DELAY TO RECEIVE EMERGENCY OBSTETRIC CARE IN THAI-BINH, VIETNAM: QUALITY OF CARE ANALYSIS AND SOCIO-CULTURAL, PSYCHOLOGICAL FACTORS AFFECTING DECISION TO SEEK CARE

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Safe motherhood is a leading priority of the reproductive health program in Vietnam. In order to find the pathway to improve emergency obstetric services, this study examines factors affecting decisions to seek emergency care and factors related to delay in seeking adequate and appropriate treatment in the public health care system. A cross-sectional survey was conducted on 191 patients who were being treated for obstetric complications at a hospital. In addition ten in-depth interviews with patients and a focus group discussion among leading local experts on emergency obstetric care were conducted.

Results show that more than two thirds (71.2 percent) of the women did not decide to seek care immediately when first signs of complications appeared. Furthermore, this study reveals statistically significant relationships between a delay to seek care and experiencing reproductive difficulties, women decision-making power, access to financial resources, perceived severity of complications, perceived reputation of staff and perceived social distance. However, no relationships are found between prompt decision to seek emergency care and education level, family income, having health insurance, having a relative as a health care provider, knowledge of early signs of complications, perceived health values, perceived effectiveness of treatment at initially-visited facilities, perceived embarrassment and lack of privacy of pelvic examination. Qualitative analysis reveals that temporary unavailability of staff, mismanagement of blood transfusion and mismanagement of treatment were reported as barriers to prompt treatment by both experts and women.

It is recommended that in order for women to receive adequate and appropriate emergency obstetric care, the maternal health care system must be improved and women must be empowered to be responsible for their own health.