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Baseline survey: Summary report of district Buner

Pakistan Initiative for Mothers and Newborns (PAIMAN)

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Baseline Survey

Summary Report

District Buner

Introduction

This summary report presents some of the key findings of a 2005 baseline household survey in Buner 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 Buner district. The sampling design was a stratified, systematic sample of households.

In Buner, 1265 women were interviewed, all of whom were rural (there being no urban area in Buner). Thirteen percent of respondents were literate. On average, respondents had borne 3.7 children, of whom 3.4 were still living.



Knowledge, Attitude and Behavior

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

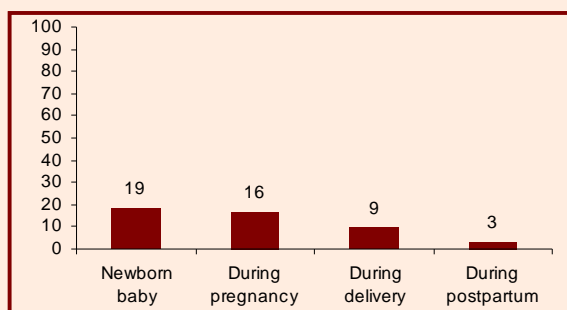


Figure 2: Percentage of married women in Buner who received antenatal care, TT injections and iron folate during their last pregnancy

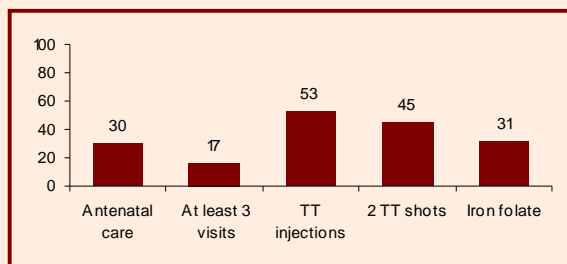
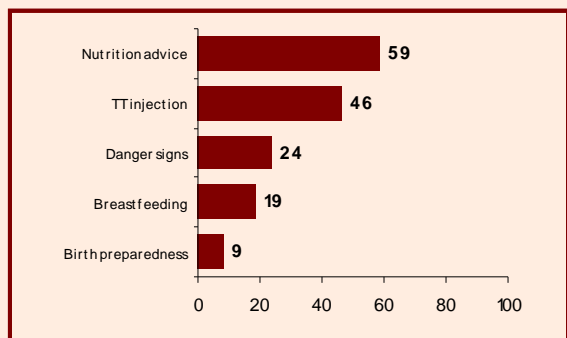


Figure 3: Percentage of married women in Buner who received antenatal services during their antenatal visits, by type of services received



Few Women Know Danger Signs Well

Knowledge of danger signs

Only a small proportion of married women recognize three or more danger signs during pregnancy, during delivery, in the postpartum period, and in newborns.

Source of information regarding danger signs

- ❖ Most receive information from their in-laws, family members and friends.
- ❖ Few receive information from government health facilities.
- ❖ Television is a source of information for only five percent. Radio, print media and community-based workers have very limited access to women in Buner.

Some Women Receive Antenatal Care

- ❖ Over 69 percent consider it necessary for women to receive antenatal care.
- ❖ One-fourth of women believe that an antenatal check-up should occur in the first three months of pregnancy. However, the same proportion think that it should be done as needed.
- ❖ For their last pregnancy, 30 percent of pregnant women had an antenatal check-up but only 17 percent had 3 or more (figure 2).
- ❖ Fewer than half of pregnant women had two TT injections and 31 percent took folate tablets during their last pregnancy.

Components of antenatal check-up

Figure 3 suggests that most women are not advised about preparing for emergencies.

- ❖ About 59 percent of pregnant women received advice on nutrition.
- ❖ Less than half (46 percent) got information of TT shots and 19 percent on breastfeeding.
- ❖ One in every four women was provided information about danger signs and nine percent on birth preparedness.

Most Women are Unprepared for Emergencies; Most Deliver at Home

Preparedness for childbirth

Figure 4 shows that some of women appear to have made appropriate arrangements for delivery. Regarding possible emergencies, substantial proportions had made arrangements for money and transport, but a majority had not.

Place of delivery and services

- ❖ A majority (81 percent) agrees that delivery services should be obtained from skilled birth attendants.
- ❖ Two-thirds delivered their babies at home (figure 5).
- ❖ Forty-two percent of deliveries were conducted by a skilled birth attendant.

Delivery characteristics

From figure 6, about 90 percent of pregnancies result in a normal vaginal delivery. However, 3 percent of deliveries receive medical intervention.

Complications During Pregnancy and Childbirth are Common

Nearly half of pregnant women in the district indicate they experienced a complication during their last pregnancy. Severe abdominal pain, severe headache and severe/prolonged vomiting were the complications most reported.

About one-third report experiencing at least one complication during delivery. About 18 percent experienced excruciatingly abnormal pain during their last delivery. Obstructed labour and premature rupture of membranes were 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

- ❖ For those who delivered their last baby at home, almost 97 percent did not receive any postnatal check-ups.
- ❖ Among those who go for postnatal care, only 22 percent go within 24 hours after childbirth.

Immediate care of newborn

- ❖ More than one-quarter of the mothers report that their newborns are put with them immediately following delivery.
- ❖ Nearly one-third of newborns are placed on a piece of cloth and 5 percent on the floor immediately after delivery.
- ❖ Almost 39 percent of newborns are given a bath within one hour of birth; only 35 percent are bathed after the recommended six hours.

Colostrum and breastfeeding

Over 97 percent of mothers indicate that they breastfeed their child. Of those who breastfed their newborns, 10 percent started breastfeeding within the first hour after birth. Seventy-two percent of newborn were given colostrum. About 86 percent report giving the baby something other than breast milk within the first 3 days.

Neonatal care

- ❖ Married women are often not aware of the complications that can arise following birth, and may ignore the symptoms.
- ❖ For their last baby, only 15 percent were examined by a skilled provider.
- ❖ Jaundice was the most commonly noted complication in newborns, both immediately after birth and within the first seven days.
- ❖ The most common choices for newborns' treatments are RHC/BHU, followed by district headquarter hospital and private health facilities.
- ❖ No external treatment was sought for reported symptoms in 21 percent 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 28 percent of deliveries.
- ❖ TBAs did not use a new blade for cutting the cord for at least 48 percent of newborns. Scissors and knives were reportedly used by TBAs.
- ❖ A new piece of thread was used for tying the cord for 85 percent of the newborn.

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

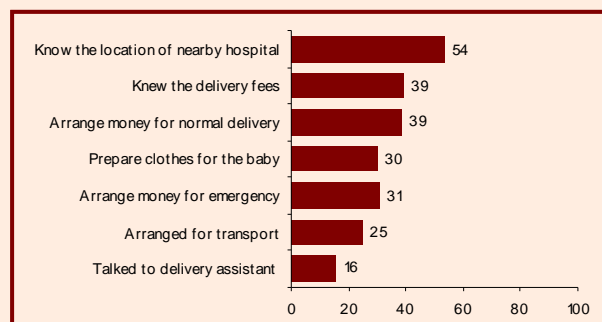


Figure 5: Percentage of married women in Buner who gave birth in the preceding three years, by place of delivery

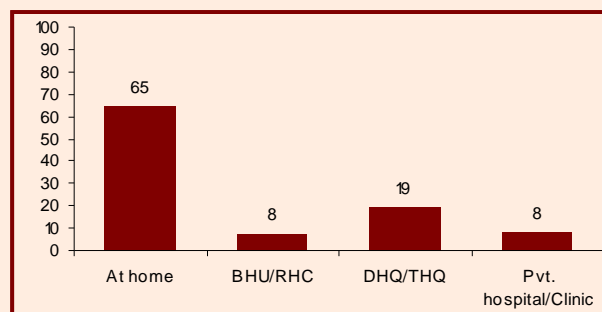
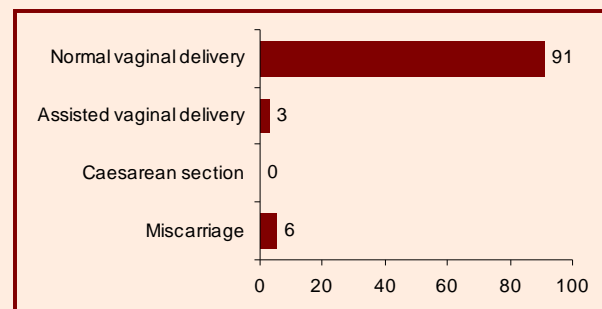


Figure 6: Percentage of married women in Buner who gave birth, by the type of last delivery



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

- ❖ Not all women are prepared for delivery (figure 4) and also not aware of danger signs (figure 1), so are not well placed to make emergency decisions.
- ❖ Few women (14 percent) report that they themselves make decisions for emergency delivery. Husbands, mothers-in-law, and other family members are much more likely to make these decisions.

Second delay: transport must be at hand and available

- ❖ Of those who faced delivery complications, 28 percent called a service provider to the home. One-quarter of women with delivery complications used their own transport and 39 percent used a private vehicle to reach the health facility.
- ❖ The average waiting time for transport was 30 minutes and transport averaged 60 minutes to reach the desired

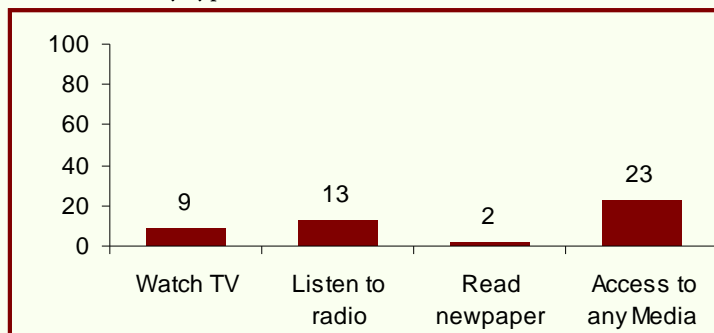
Third delay: emergency services must be ready

- ❖ After reaching the health facility, 92 percent of 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

About 20 percent of households in Buner own televisions and 47 percent own radios. However, only 9 percent of women watch television and 13 percent listen to radio. Fewer than one-fourth of women have regular access to any form of mass media (figure 7).

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



Many pregnancies are unwanted

- ❖ Thirteen percent of respondents were using family planning at the time of the study. About one-third of these were using injectables or pills. Nearly one-fourth of respondents report their intent to use family planning in the future.
- ❖ Twenty-seven percent of women 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.



JSI Research & Training Institute, Inc.

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