Baseline survey: Summary report of district Jaffarabad

Pakistan Initiative for Mothers and Newborns (PAIMAN)

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Introduction

This summary report presents some of the key findings of a 2005 baseline household survey in Jaffarabad district, one of the ten districts in Pakistan that are the focus of the PAIMAN project. The Pakistan Initiative for Mothers and Newborns (PAIMAN) is a five-year project funded by the United States Agency for International Development (USAID). PAIMAN is committed to assist the Government of Pakistan in its implementation of the full spectrum of interventions necessary to address maternal and neonatal health (MNH) issues. The PAIMAN district survey results are presented individually; the districts are: Rawalpindi, Jhelum, Khanewal and DG Khan in Punjab; Dadu and Sukkur in Sindh; Jaffarabad and Lasbela in Balochistan; and Upper Dir and Buner in North West Frontier Province.

PAIMAN has developed a monitoring and evaluation plan to ensure that the success of the project is properly ascertained, and that the appropriate lessons learned. PAIMAN conducted the baseline household survey in the ten districts in order to understand local MNH perceptions and practices. The study population included all currently married women of reproductive age (15-49 years) living in all urban and rural areas of the district. The sampling design was a stratified, systematic sample of households.

In Jaffarabad, 1222 women were interviewed for the study, of whom 796 (80 percent) were rural. Only 8 percent of respondents were literate. On average, respondents had borne 4.3 children, of whom 3.7 were still living.
Knowledge, Attitude and Behavior

Figure 1: Percentage of married women in Jaffarabad who know at least 3 danger signs

Figure 2: Percentage of married women in Jaffarabad who received antenatal care, TT injections and iron folate during their last pregnancy

Figure 3: Percentage of married women in Jaffarabad who received antenatal services during their antenatal visits, by type of service

Majority of Women Know Danger Signs Well

Knowledge of danger signs
Only one-fourth of the married women recognize three or more danger signs during pregnancy and in newborns, while a far lesser percentage recognize three or more danger signs during delivery and in the postpartum period (figure 1).

Source of information regarding danger signs
- Most receive information from their family members, neighbors and friends.
- About 20 percent in urban areas and 10 percent in rural areas indicate that they receive information primarily from television.
- Only 5 percent urban and 3 percent rural indicate that Lady Health Workers are their source.
- TBAs/Dais are also a source for about 13 percent urban and 26 percent rural.
- For 29 percent urban and 15 percent rural, private hospitals/clinics are the source.

Most Women Do Not Receive Antenatal Care

- Nearly three-fourths consider it necessary for women to receive antenatal check-ups.
- Forty-six percent believe that an antenatal check-up should occur at the time of need.
- For their last pregnancy, only 27 percent of rural and 34 percent of urban women had at least one antenatal check-up; and only 8 percent of rural and 12 percent of urban women had 3 or more, the national standard (figure 2).
- More than 49 percent in urban areas and 31 percent in rural areas had TT injections during their last pregnancy, while 24 percent rural and 41 percent urban had two or more TT injections.
- Around 15 percent in rural areas and 46 percent urban took iron folate tablets during their last pregnancy.

Components of antenatal check-up
Figure 3 suggests that while most women are advised about nutrition and tetanus immunization, most are not advised about preparing for emergencies.

Many Women Prepare for Childbirth; Most Deliver at Home

Preparedness for childbirth
Figure 4 shows that a large percent of women appear to have made appropriate arrangements for the delivery. However, most, especially in rural areas, are not well prepared for emergencies.

Place of delivery and services
- A majority (80 percent) agree that delivery services should be obtained from skilled birth attendants.
- Data obtained on the births that occurred during the preceding three years, show that 80 percent of rural and 57 percent of urban women deliver their babies at home (figure 5).
- Twenty-five percent of deliveries are conducted by a skilled birth attendant.

Delivery characteristics
From figure 6, more than 90 percent of both rural and urban respondents indicate
they had a normal vaginal delivery. The proportion of Caesarean sections in Jaffarabad is quite low.

**Complications During Pregnancy and Childbirth are Common**

- Nearly 60 percent of pregnant women in rural areas and 76 percent in urban areas indicate they experienced a complication during their last pregnancy. Severe abdominal pain, headache and shortness of breath are the complications most reported.
- More than 47 percent of women report experiencing at least one complication during delivery. About 30 percent in rural areas report experiencing excruciatingly abnormal pain during their last pregnancy, whereas 40 percent in urban areas report the same. Fever, premature rupture of membranes, excessive postpartum bleeding on the day of delivery-abortion, and prolonged labor are among other reported complications.
- For many of these complications, women receive no care or inappropriate care.

**Postpartum and Newborn Care Need Attention**

**Postpartum check-up**

- In Jaffarabad, 43 percent feel that postpartum care is not necessary. Married women are often not aware of the complications that can arise following birth, and may ignore the symptoms.
- For those who delivered their last baby at home, almost 85 percent did not receive any postnatal check-ups.
- Among those who go for postnatal care, 11 percent go within 24 hours after childbirth.

**Immediate care of newborn**

- While 22 percent of the women report that their newborns were with them immediately following delivery, about half indicate that their newborns are placed on either a piece of cloth (rural: 54 percent) or on a mattress (urban: 71 percent).
- About 4 percent in rural areas indicate that their newborns are placed on the floor immediately after delivery.
- Seventy-one percent of newborns are given a bath within an hour of birth; only 14 percent are bathed after the recommended six hours.

** Colostrum and breastfeeding**

Over 96 percent of urban and rural mothers indicate that they did breastfeed their child. In rural areas, 73 percent state that they gave colostrum to their babies; 70 percent did so in urban areas. Of those who gave colostrum to their newborn, 10 percent gave it within the first hour after birth. Forty-four percent rural and 62 percent urban report giving the baby something other than breast milk within the first three days.

**Neonatal care**

- For the last live child born, 11 percent were examined by a skilled provider. Difficult breathing, weak/no cry, and fever are the immediate complications most observed by the mother. Jaundice is the most commonly noted complication in newborns within the first seven days of their birth.
- Of newborns taken for treatment, 57 percent were taken to private hospitals or clinics.
- No external treatment is sought for reported symptoms in nearly one-fifth of cases.

**Clean Delivery Practices**

Respondents who delivered their last child at home report the following delivery practices:

- TBA did not wash her hands with soap for 10 percent of rural and 5 percent of urban deliveries.
- TBAs used a new blade for cutting the cord for 90 percent of rural deliveries and 95 percent of urban. Scissors and knives are rarely used by TBAs.
- A new piece of thread was used for tying the cord for 90 percent of the deliveries in rural areas and 95 percent in urban areas.

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**Figure 4:** Percentage of married women in Jaffarabad who made delivery arrangements, by type of arrangement.

**Figure 5:** Percentage of married women in Jaffarabad who gave birth in the preceding three years, by the place of delivery.

**Figure 6:** Percentage of married women in Jaffarabad who gave birth, by type of last delivery.
Three Delays

Delays in deciding to seek care, in reaching adequate health facilities, and in receiving appropriate care at health facilities lead to most maternal deaths.

First delay: decisions must be made quickly
- Women are often not prepared for delivery (figure 4) and don’t know the danger signs well (figure 1), so are not well placed to make emergency decisions.
- Husbands, other family members, and the mother are all commonly reported as decision makers to deal with delivery complications.
- One-third of urban respondents (34 percent) indicate that their service providers (TBA/dai) make delivery-related decisions for them, compared to 11 percent of rural respondents.

Second delay: transport must be at hand and available
- Of those who seek treatment for delivery complication, 47 percent use own or private transport to reach the health facility; one-third call the attendant to the home.
- The average waiting time for transport is 30 minutes.
- Transport averages 38 minutes to reach the desired health facility, but in 19 percent of deliveries, it takes more than one hour.

Third delay: emergency services must be ready
- After reaching the health facility, 84 percent report receiving services within 30 minutes. The median waiting time is 20 minutes.
- Appropriateness and quality of those services could not be ascertained.

Access to media

About three-fourths in urban areas watch television, compared to 41 percent rural. Few women listen to radio or read newspapers. About 77 percent of the population in urban Jaffarabad and 47 percent rural has access to some sort of media, whether it is television, radio or newspapers (figure 7).

Figure 7: Percentage of married women in Jaffarabad who have access to mass media, by type of media

Many pregnancies are unwanted
- Eight percent of respondents were using family planning at the time of the survey: pills, injections and IUDs were the most common methods. Nineteen percent report their intent to use family planning in the future.
- Twenty-one percent report that their last pregnancy was unwanted or mistimed. If unwanted pregnancies could be prevented in the first place, the attendant morbidity and mortality could be avoided.