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*Research Article***Post Natal Care Utilization among Patients Attending Gynae
And Obstetrics Department of Dhaka Medical College Hospital**Monowar Ahrnad Tarafdar¹, Mahbnba Alam Khan,² Sarder Mahmsid Hossain³, Sheikh Mohaminad Alif⁴**Abstract:**

To assess the current status of post natal care utilization this descriptive type of cross sectional study was carried out on .81 patient in outdoor of Gynea & obst department of Dhaka Medical College Hospital. This study is expected to provide information to ensure better organizational and delivery of postnatal care after delivery or LUCS operation to reduce the adverse fetal outcome ensure better maternal health & successful Govt. Family Planning program. The physical and emotional care a woman receives during the postpartum period can influence her for the remainder of her life. Postnatal care helps prevent neonatal deaths. This study aims to examine factors associated with non-utilization of postnatal care in Bangladesh and the association between current status of PNC and socio-demo graphic characteristics. It is obvious from the study that the respondents (49%) had no idea about PNC. only 32 % had Knowledge about PNC and 19% did not know at all. The major factor that can affect the utilization of PNC service, this study shows most of the female are not coming to PNC check up due to distance of the health care center (29.63%) followed by cost for treatment (21%) and lack of time (22.22%). The study shows that there is statistically significant correlation between Educational status and frequency of PNC visit.

Key words: Postnatal care, LUCS, Socio economic status

Introduction

The postnatal period starts an hour after the delivery of the placenta and includes the following six weeks. The postnatal period covers a critical transitional time for a woman, her newborn and her family on a physiological, emotional and social level. More than two third of maternal and new born deaths occur during the postnatal period and many of them develop disabilities The immediate cause of maternal deaths is the absence, inadequacy or underutilization of the health care system)¹

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Maternal and Neonatal mortality still high and has received significant attention from the government.² Routine essential postnatal care can help to reduce mortality and morbidity among mothers and their babies. Postnatal care program is one of the weakest programs among all reproductive health programs of the country, but there is no sufficient research on how to improve the gap for low health service postnatal care utilization Even in the urban and better- served rural areas, the poor-non poor disparity has continued to exist because the health services were not designed for the poor³

The highest coverage of hospital delivery among the urban poor reflects the notion that the access to institutional delivery would raise the use of such services among the poor in other are as well. Disparity in enjoying public goods such as health care has never been new in Bangladesh. What is new is the recognition that closing the health gap would help reaching the desired social goals. Gender and socioeconomic inequality in health care have received considerable attention in recent literature.^{3,4}

This study has attempted to look this issue at the wider perspective and demonstrated that the regional differences in the use of health services, in some cases, were greater than the socioeconomic disparities. Bangladesh continues to face a formidable challenge in the improvement of health of the poor. In a society where incomes of the poor are too low to buy a minimum essential package, the provision should be developed to provide essential health services according to a sliding scale of fees for easily identified subgroups of the population. The health need of the poor should be recognized and health interventions should be tailored to match the specific livelihood strategies of poor households. The distribution of health resources should focus not only on the size of the population but also on the burden of diseases⁵.

As a short-term policy measure, targeted health interventions may produce desired outcomes. There are evidences which suggest that targeted approach has the potential to significantly raise access to health services in Bangladesh^{3,1}.

Since the focus of the health program should be equitable health development, the current health system should include pro poor health components in it. An essential element of this strategy should be the sensitization of the community about the benefits of this approach, inclusion of the poor in decision making and raising access of the poor to basic health resources and services. Health development can only be ensured by enhancing the lives of women and by providing them freedom⁶.

Healthy delivery strategy to ensure that the very poor get access to reproductive health services. The study concludes that expanded pro-poor health development program can significantly improve the access to the utilization of health services among the disadvantaged in developing countries.⁷

Materials and Methods:

A descriptive type of cross sectional study conducted on all pregnant women admitted in to out patient department of Dhaka Medical college hospital from April 2011 to July 2011. A total of 81 persons attended during this period for postnatal complications or check-up; hence the sample size is 81. Purposive random sampling technique was followed in the study. Interview technique by using semi structured questionnaire. Data will be analyzed by using Statistical packages for social science software version 11.0.

Results:

Among 81 study respondents are belonging to age group 17-21 (43.21%) followed by 22-26 age group (19.76%), and 32-36 years age group (18.52%). The mean age of the respondents was 20.6 and standard deviation (SD) 7.9 years indicating high variability in the age distribution of the respondents in reproductive age. The religion of the surveyed population shows that among 81 women, 59 were found Muslim which is 72.84% and that for Hindu was 22 which is 27.16%. It shows only 28.4 percent of women has completing the level 5 and rest 35.4 percent were in secondary educational level. So that most of the female are housewife (35.8%), 30.87% doing some business and 17.29% are in service related work. Most of the females' husband are in secondary educational level (33.33%), 24.7% are higher secondary level, 22.22% have in primary educational level, 11.11% illiterate and 8.65% are university educational level. Most of the respondents husband are doing business which is 40.75% (33), 27.16 % doing service .The participants having two children (41.98%) followed by more than three child 23.46% and single child having only 14.82%.

Among the family, income of 5 1.86% having monthly income of 1000-3000 BDT, 33.33% having income 3000-5000 BDT, 9.88% having income of 5000-10000 BDT and only 4.94% having income of >10000 BDT. Most of the respondents during marriage their age crossed 18 years which is 45.68% (37), between 16-18 years having 30.86% and 19.75% having 15-16 years of age during marriage. Most of the respondents never attend PNC which is showed by percentage of 43.21%, 23.46% attend twice, 20.99% attend once.

Table No 1: Distribution of respondents by knowledge on PNC

Do you know about PNC	Frequency	Percentage
Yes	26	32.1
No	40	49.38
Don't know	15	18.52
Total	81	100

The respondents don't have sufficient knowledge about PNC, 54.32% told that once attend PNC is necessary after delivery and 25.34% response that three times PNC is necessary after delivery. Participants having fare knowledge about PNC showing that 80.25% response that PNC is necessary for every woman after delivery and 19.75% doesn't think like that. Among 65 patients who are thinking that PNC is necessary after delivery 46.16% thinks for to established fare child and mother health, 26.16% for maintain normal health and 20% for avoiding for child Complications .72.84% has developed complication after delivery and 27.16% does not develop any complication after delivery. 35.6% respondents suffer from lower abdominal pain after delivery, 30.5 1% suffers from shivering, 16.96% suffers from ver, and 11.86% suffers from bleeding after deli' complications. Most of the patient is coming for check during or after pregnancy from the influenc' mother-in-law (45.68%) followed by hust (29.63%) and only 3.7% coming from their decision. The patient mode of delivery normal which is 67.9% and 32.09% are dS LUCS.

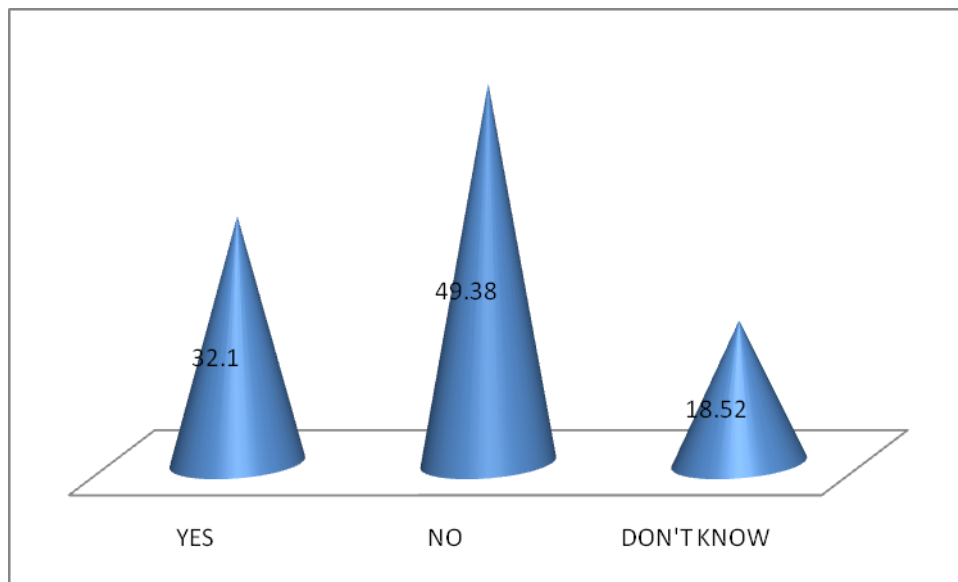


Figure No 1: Distribution of the respondents according to the knowledge on PNC

Most of the female are not coming to PNC check up due to Distance of the health care center (29.63%) followed by cost for treatme (2 1%) and lack of time (22.22%).

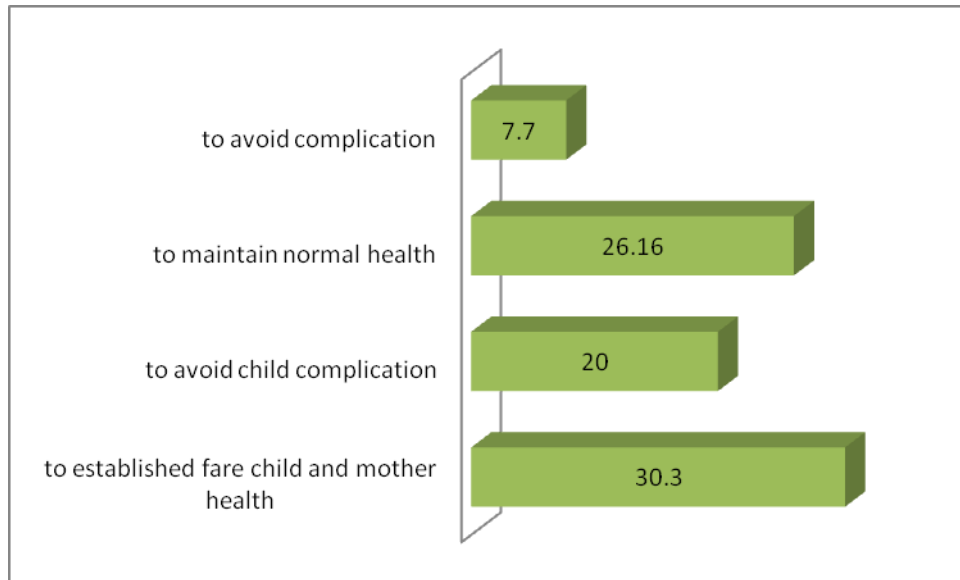


Figure No 2: Distribution of respondents I reasons for attending PNC

- To established fare child and mother health
- To avoid child complication
- To maintain normal hcafth
- To avoid complication

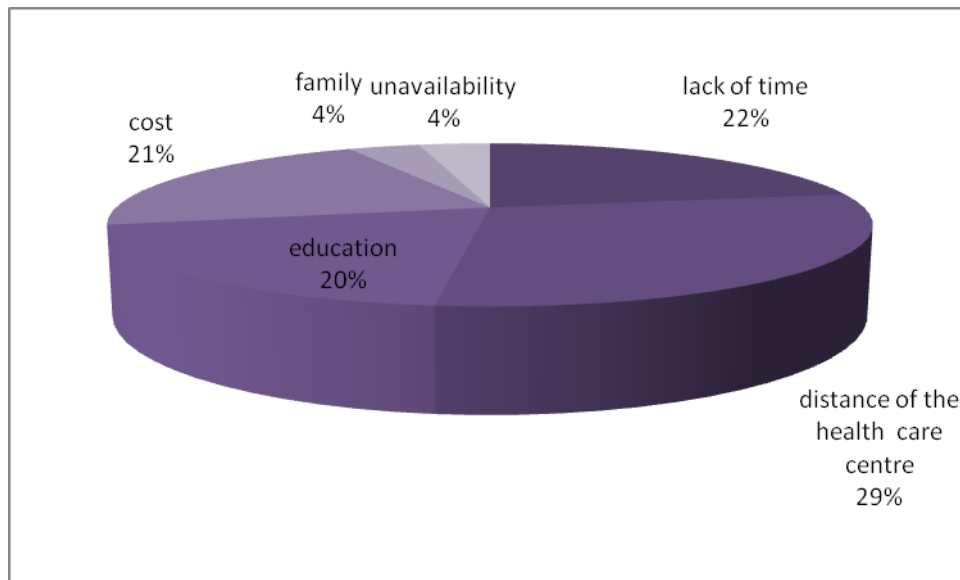


Figure No 3: Distribution of the responde according to respondents' opinion which on the major factor that can affect the utilization of PNC services

Table No 2: Correlation between Educational status and Frequency of PNC visit

Frequency of PNC visit	Educational status					Total	P-value
	Illiterate	Primary	Secondary	Higher Secondary	University		
Once	12	4	1	0	0	17	< .05
Twice	0	11	3	2	1	19	
Thee times	0	3	2	3	0	8	
>3 time	1	1	0	0	0	2	
Never	1	4	23	7	2	35	
Total	14	23	29	12	3	81	

* P value obtained from Pearson Chi-square test

Table No. 2 shows that there is statistically significant correlation between Educational status and Frequency of PNC visit ($P < .05$)

Table No. 3: Logistic regression showing the effects of selected back ground variables with PNC

Categorical variables	Statistical Significance level	Estimated odds ratio(OR)	95% Confidence Interval of OR	
			Lower Limit	Upper Limit
17-21 years	.000			
22-26 years	.998	.000	.000	
27-31 years	.000	.008	.002	.031
32-36 years	.000	.091	.044	.189
37-41 years	.000	.199	.094	.422

Illiterate	.085	.477	.205	1.107
Primary	.008			
Secondary	1.000	1.855	.000	
Higher Secondary	1.000	.736	.000	
University level	1.000			
Nil	1.000	.014	.000	
1 child	.999	5828303.208	.000	
2 child	1.000	.791	.000	
3 child	.003			
>3 child	.002	7.2 19	.000	
1000-3000 Taka	.001	.076	.016	.359
3000-5000 taka	.020	.157	.033	.745
5000-10000 Taka	1.000			
>10000Taka	.833	.699	.025	19.485

Results obtained from table 3 showed that, the regression coefficients corresponding to the age group 17-21 years, 27-31 years, 32-36 years, 37-41 years are statistically significant but not in age group 22-26 year.

Discussion:

The present cross sectional study was carried out in Dhaka Medical College Hospital to assess the utilization of post natal care after the delivery of the patient, attending Out Patient Department of DMCH. Most of the respondents were belonging to the age group 17-21 yrs(43.21%).The least among the age group 37-41 yrs(3.72%).This study is supported by a study done at Dhaka in the year 1995 ,where more than one third of the respondents(35.7%) were in the younger age group¹

The study showed that the religion of the surveyed population among 81 women , 59 were found Muslim which is 72.84 % and that for Hindu was 22 which is 27.16%. .This finding is in accordance with finding of Bangladesh Demography and health survey 2007.⁸ The current study reveals that 28.4 % of respondents has completed the class V and 35.4% completed secondary education level .It also shows 17.3% of women were never attending any school .only 3 (3.71%) attended higher secondary level. This finding is supported by the findings of the National census 2011⁸ . Most of the respondents 42(51.86%) of the study population had monthly income in the range of 1000-3000BDT 33% had BDT 3000-5000, And 5% had only BDT >10000 .This findings is different from the National census 2011⁹.

Most of the respondents were housewife 29 (35,8%), where as 25 of respondents (31%) had small business .Only 14(17.29%) were service holder But 33 of the husband (41%) were business men .And 22 (27%) were service holder .This findings is also supported by the findings of the National census.¹⁰

This study reveals that the age of marriage of the respondents were belonging to the age group of > 18 yrs (37%) followed by 16-18 25 (31%).Only 3 respondents (4%) w belonging to the 13-15 yrs age group .T findings is supported by BDHS 2007)⁹ It obvious from the study that the responde (49%) had no idea about PNC . only 32 had Knowledge about PNC and 19% did i know at all. The finding is somewhat differ from other studies. May be the socio-econor condition and the level of education determined the knowledge on PNC of the st population¹¹ .Again 43% of the responde never attended ,23.46% attend twice ,20.9' attend once ;54.32% found PNC is necess after delivery and 25.34% respondents thu that PNC is necessary 3 times after deliver This finding is contradictory to their e response to the knowledge on PNC. Proba the level of education and hospital environm influence their response .However the sti finding is somewhat similar to the natic findings. The finding of the study revealed that 7 developed complications of lower abdom pain after normal delivery, 30.51% suffers fi shivering, 16.96% suffers from vertigo 11.86% suffers from bleeding after deli complications. This high percentages complications may be with the environn complications of their home, as most of ti are slum dwellers as their sanitation personal hygiene are questionable. Althc the findings are of public health importi they are not supported by the findings of.o studies. It is obvious from the study that the deci maker regarding the pregnancies & delivei not the respondents herself, is most of cas was mother-in- law (46%) followed by husi (30%) The respondents were the deci maker only in 4% cases. 68% delivery normal vaginal delivery, rest were LUCS. reason for undergoing LUCS was as fol 29% fetal distress ,13% HJO previous U and 25% was maternal distress .this findin supported by the study BDHS 2007.¹¹

According to respondents opinion which one is the major factor that can affect the utilization of PNC service ,this study shows most of the female are not coming to PNC check up due to distance of the health care center (29.63%) followed by cost for treatment (21%) and lack of time (22.22%).

This study also showed that 79.01% knows about PNC from health worker, 55.55 % knows from relatives and friends, 46.92% knows from radio or television and 49% knows from doctor .This is supported by the findings for national census. There is a correlation between educational status and frequency of PNC visits ($p < 0.05$). This statistically significant finding is also supported by findings from several other studies at Bangladesh.

Conclusion:

This àurrent study was carried out in Dhaka Medical College Hospital to assess the utilization of Post Natal Care by the new mother attending out patient department of DMCH .The study shows that there is statistically significant correlation between Educational status and frequency of PNC visit. Factors other than economic status associated with use of Post natal care were number of antenatal visits, socio-economic conditions maternal education and age and husband's occupation & education ,distance of the health care center And lack of communications & scarcity of mass caring vehicle which is supported by the findings of BDHS 2007. The findings of the study revealed high percentage of complications of normal delivery ,may lie with the environmental conditions of their homes ,as most of then are slum dwellers as this sanitation and personal hygene are questionable .Although the findings is of public health importance ,Which is not supported by the finding of National census 2011. This may be concluded that on the basis of the findings of the study it is clear that the level of knowledge of the participants regarding post natal care was poor and inadequate .There are need to take appropriate measure from Government or NGO 's to improve this situation ,there is an urgent need of multi- channel awareness to increase Post natal care utilization .This can be achieved by intensive health education programme or health campaigns in the community through health workers or service providers to improve their status of Knowledge and lead a healthy life.

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