2006

Baseline survey: Summary report of district Sukkur

Pakistan Initiative for Mothers and Newborns (PAIMAN)

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Introduction

This summary report presents some of the key findings of a baseline household survey in 2005 in Sukkur 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 was 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 Sukkur, 917 women were interviewed for the study, of whom 5.9 (56 percent) were rural. Thirty percent of respondents were literate. On average, respondents had borne 4.3 children, of whom 3.8 were still living.
Knowledge, Attitude and Behavior

Knowledge of danger signs
While more than half of married women recognize three or more danger signs during pregnancy and the neonatal period, many do not; and most do not know three or more danger signs of delivery and the postpartum period (figure 1).

Source of information regarding danger signs
- Most receive information from their in-laws, family members and friends.
- About half of urban women and a quarter of rural women receive information from private health facilities. About 22 percent of women in urban areas and 12 percent rural indicate that they receive information primarily from television.
- Only 5 percent in rural areas indicate that Lady Health Workers are their source.

Most Women Receive Antenatal Care
- Over 80 percent consider it necessary for women to receive antenatal check-ups
- More than a quarter believes that an antenatal check-up should occur in the first three months of pregnancy.
- For their last pregnancy, 41 percent of rural and 81 percent of urban women had an antenatal check-up, but only 21 percent rural and 59 percent urban had three or more (figure 2).
- Over 52 percent urban and 39 percent rural had TT injections during their last pregnancy, while only 22 percent rural and 43 percent urban had two TT shots.
- About 64 percent in urban and 38 percent rural took iron folate tablets during their last pregnancy.

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

Many Women Prepared 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 delivery. However, many women do not make arrangements for money or transport in case of emergency, especially in rural areas.

Place of delivery and services
- A majority (85 percent) agree that delivery services should be obtained from skilled birth attendants (figure 5).
- Data obtained on the births that occurred during the last three years, show that 68 percent of rural and 33 percent of urban women delivered their babies at home.
- Forty-six percent of deliveries were conducted by a skilled birth attendant.

Delivery characteristics
From figure 6, almost 89 percent of rural and 76 percent of urban respondents indicate they had a normal vaginal delivery. The proportion of Caesarean sections in urban Sukkur of 11 percent is within WHO guidelines for this intervention.
Complications During Pregnancy and Childbirth are Common

Two-thirds of urban and rural pregnant women indicate they experienced a complication during their last pregnancy. Spotting, severe abdominal pain, unconsciousness and swelling in the face are more common in urban areas, whereas severe headache, shortness of breath, fever and severe abdominal pain are most reported from rural areas.

About 45 percent report experiencing one or more complications. Of these, 21 percent, in both rural and urban areas, report experiencing excruciatingly abnormal pain during their last pregnancy. High fever, prolonged labor, excessive bleeding and premature rupture of membranes are among the 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 Sukkur, almost 52 percent of rural women and 37 percent urban 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 74 percent rural and 43 percent urban did not receive any postnatal check-ups.
- Among those who go for postnatal care, a quarter goes within 24 hours after childbirth.

Immediate care of newborn
- While about half of the mothers report that their newborns are with them immediately following delivery, a large percent indicate that their newborns are placed on either a piece of cloth (rural: 27 percent) or on a mattress (urban: 17 percent).
- About 6 percent in rural areas indicate that their newborns are placed on the floor immediately after delivery.
- Sixty-five percent of the newborns are given a bath within 30 minutes of birth; only 22 percent are given one after the recommended six hours.

Colostrum and breastfeeding
Over 97 percent of urban and rural mothers indicate that they did breastfeed their child. In rural areas, around half state that they give colostrums to their babies; 81 percent do so in urban areas. Of those who gave colostrum to their newborns, 18 percent gave it within the first hour after birth. Two-thirds in urban areas and 44 percent in rural areas report giving the baby something other than breast milk within the first three days.

Neonatal care
- For the last live child born, 37 percent report an examination by a skilled provider immediately after birth. Frequent watery stools/stools with blood or mucus are the most commonly noted complications in newborns within the first seven days of their birth.
- The most common choices for children’s treatments are the private hospitals/clinics for 57 percent in rural and 76 percent in urban Sukkur.
- According to the findings, 17 percent rural and 10 percent urban fail to seek treatment when symptoms of a complication are seen in their newborns.

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 at least 4 percent of rural and 2 percent of urban deliveries.
- Women reported that the TBA used a new blade for cutting the cord for at least 98 percent of rural deliveries and more than 94 percent of urban.
- A new piece of thread was used for tying the cord for 89 percent of the deliveries.

Induced abortion
Assisted vaginal delivery
Spontaneous abortion
Caesarean Section
Normal vaginal delivery

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

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

Figure 6: Percentage of married women in Sukkur 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 an emergency at delivery (figure 4) and don’t know danger signs well (figure 1), so are not well placed to make emergency decisions.
- Women report themselves (25 percent) or their husbands (49 percent) as most likely to make decisions for emergency delivery.

Second delay: transport must be at hand and available

- Of those who seek treatment for complications at delivery, 66 percent use private transport to reach the health facility.
- The average waiting time for transport is 30 minutes.
- Transport averages 30 minutes to reach the desired facility, but in 22 percent of deliveries, it took more than one hour.

Third delay: emergency services must be ready

- After reaching the health facility, more than 85 percent of the women report receiving services within 30 minutes. The median waiting time was 10 minutes.
- Appropriateness and quality of those services could not be ascertained.

Access to media

Almost two-thirds in urban areas watch television, compared to 31 percent in rural areas. Few women in either rural or urban Sukkur listen to the radio. About 59 percent of the population in Sukkur has access to some sort of media, whether television, radio or newspapers. Access to mass media is shown in figure 7.

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

Many pregnancies are unwanted

- Twenty-three percent of respondents were using family planning at the time of the study. Female sterilization and condom are the most frequently used methods. One-fourth of respondents express their intent to use family planning in the future.
- Twenty-three percent of last pregnancies were either unwanted or mistimed. If unwanted pregnancies could be prevented in the first place, the attendant morbidity and mortality could be avoided.