

**QUALITATIVE DESCRIPTIVE PARTICIPATORY ACTION RESEARCH
TO IMPROVE ANTENATAL CARE UTILIZATION AT LUMBINI
VILLAGE, NEPAL: CHANGE AND EMPOWER THE MOTHERS
THROUGH 'YOU-ME' EDUCATIONAL GROUP DISCUSSION**



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ABSTRACT

To describe the determinants of currently under-utilized antenatal care (ANC) and to plan and organize appropriate HIEC rural strategy, a qualitative descriptive participatory action research type of study design set for the small population of currently pregnancy experiencing married mothers of rural Lumbini village development committee (VDC) area. The under-utilized ANC with a continued low coverage problem found bigger in that VDC and its Rupandehi district than in other 15-districts of western development region (WDR), Nepal. In context to Nepal, it was variably reported highest maternal mortality rates (850-730/ 100,000 in 1993-98), high population growth rate (2.1%), high total fertility rate (4.6 per woman) in contrast to very low female literacy (24%) with higher dropout and poor coverage of ANC (only 15-22% in 1993-98). In that VDC population size, Muslim peoples (56% of total 3506, 1991) and their culture has dominating to other cultures. There were only 4% pregnant mothers had visited to the PHC clinic which might consequently resulted higher rates of births, TFR, PGR and worlds' highest maternal mortality rates with comparatively low female literacy in the area. That Rupandehi show highly populated district (estimated 611 thousands in 1996), with highest birth rates (3.5% in 1996), but the lowest third in current ANC utilization by coverage rates (less than 2-10 % in 1993-96). Among the five-regions of the country, the WDR have relatively low birth, population growth rate with the reported highest coverage of ANC (averagely, 20%) in the period.

Findings from the WHSC extension-community groups' health education in participatory approach and strategies found helpful to manage the conflicts between the youngsters pregnant and dialogue mother-in law (the family head peoples). From the realizing misunderstandings between provider health center's staffs and target consumers (such as married youngster pregnant mothers) and other elderly mothers (which repeatedly named as mother-in-law by their family status and would play a role as a grand mothers), another group discussions were organized with the consumer groups of ANC. The youngster (daughter-in-law) group was inaccessible to service reaching point(s) for utilizing more ANC service than any other problem. That discussion had contributed in shaping the changes made by repeated ANC visitors. In the above findings there tried to minimize biases and prejudices by checklist cross check and matching with other report findings. These findings found similar and consistent findings with previous study reports of Wong et al. (1995), Omar & Schiffman (1995) to the current study of Dickson (1999) in the abroad countries. However, there are relatively qualified and upgraded health center (from 1992-93) with a world famous heritage center in the name of the birthplace of Lord Buddha has located in that VDC. Therefore, it has learned that commendatory 'YOU-ME' strategic forum for dialogue, discussion qualifying education built rural-youngster pregnant mothers community on describing the contextual determinants of under utilized ANC service and plan-organize-educate for recommended visits in the specified Lumbini health center for reducing the ease illness burden and promoting the health.