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Research Paper

Reproductive Health Status of Women in Antenatal Care -A Comparative Study of Hindus and Muslims

Home Science

KEYWORDS : World Health Organization (WHO), Antenatal care, pregnant women www

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ABSTRACT

Antenatal care it is the education, supervision and treatment to a pregnant woman so that her pregnancy and labour will terminate with delivery of a mature healthy living baby, without injury to the mind or body of the mother. The main objectives of the study are to assess the status of antenatal care for Hindu and Muslim pregnant women in Karvetinagar Mandal of Chittoor district of Andhra Pradesh. About 89% of the pregnant women availed antenatal visits of which 62% had received three or more ANC visits. Those receiving the second dose of TT or booster dose were about 78%. About 73% of the pregnant women received IFA tablets during their pregnancy. About 53% of the pregnant women had full package of ANC i.e. availed 3 or more ANC visits, both the doses of TT/boster and IFA tablets. The proportion of pregnant women who availed full ANC package was lower in Muslim women as compared to Hindu women. The proportion of Institutional deliveries managed by hospitals and health centres was about 41%, it being higher among literate women and in Hindu religion. The literacy of women is the key to improve antenatal care of pregnant women. Hence efforts should be made to have Information, Education and Communication (IEC) activities targeted to educate the mothers especially in rural areas.

Introduction

Antenatal care is systematic medical supervision including examination and advice to a pregnant woman with the aim to ensure that every wanted pregnancy culminates in the delivery of a healthy baby without impairing the health of the mother. Ideally this care should begin soon after conception and continue throughout the pregnancy. Antenatal checkups prevent most medical problems. Even if there is a problem, early detection helps to control the problem better. For example, there is a condition called pre- eclampsia in which there is weight gain, high blood pressure and stress on the kidney. This is detected by regular blood pressure checks and checking the urine for protein. A urinary tract infection during pregnancy can be detected by a simple urine analysis and its treatment helps the normal growth of the baby in the womb.

The objectives of antenatal care

- Confirm pregnancy and Expected Date of Delivery (EDD) Monitor maternal health and Monitor fetal health
- Identify high risk pregnancies and Detect associated medical, surgical and gynaecological disorders
- Recognize the deviation from the normal and refer such cases for specialized investigations
- Screen for infections and Select cases for domiciliary/hospital delivery
- Immunize the pregnant mother against tetanus and other diseases
- Educate the mother regarding nutrition and drugs Educate the mother regarding child care and counsel her about contraception
- Screen for cancer of breast and genital tract.

Follow-Up of Antenatal Care

A thorough initial and comprehensive evaluation sets the stage for subsequent antenatal care. Hence forth you will monitor maternal and fetal health. It is necessary for you to find out from the pregnant woman if she has any new symptoms; if she has, the symptoms must be assessed thoroughly. In the earlier section, we have seen that the pregnant woman should come for check up every four weeks till 28 weeks, then every 2 weeks till 36 weeks and weekly thereafter. The following should be recorded at every visit:

- Weight Gain
- Blood Pressure
- Obstetrical Examination
- Common Complaints

Unsafe Abortions & Medical Termination of Pregnancy (MTP)

The methods employed by them for termination are not safe and the facilities are unhygienic. Hence, there is a great risk to the life of these women. You can educate such women with unwanted pregnancies about the dangers of these illegal, unsafe abortions. Such women should be able to confirm whether they are pregnant and if so, they can seek safe and legal abortion at a government health centre or government approved private hospital. Abortions have been legalized since 1971 under certain conditions, as given in under the Medical Termination of Pregnancy Act ("MTP" Act). Such abortions can be carried out up to the fifth month (20 weeks) of pregnancy. Government primary health centres can carry out abortion till eight weeks (2 months), while for an abortion after this period; a woman would have to go a hospital. Abortions done early in pregnancy are also safer than those carried out later.

As per PNDT (Pre- Natal Diagnostic Techniques) Act, 1994

- Detection of sex of foetus during pregnancy is illegal.
- Termination of pregnancy after identifying the sex of the foetus as female is also illegal.

Methodology

The present study entitled "Reproductive Health Status of Women in Antenatal Care -A Comparative Study of Hindus and Muslims" was undertaken with the following objectives to examine antenatal problems and Care of Hindu and Muslim women.

Study Area

The study was conducted in Karvetinagar Mandal of Chittoor district of Andhra Pradesh. The area was purposively selected in view of the following reasons. Karvetinagar Mandal represents one of the educationally less developed regions of Andhra Pradesh. The investigator hails from this place and hence was familiar with all the villages. The investigator was familiar with local language and building rapport with respondents was easy.

Sampling procedure

The present investigation was carried out in Karvetinagar Mandal of Chittoor district of Andhra Pradesh. The sampling unit for the study was young women in the age group of 15-45 years. Both Hindu and Muslim women were included in the study in order to assess their contraceptive knowledge (Family Planning) and fertility preference. Random sampling procedure was followed in the selection of the respondents. Karvetinagar Mandal consists of 9 villages. Out of 9 villages 5 villages namely Padirikuppam, Allagunta, Annur, R.K.V. Peta, Alathuru were selected at random. Totally 50 Muslim women and 50 Hindu women were randomly selected from the five selected villages of Karvetinagar Mandal in five villages. Thus, as a total 100 women constituted as sample for the present study.

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Data collection
First the purpose of the study was explained to the respondents (women) who were then requested to extend their c o-operation to the maximum extent possible. After established good rapport the investigator started collecting the data from the Hindu and Muslim members and participatory observation technique was adopted for substantiating the findings.

1. Problems during Pregnancy
For each of the last two births the mother was asked if at any time during the pregnancy she experienced any of the pregnancy related problems.

Table No. 1: Distribution of the respondents by problems during pregnancy

S. No.	Problems during Pregnancy	Hindu	%	Muslim	%
1.	Blurred vision	6	12	9	18
2.	Swelling of the legs, body or face	24	48	28	56
3.	Excessive fatigue	26	52	29	58
4.	Anaemia	39	78	33	66

SOURCE: Primary Data-2007

The data in the table indicates the problems most commonly reported by Hindu and Muslim women were anaemia (78% and 66%) and excessive fatigue (52% and 58%), followed by swelling of the legs, body or face (58% and 56%). More than one-tenth (12% and 18%) of women reported blurred vision.
Majority of them were suffered iron deficiency anaemia. It is a major threat to safe motherhood and to the health and survival of infants. A slightly higher proportion of Muslim women than Hindu women reported having excessive fatigue and swelling of the legs, body or face.

2. Antenatal Check – ups
A pregnant woman can have an antenatal check-up by visiting a doctor or another health professional in medical facility, receiving a home visit from a health worker, or both.

Table No. 2: Distribution of the respondents by antenatal check-ups

S. No.	Antenatal check-up	Hindu	%	Muslim	%
1.	Antenatal check-up at home	16	32	21	42
2.	Government Hospital	20	40	16	32
3.	Private Hospital	14	28	13	26
Total		50	100	50	100

SOURCE: Primary Data-2007

The table shows that, among antenatal check-ups one-third (32%) of Hindu and two-fifth (42%) of Muslim mothers were received antenatal check-ups only at home from health worker (ANMs). Two-fifth (40%) of Hindu and one - third (32%) of Muslim mothers were received antenatal check-ups from a government doctor and more than one-quarter (28% and 26%) of both mothers had went private hospitals for antenatal check-ups.

This data suggests that all another's during their 1st pregnancy went hospitals for antenatal check-ups. During 2nd and 3rd pregnancy some women were received antenatal check-ups only at home from health workers.

3. Number and timing of Antenatal Check-ups
The number of antenatal check-ups and the timing of the first check-up are important for the health of the mother and the outcome of the pregnancy. The conventional recommendation for normal pregnancies is that once pregnancy is confirmed, antenatal check-ups should be scheduled at four-week intervals during the first seven months, then every two weeks until the last month and weekly thereafter. Four antenatal check-ups one each during the third, sixth, eighth and ninth months of pregnancy have been recommended as the minimum necessary. The conventional recommendation is to schedule the first check-up within six weeks of a woman's last menstrual period.

Table No. 3: Distribution of the respondents by number and timing of antenatal checkups

S. No.	Number and timing of check-ups	Hindu	%	Muslim	%
1.	Number and timing of check-ups				
	3 times	12	24	19	38
	4+ times	38	76	32	64
2.	Stage of pregnancy at the time of the first antenatal check-ups				
	First trimester	14	28	16	32
	Second trimester	36	72	34	68

SOURCE: Primary Data-2007

From the table it clear that majority (76% and 64%) of both mothers had received four or more antenatal check-ups during pregnancy, and one - quarter (24%) of Hindu and less than two-fifth (38%) of Muslim mothers were received at least three antenatal check-ups. A large percentage (72% and 68%) of both mothers were received their first antenatal checkup in the first trimester of pregnancy, and more than one - quarter (28%) of Hindu and one - third (32%) of Muslim had received their first check-up in the second trimester. The shorter distance to antenatal services and case of travelling to health services, as well as the educational attainment of mothers, could be important factors for the large number of check-ups received by Hindu women compare to Muslim women.

4. Components of antenatal Check-ups
The effectiveness of antenatal check-ups in ensuring safe motherhood depends in part on the tests and measurements done and the advice given during the check-ups.

Table No. 4: Distribution of the respondents by components of antenatal check-ups

S. No.	Components of antenatal check-ups	Hindu	%	Muslim	%
1.	Antenatal measurements / tests				
	a) Weight measured	40	80	42	84
	b) Blood pressure checked	50	100	50	100
	c) Blood tested	36	72	32	64
	d) Urine tested	19	38	21	42
	e) Abdomen examined	50	100	50	100
	f) Internal examination	12	24	13	26
	g) Sonogram (or) ultrasound	15	30	16	32
2.	Antenatal Advice				
	Diet	35	70	37	74
	Danger signs of pregnancy	26	52	28	56
	Delivery care	21	42	24	48
	New born care	37	74	36	72
	Family planning	38	76	39	78

SOURCE: Primary Data-2007

The data in the above table indicates that among all births for which both mothers received antenatal check-ups. Cent percent (100% and 100%) of both Hindu and Muslim mothers had an abdominal examination and a similar proportion had their blood pressure checked as part of the antenatal check-ups. Other common components of antenatal check-ups were the measurement of weight (80% and 84%) blood tests (72% and 64%) and urine tests (38% and 42%). One - quarter (24% and

26%) of both mothers had internal examination during antenatal check-up and nearly one - third (30%) had a sonogram or ultrasound. Majority of both women were received Antenatal advice on family planning (76% and 78%), new born care (74% and 72%), and diet (70% and 71%). More than half of (52% and 56%) both mothers had received advice on danger signs of pregnancy during antenatal check-ups and more than two-fifth (42% and 48%) on a delivery care.

All of these measurements / tests and antenatal advice were performed more often during antenatal check-ups for Hindu than Muslim women.

5. Tetanus Toxoid Vaccination

In India, an important, cause of death in infancy is neonatal tetanus, which is caused by newborn infants becoming infected by tetanus organisms, usually at the umbilical stump. Neonatal tetanus is most common among children who are delivered in unhygienic environments and when unsterilized instruments are used to cut the umbilical cord. Neonatal tetanus is a preventable disease. Two doses of tetanus toxoid vaccine given one month apart during early pregnancy are nearly 100 percent effective in preventing tetanus both among newborn infants and their mothers Immunity against tetanus is transferred to the foetus through the placenta when the mother is vaccinated. According to the National Immunization Schedule, a pregnant woman should receive two doses of Tetanus Toxoid Injection. The first when she is 16 weeks pregnant and the second when she is 20 weeks pregnant.

Table No. 5: Distribution of the respondents by Tetanus Toxoid Vaccination

S. No.	Tetanus Toxoid Vaccination Number	Hindu	%	Muslim	%
1.	Two or more	50	100	50	100
Total		50	100	50	100

SOURCE: Primary Data-2007

From the table it indicates that Cent percent (100% and 100%) of both mothers were received two doses of Tetanus Toxoid injections during their pregnancies. These results suggest that ANMs, were regularly home visit to the pregnant women and discussed about National Immunization schedule.

6. Iron and Folic Acid Supplementation

Nutritional deficiencies in women are often exacerbated during pregnancy because of the additional nutrient requirements of featal growth. Iron deficiency anaemia is the most common micro nutrient deficiency in the world. The provision of Iron and Folic Acid (IFA) tablets to pregnant women to prevent nutrition anaemia forms an integral part of the safe motherhood services offered as part of the MCH activities of the family welfare programme and how offered as part of the reproductive and child health programme. The programme recommendation is that pregnant women consume 100 tablets of iron and folic acid during pregnancy.

Table No. 6: Distribution of the respondents by usage of Iron and folic acid Supplementation

S. No.	Number	Hindu	%	Muslim	%
1.	Received supply for 3+ months	50	100	50	100
2.	Consumption all	36	72	28	56

SOURCE: Primary Data-2007

From the table it indicates that, cent percent (100% and 100%) of both Hindu and Muslim mothers were received three month supply of IFA tablets or syrup. Among, mothers who received IFA during pregnancy. Nearly three - quarter (72%) of Hindu and more than half of (56%) Muslim mothers were consumed all the supplements that were given to them.

This suggests that the reproductive and child health programme needs to do a better job in informing pregnant women about the advantages of IFA, trying to understand many Muslim women do not consume all the IFA they receive, and overcoming resistance to the consumption of IFA.

Major Findings of the Study

- The majority (78% and 66%) of Hindu and Muslim women were suffered anemia during pregnancy period.
- More than one – third (32%) of Hindu and two-fifth (42%) of Muslim mothers were received antenatal check-up at home from health worker (ANM).
- The majority (76% and 64%) of both mothers had received four or more antenatal check-up during pregnancy.
- Cent per cent of both Hindu and Muslim mothers had an abdominal on examination as part of the antenatal check-up.
- Majority of both women were received antenatal advice on family planning (76% and 78%), new born care (74% and 72%) and importance of diet (70% and 71%). Cent per cent of both mothers received two doses of Tetanus Toxied Injections during their pregnancies.
- Cent per cent (100% and 100%) of both Hindu and Muslim mothers were received three month supply of IFA tables or syrup.

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