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REPRODUCTIVE HEALTH ISSUES OF MOTHERS;
A STUDY IN FAISALABAD

Muhammad Asim[1], Malik Muhammad Sohail[2], Dr. Yasir Nawaz Manj[3]

1. Ph. D Scholar, Department of Sociology, University of Sargodha, Sargodha, Pakistan
2. Ph. D Scholar, Department of Sociology, University of Sargodha, Sargodha, Pakistan
3. Assistant Professor, Department of Sociology, University of Sargodha, Sargodha, Pakistan

Correspondence Address:
Muhammad Asim
P-130 202 RB Gatti East, Faisalabad
masim202@gmail.com

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ABSTRACT…In Pakistan maternal mortality rate is very high as compared to other low income countries. Maternal mortality rate in Pakistan 260/100,000 is the highest in South Asia. In developing countries one woman dies in sixteen from pregnancy related diseases. **Objective:** This study was aimed to explore reproductive health issues of mothers in Faisalabad. **Study Design:** A sample of 200 respondents was obtained from Faisalabad city through multistage sampling technique. **Period:** 2013-2014 **Setting Area:** Urban Area of district Faisalabad **Material and Method:** Uni-variate (frequency distribution and percentage) and Bi-variate analysis (Chi square and Gamma Statistics) was carried out. **Results:** It was found that antenatal and postnatal care utilization services were poor. Majority of the respondents 79% got at least one antenatal care service but only more than one third 34% got the four recommended check-up during pregnancy. It was also investigated that only 60% women got postnatal visits and only 18% deliveries took place at homes. Two third of the respondents 66% had the positive attitude towards the contraceptive methods for birth spacing. The bi-variate analysis shows that age (p=.003), education (p=.013), income (p=.001), type of family (p=.002) were significantly associated with the positive attitude towards the contraceptive for birth spacing.**Conclusion:** It is suggested that mothers should be aware of the importance of antenatal and postnatal recommended visits to overcome the reproductive health issues through LHW's visits mass media compaigns and easy assess towards the health care centers.

Key words: Reproductive health, Antenatal, Postnatal, Birth spacing and Maternal mortality

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BACKGROUND

Regardless of gradual improvement in some health indicators over the past years, the reproductive health status of mothers in Pakistan rests much below the desired level.[1]Women have a basic human right to be protected when they undertake the risky enterprise of pregnancy and childbirth.[2]Poor maternal and child health still remains a significant problem in developing countries.Health care system that aims to lessen pregnancy-related mortality and morbidity must pay attention on maternal and newborn health. Reproductive health care involves the health care dimensions of family planning, natal, postnatal and prenatal care.[3] Reproductive health care can prevent about two-thirds of child deaths, half to two-thirds of new-born deaths and many maternal deaths.[4]

Maternal mortality has also been recognized as a key human rights issue.[5]It is estimated that nearly 529,000 women die every year as a result of problems related to pregnancy and childbirth, nearly all of them in developing countries.[6]Further evidence shows that slightly more than half of the maternal deaths that take place in developing countries occur in the sub-Saharan African region, with the next highest number in South Asia. The vast majority of maternal deaths occur around the time of delivery and are attributed to a lack of skilled care at birth, yet about 60 million deliveries worldwide take place at home without skilled care each year.[7] Pakistan's maternal, newborn, and child health program set a goal of reducing the maternal mortality ratio (MMR) to 140 maternal deaths per 100,000 live births by 2015[8]. But, unfortunately the MMR in Pakistan is 276 maternal deaths per 100,000 live births. Sul-

tan[9] concluded that family planning/ reproductive health clinics are accessible to only 10 percent of the population, with only 5 percent living within easy walking distance.Various studies have shown that reproductive health practices and use of reproductive health care are shaped mainly by level of education, place of residence, region of residence, occupation, mobility, and religious beliefs.[7,10,11] The aim of the present research is to explore the reproductive health issues faced by the child bearing women.

METHODOLOGY

This study focused on exploration of reproductive health issues in Faisalabad district. A sample of 200 respondents was acquired through multistage sampling technique. The universe of the study was the city area of district Faisalabad. The target population was the mothers in the age group of 18-42 years and have at least one child up to 12 months. There are total 113 Union councils in Faisalabad city. At first stage ten union councils were selected randomly. At the second stage twenty respondents from each union council were taken purposively, who are in the age group of 18-42 years and have at least one child up to the age of 12 months. For the purpose of information gathering, interview schedule was utilized as data collection tool. Interview schedule consisted of two parts; first part contained demographic and socio-economic questions while second part was comprised of questions about reproductive health issues. Before actual data collection questionnaire was pre- tested on five respondents to examine the work ability and sensitively of the questionnaire. Descriptive analysis such as frequency distribution, percentage distribution and cross tabulation was made by using SPSS (19) to describe the relationship between dependent and independent variable.

RESULTS AND DISCUSSION

It is found that the mean age of the respondents was 29.88±4.55D and the mean age of the respondent's husband was 32.44±6.34. Majority of the respondents were from lower middle income groups and the mean income of the respondents was 37,000±3556. More than half of the respondents 58% belong to the joint family and almost one third of the respondents 34.6% have two living rooms. The table-I describes findings related to prenatal, postnatal and reproductive health history of the respondents. Prenatal, postnatal and reproductive history is an important indicator for maternal health.

Sr. No	Attitudinal statements	Yes		No		Don't know		Total
		F	%	F	%	F	%	
1	During pregnancy, did you get any advice or service about pregnancy?	159	79.5	39	19.5	2	1	100
2	During pregnancy, did you get four visits from health facility?	68	34.0	127	63.5	5	2.5	100
3	Was the last delivery normal?	125	62.5	75	37.5	0	0	100
4	Did you get Tetanus (TT) shots during last pregnancy	156	78	41	20.5	3	1.5	100
5	Do you want to bear more children in the future?	105	52.5	79	39.5	16	8	100
6	Was/is there any pressure for having another male child by in laws?	26	13	173	86.5	1	0.5	100
7	Do you approve birth spacing between the children?	174	87	21	10.5	5	2.5	100
8	Do you approve using contraceptive methods for spacing between the children?	132	66	51	25.5	17	18.5	100

Table-I. Frequency distribution of the respondents according to their reproductive health care history

Table shows women's reproductive health care system. Data shows that 79% women got advice and services (antenatal care) about pregnancy when they got pregnant, whilst 19.5% did not get any services and advice during the pregnancy. Similar results found by Batool[12]who investigated that 74% mothers got the prenatal checkups. According to PDHS[13]only 60% of pregnant women in Pakistan got at least one antenatal care services. Similar finding of the PSLM[14]national only 64% of the pregnant women got the antenatal services during pregnancy and the trend is more common in metropolitan than in rural areas. NIPS[15]stated that one in every eighty nine Pakistani women has a threat of dying due to a maternal and reproductive linked cause. WHO recommended at least four prenatal check-up in pregnancy, according to WHO statistics, between the years of 2005 to 2010 only 53% of pregnant women around the globe got the four recommended antenatal visits; in developing societies only 36% pregnant women got four recommended visits. Data shows that only 34% mothers got the four recommended visits during pregnancy and majority of the respondents 63.5% did not got the four recommended visits during pregnancy. According to the PDHS[13] 2014 In Pakistan only 37% pregnant women make four ANC visits. Another study by Ayaz and Saleem[16] pointed out that 54.5% of the mothers had four or more visits in Karachi.

Majority of the respondents 62.5% mentioned that their last delivery was normal, but considerable figure 37.5% women reported that their last child was caesarean. Shamshad[17], stated that caesarean section rate is quite high (45%) in indigent population in Pakistan. Anonymous-[18]reported that in the UK 20–25% of births are undertaken by caesarean section (CS).Tetanus (TT) shots schedule during pregnancy is compulsory around the globe. Government is providing TT vaccine free of cost at gross root level to every pregnant woman. Under the light of present research 78% women injected the TT vaccine during the pregnancy, but 20.5% respondents did not get TT shots during pregnancy. Ayaz and Saleem[16] found that in Karachi TT vaccination was received by 79% of women. According to PSLM[14] the findings showed that sixty nine percent of pregnant women got TT shots in 2010 as compared to sixty eight percent in 2009.

Data shows that 52.5% respondents were intended to bear more children in future and 39.5% respondents did not want to produce more children in future life. Several previous research pointed out that Pakistani women have pressure of bearing male baby because of male dominated society. Data shows that 13% of the respondents had the pressure for male children by their in-laws, and 86.5% respondents reported that they were not faced any pressure to produce male baby by their in-laws. Data shows that 87% respondents were in the favour of birth spacing between children and 10.5% respondents were not in the favour of birth spacing between the children. As for as contraceptive method is concerned for birth spacing, 66% respondents were alleged that they are using contraceptive methods for birth spacing between children, whilst one fourth 25.5% respondents did not approve using contraceptive methods for spacing between children. According to the PDHS[19] 2014 in Pakistan 35% of currently married women are using contraceptive methods.

Table-II shows that 18% pregnant women delivered last baby at their homes, 5% respondents delivered baby at BHU/RHC and dispensary. Furthermore, 23% mother's delivered last baby at government health facilities i.e. DHQ and THQ and social security hospitals, whilst a major proportion of the respondents 41.5% delivered last baby at private hospital and clinics located at the surrounding community.

Deliver last baby	Frequency	Percentage
At home	36	18.0
BHU/RHC/MCH	10	5.0
DHQ/THQ	37	23.0
Private hospital	117	41.5
Total	200	100.0

Table-II. Frequency distribution of the respondents according to where you deliver last child

Table-III shows that 12% mother got assistance by Dai/TBA during labour, 13% respondents got

the assistance of Nurse/LHW. Furthermore, 6% got the assistance of Midwife/LHV and more than two third of the respondents got assistance by lady doctors during labour. Ali[20] stated that 77% mothers delivered babies in hospitals and 72% of women took the assistance the doctors during their labour.

Assisted during delivery	Frequency	Percentage
Dai/ TBA	26	13.0
Nurse/LHW	27	13.5
Midwife/LHV	12	6.0
Lady Doctor	135	67.5
Total	200	100.0

Table-III. Frequency distribution of the respondents according to the types of assistance during labour

Table-IV shows that 60% women examined her in postpartum hembridge days (postnatal check up), while 40% of the respondents did not have postnatal check up. Mirza[21] found that fifty seven percent women do not have any postnatal visits and mainstream women were belonged to rural areas and KPK province. Batool[12]found that 53% of mothers have postnatal check up in Faisalabad. It shows that mothers' behaviour towards postnatal checkups is very poor if we compare it to prenatal care visits.

Post natal check up	Frequency	Percentage
Yes	120	60
No	80	40
Total	200	100.0

Table-IV. Frequency distribution of the respondents according to their postnatal check up

Table-V investigated that more than half 52.5% respondents had postnatal visit within two days after labour, 30% respondents had postnatal check-up within period of first week and 17.5% respondents had postnatal check after the first week. According to PDHS[19] 60 percent of women received postnatal care within the first two days of delivery and 38% mothers had not postnatal visit.

Post natal check ups	Frequency	Percentage
Within two days	63	52.5
Within eight days	36	30.0
After eight days	21	17.5
Total	120	100.0

Table-V. Frequency distribution of the respondents according to their availability of first post natal check up

Variables	Chi-square value	D.F.	Sig.	Gamma value	Sig.
Age	2.619	4	.624$^{N.S}$	.092	.536$^{N.S}$
Education	25.87	8	.001**	.466	.000**
Income	23.52	8	.003**	.442	.000**
Type of family	2.829	2	.243$^{N.S}$	-.144	.407^{NS}
Total no of living rooms	11.167	4	.025*	1.48	.331^{NS}

Table-VI. Chi-Square and Gamma values showing relationship between socio-economic characteristics and their antenatal care service utilization

Antenatal care utilization is an important indicator for the maternal and newborn health. To find out the association of the antenatal care utilization services with socio economic characteristics, chi-square and gamma test was applied. The results show that education, monthly household income and number of living rooms, are highly significant at 1% level of significance having chi-square values 25.87, 23.52 and 11.16 indicate that all these variables are significantly associated with the use of antenatal care services utilization which is taken as dependent variable. While the gamma value of age, Income, education and number of living rooms shows the positive relationship between the variables. It means if the respondents have better income and education they utilize the antenatal care services. The finding of Hafez[22], Nisar, and white[23] also confirmed the present research, they found that education of the education and income of the mothers has significant relationship with utilization of antenatal care services.

Variables	Chi-square value	D.F.	Sig.	Gamma value	Sig.
Age	4.537	4	.003**	.188	.127 N.S
Education	19.426	8	.013**	-.147	.111 N.S
Income	25.572	8	.001**	.112	.291 N.S
Type of family	12.453	2	.002**	-.106	.444 N.S
Total no of living rooms	3.312	4	.507 N.S	-.103	.371 N.S

Table-VII. Chi-Square and Gamma values showing relationship between socio-economic characteristics and their perception about contraceptive use

Contraceptive use is the basic human right for every woman. But, in Pakistan the contraceptive prevalence rate is still low. The above table shows the relationship between socio-economic characteristics of the respondents and their decision to use the contraceptive methods. The value of chi-square shows that age, education, income and type of family with chi-square value 4.53, 19.42, 25.57 and 12.45 have significant relation with the contraceptive use respectively. The gamma value shows the non significant relationship between the variables. It shows that mother's age, education and income has the relationship towards the use of contraceptive methods. Palamuleni[24]also investigated that mother's education, income and age has the significant relationship with use of contraceptive methods. Another study Tabassum[25]found that mothers education, income, economic status, and no of living children are the significant relationship with the different modern contraceptive methods.

CONCLUSION

It is concluded that the major indicator of the reproductive health is not on satisfactory standard in city area of district Faisalabad. It is found that a small proportion of the respondents got the four recommended visits for antenatal and postnatal care. Despite the availability of the health care services, 18% of the mothers delivered the child at home and home deliveries are assisted by the TBAs and Dais. In city area the women have the favourable attitude towards the contraceptive and birth spacing between the children. Mother's age, education and type of family has the significant relationship with the favourable attitude of birth spacing and contraceptives. It is suggested that mothers should be aware about the importance of antenatal and postnatal recommended visits and for overcome the reproductive health issues.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Muhammad Asim	Wrote the main artical	
2	M.M. Sohail	Contributed in literatureview	
3	Dr. Yasir Nawaz	Worked on data analysis	