

Thesis title Pregnancy Risk, Relative Economical
Household Status and Perception of the
Mother versus Site of Delivery
in Prajinburi Province.

Name Andre Juerg Stuelz

Degree Master of Primary Health Care Management

Thesis Supervisory Committee

 Orapin Singhadej, M.D., M.P.H., Dr.P.H.
 Samruay Subchroen, M.D., M.P.H.M.
 Khaing Sabai Latt, M.B., B.S., M.P.H.M.

Date of Graduation 2 August B.E. 2534 (1991)

Abstract

The hospital utilization in Thailand shows an increasing trend over the last 15 years. On the other hand the budget of the Thai Ministry of Public Health has been increased at a decreasing rate. This thesis investigated the factors associated with the selection of the site for delivery at the example of mothers, who had given birth to a baby later than January 1, 1990. Within the complex field of safe motherhood, delivery was selected as it is a social key moment for the involved family, medically it is a critical moment for the occurrence of possible complications and from a management point of view, due to the pregnancy time peri

od, an opportunity to evaluate the impact of the health provider team in assisting the mother in her preparation for a safe delivery. The following groups of criteria had been considered: Medical pregnancy risk factors, economical status of the household, other predisposing factors and the perception of the mothers.

Sakaeo, the largest district of Prajinburi province had been the study area, where in 21 multistage randomly selected villages all mothers (n = 400) had been interviewed in May 1991. The obtained answers have been analyzed with CHI square for qualitative and ANOVA for quantitative data.

Despite the statistically small number of 28 deliveries at a health center, all factors had been tested also for this institution, given to its particular importance in mother and child health care as in every health center in the study area a midwife is working.

The result showed that among the retrospectively assessed pregnancy risk factors, only gravida was significantly associated with the selected site of delivery. Other risk factors, such as multigravida, recent abortion or stillbirth, antepartum hemorrhage or the mothers younger than 17 or older than 34, did not show association with the selection of the site of delivery.

The economical status did neither show association with the site of delivery. The richest and the poorest quartile had the same access to the hospital. However the insurance

status showed to be related to significant higher utilization of the hospital for delivery.

Among the predisposing factors the site of residence, the distance to the hospital had shown association to the site of delivery as well as the amount of ANC visits attended during the pregnancy. Age and knowledge did not show associations.

The mother's perception of the value of her pregnancy or of any danger didn't show association with the dependent variable. But the perception of the characteristics of the health services showed a differentiated picture and allowed multiple comparisons :

Neither the health center nor the hospital was perceived as expensive. The hospital was clearly regarded as the more expert place for delivery and also stronger recommended. The exception were the mothers, who delivered at the health center, they gave, equipment excluded, a similar score for the hospital and the health center. In comprehensiveness it was the health center which unanimously got higher scores than the hospital.

Other findings were that the treatment costs, including medicines, was not cheaper at the health center compared to the hospital. There was also no significant difference in the fees for a normal delivery at the hospital paid by the poorest and the richest quartile.

ANC number and place, insurance pattern, distribution of age

and knowledge score varied significantly among the sub districts studied. Therefore not one single solution is likely to be appropriated for all part of the district. But the fact that two cases of probable maternal mortality among a sample of 400 were found demonstrate that the struggle for safe motherhood needs full attention.

The following recommendations are given for further discussion as well on provincial and district level as well with the concerned in the villagers in order to decide on further developments :

From the study result Sakaeo and Khao Chakan no prior needs could be assessed. The majority of the respondents attended the hospital for delivery as well as for ANC visits. The good accessibility of the hospital and the remote location of the health center will give little chance to increase attraction of the later, it may need some measures to control over utilization of the hospital or reach a better financial coverage of this services through this group of consumer.

In Tha Yaeg the higher average age of the respondents may predestinate successful improvements by support of traditional structures, like TBA. However the position of the health center, already utilized for delivery, may also be strengthened similar to the suggestions for the slightly richer Nong Wa sub district.

In the remote sub district of Nong Wa, with its younger

mother population, a consequent screening through qualitative reliable ANC visits at a well equipped health center is likely to be welcomed by the population. If a high pregnancy risk is identified, the health center should be enabled to activate a transport system to guarantee an effective referral to the hospital, even during night time. The transport system could be community based, but the health center would be predestinated as a pick up point, as it can be reached by own means in average within 20 to 30 minutes. The already existing radio network could be integrated for professional support from the hospital. To avoid early referrals an inexpensive dormitory like accommodation could be made available attached to the health center. There mothers insecure of their delivery could spent the night on "stand by", in proximity of the well trained health center staff.