

SOCIO-DEMOGRAPHIC CHARACTERISTICS AND ITS INFLUENCE ON UTILIZATION OF MATERNAL AND NEONATAL CARE SERVICES IN LUCKNOW: A COMMUNITY BASED CROSSECTIONAL STUDY

Mrinal Ranjan Srivastava

Department Of Community Medicine

Phulo Jhano Medical College and Hospitals, Dighi, Jharkhand, India-814110.

Received on : 24-06-2021

Accepted on : 27-06-2021

ABSTRACT

World over the most important yardstick for the country's progress and prosperity is the Maternal Mortality Ratio and Infant Mortality Rate. Every year countries make concerted efforts to better their figures and a most important aspect is the utilization of the maternal and neonatal services. Maternal health services have a very important bearing on the Maternal and Infant mortality rate and the prevailing socio-economic and services offered are an important determining influence. Various studies in India have concluded socio-economic factors and service delivery environment as important determinants influencing maternal health services. Use of ANC increases the likelihood of skilled attendance at delivery, which later increases the use of postnatal care. To determine the factors influencing the Antenatal Care services. To assess the antenatal care services and socio-demographic factors affecting ANC services in rural areas of Lucknow. It was a community based Cross sectional study. This study was conducted for a period of 3 months, from July 2014 to September 2014. Sample Size: a total of 100 RDW were included in the study. Multistage random sampling technique was used to select 100 RDW. Information was collected on Age, Religion, Caste, Educational status of RDW, Type of Family and Socioeconomic class, ANC registration, Number of ANC visits, Number of TT Injection received, IFA received and consumed, Antenatal check up etc. 56% of RDW, belong to age group 18-25, years. Majority of RDW were Hindu (61%). 60% of RDW had Nuclear type of family, most of the RDW (60%) belonged to class IV. Amongst these 48% RDW had three antenatal visits, whereas 41% had more than three antenatal visits. 100% of RDW had government health facility as a place of ANC registration. No statically significant association was observed between the religion of RDW, and antenatal visits/IFA tablet consumption ($p > .05$). Variables such as, socioeconomic status and educational status of RDW, were not significantly associated with either antenatal visits or IFA tablets ($p > .05$) for all. In this study Antenatal care services were received by majority of RDW. The Utilization of ANC services was encouraging in the study area. Counseling on antenatal care is one of the main component of MCH services, but it was found to be lagging with respect to following components of antenatal care like birth preparedness and safe delivery, personal hygiene, rest, nutrition and management of ANC complications.

Address for correspondence

Dr. Mrinal Ranjan Srivastava

Department of Community Medicine

Phulo Jhano Medical College and

Hospitals, Dighi, Jharkhand, India-814110.

Email: dr.mrinal.srivastava@gmail.com

Contact no: +91-xx

KEYWORDS: Antenatal care, Factors, Maternal and child services, Utilization of ante natal care, RDW.

INTRODUCTION

God Could Not Be Everywhere, So Therefore He Made Mothers

Jewish Proverb

According To WHO -Maternal and Child health services can be defined as promoting, preventing, therapeutic or rehabilitation facility or care for the mother and child.

Antenatal care services are the first step towards ensuring the health of mothers and the newborns. Antenatal services are also very important component of the Primary Health Care delivery system of the country. Primary Health Care services is very much influenced

by Antenatal Care services. In spite of changes in the socioeconomic condition the country has fared poorly in doing justice to the mothers of India. World Health Organization (WHO) estimated that more than 500,000 mothers die each year because of pregnancy and related complications. It was found that about 88 percent to 98 percent of all maternal deaths could be avoided by proper handling during pregnancy and labor. (1). According to estimates by World Health Organization greater than 500,000 mothers lost their lives because of pregnancy related complications and about 88% to 98% of these deaths are avoidable by offering proper Antenatal care services in pregnancy and labour (1).

Antenatal care can also play a critical role in preparing a woman and her family for birth. Major three components of ANC services are- ANC visits with health personnel, receiving days of iron tablets & number of TT vaccine received. Antenatal care services have a very important bearing on the priming or preparation of the mother and her related family for the acceptance of the new born. Antenatal care services are the first step towards ensuring the health of mother and new born. High quality antenatal care is a fundamental right of the women(2).

The foreboding of a healthy mother and healthy baby at the termination of pregnancy is the Primary aim.(3). Voluntary utilization of health services and quality aspect can both be considered when we develop such kind of a system. Antenatal care can also play a critical role in preparing a woman and her family for birth by establishing confidence between the women and the health care provider and by individualizing promotional health messages(4). While antenatal care is considered essential for health of both mother and child, it is important to analyze the possible factors contributing to its utilization.

Individualization of promotional health messages for expecting mothers and establishing an important rapport and confidence between expectant mothers and health care providers are very crucial.(4)

Exploration of the factors affecting the utilisation of antenatal care services would further help in providing better Antenatal care services.

Antenatal visits also create awareness about the need for care during pregnancy and also gives women and their family the familiarities with health facilities that enables them to seek help more efficiently during a crisis. An important aspect of the Antenatal care services is making the mother and family members aware of the Antenatal service provided so that they can use the service normally and also at the time of crisis.

Thus keeping in perspective the above raised concern our study was designed with the objective to assess sociodemographic determinants affecting ANC services in rural areas of Lucknow district.

OBJECTIVE

To assess the antenatal care services and socio-demographic factors affecting ANC services in rural areas of Lucknow.

MATERIAL AND METHODS

- **Study Area:** Community based cross-sectional study was conducted among RDW (Recently Delivered Women) in rural areas of Lucknow, for a period from July 2014 to September 2014.
- **Study unit:** Study unit will consist of RDW who gave birth to live newborn in last 1 year in rural areas of Lucknow.

- **Study Design:** It was a community based Cross sectional study.
- **Study Period:** This study was conducted for a period of 3 months, from July 14 to September 14.
- **Sample Size:** a total of 100 RDW were included in the study.

Sampling technique

- Multistage random sampling technique was used to select 100 RDW.
- Information was collected on Age, Religion, Caste, Educational status of RDW, Type of Family and Socioeconomic class, ANC registration, Number of ANC visits, Number of TT Injection received, IFA received and consumed, Antenatal check up etc.

Inclusion Criteria

- RDW (recently delivered women) were considered as those who delivered a live newborn in last 1 year of interview.
- Residing in rural areas of Lucknow for more than six Months, being served by ASHA under NRHM.

Exclusion Criteria

- RDW with still birth.
- Residing in rural areas of Lucknow for less than six Months
- RDW who refused for interview.

Study tools

- Study tool was consists of a interview schedule. The findings of interview were recorded on a preformed questionnaires and thereafter entered in Microsoft excel. Informations were collected on age, religion, caste, birth order of newborn, educational status of RDW and their husband, type of family and socioeconomic class, ANC registration, early registration, number of ANC visits, number of TT Injection received, IF A received and consumed, antenatal and postnatal maternal complication and, neonatal complications and its management, home visits antenatal and postnatal, postnatal checkups etc.,
- Statistical analysis : SPSS-17.0 version software was used for data analysis.
- Summaries was tabulated in ratio and percentage. Association between the variables are measured by Chi sq. test .P value <.05, consider to be significant.

VARIABLE	NO	%
AGE		
15-18	1	1
18-25	56	56
26-30	35	35
30-35	8	8
RELIGION		
Hindu	61	61
Muslim	39	39
Type Of Family		
Nuclear	60	60
Joint	40	40
SES		
I	0	0
II	3	3
III	15	15
IV	60	60
V	22	22

Table 1: Socio Demographic Characteristics of RDW

56% of RDW, belong to age group 18-25, years

Majority of RDW were Hindu (61%)

60% of RDW had Nuclear type of family, most of the RDW (60%) belonged to class IV.

Antenatal care		No.	Percentage %
Health Personnel	ANM		
	AWW		
	ASHA	100	100
	Others		
Tetanus Toxoid	No		
	Yes		
	One		
	Two	100	100
	Three		
Consumption of IFA tablets	Yes	96	96
	No	04	04

Table 2: Antenatal Care Received By RDW (Cont.)

Amongst these 48% RDW had three antenatal visits, where as 41% had more than three antenatal visits.

100 % of RDW had government health facility as a place of ANC registration.

Table 3: Multivariate Logistic Regression Analysis of Predictors influencing utilization of ASHA services for early registration by RDW

Variable	Factor	B	p-value	OR
Age	Overall		.558	
	< 18	20.211	.999	5.992E+08
	18-30	Ref.		
	> 30	-0.750	.280	.473
Type of Family	Nuclear	Ref.		
	Joint	-1.341	.011	.262
Religion	Hindu	Ref.		
	Muslim	-1.349	.015	.260
Caste	Overall		.019	
	SC /ST	-1.311	.210	.270
	OBC	-2.320	.013	.098
	General	Ref.		
Social Class	Overall		.078	
	I	-21.443	.998	4.867E-10
	II	-19.005	.998	5.577E-09
	III	Ref.		
	IV	-18.090	.998	1.392E-08
Age at Marriage	Overall		.998	
	< 18	-0.039	.949	.962
	18-30	Ref.		
	> 30	18.248		8.416E+07
Education of ROW	Overall		.106	
	Illiterate	-1.296	.193	.274
	Middle or Below	-1.839	.047	.159
	HSc. & Above	Ref.		
Birth Interval	Overall		.001	
	First Delivery	Ref.		
	Two or Less	2.561	.000	12.946
	Three or Above	1.197	.031	3.310
Constant		24 527	.997	4.485E+10

Table 3: Shows between different Socio Demographic Variables and ANC Determinants

No statistically significant association was observed in between the age of RDW with respect to antenatal visits ($p > .05$).

ASHA services for early registration were significantly and negatively influenced by joint family, Muslim religion, OBC caste, middle or below education and positively influenced by overall and two or less or three or above deliveries. No significant association with other variables was seen.

Similarly, no statically significant association was observed between the religion of RDW, and antenatal visits/IFA tablet consumption. ($p > .05$).

Variables such as ,socioeconomic status and educational status of RDW, were not significantly associated with either antenatal visits or IFA tablets, ($p > .05$) for all.

DISCUSSION

In present study utilization of Antenatal care services was encouraging as all the RDW received ANC & majority are three or more than three antenatal visits. In a study by Gupta SK et.al (2012) in Lucknow 94.9 % of mothers received any ANC & about one third (25.3%) of the mother received three antenatal checkups, which is less than in our study. (5)

In a study by Ansari M.A et al (2011), in Aligarh observed that majority of RDW did not have any ANC & very small number of RDW three or more than three ANC checkups which is in contrast with the present study (6). In the present study 100% RDW, received two TT injections during ANC visits,

In a study by Gupta SK et al (2012) in Lucknow, TT was received by, 80.4 % of the mothers, which is less than in our study. (5) In a study by Ansari MA et al (2011) in Aligarh, TT was received by 46.1% of the mother, which is less than in our study (6).

In present study, 96% of RDW, consumed IFA tablets. In a study By Gupta SK et al (2012) in Lucknow 34.4% of mothers consumed IFA tablets, which is less than in our study. (5) In a study by Ansari MA et al, (2011) in Aligarh observed that majority of RDW, did not consumed iron folic acid tablets, very small numbers of RDW had consumed, IFA tablets, which is in contrasts with the present study (6).

CONCLUSION

In this study Antenatal care services were received by majority of RDW. The Utilization of ANC services was encouraging in the study area. Counselling on antenatal care is one of the main component of MCH services, but it was found to be lagging with respect to following components of antenatal care like birth preparedness and safe delivery, personal hygiene, rest, nutrition and management of ANC complications, so extra efforts are needed to make aware on these issues

during training and by regular orientation programmes. Community needs to be appraised regarding performance and important positive achievements of MCH services in relation to health status of mother and neonate in their respective areas through community participation and will make the community more respective towards availing of ASHA services. Proper appraisal regarding performance and other activities is an important aspect of providing better maternal and child health services. Furthermore community participation would help in acceptance of antenatal care services and help in improving the overall performance of Maternal and Child health services.

REFERENCES

1. Govt. of India. Report of the health survey and development committee. Simla: Government of India Press; 1946.
2. Govt. of India. CSSM review, A newsletter on the Child Survival and Safe Motherhood Programme. Simla: Government of India Press; 1994.
3. Govt. of India. Reproductive and Child Health Programme, Schemes for implementation, Department of Family Welfare. New Delhi: Ministry of Health and Family Welfare; 1997.
4. What are the Millennium Development Goals?. Available from <http://www.hiproweb.org/fileadmin/cdroms/Education/WhatAreMDG.pdf> (Accessed on: 15 July 2015)
5. Gupta SK, Nandeshwar S. Status of maternal and child health and services utilization patterns in the urban slums of Bhopal, India. Natl J Community Med. 2012; 3(2): 330-332.
6. Ansari MA. Antenatal care services in rural areas of Aligarh, India: A cross-sectional study. J Public Health Epidemiol. 2011; 3: 210-216.



How to cite this article : Srivastava M.R. Socio-demographic Characteristics And Its Influence On Utilization Of Maternal And Neonatal Care Services In Lucknow: A Community Based Crossectional Study. Era J. Med. Res. 2021; 8(1): 50-54.

licencing Information

Attribution-ShareAlike 2.0 Generic (CC BY-SA 2.0)

Derived from the licencing format of creative commons & creative commons may be contacted at <https://creativecommons.org/> for further details.