

Inequality of Utilization of Antenatal Care Services Among Urban Women In India



Social Science

KEYWORDS : Age of Mother, still birth, Wealth Index, Caste, Religion and Education.

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ABSTRACT

The present paper examines the level and disparities in the utilization of Antenatal care services (ANC) among the urban population in India. It also explores the underlying factors associated with low utilization of full antenatal care. The present paper based on "District Level Health Survey" (DLHS-III) (2008-09) data source. Statistical analysis likes cross tabulations and logistic regressions have been computed to address the objectives. The age of mother, birth order, still birth and spontaneous abortion, education, economic status, caste and religion is also significant factors. The very young and older age group mother and higher birth order belonging mother less utilize ANC. Similarly poor, uneducated, scheduled caste and scheduled tribe and minority population group less utilize ANC. Therefore, interventions should address younger age groups; poor, uneducated or less educated women in urban areas. Socially deprived scheduled castes, tribes and minority population groups should also be brought under consideration in the maternal health policy.

Introduction

Utilization of Antenatal care (ANC) services are a most important tools to control maternal mortality, spontaneous abortion, birth defect, low birth weight, and stillbirth¹. The pregnancy is a very crucial period for both mother and her baby because so many problems appear during this period, such as, difficulty with vision during daylight, night blindness, convulsions (not from fever), swelling of the legs, body or face, excessive fatigue, or vaginal bleeding and other things². Antenatal care (ANC) is a regular and proper medical care given to pregnant woman's conception up for delivery by doctors ANM/Nurses/ midwife/LHV/ other health personnel. This regular monitoring of pregnant women and her baby is made by various types of test and examination, it includes weight measure, height measure, blood measure, blood test, urine test, abdomen test, breast examine, ultrasounds/ zoography, etc. At least three antenatal cares is essential one TT injection, 100 IFA tablets or adequate amounts of syrup. These services are provided free of cost in all government health facilities in the country³.

Actually, uses of antenatal care service are a very complex phenomenon that is influenced by not single factors, but so many factors are associated with it. As per available literatures regarding utilization of antenatal care reveal that socioeconomic, socio-cultural, demography and health care services important determinants of utilization of antenatal care service⁴. It is seen that there are considerable differences among urban women in India, in terms of caste, religion, literacy, education, economic condition, work participation, knowledge, empowerment, and other such factors that determine the status of women in the society. Therefor the present study is an attempt to ascertain the variations in utilization of Antenatal care services by urban women across various sections of the society in India. An attempt has also been made to explain the underlying factors responsible for such inequalities.

Methodology

The present study is a cross sectional study. The data has been derived from District Level Health Survey-IIIrd round (DLHS-2007-08). The data were collected in December 2007 and December 2009. Total 7,20,320 households 6,43, 944 ever married women aged 15-49 years, and 166260 unmarried women aged 15-24 years old women, were selected at the national level. In urban areas 1,39,672 ever married women and 5,04,272 women from in rural areas were asked. The cross tabulation technique has been preformed between dependent variable 'Full Antenatal Care' and independent variables to calculate the percentage utilization of antenatal care by background characteristics. Secondly binary logistic regression has been performed with the help of SPSS.16 version computer software to see the probability of accessing antenatal care services in urban areas.

Findings

The table 1.1 reveals that there are wide variations in utilization of antenatal care (ANC) services within urban areas in the country. The highest ANC has been used by middle age group women (of age 25-29 years old with 40.0 percent) whereas, 20-24 age groups (31.9 percent) and 34-36 age groups (18.6 percent) and 15-19 year age group only 3.3 percent. There is a negative correlation appeared between utilization of antenatal care services and birth order. Those women who have 1st birth order receive the highest percentage of ANC with 46 percent, followed by second birth order 36.1 percent third birth order 11.5 percent, fourth birth order 3.3 percent and above four birth order 3.1 percent. Furthermore, it was observed that the women who ever had any still birth and spontaneous abortion received 100.0 percent and 96.3 percent of ANC respectively. The working status of women is an important factor regarding utilization of the ANC. Only 3.7 percent working women receives antenatal whereas, 96.3 percent not working women receives ANC. The only 0.9 percent poor women receive antenatal care services, whereas 63.3 percent richest women of the richest section of the society seek antenatal care services. The 2.6 percent poorer, 8.7 percent middle and 24.6 percent rich section of the society take antenatal care services in urban areas in the country. The 94.6 percent women take ANC whose husband are educated, whereas, 6.4 percent women whose husband are not educated. Furthermore, 92.8 percent educated women receive antenatal care services, and 7.2 percent illiterate women use ANC in urban areas in the country during their pregnancy period. Furthermore, variation regarding utilization of full antenatal care services can also be observed in religious and social groups within urban areas in the country. Hindu women seek the highest antenatal care with 71.8 percent, followed by Muslims women, 18.8 percent, Christian's women, 7.3 percent Sikh women. 0.4 percent, all other religious groups 2.0 percent receives. Only 8.4 percent Scheduled tribes women receives antenatal care services while 13.1 percent scheduled caste women takes antenatal care services. The General caste group receives 51.2 percent and all other castes receive 27.1 percent.

Discussion

The younger women easily accept modern medicine and health care services than older aged group mother. On the other hand older women have better experience and good knowledge of pregnancy and childbirth. They are more confident and assured. Thus, they give less importance of modern antenatal care and childbirth⁵. Women tend to give greater attention to their first birth order, since they are inexperienced with pregnancy, they do not want to take any risk, therefore, they more likely to receive antenatal care. If women had a stillbirth or spontaneous abortion in the past of her life, are more likely to receive antenatal care services. There is a fear from past pregnancies about her

current pregnancy⁶

Working women are more actives than not working women. They have greater freedom of movement outside the house and gets information that are available for pregnancy care in the market. Working women have greater control over resource in the household than unemployed women^{14,15}. Educated women have more autonomy within and outside of the household. Educated women easily accept modern health care services than no educated women. In addition, it strengthens the women social and economic autonomy⁷. Educated women are less fatalistic and more progressive than illiterate one. They accept the new knowledge and idea of their surrounding community knowledge. The communication skills developed from schooling by which they could communicate with health professionals in better way⁸.

Family poverty reduces the access of health care service and information. It also controls health seeking behaviours in terms of ignorance⁹. Poverty influences education limitation particularly female education. In addition, financial problems constrain made to constrain of ignorance of their sickness¹⁰. On the other hand low caste group may be subject to social barrier, feeling inferior complexity, fear that will be treated with arrogance or indifference by practitioners¹¹.

A minority section of the country takes less antenatal services than majority people. The utilization of health care services might differ by religious groups. Religious salience and domination are significant factors that strongly associated with utilization of antenatal care that is needed to further study¹².

Table 1. Utilization of Antenatal Care Services by Background Characteristics in Urban India

Age of Mother	No of Cases	Per-cent	Age of Mother	No of Cases	Percentage
15-19	8430	3.3	Wealth Index		
20-24	82447	31.9	Poorest	2260	0.9
25-29	82447	40	Poorer	6679	2.6
30-34	48156	18.6	Middle	22630	8.7
35-39	13495	5.2	Rich	63658	24.6
40-44	2355	0.9	Richest	163428	63.2
45-49	420	0.2	Caste / Tribes Group		
Birth Order			Scheduled Caste	33260	13.1
1 st	118996	46	Scheduled Tribe	21399	8.4
2 nd	93407	36.1	No Caste/Tribe	130319	51.2

3 rd	29848	11.5	Others	68903	27.1
4 th	8522	3.3	Religion		
All other	8027	3.1	Hindu	184899	71.4
Still Birth			Muslims	48651	18.8
Yes	258753	100	Christian	18989	7.3
No	47	0	Sikh	1099	0.4
Spontaneous Abortion			All other	5162	2
Yes	258270	99.8	Husband ever attended school		
No	530	0.2	Yes	244734	94.6
Women Worked in Last 12 Months			No	13687	5.3
Yes	8036	3.7	Women Ever Attended School		
No	207847	96.3	Yes	240229	92.8
			No	18460	7.1

Source- Distract Level Health Survey (DLHS-III 2007-08)

Conclusion

Although the utilization of full antenatal care service is higher in urban areas than rural areas, but wide disparity also exists among various population groups in urban society. Therefore, lower age groups mother, higher birth order mother should be encouraged to seek the antenatal care services during their pregnancy period. Special attention should be given to stillbirth and the spontaneous abortion incident suffered women because it is major problems too in the country. Economic statuses of household, working status, educational status of mother are important determinants of the utilization of antenatal care services. Economically weak, not working women and illiterate women should be emphasized in the maternal health care policy. Female education, particularly beyond primary and middle school needs to be strongly encouraged. Furthermore, special attention should be also given to scheduled tribes and minority section of the society. Since, these groups are more deprived and backward class of the society.

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