

Antenatal Care Practices among Pregnant Women of Nagina Nuh Haryana

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Abstract

Background: Antenatal care required pregnant women to make multiple visits to health care providers and receive a wide variety of services. **Objective:** to assess antenatal care Practices among pregnant women of Nagina Nuh. **Study design:** A community based study. **Setting:** Field practice areas of Rural Health Training Center Department of Community Medicine, SHKM GMC Nalhar Nuh Haryana. **Participants:** 100 pregnant women **Sampling:** Purposive sampling method. **Statistical Analysis:** Data analysed with SPSS 20. Percentages, and Chi Square Test used. **Results:** Majority of pregnant women (75%) had more than one live issue. 70 (70%) pregnant women were registered for antenatal care ($\chi^2=0.19$, p-value>0.05). 26(26%) of total pregnant women had three or more antenatal checkups ($\chi^2=0.33$, p-value >0.05). Whereas 68(68%) of total pregnant women had less than three antenatal checkups ($\chi^2=0.18$, p-value>0.05). 8(8%) pregnant women received Iron Folic Acid(IFA) supplement for equal or more than 3 months ($\chi^2=0.54$, p-value>0.05). 21(21%) pregnant women received IFA supplement for less than 3 months ($\chi^2=0.06$, p-value>0.05). Tetanus Toxoid (TT) immunization coverage (2 doses) was 43(43%) ($\chi^2=0.18$, p-value>0.05). 89 (89%) pregnant women received only single dose of TT immunization ($\chi^2=0.10$, p-value>0.05). **Conclusion:** It was concluded that the utilization of antenatal care services by pregnant women was poor in Nagina Nuh Haryana.

Keywords: Pregnant women, Antenatal care, Iron Folic Acid (IFA) supplement, Tetanus Toxoid.

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Introduction

Antenatal care is of the four most important pillars of safe motherhood along with family planning, safe delivery, and essential obstetric care. The safe motherhood initiative proclaims that all pregnant women must receive basic professional antenatal care. The package of ANC apart from physical treatment of checking, vaccinations, and prescribing medicine also includes dietary advice and counseling on safe motherhood.

The antenatal care a woman receives can have a strong influence on her newborn's health and potential for survival. Traditionally, antenatal care required pregnant women to make multiple visits to health care providers and receive a wide variety of services. In recent years, research has shown that a narrower range of services during fewer visits can also improve maternal and newborn health. It is found that antenatal care programs could have a positive impact on newborn health if they include measures like immunization of mother against tetanus, supplementation of iron and folic acid, consumption of balanced amount of energy and protein, educate women about the importance of immediate and exclusive breastfeeding [1] (Bhutta et al 2003).

According to National Family Health Survey-4 (NFHS-4) India, 51% of women received the recommended three or more

antenatal checkup and for urban women are more likely to have had 4 or more ANC visit than rural women (66% & 45% respectively). This is improved from 37% according to NFHS-3 to 51% to NFHS-4. [2,3]

In Haryana this is improved from 41.1% according to NFHS-3 to 45.1% to NFHS-4. Urban women had more ANC visit than rural women (49.3% & 42.6% respectively). In Mewat Nuh District according to NFHS-4 total 6-5% of pregnant women had at least 4 ANC Visits. So the present study was carried out to assess antenatal care practices among pregnant women of Nagina Nuh.

Materials & Methods

The present study community based study was conducted in the field practice area of the Rural Health Training Centre, Department of Community Medicine, SHKM GMC Nalhar Nuh. The Rural Health Training Center (RHTC) of the Department of Community Medicine is located 25 Kms away from the Medical college at Nagina. The area is basically a peri-urban area situated on the outskirts of the city. The subjects included in the study were residents of Nagina registered areas of the rural health training center. Rural Health Training Centre caters a total population of 18766 at the start of the study. The population in this area was relatively stable and allowed for follow up visits. Approval for study was passed from the institutional ethical committee. Purposive sampling i.e. nonrandom sampling to include subjects that serve the specific purpose was used. 100 hundred pregnant women as observed from the previous records were chosen for the study.

Exclusion criteria were high-risk pregnant women, pregnant women who opted to deliver outside Nagina. Ethical considerations are local cultural values and ideas were respected. Confidentiality was

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assured. All pregnant women were approached individually and an informed consent was taken before collecting data. Proper management or referral was given to women who were found to have any health problem.

A house to house visit was made to get the information about pregnant women till 100 pregnant women were enrolled in the study (purposive sampling).The data were collected by using pre-designed and pre-tested semi structured questionnaire. It included information regarding identification, socioeconomic status, and antenatal care. Socioeconomic status was assessed using Modified B G Prasad Classification. Data entry and statistical analysis were carried out using software SPSS 20. Significant difference was determined using Chi- square test. Chi- square test is a non-parametric test, tell about whether it significant or not P-value was calculated using chi-square test and difference was accepted significant at more than 95% (p-value <0.05).

Results

80% pregnant women were in the age group of 15-30 years 20% in the age group of 31-45 years ($\chi^2=0.07$, p-value->0.05). Most of the pregnant women (87%) were Muslim and rest of them belonged to

Hindu community ($\chi^2=13.08$, p-value-<0.05). 75% of pregnant women were illiterate ($\chi^2=0.97$, p-value->0.05). Education of husbands of pregnant women was also low i.e. 83% illiterate ($\chi^2=3.70$, p-value>0.05). Majority of the families (62 %) were nuclear. 99% pregnant women were housewives. 06% pregnant women were belonged to lower class according to Modified B G Prasad Scale of socio-economic status (Table1). Majority of pregnant women (75%) had more than one live issue. 70 (70%) pregnant women were registered for antenatal care ($\chi^2=0.19$, p-value>0.05). 26(26%) of total pregnant women had three or more antenatal checkups ($\chi^2=0.33$, p-value >0.05). Whereas 68(68%) of total pregnant women had less than three antenatal checkups ($\chi^2=0.18$, p-value>0.05). 8(8%) pregnant women received Iron Folic Acid(IFA) supplement for equal or more than 3 months ($\chi^2=0.54$, p-value>0.05). 21(21%) pregnant women received IFA supplement for less than 3 months ($\chi^2=0.06$, p-value>0.05). Tetanus Toxoid (TT) immunization coverage (2 doses) was 43(43%) ($\chi^2=0.18$, p-value>0.05). 89 (89%) pregnant women received only single dose of TT immunization ($\chi^2=0.10$, p-value>0.05). Table III.

Table 1: Demographic profile of pregnant women

Variables	Group A	Group B
	N=50	N=50
Age group		
15-30	39	41
31-45	11	09
$\chi^2= 0.25$, df=1, p-value->0.05		
Religion		
Hindu	04	09
Muslim	46	41
$\chi^2= 2.21$, df=1, p-value->0.05		
Education of pregnant women		
Illiterate	47	46
Up to high school	03	03
Above high school	00	01
$\chi^2=$, df=2, p-value->0.05		
Education of husband		
Illiterate	41	42
Up to high school	03	06
Above high school	03	02
$\chi^2=1.011$, df=2, p-value>0.05		
Occupation of pregnant women		
Housewife	50	49
Unskilled	00	01
Occupation of husband		
Unemployed	29	27
Semiskilled	12	13
Skilled	05	06
Clerical/shop	04	04
$\chi^2=0.59$, df=3, p-value>0.05		
Type of family		
Nuclear	32	30
Joint	18	20
$\chi^2=0.16$, df=1, p-value>0.05		
Social class		
Upper	01	01
Upper middle	07	08
Lower middle	15	18
Upper lower	25	22
Lower	02	01
$\chi^2=0.86$, df=4, p-value>0.05		

Table 2: Obstetric history of pregnant women during present pregnancy

Variables		Group A N=50	Group B N=50
Gravida	Two	11	12
	More than two	39	38
	$\chi^2=0.05, df=1, p\text{-value}>0.05$		
Parity	One	10	12
	More than one	40	38
	$\chi^2=0.23, df=1, p\text{-value} >0.05$		
Live birth	One	12	13
	More than one	38	37
	$\chi^2=0.53, df=1, p\text{-value} >0.05$		

Table 3: Antenatal care practices

Variables		Group A N=50	Group B N=50
Registered for ANC	Yes	36	34
	No	14	16
	$\chi^2=0.19, df=1, p\text{-value}>0.05$		
No. of visits	<3 visits	Yes	35
		No	15
	$\chi^2=0.18, df=1, p\text{-value}>0.05$		
	Equal or more than 3	Yes	15
		No	35
	$\chi^2=0.33, df=1, p\text{-value} >0.05$		
IFA Supplement	< 3 month	Yes	10
		No	40
	$\chi^2=0.06, df=1, p\text{-value}>0.05$		
	Equal or more than >3month	Yes	03
		No	47
	$\chi^2=0.54, df=1, p\text{-value}>0.05$		
TT Immunization	1 dose	Yes	45
		No	05
	$\chi^2=0.10, df=1, p\text{-value}>0.05$		
	2 doses	Yes	21
		No	29
	$\chi^2=0.04, df=1, p\text{-value}>0.05$		

Discussion

Antenatal care is most important health care for the maintenances of sound health of pregnant mother and intrauterine baby. Poor antenatal care may results severe health problems of both the mother and prenatal baby[4] . According to, National Family Health Survey (NFHS-4), India, out of total urban population, 77.2% population is Hindu and 16.5% population is Muslim. The high percentage of Muslim in the study was due to the fact that study area had mainly Muslim population. Illiteracy among these women was higher as compared to NFHS-4, India, i.e. 49.8%. Majority of pregnant women (75%) had more than one live issue whereas, 15% urban poor women (NFHS-4) had higher birth order (3+births) which is lower as compared to the present study. Only 26% of pregnant women had three or more antenatal checkups when compared to 51.6% for urban Uttar Pradesh according to NFHS-4, India. Other researcher from Allahabad, Joshi[5] showed a higher percentage of mothers receiving ANC checkups (24.84% mothers received proper antenatal checkup and 27.95% received <3 antenatal checkups). The reason for the difference between the two studies was that their study was hospital based whereas the present study was community based intervention study. Another study from Indore, India by Agarwal[6] revealed that 76.6% mothers had received at least one ANC checkup and 40.1%

mothers received three or more ANC checkups during their pregnancy. This difference was due to large sample size (11 slums out of 79 were taken). In Patna, Srivastava[7] reported lower percentage (24.7%) of mothers receiving ANC checkups. In a study, conducted in Nepal, Sreeramareddy[8] reported that only 10.4% mothers had at least four antenatal visits. The reason for the difference from the present study was that they had included more number of antenatal visits in their study. Another study in the entire state of west Bengal, Sinha[9]observed that mothers who had three or more antenatal check ups varied from 54% to 82% in different study areas.

13% of total pregnant women had received IFA supplement for equal or more than 3 months. NFHS-3, India analyzed that mothers who consumed IFA for 90 days or more were 22.3% (34.5% urban, 18 % rural) which was higher as compared to present study. Agarwal [6] revealed in his study from Indore that 86.2% mothers received IFA tablets. Out of the mothers who received IFA tablets only 11.5% of them consumed IFA tablets for 3+ months during their pregnancy which was similar to present study.

Tetanus Toxoid immunization coverage (2 doses) was 43.5% as compared to NFHS-3 India; urban poor mothers who received Tetanus toxoid vaccine (minimum of 2) were 75.8%. Another study

from Indore, India by Agarwal[6] revealed that 82.0% of mothers had received 2 TT shots during their pregnancy. Khan[10] reported that majority of women received two doses of Inj. Tetvac (78.2%) in peri-urban area of Aligarh. TT Immunization coverage was higher in this study due urban health post and immunization camp running in this area.

Conclusion

It was concluded that there was a low utilization of antenatal care among pregnant women of registered area of RHTC Nagina Nuh. Doctors and staff of the centre should be involved in the educational sessions along with the elderly females; mother-in-laws, dais and reproductive age group women and efforts should be made to address the harmful socio-cultural beliefs and practices prevalent in the community. There is an urgent need to educate adolescent girls, mothers and train health care providers including ANM, ASHA and CMC workers etc. about advantages of antenatal care. Behaviour change communication (BCC) package should be designed focusing on changing the adverse behaviour of pregnant women regarding antenatal care and neonatal care. BCC should be applied through health workers in the community to improve antenatal care and neonatal care that can decrease the morbidity and mortality among mothers and infants. Proper antenatal coverage i.e. registration should be done up to 12 weeks. There should be minimum three antenatal checks up. Hundreds iron folic acid tablets and two Tetanus Toxoid injections should be taken. There should be a good rapport between the doctors of the government institutions and mothers so that the mothers feel free to go for institutional delivery. There should be regular training session for interns, junior residents and paramedical staff of Institutions.

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