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An Evaluative study of Emergency Obstetric Care Services in Southern Punjab

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ABSTRACT: *Objective:* To evaluate the Emergency Obstetric Care Services in rural areas of D.G. Khan.
Methods: Mixed methodology technique was used in the present study for data collections. 115 women were selected out of 571 via multi-stage sampling techniques and 22 respondents from the staff of 6 BHUs were selected through purposive sampling for interview. SPSS 17 were used for statistical data analysis.
Results: Local community people preferred EMoC services over tradition healing system ($p<0.05$) and they are satisfied from the provided EMoC services in their rural areas ($p<0.05$).
Conclusion: It was evaluated that EMoC services are working effectively in rural areas of Southern Punjab.

KEYWORDS: EMoC services, Maternal health, Anti-natal care, Post-natal care.

1 INTRODUCTION

There are several areas in Pakistan which cannot even have access to hygienic situations due to the environmental and ecological surroundings like country side areas of Sinds, Baar Khan (Blochistan), and hill side territories of KPK and lower Southern Punjab. Rural areas of D.G khan are one of those territories of Southern Punjab where the projects regarding health awareness and health services have been continued since decades. There are, actually, two major reasons behind this: 1. Lack of awareness of community 2. The effects of flood over the community; their lack of awareness was their communal problems but such problems rose up after the stroke of flood in D.G. Khan.

When flood ruined communities of D.G.Khan, non-governmental organizations approached there, these organizations commenced rehabilitation, especially regarding health and hygiene. These organizations arranged temporary houses or tents for them which were their hospitals, mosques and houses [1]. In such situations women have to suffer twice than men because they were already engaged in domestic and field jobs but after the flood, even their health was not sound as compare to man, women suffered more than men. Naturally, they were assigned a duty of reproduction so they have to give birth to babies in the tents. At this point, Non-governmental organizations felt that there must be specific project regarding deliveries to deal with, therefore, the EMOC services commenced in several flood victimized areas of Pakistan [2] and D.G. Khan was one of them. The present research aimed to evaluate these provided EMOC services in D.G. Khan.

2 SUBJECT AND METHODS

It is necessary to signify the problems being faced during the data collection because inhabitants of rural areas of Pakistan are very conservative about women whereas data had to collect from women, therefore, the methods of the present study, particularly for data collection, was designed considering estimated nature of problems in the field [3]. The major hurdle research confronted was to agree the family of selected respondents for face to face interaction because most of the women

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of the rural areas were not allowed to interact with the people, especially Males, out of the their family, therefore, the researcher found references, prior to approach each respondent, from the selected community that helped a lot to get data from the women. It was also assured to the BHUs that the data was only used for research purpose. Encountering with such issues researcher used mixed methodology research design in the present study to collect data.

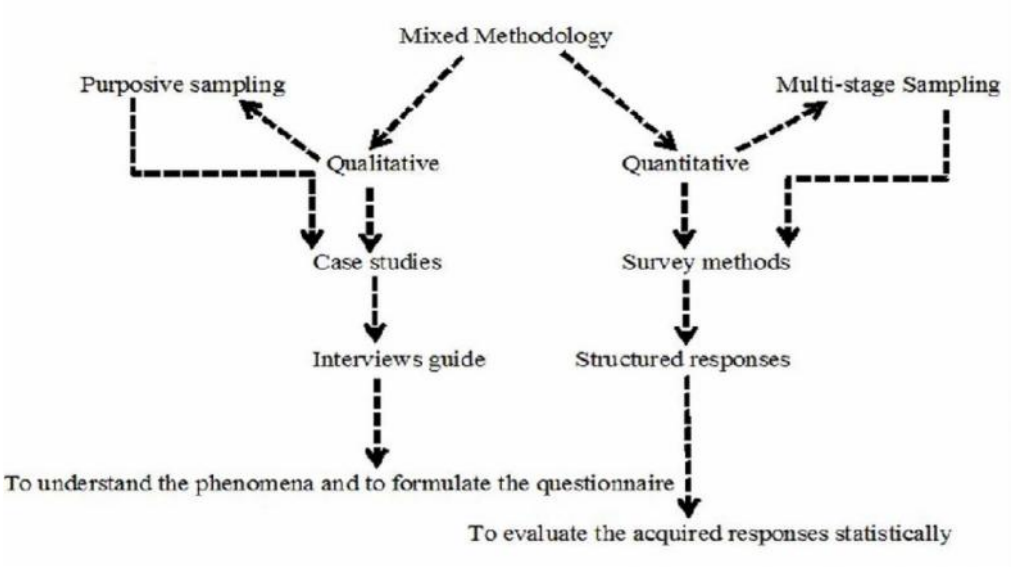

Fig. 1. Mixed Methodology Path

[4]Source: Adapted from Farid et al (2013)

Table 1: Total and selected BHUs

Name of BHUs**	Distance from D.G. Khan city/ km	Selected BHUs	Deliveries dealt*
Samina	18	Samina	281
Haji ghazi	22	Khakhi	6
Khakhi	16	Aali wala	126
Aali wala	14	Nari	58
Chabri	16	Mangoroth	32
Mamoori	25	Nutkani	68
Mana ahmadani	35		**Total = 571**
Makwal khan	85		
Nari	120		
Mangoroth	110		
Nutkani	148		

** Deliveries were dealt during December 10 to march 11 in 2012 by selected BHUs*
***Basic Health Units*

Table 2: Summary of each BHUs Staff

Sr. No.	Designation	No. of employees
1	Doctor (MBBS)	2
2	LHV (trained)	3
3	Dispenser	2
4	Medical technician	2
5	Ay'yea (care taker of mother and child)	2
6	Driver	2
7	Ward cleaner	1
8	Security guard	2

Multistage sampling techniques was being used to select the sample but at the first stage of sampling, heterogeneity was identified in the available list, from which the sample was to select, therefore, to make sure homogeneity of the sample the researchers defined inclusion and exclusion criteria.

2.1 INCLUSION CRITERIA

1. Respondents treated within December 10 to March 11 of 2012.
2. The age of the respondents must have under the 25-35, because it is the most appropriate time period of fertility in women.
3. Respondents availed total facilities provided by the EMOC services within December 10 to March 11 of 2012 like vain, delivery kit etc.
4. Respondents have to be married.
5. Women must belong to rural areas.

2.2 EXCLUSION CRITERIA

1. Women who are infertile or availed EMOC Services other than delivery treatment
2. Those women who have availed EMOC services before or after the selected time period
3. Those women who availed EMOC services for abortion
4. Women who were temporary residents of Rural Area (around the selected BHUs)

The researcher formulated a self-administered questionnaire to collect data but the tool was developed separately for both staff and the selected respondents because it was the requirement of the present study to collect data and same questionnaire could not be used to collect data from both: staff and women. The concerns and obligations of staff are different than female patients i.e., pregnant women, therefore, the procedure of the data collection were involved in two phases.

2.3 PHASE ONE

In phase one, the researchers approached to the staff of selected BHUs to get the available list of treated women. Initially, the research selected five women randomly from the list to interview them which helped to formulate a structured questionnaire. Afterward, every 5^{th} female from the list included into the sample but the selected respondents must possess the inclusion criteria. Being followed the inclusion criteria, researchers selected 115 women treated under the EMOC services regarding delivery which is essential factor to choose the most appropriate representative from the population. The researchers approached to the selected women and interviewed them, face to face, to measure the effectiveness of the projects, with respect to the services they availed.

2.4 PHASE TWO

In the phase two the researchers again moved back to the same staff of EMOC who treated the selected women. The researcher identified 4 doctors, 10 LHVs, 4 Dispensers and 4 Medical technicians who treated the selected women. They were interviewed via interview guide which guide to interpret the patients' responses and overall problems confronted by them in the community regarding EMoc services. The researchers visited them because if the same staff were not interviewed the methodology would be distorted and it could effects the result that may not reveal the evaluation of the project in the selected duration.

3 RESULTS AND DISCUSSION

Table 3 Percentage distribution of the respondents with respect to the effectiveness of EMoC services

Evaluative inquiries	Yes%	No%	DK%
Do you think that the Staff of delivery dealing treated you appropriately?	31/27.0	59/51.3	25/21.7
Did they provide you services immediately when you arrived in BHUs?	65/56.8	32/27.8	18/15.7
Did the doctor was present at hospital when you arrived at BHUs?	74/64.3	40/34.8	1/.9
Did Doctor neglect you when you arrived at BHUs?	24/20.9	75/65.2	16/13.9
Did you call for the emergency vain of EMOC services?	79/68.7	36/31.3	-
Were those medical services free of cost?	104/90.4	10/8.7	1/.9
Is organization providing you the complete delivery kits?	45/39.1	70/81.7	-
Did you suffer in any virginal diseases after delivery treated by EMOC services?	11/9.6	104/90.4	-
Did you suffer in any stomach diseases after delivery treated by EMOC services?	10/8.7	105/91.3	-
Did you suffer any other severe disease after delivery?	10/8.7	105/91.3	-
Was yours any children got dead treated by EMOC services?	9/7.8	106/92.2	-
Are people preferred to avail EMOC services in this area?	94/81.7	21/18.3	-
Do you think that the Staff of delivery dealing treated you appropriately?	31/27.0	59/51.3	25/21.7
Did they provide you services immediately when you arrived in BHUs?	65/56.8	32/27.8	18/15.7

Table 4 Pearson Chi-Square, degree of freedom and p value

Variable x Variable	Pearson Chi-square	*df*	*p* value
Preference of EMOC services over traditional healing system is associated with the satisfaction from these services	1.712	4	.000
Thinking of project usefulness is associated with to avail EMOC services	7.669	4	.000
Availing EMOC services is associated with the satisfaction from these services	7.979	4	.003

Table 3 depicts that 59% of the respondents were treated appropriately whereas only 31% of the respondents perceived their treatment contrary. The table also shows that doctor was present at BHU when they arrived (64.3%) and they were not neglected by the doctor (65.2%) instead they were provided treatment immediately (56.8%) because they availed the BHU's emergency services (68.7%) which was early warning for the staff, therefore, they were prepared for the patient before its arrival. The table revealed that the medical services at BHU were free of cost (90.4%) but most of them (81.7%) did not receive a complete delivery kit which was the only insufficient deed discouraged by patients. It was identified that after the treatment, least numbers of patients were suffered in virginal (9.6%), stomach (8.7%) or any other severe disease (8.7%); it also expressed that most of the respondents were suffered in virginal and stomach disease as bitterly as bitter they consider other severe diseased. The second last row of the table reveals that 92.2% of the total deliveries were successful; therefore, local people prefer (94%) to avail EMoC services.

Table 4 reveals that those women who are availing EMOC services are satisfied from these services and they also prefer EMOC services over traditional delivery dealing.

3.1 DISCUSSION

It is widely known that adequate maternal health care is an important factor in the prevention of adverse pregnancy outcomes and of avoidable morbidity and mortality among mothers, infants, and children [5-8]. On the other hand, recent studies suggest that there is insufficient evidence of the effectiveness of prenatal care in reducing adverse health outcomes, and that further researches are required on the relationship between its effectiveness, taking into account the socio-economic status, demographic profile, cultural and mental conditions of women [9-12]. Because inadequate maternal health care is often linked to social and cultural constraints on the use of existing services and of their poor organization, an improved understanding of these barriers should be useful for the design of policies intended to eliminate them and to encourage women to use the services [13]

Emergency obstetric care services are for the better health of the maternal health. In Millennium Development Goal is also focus on this aspect. In district D.G.Khan, these services started after the flood of 2010. These services are provided by the different organization with the help of Govt. of Punjab (Pakistan) in flood affected areas of the Punjab (Pakistan) [14]. The

major concern of this project is that save the mother's life during pregnancy because in these areas literacy rate is low. So, awareness about these health care services very much little. Donors of this project are UNICEF, WHO, UNFBA, USAID and the health department of the Govt. of Punjab (Pakistan). The present research is basically an evaluated study of the EMOC services provided by the specific staff of Governmental hospitals serving under the project of US Aid, officially, to abate the health problems, in general, especially regarding mothers and their children [15]. It has been identified that this particular issue-mothers health care during delivery dealing- neglected by researchers and has conducted researches relevant to this but this research will explore the effects of the EMOC health services in Dera Ghazi Khan, Pakistan. These services only provided in rural areas of the all over the Pakistan but the present research focused on District Dera Ghazi Khan because several NOGs are also working on such services like health and life expectancy rate of the mother and infant child at birth. Either the EMOC services is effective, in true manners, if not then policies regarding health services will revise due to the contribution of the present research.

4 CONCLUSION

It is inferred from the analytical approach of the present applied research, a formative evaluation in its nature, that those women who are availing EMOC services preferred it over their traditional delivery dealing and they are also satisfied by the EMOC service which is the significant sign, by the respondents, that the project is working effectively.

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