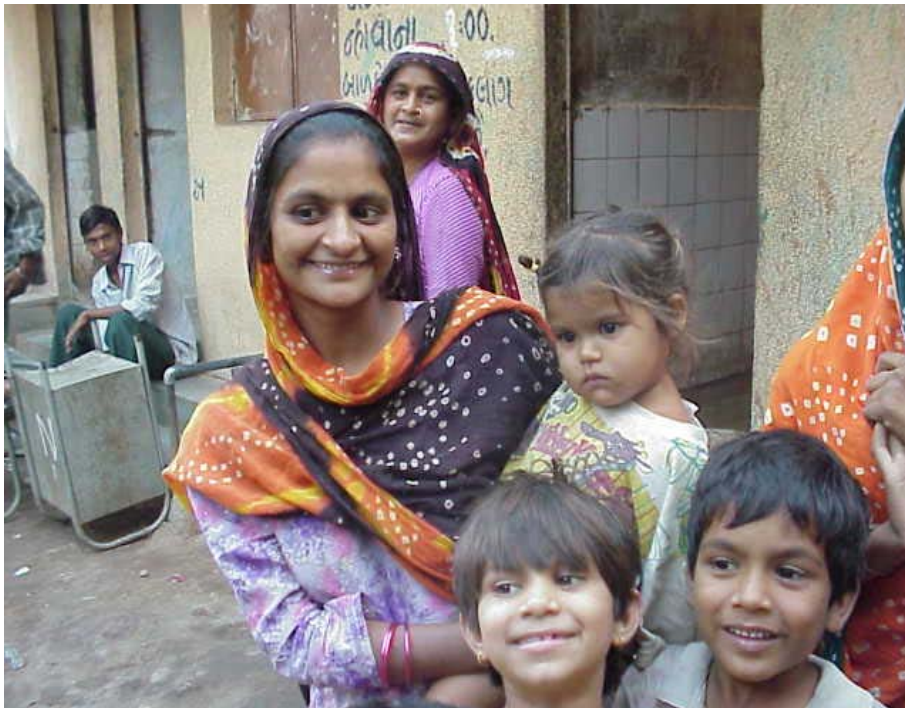


# Perinatal Psychosocial and Cultural factors and Early Childhood Outcomes



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# Background

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- ❑ Perinatal period and early years critical for long term outcomes
- ❑ Maternal health and wellbeing linked to child outcomes
- ❑ India contributes to the largest number of child deaths, greatest number of malnourished children in the world
- ❑ Critical gap: knowledge of determinants of family and community practices and their influence on maternal/child health and care-seeking behaviors

# Why this research

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- ❑ Existing prospective perinatal cohort in SJMC, Bangalore
- ❑ Main objective: explore ass of maternal health and nutrition with preg and child health outcomes
- ❑ High rates of LBW in this cohort
- ❑ Most imp factor in birth weight: Maternal education
- ❑ Other potential factors: maternal height, nutrition, Vit B12
- ❑ Major unexplored areas: socio-cultural and familial factors



# Aims

## To..

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- Identify psycho-social and cultural factors in perinatal milieu influencing early childhood outcomes
- Assess role of maternal education in mediating health and support seeking behaviour
- Assess the relationship between the various socio-cultural factors within the home environment
- Identify factors that are amenable to change in a positive direction so as to improve childhood outcomes



# Methods: Qualitative Research

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- ❑ Nested cohort sample
- ❑ Maximum variation semi purposive sampling of 3 groups of interest: Mothers with low education, mothers with high school education and mothers with high education
- ❑ Semi structured interviews, using grounded theory approach
- ❑ Analysis: Content analysis
  - iterative, extracting themes and core concepts



# Why Qualitative Research?

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- To answer questions that quantitative methods cannot answer
  1. Explain the economic, political, social and cultural factors which influence health and disease
  2. Understand how communities and individuals interpret health and disease
  3. Study interactions between various participants who are relevant to a given public health issue
  4. Improve cultural specificity and validity of epi instruments
  5. Elaborate causal hypotheses from epi and other health research



# Results

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- 36 interviews
- 13 in Gp 1 (low education)
- 12 in Gp 2 (high school and PUC)
- 11 in Gp 3 (university educated)
- All gps with representation of: Hindu, Muslim, Christian, working, non-working, different language groups
- Saturation of themes reached

# Characteristics of study population

	<b>Gp 1 (low ed)</b>	<b>Gp 2 (med ed)</b>	<b>Gp 3 (high ed)</b>
Mat age (mean)	23 years	24 years	26 years
Baby's BW (mean)	2.6 kgs	2.7 kgs	3 kgs
Infant outcomes	1 death, 1 mod disability, 1 not immunised 2 stunted	1 stunted 1 mild dsability Rest OK	Good
Languages spoken	6	4	5
Religions	Hindu Muslim Christian	Hindu Muslim Christian	Hindu Muslim Christian



# Major themes identified

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- ❑ Pregnancy expectations and attitudes
- ❑ Maternal support and advice
- ❑ Access issues: health services, food, transport
- ❑ Maternal role, status, agency
- ❑ Psycho-social stressors

# Pregnancy Expectations/Attitudes

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- Expectations
  - Gender: critical for 2<sup>nd</sup> or 3<sup>rd</sup> preg
  - Healthy baby most important
  - Be with mother or go to village ('ooru')
- Attitudes and practices
  - Cultural/religious: more for first pregnancy
  - Nothing special ('maamuli')
  - More care taken if 1<sup>st</sup> pregnancy
- Knowledge of own health in pregnancy
  - Little specific knowledge, few read books
  - Most relied on family and friends

# Support/ advice in perinatal period

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- Care and support in pregnancy
  - Mother (+++), natal family
  - Extended female network (familial/extra-familial)
  - Husband (esp if 'love' marriage or nuclear family)
- Advice
  - Mother, female family network
  - Hospital: nutrition dept (researchers!), O&G dept
  - Advice from family: mainly food taboos (heat and cold),
  - Most followed advice

# Access Issues 1

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## □ Health and Support Services

- Little knowledge of public health and support services
- Educated and middle class had wider choice
- Dismissive of govt services as poor qual or corrupt
- Most disadvantaged least likely to have options: real and perceived barriers, felt would not qualify

## □ Access to services for baby's health

- Very few used govt services
- Most used SJMC even for preventive visits and well-baby care
- Many also used private pediatricians

## □ Health seeking behaviour

- Most came to SJMC: faith in hospital
- Like that SJMC pushes normal delivery
- By-passed local private and public services

# Access Issues 2

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- Availability of clean water
  - All aware of need to purify water for children
  - Access to regular water supply a problem for poor, rural dwelling
- Availability of food:
  - Most had reasonable access
  - Reliance on husband or other family members
- Transport
  - An issue for poor, isolated, village dwelling



# Psychosocial Issues

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- Family
  - Family tension: In-law trouble more imp than any other
  - Domestic violence not admitted but hinted
- Social Isolation
  - especially if lack of female supports
- Financial
- Pregnancy related anxiety
  - More for educated
  - Infertility



# Role and Status of women

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- Working outside the house
- Participation in public sphere
  - Many desired to join groups (real and perceived barriers)
- Maternal empowerment!!!
  - Not directly related to education
  - More about women who had good social networks



# Effect modifiers

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- Maternal Education
- Area of residence
- Family type, marriage type
- Religion
- Cultural group: eg migrant workers, language barriers

# Policy Implications

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- Access: needs major thought and revamp
  - Private-public partnership needs work
  - Onus on both major private hospital and govt services to com together
- Social support and networks: Role of ASHA/USHA
- Many families fall between cracks:
  - between urban/rural
  - Private/public