

**National Health Policy in Post Natal Care in Bangladesh:
Gap between Policy and Practice**

Submitted by: Syeda Nahida Habiba

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**Master in Public Policy and Governance Program
Department of General and Continuing Education
North South University, Bangladesh**

Dedication

This work is dedicated to the mothers and new born babies who need special attention in the very arena of postnatal care.

ABSTRACT

This study focuses on key issues regarding the implementation of health policy and service delivery in postnatal care in Bangladesh. The purpose of the paper is to explain concepts and to identify the gap between policy decision and its implementation regarding the postnatal care for newborn babies and their mothers.

Postnatal care is an important part of the reproductive health system. It is connected with the physical, nutritional and emotional well being of mothers and new born. Maternal and neonatal deaths have a great impact on national health scenario and these issues have been focused in many studies. But the fact that postnatal care is hardly implemented in the government facilities and so rarely improved on. To advance the health system of mothers and the newborn it is high time to sort out problems relating postnatal care service delivery in Government facilities. This work aims at assessment of the factors that hinders the success of National Health Policy in this arena.

This study targets mothers in the postpartum period that gave birth in the government facilities and the service providers who deliver services to those mothers and babies to implement Government policies. Data was collected using a structured questionnaire to a convenient sample of 37 mother participants and 13 service providers.

The study reveals that care offered during postnatal period is poor. But in case of service seekers' satisfaction, 51% respondents were fully satisfied with the care they received while 32% were partially and 16% remained dissatisfied.

Service providers therefore must improve on the care offered during postnatal period and strive to provide adequate and standard care to the postpartum mothers and newborn babies.

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Abbreviations and Glossary

BDHS	Bangladesh Demographic Health Survey
ESP	Essential Services Package
GoB	Government of Bangladesh
HNPSP	Health, Nutrition and Population Sector Program
ICPD	International Conference on Population and Development
LBW	Low Birth Weight
MMR	Maternal Mortality Ratio
MOHFW	Ministry of Health and Family Welfare
NHP	National Health Policy
PNC	Postnatal Care
RTI	Reproductive Tract Infections
SNL	Saving Newborn Lives
STI	Sexually Transmitted Diseases
WHO	World Health Organization
<i>Upazila</i>	Sub district in Bangladesh

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CHAPTER: ONE

INTRODUCTION

1.1 Background of the Study

Healthcare system in Bangladesh has been achieved a changed and improved status now. A continuous significant progress in many areas of maternal as well as child health has been obtained during the last decade. But there is still a field where we are to work a lot and that is the slow progress in improving neonatal survival in Bangladesh as neonatal mortality still remains unacceptably high at 37 per 1000 live births. Almost two-thirds of the newborns die within 7 days of birth and more than 50% within 24 hours. Thus we will have to pay an extra attention on postnatal care to reduce the morbidity and mortality of the mothers and newborns.

One of the main goals of the *National Health Policy* of Bangladesh is to improve the health of mothers and children and to ensure the provisions of facilities for the safe and clean delivery of children at local level. The Government of Bangladesh envisages ensuring safe birth and survival to all children through provision of appropriate and adequate family planning services, prenatal and postnatal health care as well as essential obstetrical services and encouraging all mothers to breastfeed their children. This study attempts to find out the gap between the *National Health Policy* and the practices in case of postnatal care ¹ (PNC)² in Bangladesh.

The Government of Bangladesh (GoB) has formulated the *National Reproductive Health Strategy* (1997) on the basis of the principles of International Conference on Population and Development (ICPD). In that strategy, four basic areas have been outlined in the analysis of

¹ Care for mother and newborn immediately after the childbirth. This care includes any type of medical, mental, emotional and social opportunity to mothers. Information and counseling on infant care and nutrition are provided to mothers.

² Postnatal care will be referred to its acronym PNC in this thesis

reproductive health which includes, safe motherhood, family planning, MR and care for post-abortion complications and management of Sexually Transmitted Diseases (STI)/Reproductive Tract Infections (RTI) (WHO, 2003).

Safe motherhood and neonatal care have been identified as a major concern under reproductive health care element of essential services package (ESP). WHO (2003) in the report of Country profile on Reproductive health in Bangladesh describe the component of GOB's maternal health policy "The Government's maternal health strategy includes reductions in maternal mortality and morbidity, social mobilization, caring practices, decision-making at home level acronym and service delivery through provision of emergency obstetric care services, promotion of women's access to resources and ensuring quality of services".

The most common services included in safe motherhood program are:

- Antenatal care and counseling, including the promotion of maternal nutrition, birth preparedness and family planning;
- Skilled assistance during childbirth;
- Care of obstetric complications, including life threatening emergencies;
- Postpartum care;
- Family planning counseling, information and services;
- Community education on safe motherhood.

The government of Bangladesh has established the structure for both maternal and child health services over the years (WHO 2003). For example, through implementation of Safe Motherhood Program, GOB has attempted to ensure delivery safely by the skilled birth attendants in its different health facilities. Even maternal health care facilities have been provided at community levels through a number of facilities which includes a network of domiciliary field workers, satellite clinics, health clinics and hospitals (WHO 2003). In the findings of Saving Newborn Lives (SNL), it has been indicated that Bangladesh health system should consider two major challenges for reducing maternal and child health mortality in Bangladesh:

- A skilled health staff to assist deliveries and provide post-delivery care at the community level and
- A strengthened referral system, particularly the capacity to manage life-threatening complications in *Upazila* and district hospitals. (Al-Kabir, 2004)

Postnatal care is a vital element of safe motherhood. Postnatal care provides an opportunity to assess and treat delivery complications and to advise mothers about the care for themselves and their children. Although the improvements can be seen in the infant and child health status through a number of indicators over the years, a high number of neonatal deaths are becoming a public-health concern in developing countries, including Bangladesh (Syed et al., 2006). Research shows that a proportionate number of maternal and neonatal deaths occur during the 24 hours after delivery. Research also indicates that four million infants die every year in the first month of their birth and most of them occur in developing countries, notably, representing highest from South Asia and Sub-Saharan Africa (Sines et al., 2007).

Approximately two-thirds of all maternal deaths occur in the postnatal period (Ronsman et al., 2006). Furthermore, early postnatal care is important to encourage healthy domiciliary practices that are closely linked with child health and survival. Early postnatal care services provide women a chance to take information and support for healthy practices (Sines et al, 2007).

Despite of the benefits of postnatal care, most newborns and mothers do not receive postnatal care services from a skilled health provider during the first few days after delivery (Sines et al, 2007). Warren et al., (2006) in their study, explained “The large gap in postnatal care coverage is evident in a recent analysis of Demographic and Health Surveys in 23 African countries. Approximately one-third of women in Sub-Saharan Africa give birth in facilities, and no more than 13% receive a postnatal care visit within two days of deliver”. In fact, the use of postnatal care services is not present in both home delivery or in a facility. Although in some cases postnatal care services are available, these are not guided by essential elements of care required to get best output for the mothers and newborns. Many cultural, social, and economic barriers delay women from using postnatal care services formal health system, even where these services are available (Erin et al., 2006).

In a research it suggested that in most developing countries like Bangladesh, postnatal care may be implemented if provided through home visits, because due to geographic, financial, and cultural barriers it gets really tough to provide facilities outside the home during the early postnatal period (Winch et al., 2005). Strategies must be taken by countries considering unique cultural and social contexts, available financial and human resources, and existing health systems. In addition, strategies to provide postnatal care within a country should vary or be modified to target the hard-to-reach, minor, and poorest groups of women and newborns. There is no established evidence-based protocol that defines the most favorable timing and number of postnatal care. The World Health Organization (WHO) guidelines on postnatal care recommend postnatal visits within six to 12 hours after birth, three to six days, six weeks, and at six months (WHO 1998). Since, the majority of maternal and newborn diseases take place during the first few hours and days after birth, especially within the first 24 hours, and following two or three days after childbirth (Sines et al., 2007). Early postnatal care is needed to encourage preventive behaviors and practices, such as warming of the infant. Life-threatening complications in both newborns and mothers are required to detect, refer, and treat as early as possible. The proportion of women receiving postnatal check-up from a medically trained provider within two days of giving birth depend on women's age, birth order, urban-rural residence, division, education, and wealth quintile. Challenges can also been seen in identifying appropriate cadres, training and other facilities required for the successful implementation of the program. Therefore, it is mandatory to identify the gap between policy and implementation (WHO 2003).

1.2 Statement of the Problem

Postnatal period is very critical time for the survival of both mother and child. It is the most risky time for the mothers and her newborns. The early postnatal period, especially the time just after the delivery and following seven days is the time when postnatal care can bring a difference to the health and life chances of mothers and newborns. Mothers and newborns should be visited more frequently whenever the need arise at this period.

Sines et al., (2007) in his writings of Saving mothers and newborn lives- the crucial first days after birth states that most of the neonatal deaths approximate three-quarters take place within the first week of childbirth. According to the writer, “More than half a million women die each year as a result of complications from pregnancy and childbirth...More than 60 million women deliver at home each year without the benefit of skilled care”.

The neonatal mortality rate in Bangladesh is 37 per 1,000 live births in 2010 (BDHS 2010). Research of Al Kabir (2004) shows that most of the annual deaths estimated 170,000 happen due to infections and complications of prematurity and low birth-weight (LBW). The maternal mortality ratio (MMR) is 320 per 100,000 live births which are relatively high (BDHS 2007). Research also shows that that about 12,000 women die from pregnancy or childbirth related complications every year (Islam et al, 2005).

Report focuses that around two-thirds of all deliveries occur at home with unskilled birth attendants. Of all caesarean deliveries, 73% took place at private facilities, 3% in NGO facilities and the remaining 24% were in government facilities (Anwar et al., 2008). Approximately two-thirds of all maternal deaths occur in the postnatal period (Ronsman et al., 2006). In Bangladesh it is observed that most of the maternal deaths occur between the third trimester and the end of the first week after pregnancy (Ronsman, 2006). It is found that only 21% of mothers and 22% of neonates receive postnatal care (PNC) from a medically trained provider within 42 days after birth in Bangladesh (Klemm et al. 2008). Among the total deliveries that occurred in the major public facilities, 23.1% took place in medical college hospitals, 22.6% in district hospitals, and the highest 41.7% took place in upazila health complexes. In maternal and child health centers, 12.6% of deliveries took place (GoB, 2011).

It's very important to focus on maternal and newborn health to reduce morbidity and mortality with a view to ensure a developed health care system. And to achieve the goal, it is to be emphasized on the postnatal service for the 'just new born babies' along with its mother. For the continued existence and safety of both the mother and the newborn baby, the health care received by the mother before delivery, and soon after delivery plays a vital role. Bangladesh Government has taken some initiatives to provide this very service to the mother and her child. Most recently

The National Health Policy, 2011 for the government and non-government agencies and institutions has been launched. Until now policies and programs have largely ignored this serious issue, delaying efforts to meet the Millennium Development Goals (MDGs) for maternal and child survival in Bangladesh.

Early postnatal care for all newborns is a must. This care should include immediate and exclusive breastfeeding, warming of the infant, hygienic care of the umbilical cord, and timely identification of danger signs with referral and treatment (WHO 1998). Since the majority of newborn deaths occur among low birth weight (LBW) babies, extra care is needed for LBW newborns for breastfeeding, warmth, and early identification of danger signs. For mothers, recommended care includes monitoring and referral for complications such as excessive bleeding, pain, and infection; counseling on breastfeeding; and advice on nutrition during breastfeeding, newborn care practices, and family planning (WHO, 1998).

To reduce newborns and maternal mortality, it is essential to improve postnatal care for both mothers and their children. The most important way to do this is to focus on the practice of postnatal service just after delivery. The National Neonatal Health Strategy, 2009 is a structured guideline for postnatal care in Bangladesh. One of the strategies of *The National Health Policy 2011* is to reduce maternal and less than 12 months child mortality along with ensuring primary healthcare for mothers. While all services needed are mandated within the various policy documentation and frameworks, there are certain issues which require focus if the gap between policy and implementation is to be avoided.

Postnatal care is best delivered in a health facility. There is a good opportunity to implement and improve postnatal care services in government facilities, particularly district hospitals and upazila health complexes. Research shows that in spite of having considerable success over the years in the health care services; more than 60% of the population does not have access to basic health care facilities (MOHFW 2003). Due to many socio-economic and cultural reasons, such as the distance to travel and the cost of attending and so on, most rural mothers avoid going facilities and give birth at home. For this, women are being deprived of government services that results in serious maternal and neonatal death. But there is no systematic study yet to identify the

gap whether there is any, between policy and practice of the postnatal care of mothers and babies in government hospital especially in the context of Bangladesh. Therefore, this study will make an attempt to assess the impact of national health policy in postnatal care in improving the newborn and women's health situation in Bangladesh.

1.3 Research Questions

This study is designed to explore the gap between policy and practice of the postnatal care of mothers and newborns in government hospitals and identify the factors that influence or hinder the system. From this point of view the following two research questions are set for this study:

1. What are the factors that influence postnatal care practices of mothers and newborns in Bangladesh?
2. What are the factors that hinder the postnatal care issues as described in policy to get implemented in Bangladesh?

1.4 Objectives of the Study

The broad objective of this study is to identify the gap between policy and practice of the postnatal care of mothers and newborns in government hospitals. The specific objectives of the study are:

- I. To assess the postnatal care practices of mothers and babies
- II. To delineate the level and pattern of the postnatal care in the study area
- III. To explore the influence of socio-economic factors on the practice of postnatal care

1.5 Scope of the Study

This study is intent to find out the factors influencing postnatal care for mothers and babies in two Upazila Health Complexes, Fultala Upazila Health Complex, Khulna and Dupchachia Upazila Health Complex, Bogra. It will look into the factors influencing and at the same time hindering the PNC practices in the study areas. This study has a scope to detect the gap between GoB policy and service delivery available in these two upazilas.

1.6 Operational Definitions

It is the public health which shows the process of mobilizing and engaging local, regional, national and international resources to promise the conditions in which people can be hale and hearty. **There are three major fields in public health:** (i) policy, a political project that supplies services and allocates resources; (ii) practice, as policies need to be implemented to create social action and organize service delivery; and (iii) research, as interventions need to be developed and assessed on effectiveness and cost-benefit ratios (**Jansen et al., 2010**). Local authorities take the liability of the implementation of public health policy in most countries.

Postnatal Care: Care for mother and newborn immediately after the childbirth. This care includes any type of medical, mental, emotional and social opportunity to mothers. Information and counseling on infant care and nutrition are provided to mothers.

Postnatal period: The time contains 42 days just after the delivery of newborns. Immediate post natal care includes first 6-24 hours after delivery.

Maternal death: The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, but not from accidental or incidental causes.

Neonatal death: The death of a live born infant within the first 28 days of life.

Policy: Policy is the process by which problems are conceptualized, solutions and alternatives are formulated, decisions are made, policy instruments are selected and programmes are delivered (Althaus, 2007). The National Health Policy of Bangladesh emphasises on reducing maternal and child death. One of the strategies of NHP 2011 is to reduce maternal and neonatal death.

Practice: Practice aims to serve the needs of others, either directly or indirectly (Van Strien, 1986). In this study practice includes the service delivery of service providers following guidelines related to postnatal care.

Gap: Here gap means deviation between guidelines and actual service delivery in government health facilities regarding postnatal care.

1.7 Significance of the Study

Newborn survival is intimately related with the health of the mother. For both newborns and mothers, the highest risk of death takes place at delivery, followed by the first hours and days after childbirth. Therefore, early postnatal period is the appropriate time to provide supports and interventions for the overall improvement of the health and survival of both mothers and newborns. To reduce morbidity and mortality related to deliver a health care system must focus on maternal and newborn health. The health care that a woman receives at the time of delivery, and after childbirth is important for the survival and well-being of both the mother and the newborn though policies and programs regarding the existence of both mothers and children do not concentrate properly to meet the Millennium Development Goals (MDGs). These targets can be improved by integrating postnatal care services of mothers and newborns. The most important way to do this is to focus on the practice of postnatal service just after delivery. But there is a lack of systematic study yet to identify the gap between policy and practice of the postnatal care

of mothers and babies in government hospital especially in the context of Bangladesh. Therefore, this study will make an attempt to assess the impact of national health policy in postnatal care in improving the newborn and women's health situation in Bangladesh.

1.8 Structure of the research

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Chapter Six: Summary and Conclusion

CHAPTER: TWO

LITERATURE REVIEW

2.1 Introduction

This chapter is devoted to review the existing literatures on Postnatal Care (PNC) in reference to Bangladesh. In doing so, the general scenario of PNC is discussed in brief. Addressing the issue of mother and child healthcare a good number of different relevant publications, books, journals, newspaper reports and articles, government publications, acts, rules, policies, websites are available. But there is an absence of related literature on addressing the gap between GOB policy and its implementation process in postnatal care.

Postnatal care, an important part of the reproductive health system is associated with the physical, nutritional and emotional well being of mothers and new born. Maternal and neonatal deaths have a great impact on national health scenario and these issues have been focused in many studies. To improve the health system of mothers and the newborn it is high time to sort out problems relating postnatal care service delivery in Government facilities.

During the first 24 hours following the birth in the postnatal period, both the newborns and their mothers have the chances of being defenseless. Here postnatal care is a must to improve the health and survival of newborns and mothers. Though the early postnatal stage is the perfect time to support interventions to get better the health and survival of both the newborns and the mothers, policies and programs have for the most part ignored this dangerous moment of time. (Erin et al., 2007).

2.2 Structure of the Health System

The Ministry of Health and Family Welfare (MOHFW) is in charge of health policy formulation, planning and decision making at the macro level. The Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) are the two implementation sections under MOHFW. Here the DGHS takes the accountability of the implementation of all health programmes and along with that it also makes available the technological direction to the ministry. And the DGFP is accountable for implementing Family Planning (FP) programmes and provides FP related technical assistance to the ministry. In the public sector, we find the health service delivery system is divided into primary, secondary and tertiary levels.

2.3 Overview of PNC Scenario

Postnatal period is the perfect time to provide interventions to enhance the health and survival of both the mother and the newborns (Finger 1997). Postnatal care helps to identify complications, promote healthy behaviors, confirms the establishment of successful infant feeding, links the mother to family planning services and the baby to child health care as well as fostering the development of good maternal-infant relationships (MacArthur 1999). Despite the overall benefits of postnatal care, there is still significant lacking in the utilization of post natal care services in Bangladesh. Especially, mothers and babies in the context of rural Bangladesh face persistent disparity, disadvantages and exclusion in the case of postnatal care services.

The overall utilization rate for postnatal care services in Bangladesh is very low although it is a very crucial component for safe motherhood. Only 30 percent women received postnatal care after their childbirth (BDHS 2007). The situation is even worse in rural areas comparing to urban areas. Data from the Bangladesh Demographic health survey 2007, 32 percent urban women received postnatal care from qualified doctors whereas this rate is only 13 percent in rural areas. Most of the rural women depend on the village doctor and traditional birth attendant during their delivery time. Various factors like social, cultural, economic, psychological factors affect woman for utilizing postnatal care services. These factors make the hindrance of receiving health care

services from health care organization like hospital in Bangladesh. Though a number of health care facilities can be seen in the context of Bangladesh, the access to these services are limited. At the same time, although the Government has given serious commitment for providing health care facilities at the doorsteps of all people such as essential service package (ESP), the utilization of health services during postnatal period is still far below any acceptable standard. For this reason early postnatal care services have been identified in a number of studies as an important issue.

2.4 WHO Guideline for PNC

In 1998 WHO published *Postpartum Care of the Mother and Newborn: a Practical Guide* that gives the guideline during the postnatal period for both mother and babies. The World Health Organization guidelines recommend that postnatal care for all newborns should include a number of issues which include speedy and exclusive breastfeeding, warming of the infant, hygienic care of the umbilical cord, and timely identification of danger signs with referral and treatment. As most of the newborn deaths occur among low birth weight (LBW) babies, PNC should also include extra care of LBW newborns for breastfeeding, warmth, and early identification of danger signs (Lawn et al, 2005). Recommended care for mother includes monitoring and referral for complications such as excessive bleeding, pain, and infection; counseling on breast care and breastfeeding; and advice on nutrition during breastfeeding, newborn care practices, and family planning (WHO, 2008).

It is also recommended to establish the PNC services near to home to be effective for those who need most so that identification, referral, and treatment of complications can occur as early as possible. PNC services can be delivered through home visits by health workers, or through a combination of care in facilities and at home. Particularly in the context of developing countries it is mostly recommended to provide postnatal care support and services through home visits, because geographic, financial, and cultural barriers typically limit care outside the home during the early postnatal period. Particular cultural and social contexts, available financial and human resources, and existing health systems must be considered at the time of adapting the strategies within the context of a country. In addition, strategies to provide PNC within a country should

vary or be modified to target the hard-to-reach, marginalized, and poorest groups of women and newborns (WHO, 1998).

There is no established evidence-based protocol defining best timing and number of PNC visits with a health provider. The World Health Organization guidelines on postnatal care recommend postnatal visits within six to 12 hours after birth, three to six days, six weeks, and at six months (6-6-6-6 model) because the majority of maternal and newborn deaths take place during the first few hours and days after birth. For this reason, postnatal contacts should begin as early as possible in the postnatal period, especially within the first 24 hours, then again within two to three days after delivery (WHO, 1998).

Where families have poor access to or do not utilize services of formal health care systems, PNC should be provided via community providers making routine home visits. Health workers, such as nurse midwives, traditional birth attendants, community health workers could be trained to provide PNC during routine home visits to newborns and mothers. Providing PNC visits in community settings requires the collaboration of policymakers, health professionals, and community organizations with traditional local care-givers, parents, and families. Traditional practices are the obstacles to the delivery of PNC. But local caregivers may help to overcome cultural barriers and to be successful at changing PNC practices and care-seeking by families (Sines et al 2007).

Regardless of the location and provider of PNC services, the focus should be to guarantee that the mother and the newborn receive appropriate care throughout the entire postnatal period. Postnatal contact with the health provider should inform and reinforce the family's own care practices and care seeking behavior, empowering the family to provide appropriate care to both newborn and mother in the household. Ideally, even before birth, antenatal contacts with the family should promote the importance of early PNC for newborns and mothers.

2.5 Worldwide PNC Scenario

In developed countries virtually all women and their infants receive postpartum and postnatal care, albeit the nature and frequency of this care varies considerably. In developing countries the

need for care and support after birth was, until recently, less well recognized. Despite its importance, this period is generally the most neglected. Rates of provision of skilled care are lower after childbirth than during pregnancy or childbirth, even though both the risks for illness and the potential to improve longer-term outcomes are as great (Who, 2005).

Every year, four million infants die within their first month of life. Almost all newborn deaths occur in developing countries where the highest number is in South Asia and the highest rates are in sub-Saharan Africa (Joy. et al, 2005). More than half a million women die in every year due to the complications from pregnancy and childbirth. Most of these deaths occur in sub-Saharan Africa and South Asia (UNICEF, 2009). More than 60 million women deliver their baby at home each year with the help of traditional birth attendant. Among them more than 500000 women die each year due to complications of pregnancy and childbirth (WHO, 2008), most deaths occur during or immediately after childbirth. Every year three million infants die in the first week of life, and another 900000 die in the next three weeks (WHO, 2007).

In developed countries virtually all women and their infants receive postpartum and postnatal care. In developing countries the need for care and support after birth is less well recognized. Despite its importance, this period is the most neglected. Rates of provision of skilled care are lower after childbirth than during pregnancy or childbirth, even though both mothers and their newborns are vulnerable during the postnatal period, especially during the first 24 hours following the birth (WHO, 2005). The first hours, days and weeks after childbirth are a dangerous time for both mothers and newborns. Data from *State of the World's Mothers 2006* shows that more than two thirds of newborn deaths occur by the end of the first week after delivery. Similarly, approximately two-thirds of all maternal deaths occur in the postnatal period. Data (Ronsman et al.,2006) from Bangladesh indicates the majority of maternal deaths occur between the third trimester and the end of the first week after pregnancy. The time of highest risk of death is the *same* for mothers and for newborns during delivery and over the next few days after delivery. These results show the vulnerable situation of mothers and babies after delivery. In this regard postnatal care services during the first few days after delivery should be provided to all newborns and their mothers as a strategy to improve survival of both.

Appropriate care in the first hours and days after childbirth could prevent the great majority of these deaths. Thus, it has been recommended that skilled health professionals attend all births, to assure the best possible outcome for both mother and newborn infant (WHO, 2004). A large proportion of women continue to lack such care, however. On average, skilled birth attendants cover 66% of births worldwide, and some parts of Africa and Asia have much lower coverage rates (WHO, 2008). The fact is that two thirds of maternal and newborn deaths occur in the first two days of childbirth. Care in the period following birth is critical not only for survival but also to the future of mothers and newborn babies. Major changes occur during this period that determines their well-being and potential for a healthy future.

2.5 PNC Scenario in Bangladesh

Since independence in 1971, Government of Bangladesh has initiated different policies, plans, strategies to improve maternal and neonatal health care. The objectives of *National Health Policy 2011* of Bangladesh are to undertake programs for reducing child and maternal mortality rates to an acceptable level. The policy also focuses on adopting satisfactory measures for ensuring improved maternal and child health at the union level and install facilities for safe and clean child delivery in each village. Special emphasis has been given on reducing death of maternal and less than 12 months infants in the *National Health Policy 2011*.

A lot of hospitals are set up countrywide to implement GOB policy related to PNC. The basic intention behind all these initiatives is that the mothers and newborns can meet their needs easily even though the situation is not up to the mark considering the maternal and neonatal mortality rate. Andaleeb (2000) in his article 'Public and private hospitals in Bangladesh: Service Quality and Predictors of Hospital Choice' compares the quality of services provided by public and private hospitals in Bangladesh. In the paper he highlighted that the quality of hospital services would be contingent on the incentive structure under which these institutions operate. Since private hospitals depend on income from clients (i.e. market incentives), the mothers and newborns would be motivated to seek services in public hospitals. And public hospitals should provide quality services to patients to meet their needs more effectively and efficiently. Although

there were provisions for comprehensive essential obstetric care in the district hospital the quality of services was highly un-satisfactory (Kaosar 2001)

Khosa (2003) states in his report 'Closing the gap between policy and implementation in South Africa' that unrealistic policies, and a lack of managerial expertise, absence of a people driven process, insufficient coordination among all sectors, insufficient staffing work against successful implementation of policies. In Bangladesh the healthcare plans and policy have actually helped to expand services causing quantitative advances while managerial weaknesses and governance problems are the main factors inhibiting qualitative improvement (Osman 2008).

Though postnatal care is a crucial component of safe motherhood, a large proportion of maternal and neonatal deaths occur during the 24 hours following delivery. For both newborns and mothers, the highest risk of death occurs at delivery, followed by the first hours and days after childbirth. The postnatal period (the time just after delivery and through the first six weeks of life) is especially critical for newborns and mothers.

Although Demographic Health Survey data shows a substantial improvement in neonatal, post-neonatal, infant, child and under-five mortality rates in recent years in Bangladesh; but still far behind from developed countries. The neonatal mortality rate is still 41 per 1000 live births in comparing global 36 which is 7 times more than the developed world. Post-neonatal mortality rate is 24 per 1000 live births which is also far behind from the world standard. Under-five mortality is also higher (88 per 1000 live births) in comparing with other developing countries of the world (BDHS, 2004).

The maternal mortality ratio, one of the highest in the world, is estimated to be 380 deaths per 100,000 live births (WHO, 2003). The high maternal mortality ratio (MMR) directly relates to the high prenatal (new born) mortality rate in the country. The estimated life time risk of dying from pregnancy and child birth-related causes in Bangladesh is around 100 times higher than that in developed countries. The outcome of these deaths is that about 75 percent of the babies born to these women die within the first week of their lives (MOHFW, 2001).

The proportion of receiving postnatal care is very low evidence by various indicators in Bangladesh. Research shows that only 30 percent women received postnatal care after their child birth. That means a lot of mothers are not taking postnatal health care services. Approximately 17 percent mothers received postnatal care from a qualified doctor, 4 percent from nurse, midwife, paramedic or FWV (family welfare visitor); and 9 percent from non-medically trained providers like TBAs (trained and untrained traditional birth attendants), HAs (health assistant) and FWAs (family welfare assistant) (BDHS 2007). Nationally, only 18 mothers received a postnatal check-up from a trained health service provider within 42 days of delivery and most 14.5 percent check-ups were received within the first 2 days (BDHS, 2004).

2.6 Overview of Policies related to PNC in Bangladesh

Since the independence of Bangladesh a number of policy initiatives were incorporated for the overall development of maternal and neonatal health care health services in Bangladesh which was reflected in different FYPs, the Health and Population Sector Program (HPSP), and the National Population Policy (NPP) (Khuda et al., 1997). Under the Fifth FYP (1997-2002) the emphasis of the population policy was to deal with a broader range of reproductive health issues targeted at a larger number of population groups rather than addressing family planning needs alone (MOHFW, 1998). The HPSP (1998-2003) emphasized the concept of integrating health and family planning facilities and personnel to provide an Essential Services Package (ESP) of which reproductive health was one of its core components.

After the completion of HPSP, the government of Bangladesh introduced another project called Health Nutrition and Population Sector Program (HNPSPP) in cooperation with World Bank which planned to support HPSP by increasing availability and utilization of user-centered, effective, efficient, equitable, affordable and accessible quality of services. One of the components of HNPSPP was to support delivery of essential services (ESD) to focus on reduction of maternal mortality, through public information campaigns to raise awareness of the importance of antenatal care and maternity services to reduce problems during pregnancy, labour and the postnatal/neonatal period and obstetric complications (MOHFW, 2006).

With a view to reducing the maternal and child mortality and morbidity, comprehensive program efforts have been made over the past years through increasing access to health care services under the Ministry of Health and Family Welfare (MOHFW). Ministry of Health and Family Welfare (MOHFW) is responsible to control all public sector health services by its two parallel agencies: the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). Maternal and child health (MCH) services have been given the highest priority in the health system. At the local level 3,275 Union Health and Family Welfare Centers (UHFWCs) exist to serve the 4,470 unions. A further 64 Maternal and Child Welfare Centers (MCWCs) have been established to provide maternal services at districts level. Introduction and implementation of Integrated Management of Childhood Illness (IMCI) also plays an important role in child survival (MOHFW, 2006).

Besides the public sector, the private sector and NGOs play an important role in the Bangladesh health sector. Side by side with Government, the Non-Government Organization (NGO) and private sectors are playing a vital role in providing health services, especially to mothers and children which help to improve the overall health situation in Bangladesh. NGOs are mostly involved in the provision of primary health care, in both rural and urban areas (DGHS, 2000). Urban Primary Health Care Project, which operates in selected city corporations and municipalities and is supported by a number of donors together with the government. UPHCP offers integrated care along the continuum, from family planning services to delivery to child health care and immunization (GoB, 1998). *National Neonatal Health Strategy and Guidelines for Bangladesh 2009* covers areas to take a good care for mothers and the neonates in Bangladesh. This guideline focuses on postnatal care in health facilities to be implemented in a structured way.

The government of Bangladesh began to explore policies and strategies to implement the continuum of care approach, especially between maternal and newborn health, but also through immunization and maternal and childhood nutrition. The new National Neonatal Health Strategy and Guidelines, incorporates many maternal health interventions and indicators and recognizes the need to train health workers in both maternal and neonatal health. The emerging newborn health program has been incorporated within the child health sector since the Integrated

Management of Childhood Illness (IMCI) strategy was introduced by the government. The relationship between maternal, newborn and child health is acknowledged in the National Plan of Action for Children published and approved by the Ministry of Women and Children Affairs (MWCA), which sets targets for increased rates of skilled attendance at birth, met need of EmOC, and coverage of antenatal and postnatal care (MOHFW, 2001).

At the *Upazila* level, Maternal and Child Welfare Centers under DGFP specialize in reproductive health care, including emergency obstetric care services, antenatal care, safe delivery, postnatal care and other related services in addition to newborn and child health services. Upazila Health Complexes, administered by DGHS, are the first level referral centers in Bangladesh and provide a range of services in the continuum of care, including family planning, normal delivery and minor complications, ANC and PNC, basic infant and child care, and immunization. The HNPSP articulates the need and commitment for these facilities to be upgraded, furnished and equipped to provide woman, children and adolescent friendly safe delivery services, to provide obstetric first aid where possible, and to provide essential newborn and adolescent health care services (MOHFW, 2006; Bergeson-Lockwood, 2010).

On the basis of the above discussion it can be said that most of the discussion about different components of postnatal care have been discussed under the guideline of either population health or reproductive health. Most of the maternal and child health issues have been discussed from the perspectives of broader view rather than concentrating on specific view on postnatal care services. Even there cannot be seen any specific guideline that explore the context of postnatal care services. Policies and programs are largely overlooked in these important areas. Here this research makes the justification to formulate a new postnatal care policy in the context of Bangladesh that will address different relevant issues needed for the overall development for mothers and babies in such an important and risky period.

CHAPTER: THREE

METHODOLOGY OF STUDY

3.1 Introduction

The objective of this chapter is to present the methodology used in this study for collecting and processing data. Both primary and secondary data collection methods are followed in this study. To find out factors that influence or hinder mothers of taking postnatal care services in government facilities this study has been conducted by the researcher.

3.2 Methodology

Quantitative and qualitative methods are used in the study. Applying both methods would reduce bias of any single method. Combination of these two methods is expected to be a reliable tool for the study. Combined method enables us to explore, unravel and understand problems, issues and relationships (Aminuzzaman, 1991: 43)

3.3 Sources of Data

Both primary and secondary sources are explored in this study. Primary data is collected through interview, observation from field survey and questionnaire method. Secondary source of data is collected by reviewing different relevant publications, books, journals, newspaper reports and articles, government publications, Acts, Rules, Policies, websites. Data collected from official sources have been used mainly to validate the information given by the service-providers.

3.4 Data collection Method

A questionnaire for interviewing the respondents is developed to collect data along with observation. This method avoids biasness and helps getting practical scenario of study topic. Questionnaire was both close and open ended. Close- ended questions were set for patients basically to obtain specific information from them.

In qualitative methods, in-depth interviews were administered among the respondents of both categories: service seekers and service providers. The researcher explored the participant's views about the service provisions of PNC in government health outlets.

3.5 Sampling of the Study

Sampling was random. Mothers who have delivered newborn babies in service centers and doctors and nurses who provided services to the mother patients were the respondents of this study. Sample size is 50 (service seekers-37 and service providers-13) who appear to be the representatives regarding this study. The sample size of the study is as follows in *Table: 1*

Table: 1 – Sample of the Study

Category	No. of Respondents
Service seekers from Fultala Upazila	15
Service seekers from Dupchachia Upazila	22
Service providers from both Upazila	13
N=	50

3.6 Study Area

To meet the requirement of the study, Department of Obstetrics and Gynecology of Fultala Upazila Health Complex, Khulna and Dupchachia Upazila Health Complex, Bogra, the two Government Hospitals of Bangladesh were selected. The location of Fultala Upazila Health Complex, Khulna is on the south whereas Dupchachia Upazila Health Complex, Bogra is on the north of Bangladesh.

3.7 Analysis of Data

The collected data is analyzed by using MS Excel. The data collected through interview and observations were presented through tables, graphs, frequency distribution.

3.8 Limitations of the Study

Because of time and distance constraint, vulnerable Upazilas all over the country cannot be covered. The study relates only two locations. For this it will be insufficient to get real picture of the country itself. While surveying, the mother patients did not answer of some questions properly for their comprehensiveness of the question. Their relatives helped them to provide answers. Again the service providers were not available after their office and they also were not much interested to share real information and data with the researcher to avoid future complications in their service.

CHAPTER: FOUR

CONCEPTUAL FRAMEWORK

4.1 Introduction

This chapter aims at developing a framework for analysis. It is divided into two parts. The first part deals with a relevant theory which fits the study. The second part of this chapter deals with analytical framework based on the theory.

The title of this study relates addressing implementation of National Health Policy in the field of postnatal care in government facilities in Bangladesh. Buse (2005) suggested three major theoretical models of policy implementation: 1) Top-down approach, 2) Bottom-up approach and 3) Principal-agent theory

According to Buse, in top-down approach, policy is set at higher levels in a political process, then corresponded to subordinate levels and at last charged with the practical, supervisory, and administrative tasks to put the policy into action.

This study seeks to look at the gap(s) between the policy and practice as far as the post natal care in *National Health Policy 2011* is concerned. Policies are generally set centrally in Bangladesh. In most cases, people are kept outside of the policy making processes and framework.

4.2 Implementation Theory

Implementation is the process of turning policy into practice. Since 1970s Pressman and Wildavsky (1973) brought the issue of policy implementation to the forefront.

Daniel Mazmanian and Paul Sabatier (1980) defined implementation as the process of turning policy into practice. Pressman and Wildavsky (1973: xiii-xv) has given similar opinion about implementation. According to them, means "implementation means to carry out, accomplish,

fulfill, produce, complete." They define the theme of implementation in their seminal book on the subject: "Policies imply theories... Policies become programs when, by authoritative action, the initial conditions are created... Implementation, then, is the ability to forge subsequent links in the causal chain so as to obtain the desired result."

Van Meter and Van Horn (1975: 447-8) have given a more detailed definition: "Policy implementation encompasses those actions by public or private individuals (or groups) that are directed at the achievement of objectives set forth in prior policy decisions." We get the idea of clear distinction between the interrelated concepts of implementation, performance, impact and stress from them.

There is a difference between impact studies and implementation studies. Impact studies typically ask "What happened?" but implementation studies inquire that "Why did it happen?" Hargrove (1975) had introduced the concept of "missing link", a widely accepted model of the fundamental processes of implementation in social policy studies. This concept could be mentioned that:

Implementation research has been too restricted in time (i.e., an emphasis on cross-sectional versus longitudinal analysis), too restricted in number (i.e., an emphasis on case study versus comparative analyses), too restricted in policy type (i.e., an emphasis on single policy type versus multiple policy types), too restricted in defining the concept of implementation (i.e., limited to a single output measure versus multiple measures), and too restricted in approach (i.e., the utilization of either "top-down" or "bottom-up" approach versus both).

It is common to observe a gap between what was planned and what actually occurred as a result of a policy. Health care system of Bangladesh is the outcome of many policy shifts and changes. At the time of independence, Bangladesh had an urban-based, elite-biased and curative health system which was extremely limited in terms of medical facilities and services. With the passage of time, this health system has been refined to a large extent by changing the policy focus from urban to rural and curative to preventive care.

This meaning of implementation can easily be equated with service delivery. In the passage of conducting this research, policy implementation is considered as the accomplishment of policy objectives through the planning and programming of operations and projects so that policy outcomes and desired impacts are achieved.

4.3 Approaches to implementation

Different views exist as to the most appropriate approaches to policy implementation. Various major paradigms are debated and practised internationally by the scholars to implement the policies. Every country has their own approaches in executing the vast range of policies of Government into action. Naturally, the consequence is also varying degrees of success of policy implementation.

Early scholars of policy science saw implementation merely as an administrative choice and it is noted that once policy had been legislated and the institutions were authorized by administrative support that would happen of and by policy itself. This view has, however, been exposed. Although there is complexity inherent in implementation processes which has been amply verified, we are still nowhere near a widely accepted causal theory with analytical or authoritarian powers.

It is noted earlier that scholars such as Wildavsky began implementation research in the 1960s and 1970s; however, a common theory is still lacking. But there remain some confusion about the beginning, ending and types of implementations. And in the way of successful policy implementation there were identified several obstacles in the literature on policy implementation. Yet, an amazing number of general result as well as suggestions are found between scholars of implementation literature. As implementation research advances, two schools of thought developed their ideas as to the most effective method for studying and describing implementation:

- (1) top-down approach and
- (2) bottom-up approach.

Top-down supporters consider policy designers as the vital actors and focus their attention on factors that can be manipulated at the national level. Bottom-up supporters emphasize target groups and service deliverers. Presently most theorists agree on the convergence of the two perspectives. This is exactly why there is a close relationship between policy implementation and service delivery. Considering the above discussed school of thoughts this study has followed the concept of top down approach.

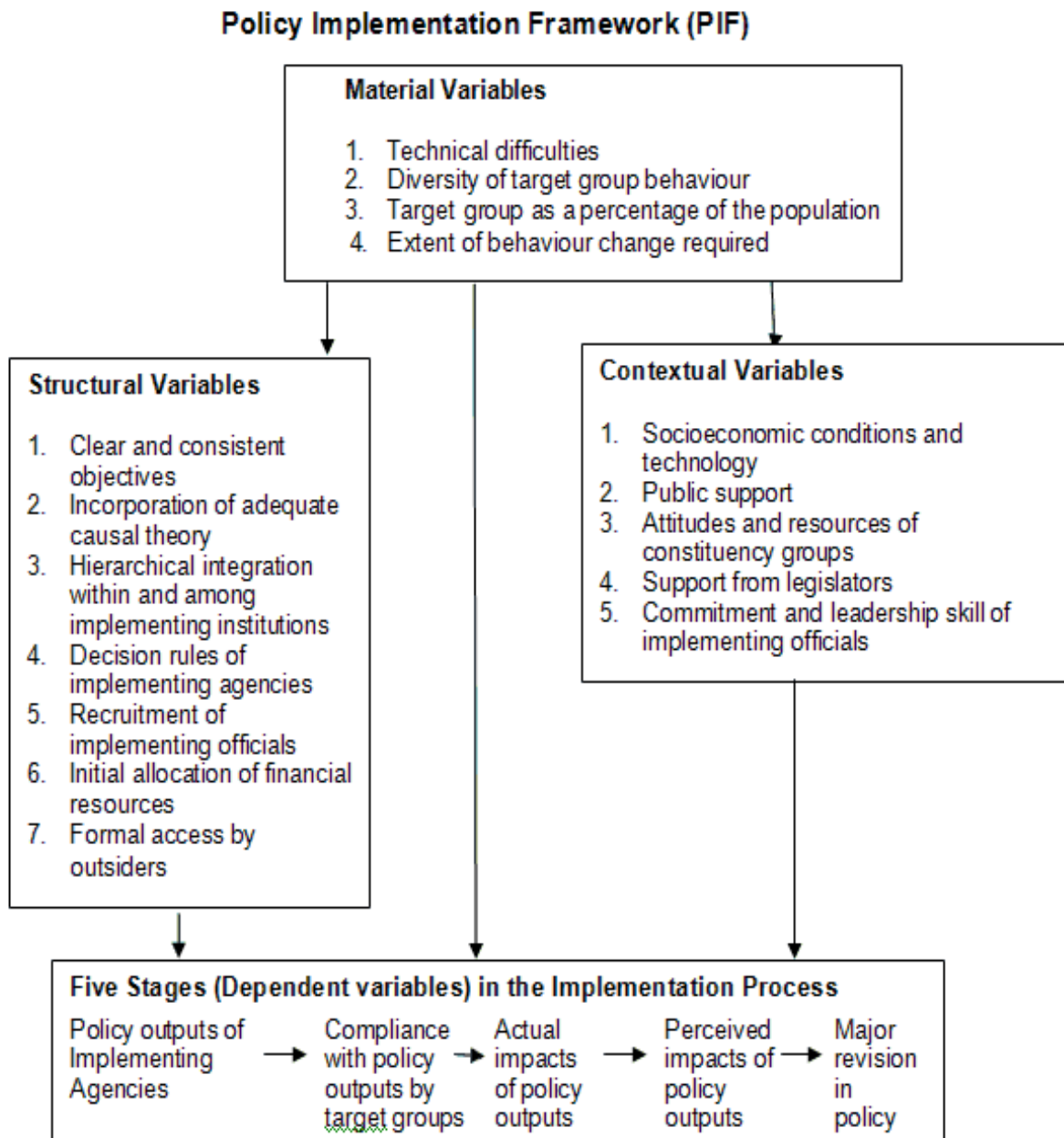
In the context of Bangladesh, policy formulation, planning and evaluation of execution are monitored by concerned ministry. Relevant departments are charged to implement that policy. The "top-down" approach developed by Paul Sabatier and Daniel Mazmanian (1980) is a hint to analyze the policies in Bangladesh. The approach applies a number of variables and five identified stages in the policy implementation process (Figure:1) (Sabatier & Mazmanian, 1980). In Bangladesh perspectives implementation theory itself can be appropriate for this study.

Daniel Mazmanian and Paul Sabatier developed their "top-down" approach for analyzing policy implementation in the early 1980s. They suggested the following framework on policy implementation. In this framework material variable is associated with policy problems, structural variables influence the policy process and contextual variables support the policy. They also suggested five stages in the implementation process of these variables:

1. Policy output of implementing agencies,
2. Compliance with policy output by target groups,
3. Actual impacts of policy outputs,
4. Perceived impacts of policy outputs and
5. Major revision in policy

This study will not focus the fifth stage of the implementation process to go with with the objective of this study.

4.4 Policy Implementation Framework



Source: Modified from Mazmanian and Sabatier 1983. 'Implementation and Public Policy' used in Elson R. Peter 2006

Figure: 1- Policy Implementation Framework

The Policy Implementation Framework (PIF) of Paul Sabatier and Daniel Mazmanian addresses particular policy implementation issues such as:

1. The extent to which implementing officials and target groups act consistently with the objectives and procedures outlined in the policy decision;
2. The extent to which policy objectives or results are attained;
3. The principal factors affecting policy outcomes and impacts; and
4. The policy's re-formulation, if any. In addition, the PIF conceptual framework provides a broader socioeconomic context in which policy implementation issues can be addressed. (Rownak 2010)

4.5 Applicability of the Concept of Top-Down Approach to Present Study

The present study is an effort to have a look at the outputs of implementing policy of GoB in postnatal care and assessing if there is any gap in executing the policy. This concept follows the top-down approach as it started with a policy decision, the strategy in the *National Health Policy 2011* of reducing maternal and less than 12 months infant and implemented through implementing officials of government health facilities. This study focuses the Policy Implementation Framework (PIF) of Paul Sabatier and Daniel Mazmanian as follows:

1. The regular act of implementing officials and target groups with the objectives and procedures outlined in the policy,
2. The level to which policy objectives are accomplished;
3. The principal factors affecting policy outputs; and
4. Socioeconomic context to address policy implementation issues.(Rownak, 2010)

The above mentioned observations go parallel with the objectives of this study. Here in this study doctors, nurses, health assistants those who provide health care services play the role of implementing officials. And the newborn babies and their mothers are treated as target groups to make the objectives fulfilled. The level of care to be accomplished is in the arena of postnatal

care which is a very critical moment for the target groups. The factors affecting policy and the socioeconomic context that address the policy are the variables used in this study. All these issues are related to the top-down theory directly or indirectly as stated in the policy implementation framework of Paul Sabatier and Daniel Mazmanian. This study is an attempt to assess factors affecting postnatal care in Bangladesh. Taking into consideration the concept from the top down approach to accomplish the objectives the following analytical framework is established (Figure: 2)

4.6 Analytical Framework

On the basis of the above theory, the following analytical framework is developed for the study.

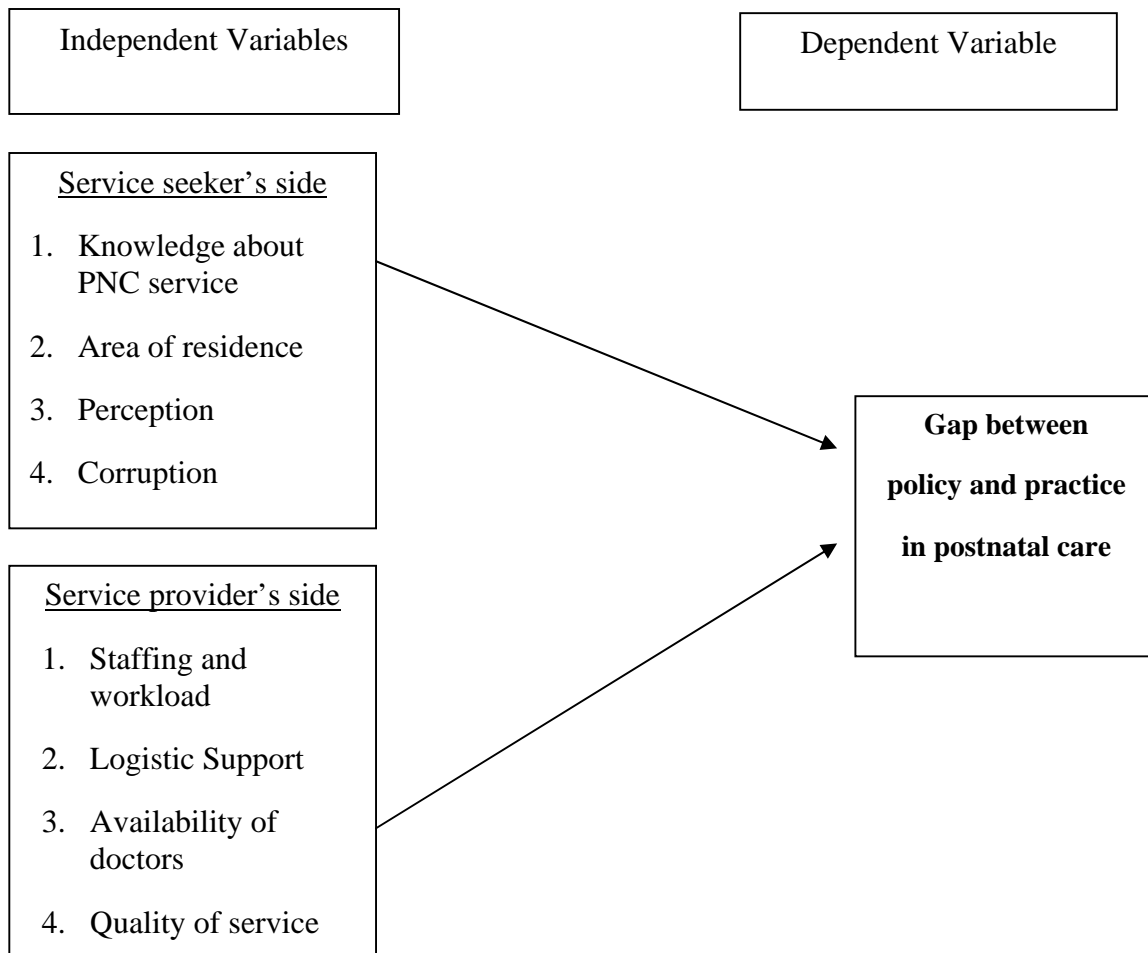


Figure: 2 Analytical Frameworks

In this study the dependent variable is gap between policy and practice. In this framework, two sides of the policy and practice are pointed out: service seekers' side and the service providers' side. In postnatal care, these two variables - service seekers side and the service provider's side - are considered as the **independent variable** which creates the gap which is taken as the **dependent variable**. The knowledge of PNC, distance of the Government provided postnatal care service centers, perception about the service are grouped under service seeker's side. From provider's point of view, staffing and workload, logistic support, availability of doctors, quality of service and coordination in the implementation process are taken into account. Each independent variable has been measured by some indicators as shown in Table 2 and Table 3.

Table: 2 - Service seeker's point of view

Independent variables	Indicators
Knowledge	Educational qualification of respondents
Areas of residence	Distance from Govt. hospitals
Perception	Information and education about PNC service
Corruption	Cost of service

Table: 3 - Service provider's point of view

Independent variables	Indicators
Staffing and workload	Numbers of doctors, nurses and technicians
Logistic support	Supply of medical equipment, power and water, drugs and medicines
Availability of doctors,	Predominance of male doctors in the government hospitals, private practice
Quality of service	Physical environment, management system of service providers in the facilities
Coordination	Coordination for implementing policies

Chapter: Five

FINDINGS AND DATA ANALYSIS

5.1 Introduction

This chapter is aimed to present the survey data and observation notes collected from the field. There are two parts in this chapter. The first part depicts the service seekers' (mothers, who gave birth to new born babies) perspectives regarding postnatal care in government facilities. The later part presents the service providers' perspectives on implementing of postnatal care in government hospitals. Data were collected from two Upazila health Complexes, Fultala of Khulna District and Dupchachia of Bogra District. Both qualitative and quantitative analyses are presented in this chapter.

PART-1

5.2 Service Seekers' Side

Postnatal care is very essential for mothers as well as newborn babies for their survival and to improve their health. But this practice is relatively poor in government hospitals in Bangladesh. Mothers rarely feel encouraged to deliver their child here because of the poor service delivery. No caesarean operation is held in the study areas. This part deals with the views of mother patients who seek services from the upazila health complexes of studied areas.

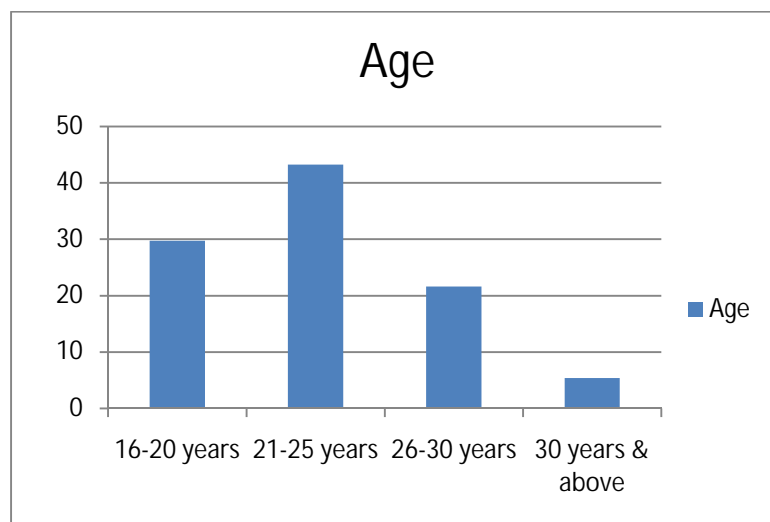
5.3 Findings from the Survey

The details about the views of service seekers and service providers from their answer to the questionnaire and the realities found from the observation of the researcher are depicted here.

5.4 Demographic Information:

The first part of the questionnaire was based on to collect the demographic information about the mothers of new born babies.

Chart – 1: Age of the mothers of newborn babies:

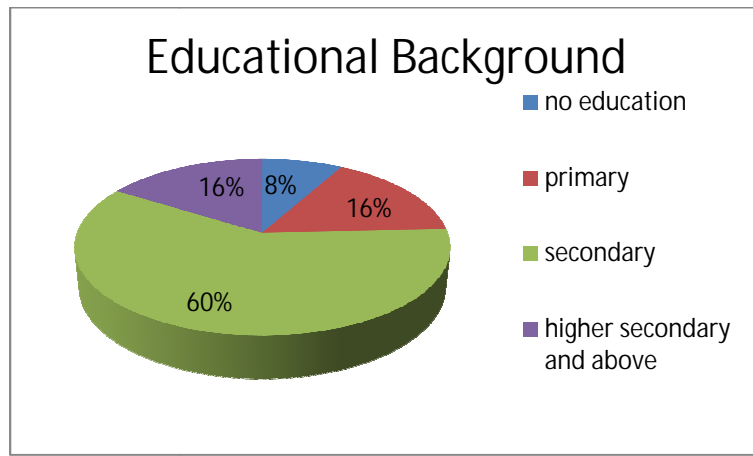


Source: Field survey, 2012

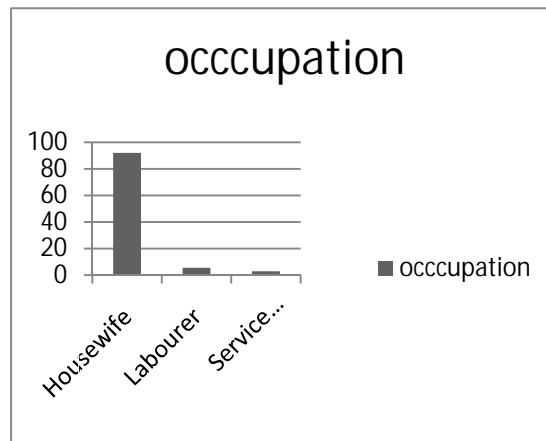
An open-ended and structured questionnaire was formed to interview the service seekers. At the first part of the questionnaire for mothers it is found that 43.24% of the respondents belong to

age group 21-25 yrs and 29.73% of the respondents belong to the age group 16-20 years. Thus, it can easily be comprehensible that most of the mothers are of young ages.

Chart – 2: Educational Background and Occupation



Source: Field survey, 2012



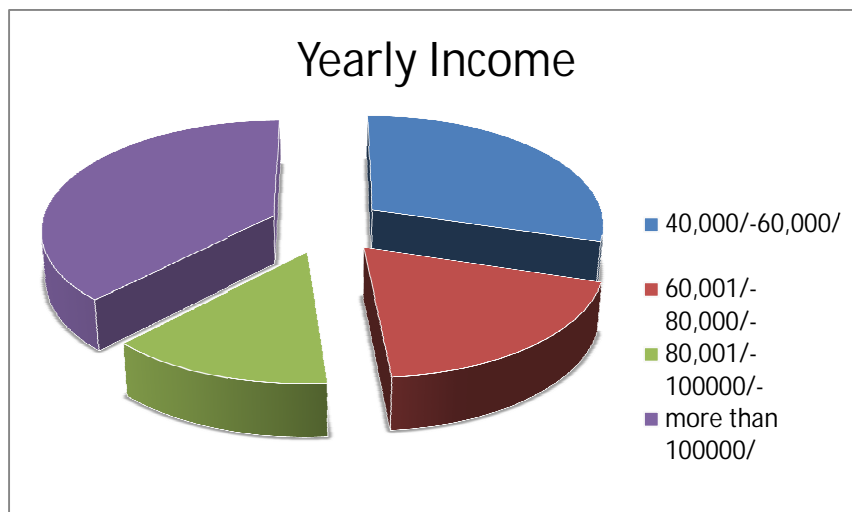
Source: Field survey, 2012

Education plays an important role to take care of the mother herself along with the newborns. Data shows that majority (60%) of the respondents has secondary level education and second majority groups 16% have both primary and higher secondary level education. Respondents with

higher level of education have taken service from government facilities though there is a larger provision of going to private clinics.

Most of the respondents are housewives (91.9%). A significant, though small, number of respondents are laborer and service holders. From observation it is found that as the respondents remain at home so they can seek services easily from the facilities at a possible time.

Chart – 3: Yearly Income



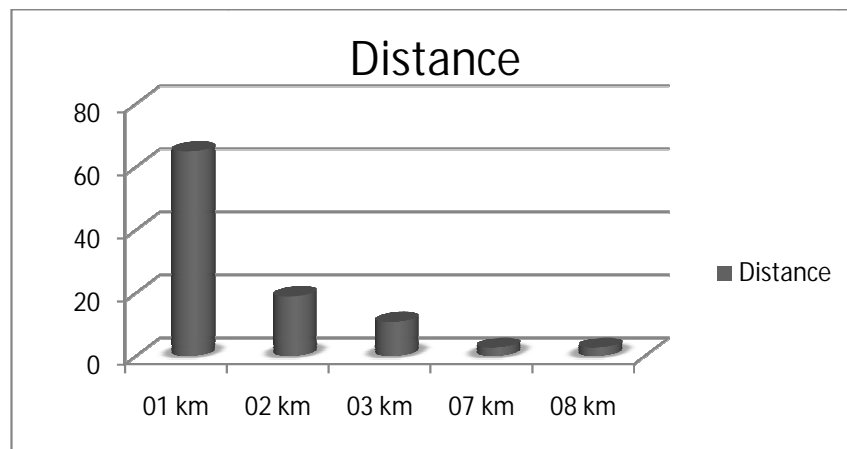
Source: Field survey, 2012

Income plays a vital role assessing gap between policy and practice as people always want to get rapid and standard care. Chart -3 shows the income of the respondents' family. 30% of them earn taka 40,000/- to 60,000/- yearly and at the same time 19% earn taka 60,001/- to 80,000/- annually. 14% respondents have the annual income range of tk 80,001/ to 100000/, where 38% respondents have every year income more than tk 100000/-. It is found that respondents from both the higher and lower income family visit Government facilities for services. There are also NGO clinics and private clinics but they cost high to the respondents.

Postnatal care is related to childbirth as the mother and the newborn need this service just after the delivery of the child. People from minimum and middle wealth quintile very often go to the upazila health complexes. From observation it is found that as no caesarean delivery occurs in

upazila health complexes in the studied area. Limitation in this area lies in the answers of the respondents about their knowledge of the family income.

Chart – 4: Distance from the hospital



Source: Field survey, 2012

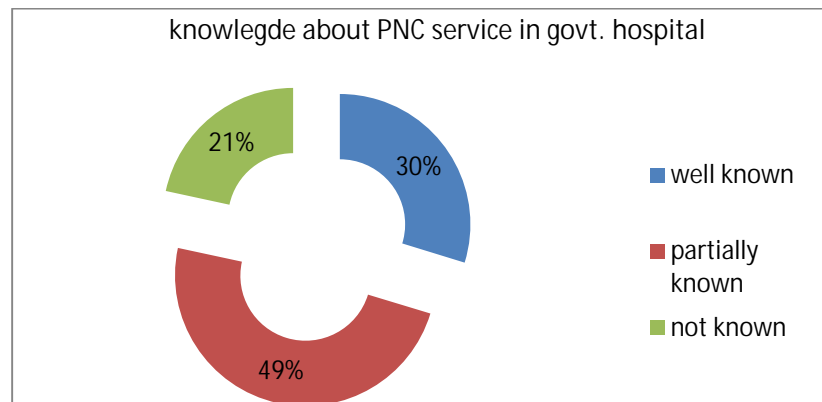
Distance from the facilities influence much the patients to avail health care services. Chart-4 shows that 67% of the respondents live within 01 km, 19% of them live within 02 km and consecutively 11% respondents live within 03 km and such a short distance from government hospital is one of the reasons of their presence. Only 3% respondents came from a distance of more than 07 or 08 km.

5.5 Mother's awareness on PNC

51% of the mothers responded 'yes' to the questions on their knowledge about postnatal care. Rest 49% knew nothing about this service. 65% of the respondents could know it from their relatives, 16% from antenatal care service and 8% from NGO or field workers. 11% respondents answered that they knew about the services both from their relatives and antenatal care. While asked about their knowledge about this service in government hospitals, 30% mothers answered that they were well known, 49% partially knew and 21% didn't know about this.

From observation it is found that they have no specific idea about the service regarding postnatal care. Even they don't know the consequence of not having this care to themselves and their babies.

Chart – 5: Knowledge about PNC service in govt. hospital



Source: Field survey, 2012

5.5 Corruption

The definition of corruption in short includes "abuse of authority, bribery, favouritism, extortion, fraud, patronage, theft, deceit, malfeasance and illegality" (Caiden, 1991a). Political corruption is "the behaviour of (elected) public officials which diverges from the formal components - the duties and powers, rights and obligations - of a public role to seek private gain" (Kramer, 1997). For a minimum charge of admission and free services from the doctors people seek healthcare services from government facilities. They also want to get as much facilities as they can get from there. There is also scarcity of resources in public facilities. Sometimes the personnel from the officials or their relatives take the opportunity to work illegally. Again, at the critical moment of health situation mother patients or their relatives have no option to surrender to the unethical practice of giving extra money for admission or getting bed.

Table: 4 – Cost Of Service

Questions	Yes	No
Did you pay any extra fees to the hospital?	40.54%	59.46%
Did you pay for the medicine provided from the hospital?	78.37%	21.62%

Data shows that 60% of the respondents didn't pay any extra fees to the hospital. 40% of them answered that they paid taka 8/- for admission during delivery and sometimes extra fees are given to get admitted or avail the facility of the hospital as there is a scarcity of beds and other equipments. For postnatal checkup patients do not pay rather they are given a card to maintain visiting regularly. 78% mothers said that they had to pay for urgent medicines to the nurses at the time of delivery though from observation researcher found that there is provision of supplying all necessary medicine to the patients free of cost.

In fact, very often patients have to buy medicines from outside which are a burden for poor mothers. The supply of medicine in facilities is not enough according to service providers, while higher authority claimed that the supply is adequate.

5.6post natal care services in hospital

The World Health Organization guidelines from 1998 recommend that postnatal care for all newborns should include immediate and exclusive breastfeeding, warming of the infant, hygienic care of the umbilical cord, and timely identification of danger signs with referral and treatment. Since the majority of newborn deaths occur among low birth weight (LBW) babies, PNC should also include extra care of LBW newborns for breastfeeding, warmth, and early identification of danger signs (Erin et al, 2007).

In this study, 56.75% respondents answered that doctors cut the naval of the babies first, while 43.24% informed that their babies were wrapped first. 70% of them responded that within 10 minutes the babies were wrapped. 73% conveyed the message that within one hour they could breastfeed the babies, while 24% did it after one hour and 3% after one day. 86% respondents made their babies bathed after 72 hours. The result shows that guidelines for postnatal care are followed but from observation researcher found that PNC services or guidelines are not followed properly.

5.7 Doctors’/ service providers’ availability

Both mothers and their newborns are vulnerable during the postnatal period, especially during the first 24 hours following the birth. Evidence from Bangladesh indicates the majority of maternal deaths occur between the third trimester and the end of the first week after pregnancy (Erin et al, 2007). A lot of studies showed that *integrated* maternal and newborn postnatal care (PNC) during the first few days after delivery should be provided to all newborns and their mothers as a concerted strategy to improve survival of both.

Table: 5 – Doctors’ Availability

When did doctor/nurse first come to check up your baby?		
Within 24 hours	after 24 hours	No check up
28(76%)	02 (5%)	07 (19%)
How many times did they check up daily?		
Once	Twice	More than twice
27 (73%)	05 (13.5%)	05 (13.5%)

In this study, while asked about the check up of the doctors or nurses, 76% answered that within 24 hours they were visited by the doctors or nurses, 5% answered that it happened after 24 hours and 19% responded that they got no check up. About doctors’ or nurses attendance, 73% mothers

asserted that they visited them once, 13.5% twice and 13.5% told that it was more than twice a day. In reality, it is hardly found that the doctors visit the PNC mothers. In most cases nurses attend the mothers from delivery to their discharge from facilities. While asked Upazila Health and Family planning Officer, Fultola informed that Medical Officer of gynecology is absent from a long period due to illness, official document also support him. From observation it is found that after 2 pm it is rare to meet doctors in facilities. This scarcity of doctors has made mothers to go to private hospitals rather to public hospitals. This observation illustrates that most newborns and mothers do not receive postnatal care services from a skilled health care provider during the critical first few days after delivery in government facilities in the studied area.

5.8 Patients' revisit for post natal care

Table: 6 – Patients' Revisit for Post Natal Care

How long did you spend in the hospital after the baby born?			
24 hours	3 days	7 days	More than 7 days
32 (86%)	1 (2.7%)	3 (7.5%)	1 (2.7%)
Did you revisit the hospital after returning home? If yes, how many times?			
Yes		No	
09 (24%)		28 (76%)	
Did the doctors advise you to revisit the hospital for taking post natal care at the time of discharge?			
Yes		No	
10 (27%)		27 (73%)	
Before or after the discharge what did the doctors advise you? (Taking care of baby's naval, Regular breast feeding, Always warm up the baby, Nutrition,			

Family planning, Others)	
Yes	No
19 (51%)	18 (49%)

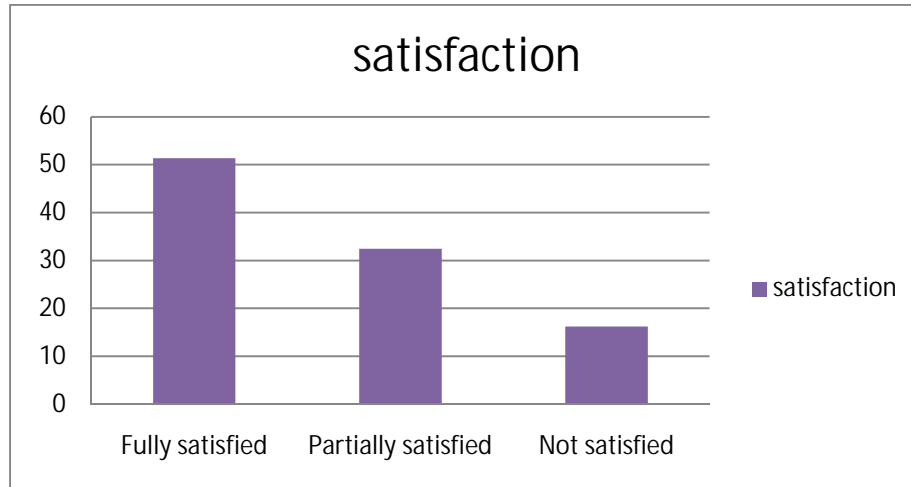
While asked about their staying in hospitals after delivery of their child, 86% answered that they stayed 24 hours, 2.7% of them stayed for three days, and 7.5% of them stayed for seven days. 76% of them didn't revisit the hospital for postnatal care. When researcher asked them the reason 54% answered that they didn't feel seek.

In most developing countries, however, postnatal care may only occur if provided through home visits, because geographic, financial, and cultural barriers typically limit care outside the home during the early postnatal period (Peter 2005).

From observation it is found that no caesarean operation is available in these facilities of study area. The mothers with normal vaginal delivery (or their families) do not want to stay further after delivery, if they feel better. They want to leave the hospital as early as possible for various reasons. Even they are not encouraged to stay and take postnatal care services available in govt. facilities by the service providers. For this the mothers and the babies do not get proper postnatal care services. Unhealthy environment, performance of service providers, lack of beds or separate room for mothers and newborn babies make the mothers not to stay or revisit hospitals for postnatal care. Though there is a postnatal care unit in Fultola upazila but PNC mothers rarely visit it. Data shows that 73% of the mothers answered that doctors/ service providers do not inform them to revisit the hospital to take the postnatal care. While asked about the advice on PNC of the doctors' at the time of release, 51% responded 'yes'.

5.9 Satisfaction with services

Chart – 6: Satisfaction



Source: Field survey, 2012

Chart 6 revealed that 51.35% responded were fully satisfied with the care they received while 33.43% were partially and 16.22% remained dissatisfied. The causes of their dissatisfaction were the lack of medicine for 43%, less attention of doctors or nurses or doctors not available when needed for 33% and the rest 34% mentioned the prior two causes. 100% of mothers who are not satisfied didn't complain as they didn't know where or how to complain. No feedback register is found in any of the health complexes of study areas. Satisfied mothers responded about low/free cost of service, distance from their residence but from observation it is found that most of their relatives are not satisfied with the service for lack of proper services from service providers.

Part-II

5.10 Service provider's Perception

Data collected from the service providers consist of doctors, nurses, field workers through structured questionnaire and in-depth interview in this study who directly related to postnatal care services in government hospitals. But it is a matter of sorrow that lack of proper training on postnatal care, lack of logistic support, heavy workload, constraints of doctors as well as staffs, lack of coordination and monitoring has created the gap between policy and its implementation in the study area. Most of the service providers do not know all the guidelines of PNC properly which is alarming for the health of mothers and newborn babies. While asked their view on mother's hindrances to take PNC services from government facilities they mention illiteracy, ignorance about the service, superstitious beliefs, economic condition etc. Some of them mentioned that patients do not get satisfactory services. To increase the number of mothers to take PNC services from Government facilities they recommended increasing awareness among mothers through motivation, adequate publicity of the services, making mothers and newborn baby friendly environment, counseling mothers on necessary health education, increasing female doctors and so on. While asked about their availability in hospital after office hour they answered yes, but from observation and face to face interview it is found that after 2 pm they are not available. There is no coordination meeting to improve the postnatal care in the facilities, even no such monitoring system was found.

5.11 The gap between policy and practice:

The National Health Policy gives emphasis to the improvement of maternal and child health and the policy can attain its success through ensuring better postnatal care services in all govt. facilities *The National Neonatal Health Strategy and Guideline for*

Bangladesh 2009 also provide instructions regarding postnatal care. But There is no specific citizen charter on postnatal care, even guidelines are not followed in govt. facilities of studied area. The above findings suggest that the gap is significant between policy and actual practices, at least in these study areas. Several factors are expected involved. Lack of following guideline on PNC, training to the service providers', doctors' unavailability, absent of good behavior of service providers, logistic support, mothers' awareness on PNC, corruption, low quality service at the facilities, proper monitoring and coordination are the factors.

5.13 Conclusion

Postnatal care for mothers and newborns should be focused with special care as this period is most vulnerable for both. Services provided in Government facilities should be monitored in this arena. Service providers' availability with good training and care may inspire the mothers taking services from these facilities. Data collected from field survey and observation shows that satisfaction level is better comparing to the service provided here in these facilities. While asked about the reason of their satisfaction, the respondents answered that they are getting much to their expectation.

CHAPTER: SIX

SUMMARY AND CONCLUSION

Public health interventions to increase the utilization of postnatal care services should target women who are poor, less educated, from rural areas and who use untrained birth attendants. Strategies to improve the availability and accessibility of antenatal care services and skilled birth attendance including focused financial support and health promotion programs, particularly in the rural areas, should increase utilization of postnatal care services in Bangladesh. The above findings suggest that the gap in implementing postnatal care in Government facilities is substantial between National Health Policy and actual practice, at least in these two surveyed upazilas which depicts a partial scenario of the whole country.

In summary, while asked about their knowledge about this service in government hospitals, 30% mothers answered that they were well known, 49% partially knew and 21% didn't know about this. 100% of them responded that within 10 minutes the babies were wrapped. 73% conveyed the message that within one hour they could breastfeed the babies, while 24% did it after one hour and 3% after one day. 86% respondents made their babies bathed after 72 hours. The result shows that guidelines for postnatal care are followed but from observation researcher found that PNC services or guidelines are not followed properly. In this study, while asked about the check up of the doctors or nurses, 76% answered that within 24 hours they were visited by the doctors or nurses, 5% answered that it happened after 24 hours and 19% responded that they got no check up. About doctors' or nurses attendance, 73% mothers asserted that they visited them once, 13.5% twice and 13.5% told that it was more than twice a day. While asked about their staying in hospitals, 86% answered that they stayed 24 hours, 2.7% of them stayed for three days, 8% of them stayed for seven days. 75% of them didn't revisit the hospital for post natal care. 54% answered that they didn't feel seek. No caesarean operation is available in these facilities. So the mothers with normal delivery or their families want to leave government facilities as early as possible. 73% of the mothers answered that doctors didn't inform them to revisit the hospital to take the post natal care. While asked about the advice on PNC of the doctors' at the time of

release, 27% responded 'yes'. 51% responded were fully satisfied with the care they received while 32% were partially and 16% remained dissatisfied. The causes of their dissatisfaction were the lack of medicine for 8%, less attention of doctors or nurses or doctors not available when needed for 16% and the rest mentioned the prior two causes where as 100% of mothers who are not satisfied didn't complain for that as they didn't know where or how to complain. From observation no feedback or complaint register is found in study areas where the patients can complaint or suggest for the further improvement of tha facilities.

On the other hand, from the service providers' answers it is clear that most of the service providers do not know all the guidelines of PNC properly which is alarming for the health of mothers and newborn babies. While asked their view on mother's hindrances to take PNC services from government facilities they mention mothers' illiteracy, ignorance about the service, superstitious beliefs, economic condition etc. But research shows that a large portion of mothers are with secondary education. Of course a major number of mothers are partially known about the service. Some of them mentioned that patients do not get satisfactory services for they very often encouraged to take postnatal care from govt. hospitals.

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APPENDIX

QUESTIONNAIRE FOR MOTHERS OF NEWBORN BABIES

PART A: SOCIO-ECONOMIC BACKGROUND OF PATIENTS

1. Age of patients:
2. Education:
 - a. Illiterate b. Primary level c. Secondary level d. higher secondary level
3. Occupation:
 - a. Housewife b. Industrial worker c. Professional d. Others
4. Residence:
 - a. rural b. Urban
5. Distance of residence from hospital: _____
6. Economic condition:
 - a. poorer b. poor c. middle d. Rich/ Monthly income: _____

PART B: PATIENT INFORMATION

1. Did you have any problem during delivery?
 - a. Yes b. No
2. When did you get admitted and released from the hospital/ How long you stayed in the hospital?
 - a. 24 hrs b. 3 days c. 7 days d. more than 7 days
3. How did you come to know about the treatment of postnatal care?
 - a. From relatives b. During antenatal period c. others...(Please mention)
4. Were you aware of the service availability in Government hospital before?
 - a. Yes b. No c. A little

5. What was first step of doctors after the baby born?

6. How long after your baby born the doctor/ nurse came to check up?

- a. Within 24 hours of delivery b. within 42 hours of delivery c. No check up

7. How often the doctor came for postnatal check up a day?

- a. Once a day b. twice a day c. more than 2 times a day

8. What was their advice about PNC?

9. Did you come for postnatal checkup in the hospital after going home?

- a. Yes b. No

10. If not, why didn't you come?

- a. Did not want to go out before 6 weeks after delivery
b. Didn't get permission from the family
c. Didn't feel sick
d. Didn't know

11. Did the doctor tell you to come back for postnatal care?

- a. Yes b. No

12. Did you receive any information about danger signs before discharge from the hospital?

- a. Yes b. No

13. Did the doctor/ nurse wipe and wrap the newborn within 10 minutes after birth?

- a. Yes b. No

14. How long after your delivery you got your child breastfeed?

- a. Within 1 hour of birth
b. after 1 hour of birth
c. others....(please mention the time)

15. How long after your baby's birth your baby was bathed for the first time?

- a. Less than 1 hour b. more than 6 hours c. After 24 hours

16. Do you think postnatal care is necessary for women and baby's health?

- a. Yes b. No

17. Did you pay any extra fees?

- a. Yes b. No

18. Are you satisfied with the service you got in the hospital?

a. Yes b. No

19. If not, what are the causes?

a. Medicine b. doctors/ nurses c. no improvement of health d. Others

20. Did you complain?

a. Yes b. No

21. What is your suggestion?

a. _____ b. _____

QUESTIONNAIRE FOR DOCTORS/ NURSE/ SERVICE PROVIDERS

1. Name: _____
2. Age: _____
3. Gender:
 - a. Male b. Female
4. Current Post and Specialty: _____
5. According to you what are the guidelines for PNC?
 - a. _____
 - b. _____
 - c. _____
6. Do you think these guidelines are followed/ PNC guidelines are followed strictly here?
 - a. Yes b. No
7. If not, what are the reasons from your viewpoint?
 - a. _____
 - b. _____
 - c. _____
8. How long do the mothers stay in the hospital after delivery?
 - a. 24 hrs b. 3 days c. 7 days d. more than 7 days
9. How long they should stay in the hospital you think?
 - a. 24 hrs b. 3 days c. 7 days d. more than 7 day
10. Before discharge what advice you give the mother patients?
 - a. _____
 - b. _____
 - c. _____
11. What do you think mothers' hindrances to take PNC from Govt. hospital?
 - a. _____
 - b. _____

c. _____

12. What is your opinion to increase the number of mothers to take PNC from Govt. hospital?

13. Do you think doctors/ nurses are sufficient enough here to provide service on PNC?

a. Yes b. No

14. Do you think logistic supports are enough to provide PNC?

a. Yes b. No

15. Post of Person who co-ordinate Postnatal Care in this hospital: _____

16. Do you conduct meetings to improve Postnatal Care?

a. Yes b. No

17. Would you please mention the changes due to Meetings on PNC.

a. _____

b. _____

18. Your suggestions to improve Postnatal Care:

a. _____

b. _____

c. _____
