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UTILIZATION OF ANTENATAL CARE SERVICES AMONG RURAL WOMEN IN KRISHNA AND GUNTUR DISTRICTS

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Abstract

The pregnancy period is one of the happiest events in every woman's life. Every mother wants her pregnancy period to be healthy and smooth, but the experiences of pregnancy is not the same for all mothers. Every year about 6 million women become pregnant. We considered at least four or more ANC visits (as recommended by WHO) as a proxy indicator of ANC service utilization and aimed to determine the proportion of women adequately utilizing ANC services (i.e., four or more ANC visits) in poor urban areas. Further, we wanted to study the association of selected factors, such as demographic and obstetric profile, knowledge of maternal health care (MHC), attitude towards ANC, husband accompanying during ANC visits, and autonomy in decision-making of the study participants, with the utilization of ANC services. Overall, 85.5% of the RDWs took at least three ANC services during their pregnancy (95% CI: 81.8% - 88.9%) and 53.7% of them got registered during the first trimester of pregnancy (95% CI: 49.1% - 59.1%). All the RDWs got themselves registered for ANC. Reproductive health is a fundamental component of an individual's overall health status and a central determinant of quality of life. Health workers are also expected to educate women about reproductive health problems. Reproductive health changes impact human society globally, and therefore, this paper analyses about antenatal check-ups, medicines & nutritional supplements, visits to the doctor for antenatal check-ups. The study selected the lowest child sex ratio Divisions in East Godavari District of Andhra Pradesh,

Keywords Child birth, Women, Reproductive, Hospitals, Antenatal check-ups, Pregnancy

Introduction

The World Health Organisation (WHO) defines reproductive health as a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health involves all of the reproductive processes, functions and systems at all stages of human life. This definition implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Men and women have the right to be informed and to have access to

safe, effective, affordable and acceptable methods of family planning of their choice that are not against the law. Furthermore, men and women should have access to appropriate health care services that will enable women to go safely through pregnancy and childbirth, as well as to provide couples with the best chance of having a healthy infant. Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. However, men also demand specific reproductive health needs and have particular responsibilities in terms of women's reproductive health because of their decision-making powers in some reproductive health matters. Reproductive health is a fundamental component of an individual's overall health status and a central determinant of quality of life. Health workers are also expected to educate women about reproductive health problems. Reproductive health changes impact human society globally, and therefore, this paper analyses about antenatal check-ups, medicines & nutritional supplements, visits to the doctor for antenatal check-ups, as observed by the sample women respondents in the study area.

Women who had delivered during the previous year consented to participate, could comprehend, and resided in the selected poor urban settlements for more than six months were eligible for inclusion in the study. If more than one delivery had occurred in the previous year, the most recent delivery was considered. Participants were selected and approached with the help of ASHAs (Accredited Social Health Activists), who are frontline health workers and provide official data to the government on Reproductive, Maternal, Child and Adolescent Healthcare in their field practice area.

Antenatal care (ANC) is the healthcare provided to women who are pregnant, for confirmation and monitoring of the progress of their pregnancy, and to promote their birth preparedness and complication readiness for ensuring optimal birth outcomes for both the mother and her baby. Timely and quality antenatal care is a crucial determinant towards the prevention of maternal mortality, which is a significant developmental goal for developing countries, which contributes to more than 99% of maternal deaths worldwide. The essential components of quality ANC include early registration of pregnancy, a minimum of four antenatal visits during each pregnancy interspersed over the three trimesters, tetanus toxoid immunization (TTI), and iron/ folic acid supplementation (IFAS)[1]. During antenatal visits, pregnant women should receive appropriate nutrition and health education, undergo clinical and laboratory tests for monitoring maternal and foetal well-being, and evaluated for the early detection of any abnormalities along with their management and referral, as required.

ANC provides an opportunity for pregnant women to learn from skilled health workers about healthy behavior during pregnancy and better understanding of warning signs associated with pregnancy and childbirth. It also helps to diagnose and treat pre-existing health problems, proper nutritional intake, and health care during pregnancy. According to the census 2011, maternal mortality rate in India accounts to an enormous figure of 212. Major causes include haemorrhage, obstructed labor, hypertension and other conditions. Approximately 810 women die every day from preventable causes related to pregnancy and childbirth around the world. Global maternal deaths estimated about 295,000 women died during and following pregnancy and childbirth. The vast majority of these deaths (94%) occurred in lower source settings, and most could have been prevented. The study covered 180 eligible women respondents, selecting 30 each from the six Sub-Centres from each district with the help of the stratified random sampling technique to give due representation to different strata of the society. Thus 360 eligible women respondents have been covered for intensive Study.

Objectives

- To examine the antenatal check-ups among women respondents in the age group of 15-49 years
- To find out the received medicines and nutritional supplements during pregnancy among sample women respondents in the study area

Literature Review

A review of the literature is an essential part of any academic research. The review is a careful Here the researcher has collected the earlier studies related to re-productivity health status of rural women examination of a body of literature pointing toward the answer to the research question.

Ramchandrudu G (1996) has observed from NFHS data in Indian society, two thirds of women are illiterate and the age at marriage is 15 years, the scope of high risk pregnancies is maximum. In Andhra Pradesh nearly 88 per cent of the pregnant women are receiving ante-natal care either at home or in a hospital. This is significantly. Higher than Uttar Pradesh State. In which only 45 per cent are receiving such care. However, it is lower than that of Kerala State (98%) and Tamil Nadu (94%). In Andhra Pradesh two - Thirds of deliveries are conducted at home. No doubt, the government is taking steps to utilise the service of Dais by giving them special training, but Institutional delivery is the safest one in Uttar Pradesh 88 per cent of deliveries are conducted at home when compared to 11 per cent in Kerala and 35 per cent in Tamil Nadu.

Shireen J Jejeebhoy(1997) study 'Addressing Women's Reproductive Health Needs Priorities for the Family Welfare Programmes' noted that population dynamics, quality of life and women's status are closely interrelated argues strongly for a fresh look at India's population Programme. Strategies to broaden the narrow focus of services, and more important, to put women's reproductive health services and information needs in the forefront are urgently required. What are the gaps in women' reproductive health care, what are the constraints women face in accessing quality health care.

Kumar R (1997) in his study six hundred married women of 15-45 years age group were interviewed in 4 villages of the district Ambala in Haryana. Impact of Health Centre (HC) availability on the knowledge, opinion and practices related to maternity care and pregnancy outcome was assessed after adjusting the effect of socio-economic status. Except 17 women (2.8%), everyone knew at least one correct purpose of Ante-natal Care (ANC) and 98.2 per cent women had contacted health staff for ANC. However, knowledge of the respondents about the components of ANC was found to be poor in study villages. Traditional Birth Attendants (TBAs) conducted delivery in 76.1 per cent cases in Sub-Centre (SC), 75.6 per cent in villages without a HC compared to 49.8 per cent in Primary Health Centre (PHC) village.

Prakasam C P (2004) in his study the reproductive morbidity data for currently married adolescent women in Andhra Pradesh and Tamil Nadu states reveals that at least 31.4 per cent women in the age group 15-19 suffer from one or more complications of reproductive health. Analysis shows that reproductive morbidity problems were found to be more for the study women in Andhra Pradesh than in Tamil Nadu. In Andhra Pradesh the percentage of currently married adolescent women who reported higher in private hospital deliveries than in home deliveries.

Sharad Kumar Singh, et.al (2012) study envisaged providing affordable and quality health care to the poorest households in the remotest regions of the country. This mission has encouraged changes in the pattern of place of delivery. Innovations under NRHM like Janani Surakhsha Yojana (Maternity Security Scheme), Accredited Social Health Activists (ASHA), Delivery Huts, 24×7 Primary Health Centres and Community Health Centres, and Medical Obstetric Care in First Referral Units have paved the way for increased utilization of health institutions for child birth. The association of increase in hospital deliveries with decline in the prenatal mortality rate in rural India after the launch of NRHM in 2005 was assessed using the Sample Registration System reports. Relative increase in hospital deliveries was 57 per cent from year 2005 to 2008 but relative decline in the PNMR was only 2.5 per cent in the rural areas of Indian states. Hence, quality of care at the time of childbirth needs to be assessed.

Shwetambari Srivastava and MP Singh (2023) in this study reveals that there is still higher proportion of (57.5%) of pregnant women who have inadequate knowledge, and about one-third of study participant have poorly practice ANC care. In our study about (61.3%) respondents understands that antenatal care is recommended by medical and nursing staff and (21.3%) understands that antenatal care is for benefit of both mother and child, (17.5%) understands that it prevents health problems. Knowledge on certain aspects of ANC were still poor especially regarding the importance of early antenatal check-up, health screening and complications related to diabetes and hypertension in pregnancy which needs to be addressed. To maintain or improve the health status of the woman to the optimum till delivery by judicious advice regarding diet, drugs and hygiene. Specific intervention program

need to be planned and conducted to improve their maternal health practices and eventually improve the health status.

Ante-natal Checkups

The ante-natal checkup is one of the most important precautions taken during the pregnancy period. Information was gathered from the women respondents about ante-natal checkups in both the sample areas. These details are presented in Table 1. A majority of the eligible women respondents have received first ante-natal checkup within three months of pregnancy accounted for 91 per cent in Guntur sample and it is only 39 per cent in Krishna district. After three months of pregnancy in both the sample areas, in Krishna district, the women respondents who went checkup more (about 61%) than their counter parts in the Guntur district (only 9%). The data on ante-natal checkups indicates that such checkups within three months of their pregnancy are far higher among the Guntur sample compared with Krishna district.

It is also observed that 51 per cent of the eligible women respondents have received 1-5 times ante-natal checkups and 49 per cent received 6-10 times among Krishna whereas it is 23 and 67 per cent respectively in Guntur sample. In case of receiving ante-natal care women have approached different health institutions like Government hospital, dispensary, CHC, PHC, Sub-Centre or private hospitals. As many as 88 (49%) of the eligible women who received ante-natal care in Government hospital in Krishna district compared with 27 (15%) in Guntur sample. Three-fourth of the eligible women in Guntur received ante-natal care in private hospital and it is only three per cent in Krishna district.

Overall, of the 360 women respondents, as many as 234 (65%) received the first ante-natal checkup within three months of pregnancy and 126 (35%) received the same after three months. The women respondents who have received ante-natal checkups between 1-5 times is significantly higher among Krishna district (51%) and the percentage of women are considerably more between 6-10 times in Guntur (67%). This suggests that ante-natal checkups need to be increased in the study area. It can be observed that 3/4th of the women respondents in Guntur received ante-natal care in private hospitals and nearly 50 per cent of them received from Government hospital. The analysis clearly shows the existing infrastructure plays a major role as to where the respondents use the ante-natal services. In the Krishna district there are no private medical hospitals or practitioners so they go to the government hospitals or PHCs whichever is available for their need. At the same time, in the Guntur district, private medical hospitals and practitioners are more and the general feeling of the public that infrastructure facilities in the government hospitals is not proper in working condition or the hygiene conditions are not upto the mark, prompts them to opt for the private services rather than the Government hospitals. The interaction with the respondents clearly brings out that there is dire need to provide health infrastructure and facilities in almost all the Government hospitals in rural areas particularly in interior Krishna district to reach the goal of 100 per cent coverage of ante- natal care.

Table 1

Distribution of Women Respondents by Number of Ante-natal Checkups

Ante-natal Checkup	Krishna		Guntur		Total	
	No.	%	No.	%	No.	%
Received first ante-natal checkup						
Within Three Months of Pregnancy	71	39.4	163	90.6	234	65.0
After Three Months of Pregnancy	109	60.6	17	9.4	126	35.0
No. of times of ante-natal care received						
1-5	92	51.1	51	28.3	143	39.7
6-10	88	48.9	120	66.7	208	57.8
10 above	0	0.0	9	5.0	9	2.5
Received ante-natal care						
Government Hospital	88	48.9	27	15.0	115	31.9
Private Hospital	6	3.3	135	75.0	141	39.1
Government Dispensary	19	10.6	0	0.0	19	5.3
CHC	11	6.1	3	1.7	14	3.9
PHC	29	16.1	9	5.0	38	10.6
Sub Centre	27	15.0	6	3.3	33	9.2

Source: Field Survey

Ante-natal Care Services

As part of ante-natal care services of the pregnant women the hospital/ PHC conduct different kinds of checkups like weight, height, blood pressure, blood, urine, abdomen, breast examinations, sonogram or ultrasound scans to ascertain the health of the baby in the womb, delivery date, delivery advice, nutrition advice etc. all these details are gathered from the sample respondents in the study and shown in Table 2. It is observed from the table that of the ten aspects of ante-natal care on an average 98 of the pregnant women in the Guntur district received services in all but three examinations. They are examination like, abdomen (79.4%), breast examined (68.3%) and sonogram or ultrasound (67.5%). Among the Krishna district pregnant women, the ante- natal services they received were not up to the mark or comparison to those in the Guntur district. Services like blood pressure (53.9%), blood testing (54.4%), urine (45.6%) scans like ultrasound / sonogram (6.7%) abdomen and breast examinations (35.4 % & 19.6% respectively) were not provided to the majority of the pregnant women in the Krishna district. One can simply observe that these services are mostly linked to the infrastructure facilities in the health centers. Services like delivery date, delivery advise and nutritional advice are linked to the availability of staff and their qualifications and experiences.

Across the study area, more than 70 to 90 per cent of the eligible women were taken care for seven services, like, delivery date (70.6%), blood pressure (76.1), blood (76.4%), delivery advice (79.7%), nutrition advice (87.2%), weight (90.3%) and height (90.3%). However, these figures are more influenced by the Guntur samples. To make these services universal, Government needs to invest in improving the infrastructure and also need to recruit doctors to work compulsorily for a stipulated period in the study areas. The study found that the health personnel should be more focused and give their services properly to the Krishna district. The above empirical analysis shows that the hypothesis that 'there are variations among sample women with regard to ante-natal care and post-natal care in the study area' is accepted. This factor has become significant in the regression analysis (which is

presented in the foregoing analysis) also with regard to the total number of households as well as the same factor has become significant in the two sample areas.

Table 2

Distribution of Women Respondents by Ante-natal Care

Ante-natal Care	Krishna		Guntur		Total	
	No.	%	No.	%	No.	%
Weight	148	82.2	177	98.3	325	90.3
Height	148	82.2	177	98.3	325	90.3
Blood Pressure	97	53.9	177	98.3	274	76.1
Blood	98	54.4	177	98.3	275	76.4
Urine	82	45.6	177	98.3	159	44.2
Abdomen	64	35.6	145	79.4	209	58.1
Breast Examined	35	19.4	123	68.3	158	43.9
Sonogram or Ultrasound	12	6.7	54	67.5	66	18.3
Delivery Date	77	42.8	177	98.3	254	70.6
Delivery Advice	110	61.1	177	98.3	287	79.7
Nutrition Advice	137	76.1	177	98.3	314	87.2

Source: As ex ante

Complications of Pregnancy Women

Information was gathered from the eligible women respondents on the knowledge about pregnancy complications in the study area. Pregnancy complications like bleeding, convulsions, and prolonged labour etc. are presented in Table 3. As many as 180 (100%) of the eligible women in Guntur sample have complete knowledge about all the three complications 'viz' bleeding, convulsions, and prolonged labour and among the Krishna district women this knowledge is known only to 28 (15.6%). Across the study area, the percentage of the eligible women who have knowledge about pregnancy complications constitutes 57.8 per cent. It is evident from the data that the awareness levels of the above complications are very low in Krishna district, therefore, it necessary to educate them regarding pregnancy complications through the health personnel.

Table 3

Distribution of Women Respondents by Knowledge about Pregnancy Complications

Pregnancy Complications	Krishna		Guntur		Total	
	No.	%	No.	%	No.	%
Bleeding	28	15.6	180	100.0	208	57.8
Convulsions	28	15.6	180	100.0	208	57.8
Prolonged Labour	28	15.6	180	100.0	208	57.8

Source: As ex ante

Receiving Advice at Ante-natal Visits

Information was collected from the eligible women respondents relating five items like breast feeding, keeping baby warm, observe cleanliness, spacing and limiting at the time of their ante-natal visit in both the sample areas. The details are presented in Table 4. It is observed that there are variations in receiving advice at the time of ante-natal visit in both the sample areas. As many as 177 (98.3%) of the eligible women respondents have received advice regarding all the five aspects 'viz' breast feeding, keeping baby warm, observe cleanliness, spacing and limiting at the time of their ante-natal visit among Guntur district. In case of Krishna district these figures are not uniform i.e., ranging from 49.4 to 75.6 per cent. In study area, the available figures show that between the range of 74 per cent to 87 per cent of the eligible women respondents have received advice during the time of ante-natal. The analysis reveals that lack of proper advice relating to ante-natal care by the health personnel in Krishna district.

Table 4
Distribution of Women Respondents by Receiving Advice at Ante-natal Visits

Ante-natal Visits	Krishna		Guntur		Total	
	No.	%	No.	%	No.	%
Breast Feeding	136	75.6	177	98.3	313	87.0
Keeping Baby Warm	131	72.8	177	98.3	308	85.6
Cleanliness	94	52.2	177	98.3	271	75.3
Spacing	89	49.4	177	98.3	266	74.0
Limiting	89	49.4	177	98.3	266	74.0

Source: As ex ante

Conclusion

In the present study, planned pregnancy increased the likelihood of four or more ANC visits, which is consistent with other studies. In this study, participants with good knowledge scores and favorable attitudes towards antenatal services were more likely to have four or more antenatal care visits. Knowledge of antenatal care is important for women during pregnancy to increase antenatal care utilization. Policy actions are suggested to educate and empower women, educate men on the importance of ANC services, encourage them to accompany their partners during check-ups, and jointly make decisions regarding antenatal care.

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