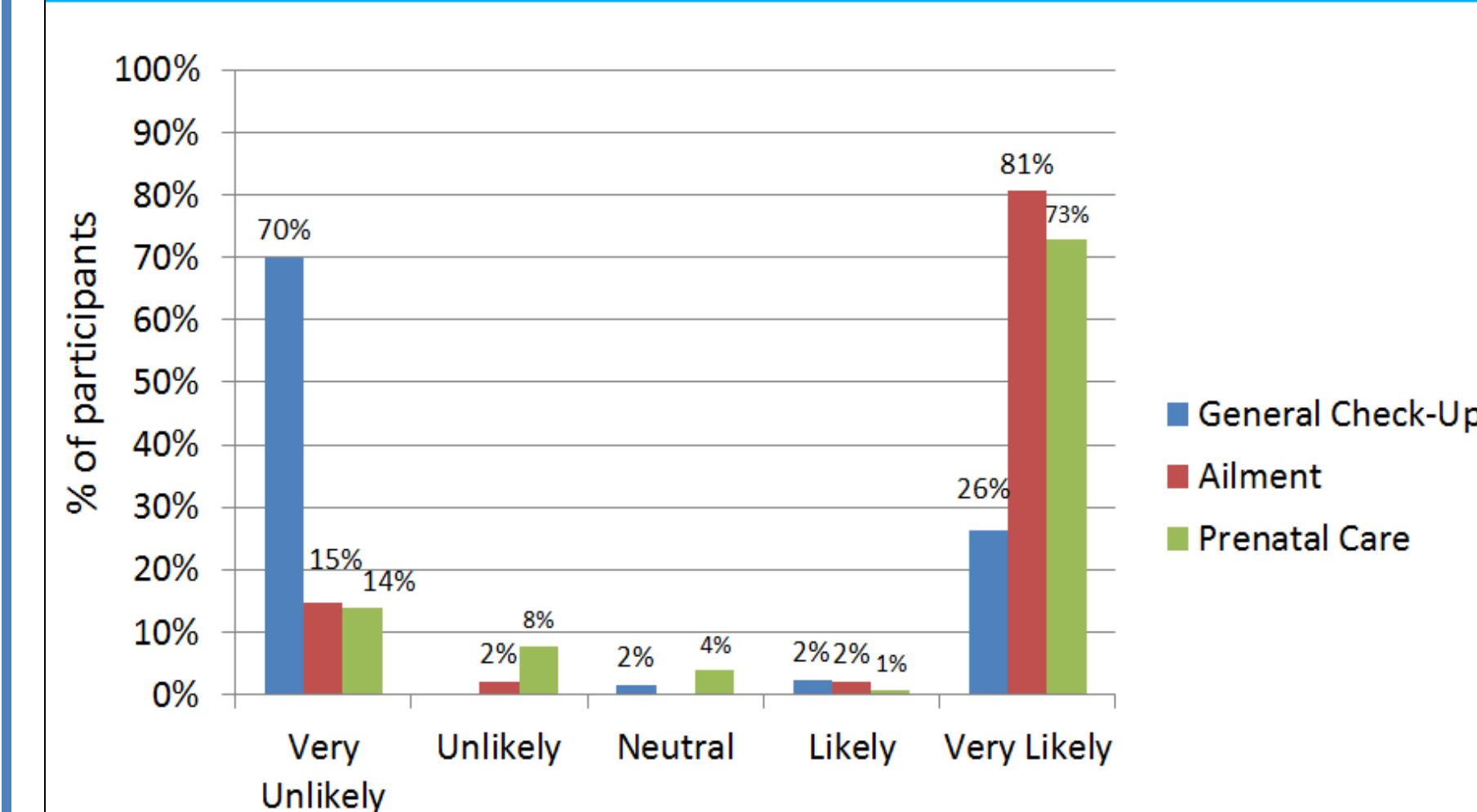
### Data Collection/Analysis

The data collection method was via interview administered questionnaires. All interviews were entered into an Excel database. The analyses was done in an Excel database and an SPSS database where descriptives and frequencies were calculated.

## Results

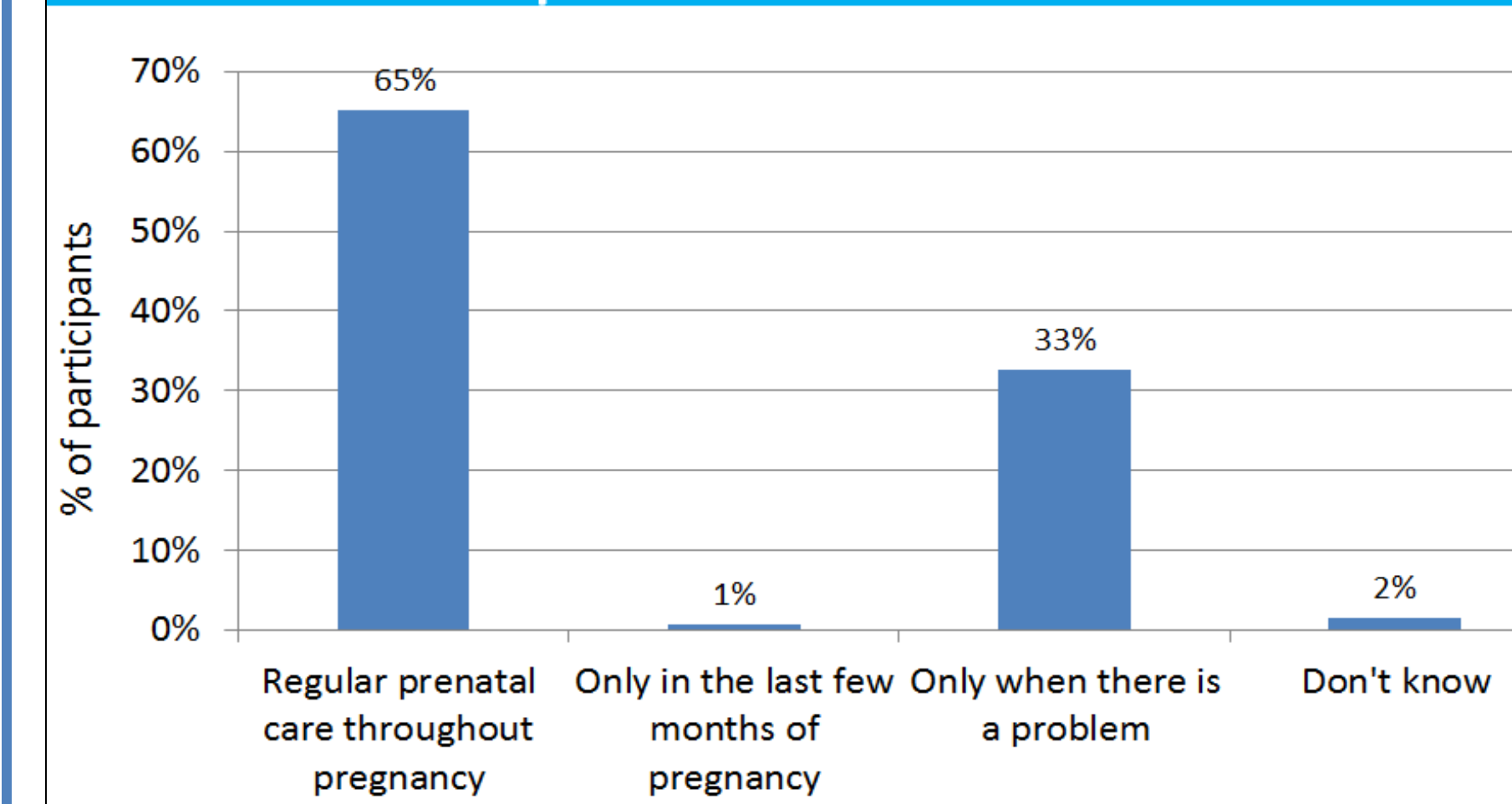
A majority of the women believed in curative versus preventive measures. Mainly the husband and the in-laws helped the women make medical decisions including that of coming in to seek prenatal care. 33% of participants believed it is only necessary to come in for prenatal care when there is a complication. Many women utilize household remedies if a complication does arise.

### How likely are you to come in for...?



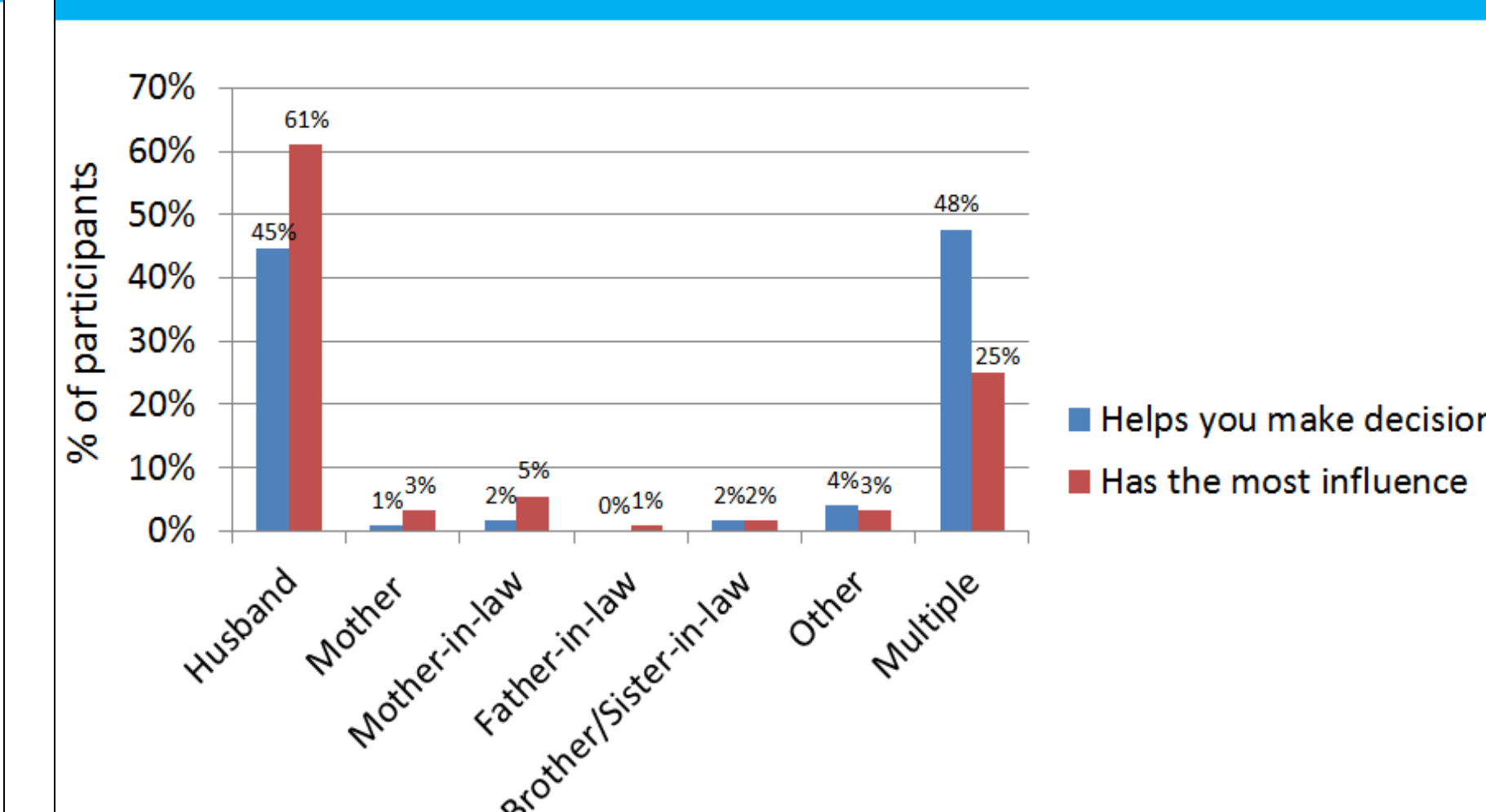
These were the first three questions asked by the survey in the order that they are presented on this graph. 70% of the women said that they are "very unlikely" to come in for a general check-up and about 81% of the women saying that they would be "very likely" to come in for an ailment. About 73% of the women said they are very likely to come in for prenatal care.

### When do you feel it is important to get prenatal care?



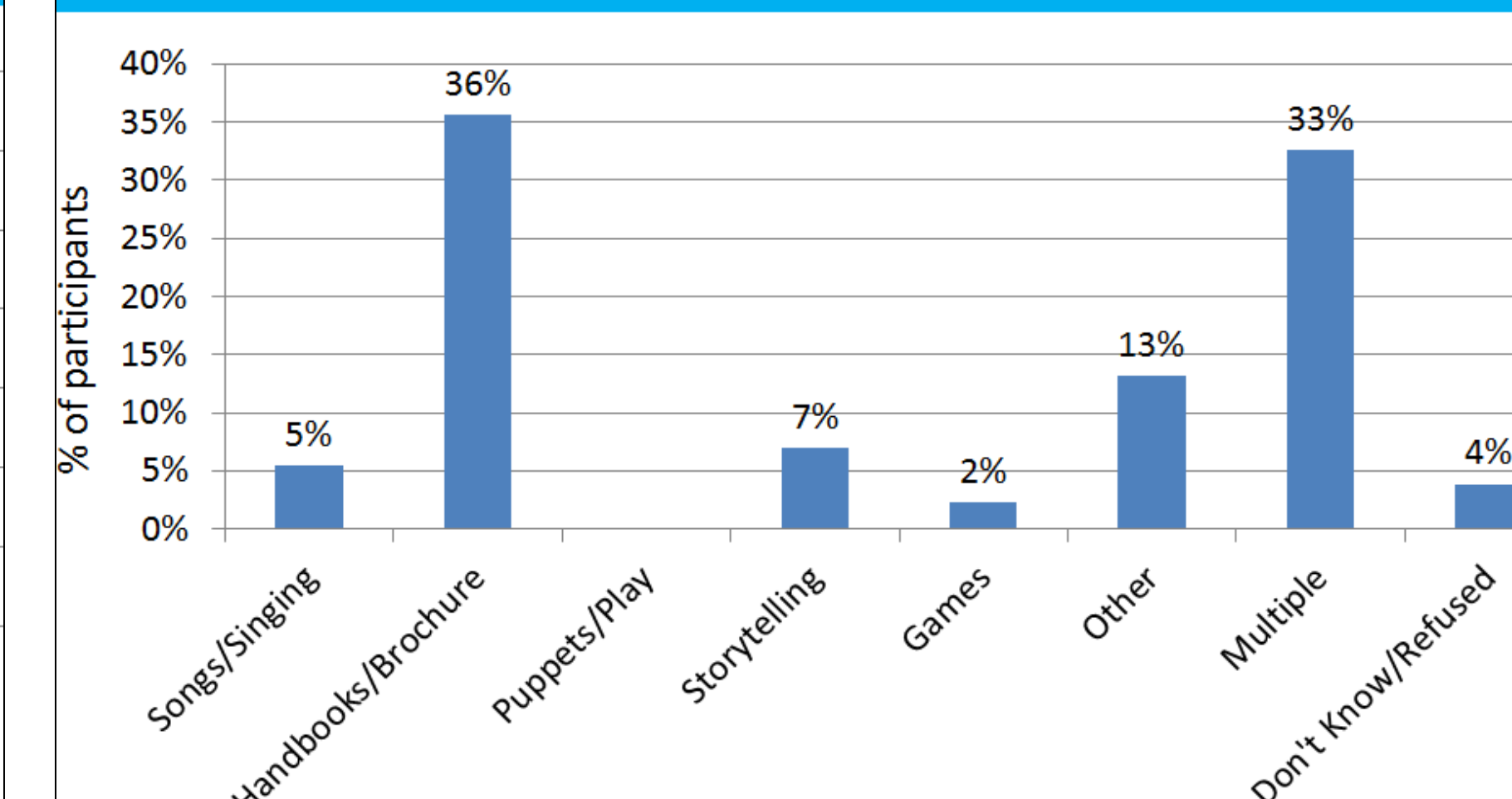
This question looked into when the women thought it was important to get prenatal care. 65% of the women thought it was a good idea to get regular prenatal care throughout their pregnancy while 33% thought they should go in only when there is a problem.

### Decision Making: Who...



The general trend is for husbands to help the women make the decisions and they also have more of the influence. "Multiple" was constituted if the women answered more than one individual as helping them make decisions. Usually, the women had their husbands and in-laws that helped them make decisions and were the most influential.

### Which of the following (if any) methods would you most enjoy? (Check all that apply)



This question was asked in order to understand and see what would be the best method to teach women about prenatal care. Many said they would rather learn by books and multiple techniques (including media, i.e. television; person to person interaction, etc.).

## Discussion

The patients believed more in curative care versus preventative care. There was a bifurcated distribution about whether women should receive regular prenatal care or if they should obtain prenatal care when complications arise. Not too many said only in the last few months of pregnancy. In terms of decision making, the woman was dependent on others to figure out what to do medically and her husband and in-laws tended to weigh in the most. This could mean that we could include some sort of familial intervention to ensure we are covering all aspects of the prenatal care process for the woman.

In terms of giving birth at a hospital, most women were likely to give birth at a hospital. There were a few which were not sure where they would give birth or were going to give birth at home. Those are the women that we want to educate.

Health education workshops at the hospitals and clinics would be helpful since women could take the time to come to the workshop and also have a prenatal care checkup. There could be a mix of interactive means and books since many of the women preferred this method. Many of the families are involved in the decision making process so it would be paramount to have a health education workshop that is geared towards the woman and the family.

A set of important population-specific attitudes and beliefs were revealed, indicating the importance of cultural tailoring in future interventions. Preliminary findings confirm the need for continued epidemiological research and potentially an integrative medicine approach.

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