



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 10, Issue, 01(F), pp. 30610-30612, January, 2019

**International Journal of
Recent Scientific
Research**

DOI: 10.24327/IJRSR

Research Article

ANTE-NATAL CARE AND MCH PRACTICES AMONG WOMEN IN RURAL AND TRIBAL AREA OF PUNE DISTRICT

Sonopant G Joshi and Mangesh Jabade

Symbiosis College of Nursing, Pune

DOI: <http://dx.doi.org/10.24327/ijrsr.2019.1001.3090>

ARTICLE INFO

Article History:

Received 6th October, 2018
Received in revised form 15th
November, 2018
Accepted 12th December, 2018
Published online 28th January, 2019

Key Words:

Knowledge, Antenatal Care, Health Seeking Behavior, Pregnancy, Primary Health Centre

ABSTRACT

The cross-sectional study was conducted in an ante-natal OPD at PHC of district Pune to study the ante-natal care and MCH practices adopted by mothers concerning pregnancy. 60 women attending the ante-natal OPD were interviewed. Majority of the women 44(73%) were in age group of 21-29 years. 15 (25%) under 20 years of age. 56 (93%) of them were literate and 25 (42%) were primigravidas. 35(58%) women had previous deliveries. 21(35%) had delivered at hospital and 10 (17%) had delivered at PHC and 4 delivery took place in home. 25 (42%) had received one dose and 27 women received two doses of tetanus toxoid respectively. In spite of many awareness programmes there are still 8 mothers who did not receive a single dose of injection T.T. Out of total 60 respondents, 46(76%) were taking iron and folic acid tablets regularly and 14(23%) were not taking at all. 93% of the women opined that the antenatal care was essential while 7% said it was not essential.

Copyright © Sonopant G Joshi and Mangesh Jabade, 2019, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

India is confronted by the highest number of maternal deaths, with over 70,000 deaths each year due to pregnancy and related causes. Maternal mortality and morbidity is far greater in rural India as compared to urban areas. Childbearing predisposes women to several health hazards. The prenatal period is the moment of preparation of the woman for the child birth and maternity.¹ routine checks are highly important to prevent serious complications that may occur during pregnancy.²

A news written by Tabassum Barnagarwala | Mumbai News | Published: April 1, 2014 Maharashtra is the second best in the country after Kerala on maternal mortality rate (MMR) during 2010-12, but Mumbai has recorded a worrisome MMR of 158 this year. MMR refers to the number of women who die per one lakh live births in a given year due to complications arising during pregnancy or delivery.¹²

According to Dr Almeida Fernandes, who runs a non-government organization for improving the health of women, said, "There are three major issues when it comes to dealing with pregnant women. Firstly, there is a lack of access to transportation. Secondly, not many uneducated pregnant women understand their medical needs and visit nearby

hospitals and thirdly, the response they get in public hospitals is not prompt enough."¹⁰

Objectives

The basic objective of this study is to (i) to assess the health status of ante-natal women. (ii) To identify their level of knowledge regarding ante-natal care (iii) To find out Health seeking behavior of women regarding ante-natal care (iv) to find out high risk cases in view to give appropriate care and improve the pregnancy wellbeing.

MATERIAL AND METHODS

The cross-sectional study was conducted during July 2016 – March 2017 in an antenatal clinic of PHC and sub-centres in Mulshi Taluka District Pune. 60 women availing of the services of ante-natal OPD of the PHC were interviewed as the sample respondents. A pre-tested questionnaire was used to obtain information on their socio-demographic variables. Information was also collected on their knowledge of antenatal care and health seeking behavior concerning pregnancy. Data thus collected were analyzed by using EXCEL software. A value less than 0.05 was considered statistically significant.

*Corresponding author: **Sonopant G Joshi**
Symbiosis College of Nursing, Pune

Findings

Socio-demographic Profile

The study results found that majority of the women 44(73%) was in the age group of 21-29 years. 15 (25%) of them were in the under-20 age group. It was observed that 56 (93%) of them were literate. Out of total respondents, only 4 (6%) was employed while the rest 94% was housewives.

Primigravidas constituted 25 (42%) women whereas multigravidas constituted 58%. Out of 60 women in multigravidas 2 women had history of previous abortion. Nearly half of the women 32(53%) had one child, and 3 women had two or more living children. women who had previous deliveries 21(35%) had delivered at hospital and 10 (17%) had delivered at PHC and 4 delivery took place in home. the women who had living children more than two are having girls statistically, a significant association was found between the place of delivery and literacy status of the women ($p < 0.05$).

Knowledge of Ante-natal care

Table No 1 Knowledge on components of ante-natal care amongst ANC attenders

Sl No	Knowledge about components of ante-natal care	Number (%)
1	Before pregnancy health was good	30 (50)
2	Before pregnancy health was average	18(30)
3	1 st visit should be made in first trimester	40(67)
4	During health check-up visit received detail information on breast feeding	36 (60)
5	Heard about iron and folic acid tablets	42(63)
6	IFA tablets are given to prevent birth defects	16(26)
7	During pregnancy minimum two servings of fruits should be taken	22(37)
8	Reason for not taking multi-vitamins is not needed	16(26)
9	Know importance of HIV testing during or before pregnancy	21(35)
10	Received detail information from HCW regarding family planning and birth control during prenatal visit	15(25)

Health Seeking Behavior

Registration: the study reveal that 20 (33%) Women had registered themselves at a PHC in the first trimester, 20 (33%) registered with government hospitals and rest of the women registered with small nursing homes nearby. Of those who had registered in the first trimester, 92 % were literate and this is significant at < 0.001 .

Distance: It was observed that 14 (23%) of the total women resided within 5 km radius of the health care centre while remaining 46(77 %) of the total women resided beyond 5 km distance from the hospital/ PHC.

Immunization – out of 60 pregnant women 9(11%) had not received even single dose of tetanus toxoid while 25 (42%) had received one dose and 26 (43%) had received two doses of tetanus toxoid. It was observed that mothers who did not received single dose of T.T. were found either illiterate or education up to 7th standard.

Consumption of iron tablets – it was found that 34 (57%) respondents were taking iron and folic acid tablets and 26 (43%) respondents were not taking iron at all. It was also observed that 45 (75%) of the women had been prescribed IFA

tablets by their respective doctors. The reason for not consuming the iron tablets given by the pregnant women 15 (25%) was forgotten to take IFA tablets. 10 % respondents did not like the taste while further 5 % responders said IFA tablets are not needed.

Treatment for Anxiety – 12(20%) ante-natal mothers taking medication for anxiety. 12(20%) mothers was advised to take rest for one week for medical reason.

9(15%) had problem of UTI during pregnancy. 16 (26%) had problem of nausea and vomiting. 30 (50%) mothers responded that they donot have any problem. 3(5%) mothers diagnosed as DM.

Age of Pregnancy and education: It was observed that out of 15 (25%) pregnant mothers under 20 years of age found either illiterate or education up to 7th standard.

General Physical Examination

Physical Examination – Average age of ante-natal mothers was found to be 22.8. Average weight recorded before pregnancy was 48.56 kg whereas average weight recorded in second trimester was 53.26 kg. Responding to the question what was general health before pregnancy 12(20%) respondent said that it was very good. 30 (50%) said that it was good, 18(30%) responded that it was average.

Physical Examination – Basic physical examination report shows 80% women of child bearing age their weight below normal level as per standard given by WHO. The pregnant women in second trimester shows increase in weight by only 3-4 Kg.

DISCUSSION

In the study, it was found that a majority of the women, 73% women were in age group of 21-29 years and 25% had pregnancies in twenties, though teenage pregnancy were not recorded but still there are 10% women age of marriage were 17. This is matter of serious concern. The legal age of marriage is 18 years but there were women who married at the age⁴ of 17. It indicates that the young girls and their parents should be provided with adequate knowledge about ill effects of early pregnancy⁷.

Study found that 93% of the women were literate and 7 % were illiterate. According to the 2011 census literacy rate of women in rural area is 76%. Pune district has excellent network of the educational institutions even in rural area and girls' education has special provisions by government of India.

The women who had previous deliveries 21(35%) had delivered at hospital and 10 (17%) had delivered at PHC and 4 delivery took place in home. This shows a significant association between the literacy status of women and their literacy level. ($p < 0.05$).

From 60 women respondents, only 33% was found to have registered themselves during their first trimester of pregnancy. However the government is giving more stress on early registration of all antenatal cases. An early registration can lead to safe pregnancy and safe child birth. The findings of a previous study in north India shows that 40 per cent of the women had registration in their first trimester⁶

Of the 60 women only 14 (23%) staying within radius of 5 km and 46 (77%) residing distance more than 5 km. The low registration status may be the distance and there is poor communication facility at village level. A study conducted by R. Talwaret al⁶ in Meerut also found that 75% women resided beyond 5 km distance.

Knowledge of Ante-natal Care

Antenatal care is very important component in reproductive and child health program. ANC clinic, RCH clinic etc plays very important role in care of pregnant women, it also very important in safe child birth. Health care providers at village level should give more emphasis on health education⁴. In the present study it was found that large number of women 48 (80%) did not know about the ante-natal care. This study reveals that widespread awareness on ante-natal care is needed particularly in the village set up. previous studies regarding knowledge regarding antenatal care is very poor among rural mothers¹⁰.

CONCLUSION

The present study revealed many components regarding ante-natal care, knowledge regarding ante-natal care and health seeking behavior of ante-natal mothers. Girls education and literacy is very important aspect with regards to the reproductive and child health. This study found that educated women is more aware regarding ante-natal care than uneducated women. It was also observed that government health care providers should be more serious regarding imparting education to village women which was not observed in this set up because women attended the ante-natal clinic in her second visit also their knowledge regarding ante-natal care was found very poor.

According to WHO, more than 80% of maternal deaths can be avoided by simple measures like early registration, health education, early detection of complication and off course education of girls.

References

1. Lopes, R.C.S., Prochnow, L.P. and Piccinini, C.A. (2010) Mother's Relationship with Female Support Figures. *Psicologiaem Estudo*, 15, 295-304. <http://www.scielo.br/pdf/pe/v15n2/a08v15n2http://dx.doi.org/10.1590/S1413-73722010000200008>
2. Hill, P.D., Aldag, J.C., Hekel, B., Riner, G. and Bloomfield, P. (2006) Maternal Postpartum Quality of Life Questionnaire. *Journal of Nursing Measurement*, 14, 205-220. <http://dx.doi.org/10.1891/jnm-v14i3a005>
3. D.C. Dutta, Text book of obstetrics: 6th edition, 2001: Page. No. 100.
4. K. Park, Text book of preventive and social medicine: 18th edition : Page No. 386.
5. Myles, Text book of midwives: 13th edition: Page No. 35
6. Health and Population perspectives and issues 2005, 28(3) Page No 154-163 NIHFV
7. The Journal of Obstetric and Gynecology of India: Vol. 56, No. 1 : Jan/Feb. 2006: Page No. 47-52. Antenatal Care: Different Perspectives. Aishah Ali
8. Dr. Kasolo Josephine Ampaire Christine Delivery Of Improved Services For Health Ii (Dish Ii) Project, Knowledge, Attitudes And Practices Of Women And Men Towards, Safe Motherhood In Rural Setting A Qualitative Study: December 2010
9. Lieu Thuy Thi Trinh and George Rubinil Centre for Health Services Research, University of Sydney and Western Sydney Area Health Services, Level 3, Administration Block, Westmead Hospital, Westmead, NSW, 2145, Australia, Late entry to antenatal care in New South Wales, Australia
10. Reproductive Health 2006, 3:8 doi: 10.1186/1742-4755-3-8
11. School of Public Health Department of Health and Social Care - Research Profile. Women's Knowledge and Attitudes about Prenatal Diagnostic Testing for Birth Defects [completed in 2013]
12. A news written by Tabassum Barnagarwala in TIMES OF INDIA| Published: April 1, 2014,

How to cite this article:

Sonopant G Joshi and Mangesh Jabade.2019, Ante-natal care And Mch Practices Among Women in Rural and Tribal Area of Pune District. *Int J Recent Sci Res.* 10(01), pp. 30610-30612. DOI: <http://dx.doi.org/10.24327/ijrsr.2019.1001.3090>
