



ASSESSMENT OF MATERNAL HEALTH PRACTICES EXISTING IN AN URBAN AREA OF A METROPOLITAN CITY IN INDIA- A CROSS-SECTIONAL STUDY.

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ABSTRACT

Background: There are several factors affecting maternal and child health. The practices of a mother during antenatal, intra-natal and postnatal period affect both the mother as well as the child. Health of the mother will be determined by the maternal health practices in the community. Antenatal, intra-natal and postnatal care play a key role in having a healthy mother and baby. This study will enlighten us with the maternal health practices existing in the community and help us plan the necessary actions to further reduce the maternal mortality and for the betterment of both mother as well as the child.

Methods: It is a Community based cross-sectional study done in the Urban community. All women in the reproductive age group who have been pregnant at least once were included in the study by Universal Sampling method. A structured questionnaire was used to collect data regarding the existing maternal health practices in the urban community with prior written informed consent.

Results: 104 out of 204 females got married when they were of 21-25 yrs of age. 3.43% were addicted to alcohol & 10.29% were addicted to Maseri. All women had registered their pregnancy. Most of the women were motivated for ANC registration by a health worker. 80.4% women have been registered for Janani Suraksha Yojana. Maximum women had 3-5 ANC visits. All the registered women had consumed IFA tablets and TT injection. Blood pressure, height, weight, blood grouping, Rh typing and Blood sugar tests were done for all registered women. Minimum 3 USGs were done for most women.

KEYWORDS : Maternal health practices, urban community, cross-sectional study.

INTRODUCTION:

Mother and baby is considered as one unit because health of the child is determined by the health of the mother.¹ Any disease affecting the mother can have its effects on the baby as well. Hence, for a healthy baby the mother also should be healthy. Thus, maternal health is of utmost importance.

Health of the mother will be determined by the maternal health practices in the community. Antenatal, intra natal and postnatal care play a significant role in having a healthy mother and baby.

That women's health needed to be ensured separately from "health" generally was made stronger in 1978 in the Convention on Elimination of all forms of discrimination against women.² Promotion of maternal and child health is the most important objective of the Family Welfare program in India. Several programs like the National Rural Health Mission focus of the maternal and child health.³

The current Maternal Mortality ratio is 145 for India and 46 for the state of Maharashtra.⁴

Hence, it is pertinent for health care providers to have an insight into the antenatal health practices existing in the community. This will enable the health care providers to deliver better health care to the pregnant women. Thus, effectively decreasing the maternal and infant mortality. There are several cultural factors that are responsible for healthy mother and baby. They may be related to nutrition, hygiene, sleep etc. all of which will affect the health of the expectant mother and her baby. Health services availed by the antenatal women also have a key role in determining the health and wellbeing of the pregnant woman.

Hence, this study was planned to understand all these factors determining the health of a pregnant woman so that suitable measures can be taken at right time to have a better antenatal outcome. Understanding the current maternal health practices and factors influencing them will help us to promote healthy practices and avoid the unhealthy ones. This will ensure that delivery is conducted in a clean environment and optimal care of infant is taken.

METHODS:

A Community based cross-sectional study was done in the Urban community near Tertiary care Hospital. All women in the reproductive age group (15- 44 years) who have been pregnant at least once were included in the study by Universal Sampling method. Total sample size was 204. The data collection was done for a period of 1 month. Women

who refused to participate in the study were excluded. Data was collected using a structured questionnaire regarding the existing maternal health practices in the urban community with prior written informed consent. Data was then entered in Microsoft excel and was analyzed by using SPSS software version 16.

RESULTS:

The study was conducted among the women in an urban area of a metropolitan city. Table No.1 depicts that maximum woman belonged to age group of 21-30 yrs, majority being housewives & belonging to nuclear family. 104 out of 204 females got married when they were of 21-25 yrs of age.

Table 1: Socio demographic profile: N= 204

Sr. no	Sociodemographic parameter	Categories	Respondents (%)
1	Age	15 to 20 yrs	10 (4.9)
		21 to 30 yrs	106 (51.96)
		31 to 40 yrs	76 (37.25)
		41 to 44 yrs	12 (5.88)
2	Religion	Hindu	127 (62.25)
		Muslim	06 (2.94)
		Christian	03 (1.47)
		Buddhist	68 (33.33)
3	Education	Illiterate	12 (5.88)
		Primary	94 (46.07)
		Secondary	70 (34.31)
		Graduation and above	28 (13.72)
4	Occupation	Housewife	136 (66.66)
		Unskilled	52 (25.49)
		Skilled	16 (7.8)
5	Type of family	Nuclear	148 (72.54)
		Joint	12 (5.88)
		Three Generation	44 (21.56)
6	Socio economic status	Upper	04 (1.96)
		Upper Middle	78 (38.23)
		Lower Middle	108 (52.94)
		Lower Upper	12 (5.88)
		Lower Lower	02 (0.98)
7	Age at marriage	< 20 yrs	18 (8.82)
		21 to 25 yrs	104 (50.98)
		> 25 yrs	82 (40.19)
8	Yrs of marriage	< 1 yr	13 (6.37)

	1 to 5 yrs	110 (53.92)
	5 to 10 yrs	67 (32.84)
	> 10 yrs	14 (6.86)

Graph No. 1 depicts the addiction profile of the respondents. 3.43% were addicted to alcohol & 10.29% were addicted to Masherri.

Graph No.1 Addiction profile of respondents. N= 28

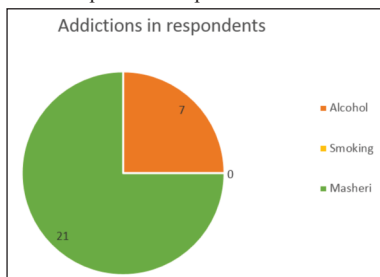


Table No. 2 Gives the Details of the previous pregnancy (N= 204) wherein most of them had a single living child. The interval between first pregnancy and marriage for majority of the respondents was 1 to 5 years.

Sr. no	Details of pregnancy	Respondents	
1	Number of living children	Nil	16 (7.84)
		1	133 (65.19)
		2	51 (25)
		3	04 (1.96)
2	Interval between 1 st pregnancy and marriage	Less than 1 year	29 (14.21)
		1 to 5 years	172 (84.31)
		More than 5 years	03 (1.47)
3	Interval between 2 consecutive birth/ abortion:	Less than 2 years	53 (25.98)
		2 to 4 years	55 (26.96)
		More than 4 years	00 (0)
		Not Applicable	96 (47.05)

Graph No. 2 shows the ANC service utilization among the respondents. All women had registered their pregnancy. Most of the women (53.92%) were motivated for ANC registration by a health worker and maximum had registered before 12th week of pregnancy. 164 women have been registered for Janani Suraksha Yojana. Maximum women were accompanied to the OPD by their husbands. Most women had 3-5 ANC visits. All the registered women had consumed IFA tablets and TT injection. 87.7% women have ever used contraceptives where OC pills were most used. Blood pressure, height, weight, blood grouping, Rh typing and Blood sugar tests were done for all registered women. Minimum 3 USGs were done for most women. 93.62% women consumed extra meals during pregnancy.

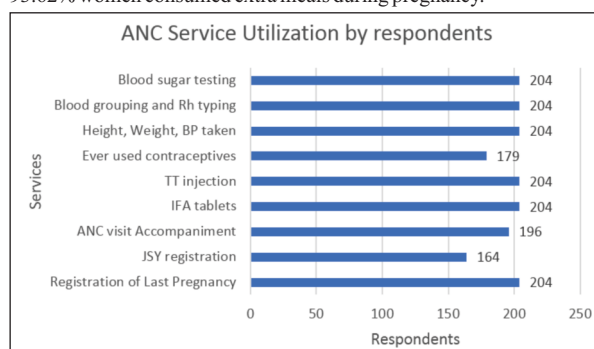


Table no. 3 depicts the Maternal health practices in the urban community wherein most of the women slept for 6-8 hrs during their pregnancy. 86.77% women had food taboos and 30.9% women had tied a sacred thread on body during their pregnancy.

Sr. no.	Practice	Options	Respondents
1	Consumption of extra meals during pregnancy.	Yes	191 (93.62)
		No	13 (6.37)
2	Hours of sleep during pregnancy?	Less than 6 hrs	11 (5.39)
		6 to 8 hrs	174 (85.29)
		More than 8 hrs	19 (9.31)
3	Work done during pregnancy?	Light	72 (35.29)

		Moderate	132 (64.7)
		Heavy	00 (0)
4	Place of last delivery?	Home	07 (3.43)
		Institutional	181 (88.72)
		Not Applicable	16 (7.84)
5	Food taboos	Yes	177 (86.76)
		No	27 (13.23)
6	Sacred thread tied during pregnancy?	Yes	63 (30.88)
		No	141 (69.11)

DISCUSSION:

A study by Nuzhat Choudhary and Syed Ahmed showed that the cultural beliefs and norms have a strong influence on maternal care practices among the ultra-poor households, and override the beneficial economic effects from livelihood support intervention. Cultural beliefs influence the pre as well as post-natal health of the mother and child. Similarly, was seen in this study wherein food taboos were found to be significant.⁵

In a study conducted in an urban area of Bhubaneswar by Sabyasachi Roy et al about 86.1% of respondents attended antenatal care (ANC) for their recent birth of which 35.5% started attending ANC in the first trimester, 46.2% in the second trimester, and the remaining 18.3% in the third trimester. Out of 426 mothers who received ANC for their recent pregnancy, 263 (61.7%) made less than four visits while 163 (38.3%) made four and more ANC visits during the course of their recent pregnancy.⁶ These findings are similar to current study wherein all women had registered their pregnancy and had at-least 3-5 ANC visits.

A study conducted by Kurlikar P et al done in Maharashtra which compared ANC service utilization in Urban and Rural area revealed Eighty percent of women had availed 3 antenatal check-ups in the study sample and the likelihood of having 1 and 2 antenatal check-up decreases with increasing education and household wealth index. In this study also majority women had 4 ANC visits.

In this study significant association was found between the Age, Education and Occupation with the ANC service utilization of the respondents. (p<0.05). Cultural factors also play a major role in utilization of the ANC services. Hence, we recommend IEC of the ANC mothers so that a healthy mother can have a healthy child.

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