



A STUDY TO ASSESS THE UTILIZATION OF ANTE NATAL SERVICES AND ASSOCIATED BARRIERS AMONG MOTHERS IN PALAM AREA OF DELHI

Community Medicine

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ABSTRACT

Background: While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill health and even death. Majority of the complications can be averted by preventive care (antenatal checkups, birth preparedness) and timely management of obstetric complications and postnatal care. **Methods:** A semi structured, pretested interview schedule was administered to 250 study subjects for obtaining the socio-demographic details and data related to antenatal care received and associated barriers for not availing the services. **Results:** Complete coverage of antenatal services was observed in 28.8% of the study population while 61.6% had adequate but partial coverage of antenatal services. Lack of knowledge was observed to be the main reason for inadequate utilization of ante-natal care. **Conclusion:** Reasons for inadequate utilization of ante natal services needs to be addressed by systematic continuous monitoring and supervision of services including periodic beneficiaries view point on services being provided and counselling of pregnant women.

KEYWORDS

Ante natal services, Utilization, Barriers

INTRODUCTION

While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill health and even death. Though most pregnancies result in normal birth, it is estimated that about 15% may develop complications, which cannot be predicted.¹ Majority of these complications can be averted by preventive care (such as antenatal checkups, birth preparedness), skilled care at birth, early detection of risk, appropriate and timely management of obstetric complications and postnatal care.

The key obstacle reported is pregnant women's lack of access to quality skilled care before, during and after childbirth.² A large number of maternal and child deaths are attributable to the 'three delays': (1) delay in deciding to seek care (2) delay in reaching the appropriate health facility and (3) the delay in receiving quality care once inside an institution.² The delay in deciding to seek care can occur due to inadequate resources, poor access to quality health care and lack of awareness regarding the importance of maternal care at the household level. The unavailability of basic reproductive health services i.e. ante natal, postnatal care and emergency obstetric care, as well as delays in seeking institutional care and the poor quality of care provided in the health facility potentially contribute to maternal deaths.³

Maternal mortality is a health indicator that shows very wide gaps between rich and poor, urban and rural areas, both between countries and within them. The evidence also showed that the poor get the least access to preventive and curative services.^{3,4} In addition, the people residing in rural areas are at great disadvantage in terms of availability, accessibility and affordability of health services when compared with urban counterparts.⁵

In India, majority of its population living in rural areas, i.e. ~ 70%, devoid of even subsidised health services provided by the government on account of complex socio-economic circumstances, requires targeting the underserved population in specific areas.⁶ Therefore, it is clear that the implementation focus has to shift to geographical areas of greatest concern and to populations that carry the highest burden of illness and mortality. This must also include a focus on the urban disadvantaged population (the 'urban poor') where barriers to utilization of health services, often due to inequitable distribution of services are well documented.⁷

MATERIALS AND METHODS

STUDY TYPE:

Observational study

STUDY DESIGN:

Community based cross-sectional study

STUDY AREA & PERIOD:

The Community based cross-sectional study was carried out in Palam area of west Delhi from January to December 2016 which is one of the field practice area of Community Medicine Department, Lady Hardinge Medical College, New Delhi.

STUDY POPULATION:

Women who delivered between January to December 2015 and residing in Palam area of Delhi for the last 2 years.

METHODOLOGY:

Taking the prevalence of complete MCH coverage to be 45%⁶ allowable error of 15% (confidence interval = 95%, power = 80%, non-response rate = 15%) the effective total sample size was 250. The population of Palam area is around 35000. There were 600 births in the year 2015. A list of all the deliveries that occurred in the year 2015 was made by combining the records obtained from multipurpose health workers of PHC Palam and anganwadi workers in that area. Out of this list, 250 subjects were selected by simple random sampling using lottery method without replacement.

In the present study, women who delivered during the year 2015, residing in Palam area for at least last 2 years and gave consent for participation were included in the study while those who refused to give informed consent were excluded from the study.

A semi structured, pretested interview schedule was administered to all the study subjects for obtaining the socio-demographic details and data related to antenatal check-ups and associated barriers for not availing the services. Subjects were also asked for the health facility records if available and the information gathered by the interview was cross checked and supported by these records. Women who did not receive complete coverage of antenatal services were further probed for reasons or barriers for the same.

Operational definitions used:-

Complete Coverage of Antenatal Services: A woman is considered to have complete coverage of antenatal services if she received the recommended ideal number of ANC visits (13 or more along with first visit of registration).

Partial Coverage but Adequate: A woman is considered to have partial coverage but adequate if she received equal to or more than four (04) but less than 13 ante-natal visits.

Inadequate Coverage: A woman is considered to have inadequate coverage if she has received less than four (04) ante-natal visits.

DATA ENTRY AND STATISTICAL ANALYSIS

Data entered in proforma subsequent to interview was checked for correctness manually before entering them into a spreadsheet database created and analysis which was done using Statistical Package for Social Sciences (SPSS version 20)

RESULTS**Table 1: Socio-demographic characteristics of the study population**

Characteristics	Frequency (N = 250)	Percentage
Age (in years)		
20-24	78	31.2
25-29	115	46.0
≥30	57	22.8
Religion		
Hindu	231	92.4
Muslim	14	5.6
Christian	3	1.2
Sikh	2	0.8
Educational status		
Illiterate	42	16.8
Primary School	27	10.8
Middle School	39	15.6
High School	39	15.6
Intermediate/ Post High School Diploma	45	18.0
Graduate/ Post Graduate	56	22.4
Profession/Honours	2	0.8
Socio-economic status		
Upper Middle	36	14.4
Lower Middle	101	40.4
Upper Lower	113	45.2
Working status		
Home Maker	239	95.6
Working	11	4.4

Majority of the study subjects (46%) were in the age group 25-29 years. Range is 20-38 years. Mean age of the study subjects was 26.51 years. On the basis of Socio-economic status, majority of study subjects (45.2%) were belonging to Upper Lower class according to modified Kuppuswamy Scale (CPI index 2016). On the basis of educational status it was seen that majority of the study subjects (22.4%) were graduate or above while 16.8% were illiterate. Majority of the study subjects (92.4%) were Hindu. As seen from the Table 1, most of the women i.e. 95.6% were home makers whereas remaining 4.4% of the women were employed and working in Government or Private sector.

Table 2: Distribution of the study subjects by coverage of antenatal services (N=250)

Extent of coverage of ANC services (No. of ANC visits)	Frequency (N = 250)	Percentage
Complete (≥ 13)	72	28.8
Partial (4-12)	154	61.6
Inadequate (≤ 4)	18	7.2
Not covered (Zero)	6	2.4

As can be seen from Table 2, complete coverage of antenatal services was observed in 28.8% of the study population, 61.6% of the women had adequate but partial coverage of antenatal services, 7.2% women were those who received inadequate ANC services and 6 (2.4%) women did not receive any antenatal care.

Table 3: Reasons/ Barriers for partial/ Inadequate/ non coverage of ANC services

Characteristics	Frequency (n = 178)*	Percentage
Lack of knowledge	103	57.9
Long waiting lines	26	14.6
No one to accompany	14	7.9
Rude behaviour of staff	12	6.7
Time is not suitable	11	6.2
Cost of the services	7	3.9
Religious and social beliefs	5	2.8

*Multiple responses

As seen from the Table 3, majority of these women (57.9%) did not

avail the complete antenatal care because they had no problem or complaint during pregnancy (lack of knowledge). This was followed by 26 (14.6%) women saying that long waiting lines in the government health facilities was the reason that they could not seek complete services. 14 (5.6%) women said that they had no one to accompany for their antenatal visit. 12 women cited the rude behaviour of the health personnel as the reason for not going regularly for antenatal check up while 11(6.2%) women mentioned lack of time as a reason for inadequate ANC care.

7(2.8%) women cited financial reasons for not availing complete ANC care (cost of transportation, consultation, investigations and loss of earning in women who work and earn for their family). Another 5 (2%) women said that it was not a usual practice in their religion or community for pregnant women to go to health facility for health checkup.

DISCUSSION

In the present study, it was observed that around 7.2% of the study subjects had less than 4 ANC visits and 90.4% received 4 or more ANC visits but out of these only 29% had made recommended number of ANC visits (13 or more). Similar results were seen in cross sectional study by Agarwal N. et al (2005-2006)³ in Punjab which reported 77.2 % of women receiving at least 3 Antenatal checkups and another study conducted by Fagbamigbe A. F. et al (2015)⁹ in Nigeria with 81.5% women receiving at least 4 ANC visits.

However corresponding figures for Delhi and India as per NFHS – 4¹⁰ were 68.6% and 51.2% respectively. While Coverage Evaluation Survey done in 2009¹¹ reported that only 62% women received the minimum recommended ANC visits. The present study was done in Palam area which is an urbanised colony with good access to health facilities provided by Primary Health Centre Palam as well as other near by government and private health care facilities, attributing to high utilization of antenatal services among study population. However, some studies including one by Sahni B. et al (2007)¹², Pallavi R. S. et al (2007)¹³ and Mansur et al (2014)¹⁴ reported very less ANC utilization with only 41.4%, 10.5% and 33.7% women receiving more than 3 antenatal visits. The main reason for poor utilization of antenatal care services in these studies was found to be unsatisfactory behaviour of health staff as well as lack of trained health care professionals.

In the present study, complete coverage of antenatal services was observed in 28.8% in the study population (Table 2), 61.6% of the women had adequate but partial coverage of antenatal services, 7.2% women were those who received partial but inadequate ANC services and there were 6 women who did not receive any antenatal care. Similar results were seen in study done by Singh J. P. et al in 2013¹⁵ in Bareilly which showed that only 24.7% of women received full antenatal care. NFHS-4 (2015-2016)¹⁰ shows that 21% mothers had full antenatal care (31.1% in urban area and 16.7% in rural) in which full antenatal care is at least four antenatal visits.

It was observed that lack of knowledge was the main reason in majority of the women (57.9%) who did not avail the complete antenatal care (Table 3), followed by long waiting lines in the government health facilities (14.6%) women and 7.9% women said that they had no one to accompany for their antenatal visit. Study done by Dhakal S et al in 2006¹⁶ among rural women in Nepal reported that the major perceived barriers to ANC were no perceived need (38%), distance to health facility (36%), no money (19%), lack of skilled health workers (11%) and no time available (8%).

Another study done by S. Pal et al (2008)¹⁷ in Community Development Block of West Bengal reported that 38% mothers who failed to avail appropriate care attributed it to convenient time or place and long waiting time (main barrier). Study done by Rai S. K. et al (2009)¹⁸ found lack of resources being the main reason for home deliveries.

CONCLUSION

Reasons for non utilization or partial utilization of ante natal care services vary from place to place. All these reasons need to be addressed by systematic continuous monitoring and supervision of services including periodic beneficiaries view point on services being provided, re-orientation of service providers and counselling of pregnant women.

Recommendations

1. Women need to be educated about their health needs and services available to them, in order to increase the demand of maternal health services and improve utilization of available services.
2. There is a need to address barriers relating to service providers for which regular reorientation and training programs should be organized for health workers.
3. Appropriate health programmes and policies needs to be focused to improve the current level of coverage and also to reduce the financial burden in availing the services.

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