

An Exploratory Study of Knowledge, Health Seeking Behaviour and Access of Healthcare Infrastructure among Women during Pregnancy in the JJ Community at Zakhira Slum, New Delhi

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Abstract— Background: Around 30 million women experience pregnancy and approximately 26 million have a live birth each year in India, almost 45,000 deaths per annum occurs due to complications during pregnancy period which can be managed and prevented. India is contributing 16 per cent of the global maternal deaths. In the year 2106, India's maternal mortality ratio is 130 per 100 000 live births. However, pregnancy period is critical period of women's life, especially who belong to lower socio economic background, who are not aware about complications such as severe bleeding, pre-eclampsia and eclampsia, sepsis, obstructed labor, unsafe abortion, anaemia etc., and also lack of awareness regarding nutrition, hygiene and passive behaviour towards health. Other factors are also leading cause of maternal deaths such as early age of marriages, repeated child birth and traditional preferences for home deliveries among poor population.

Aim of the study: To investigate the knowledge, health seeking behaviour and access of health care facilities regarding antenatal care among mothers who had last birth within 5 years.

Methods: Descriptive epidemiology was done using cross-sectional analysis; non-random sample were taken from the JJ community of Zakhira in New Delhi, from February, 2019 to April, 2019. A total sample of 284 female were selected, who had last birth within 5 years. The study was done by interviewing women who had last birth within 5 years among slum dwellers with the help of predesigned and pretested semi-structured questionnaire along with the informed consent form. House to house survey was done to collect the information and the questionnaire was also available in the local language.

Results: In this study, majority i.e., 60.21% of the women were in the age group between 20 to 25 years old. 67.25% of the women's education level was only primary education that reflects upon the scarce of educational resource. 62.32% of the women were married before the stipulated age of 18 years. 45.42% of the respondents were registered more than 6 months of pregnancy. Meanwhile, 16.90% of the respondents were having no knowledge about registration of pregnancy. 68.77% of the women were having knowledge about the signs of pregnancy complications such as vaginal bleeding and foetal movement and 31.23% of women have knowledge regarding other complications such as convulsions, prolonged labor, breathing difficulties, and abdominal pain. 68.30 % of the women have knowledge about maternal health schemes such as JSY and JSSK. Meanwhile, 31.68% of the women were having knowledge regarding PMMVY, PMSMY. So, there is required to bring the benefit to the target beneficiaries, more tools to use to create higher awareness among poor population. 70.77% of the women said that maternal health schemes are not helpful at all

because of procedural hassles. Only 5.98% of women were consumed iron and folic acid tablet for more than 4 months. Meanwhile 43.30% respondents were consumed iron and folic acid tablet for less than 2 months only. 83.45% of the women were purchased iron and folic acid and 29.92% of the respondents were got iron and folic acid from hospital. The sources are clear that women are preferred to visit private nursing home. So, they need to buy iron and folic acid. Large numbers of women i.e., 63.73% were to be found that they were visiting a private nursing home instead of a government hospital. It further supports the finding poor women hard to find the hospital. Very few i.e., 19.71% of the women were followed doctor's prescribed schedule. Meanwhile, 66.54% of the women have visited the hospital as the requirement arose. It indicates the women passive behaviour towards health during pregnancy. 83.33% of the women received once an ANC check-up during the entire period of pregnancy. It indicates that urban poor pregnant women are yet to get comprehensive antenatal care this indicates that antenatal services to be extended beyond sporadic visits.

Conclusion: In this study, considerable gaps were found in the knowledge, health seeking behaviour and access of health care infrastructure regarding the antenatal care among the slum living women. Hence, there is a need to be increased community IEC activities about ANC services which are available free of cost in India. It will help to understand the importance of pregnancy care among the slum dwellers.

Keywords: Antenatal Care, Health Seeking Behaviour, Information Education Communication

I. INTRODUCTION

Antenatal care means ensuring that all women receive the care they need to be safe and healthy throughout the pregnancy and childbirth. Antenatal is a major cause of maternal deaths. Most maternal deaths could be prevented if women had access to appropriate health care during pregnancy, childbirth, and immediately afterwards. A woman's death affects cost to nation, community, and family. During antenatal period, women require extra attention & care because it's a critical period of her life. So, there is a healthy mother & a healthy baby at the end of a pregnancy.

The Component of antenatal is designed to provide vital care and prevention of the malnutrition, anaemia, hypertension, HIV, and high glucose levels and also detect the high risk pregnancy.

Ideally the mother should attend the antenatal clinic once a month during the first 7 months; twice a month, during the next month; and thereafter, once a week, if everything is normal.

A high proportion of mothers in India are from lower socio-economic group, and many of them are daily wage working women. Attendance at the antenatal clinic may mean

loss of daily wages. Consequently, it is difficult for them to attend the antenatal clinic so often. In these cases, a minimum of 4 visits covering the entire period of pregnancy should be the target, as shown below:

The suggested schedule is as follows:

- 1st visit - within 12 weeks, preferably as soon as the pregnancy is suspected, for registration of pregnancy and first antenatal check-up
- 2nd visit - between 14 and 26 weeks
- 3rd visit - between 28 and 34 weeks
- 4th visit - between 36 weeks and term

Besides this, she may be advised to avail investigation facilities at the nearest local dispensary. Registration of pregnancy within 12 weeks is the primary responsibility of the ANM. Early pregnancy detection is important for the following reasons:

- 1) It facilitates proper planning and allows for adequate care to be provided during pregnancy for both the mother and the foetus.
- 2) Record the date of last menstrual period and calculate the expected date of delivery.
- 3) The health status of the mother can be assessed and any medical illness that she might be suffering from can be detected. Also to obtain and record the baseline information on blood pressure, weight, haemoglobin etc.
- 4) It helps in timely detection of complications at an early stage and helps to manage them appropriately by referral as and where required.
- 5) It also helps to confirm if the pregnancy is wanted and if not, then refer the women at the earliest to 24 hours PHC or FRU that provides safe abortion services. The health personnel should be alert to the possibility of sex selective abortion as such abortions are illegal.
- 6) Early detection of pregnancy and provision of care from the initial stage facilitates a good interpersonal relationship between the care giver and the pregnant woman.

II. BACKGROUND

Around 30 million women experience pregnancy and approximately 26 million have a live birth each year in India, almost 45,000 deaths per annum occurs due to complications during pregnancy period which can be managed and prevented. India is contributing 16 per cent of the global maternal deaths. In the year 2106, India's maternal mortality ratio is 130 per 100 000 live births. However, pregnancy period is critical period of women's life, especially who belong to lower socio economic background, who are not aware about complications such as severe bleeding, pre-eclampsia and eclampsia, sepsis, obstructed labor, unsafe abortion, anaemia etc., and also lack of awareness regarding nutrition, hygiene and passive behaviour towards health. Other factors are also leading cause of maternal deaths such as early age of marriages, repeated child birth and traditional preferences for home deliveries among poor population.

Antenatal care service can reduce the health risks for mothers and their babies by monitoring pregnancies and screening for complications. Delivery at a health facility, with skilled medical attention and hygienic conditions, reduces the

risk of complications and infections during labour and delivery. Antenatal care allows for the timely management of complications through referral to an appropriate facility for further treatment. It also provides opportunity to prepare a birth plan and identify the facility for delivery and referral in case of complications.

Though most pregnancies result in normal birth, it is estimated that about 15% may develop complications, which cannot be predicted. Some of these may be life threatening for the mother and her baby. The presence of skilled attendants is therefore, crucial for the early detection and also for appropriate and timely management of such complications.

Most of the maternal deaths occurs due to lack of awareness of danger signs, inaccessible health facility, lack of supplies of medicines and surgical equipments, unavailability of transport, inadequately equipped health facility, lack of trained personnel, emergency medicines, blood, etc., which can result in an increase in maternal morbidity and mortality.

III. METHODOLOGY

It is descriptive epidemiology was done by using cross-sectional analysis; non-random sample were taken from the JJ community of Zakhira in New Delhi, from February, 2019 to April, 2019. A total sample of 284 female were selected, who had last birth within 5 years.

The study was done by interviewing women who had last birth within 5 years among slum dwellers with the help of predesigned and pretested semi-structured questionnaire along with the informed consent form was introduced to collect the information.

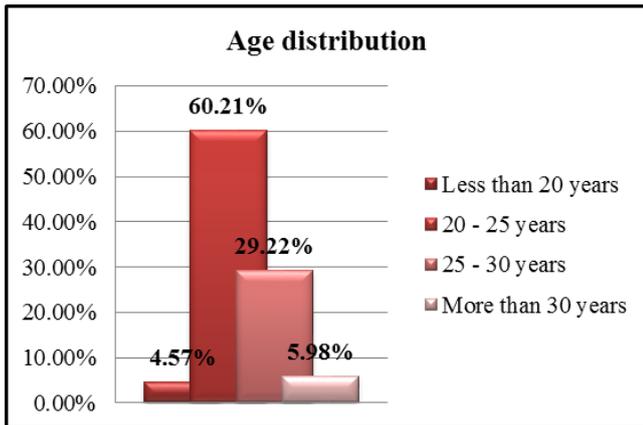
The socio demographic data was collected in terms of age, education, age at marriage and number of children. Questionnaire was framed on the knowledge, health seeking behaviour and access of healthcare infrastructure regarding various aspects of ante natal care.

The House to house survey was done to collect the information and the questionnaire and informed consent was also available in the local language.

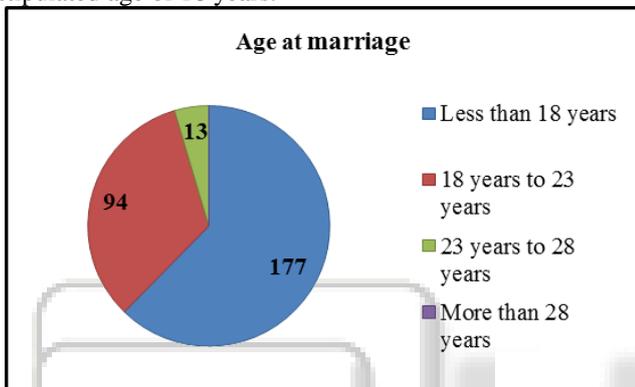
The collected data was entered in an MS-Excel. Data is analyzed by using SPSS version 20.0 and Epi Info Software. Most of the analysis was done by using the descriptive analysis.

IV. RESULT

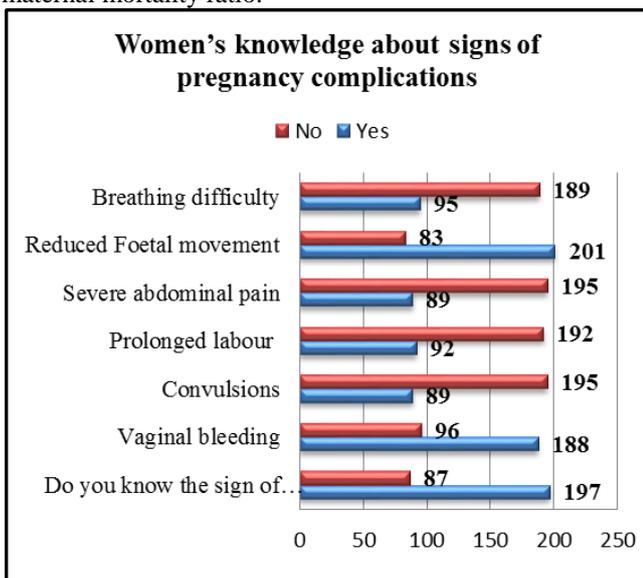
In this study, majority i.e., 60.21% of the women were in the age group between 20 to 25 years old. 67.25% of the women's education level was only primary education, that reflects upon the scarce of educational resource and it is also contributing to the dropout rate.



62.32% of the women were married before the stipulated age of 18 years.

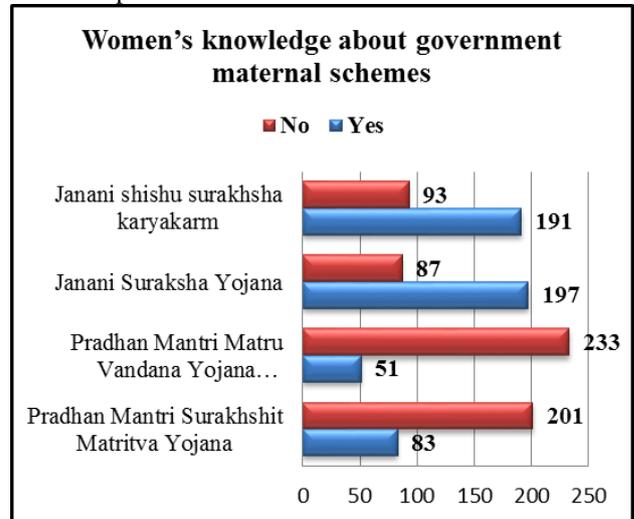


68.77% of the women were having knowledge about the signs of pregnancy complications such as vaginal bleeding and foetal movement and 31.23% of women were having knowledge regarding other complications such as convulsions, prolonged labor, breathing difficulties, and abdominal pain. This finding suggest that there is need for education regarding signs of pregnancy complications so, that complications can be detected at early stage and it will help to manage complications that will contributes to reduce maternal mortality ratio.

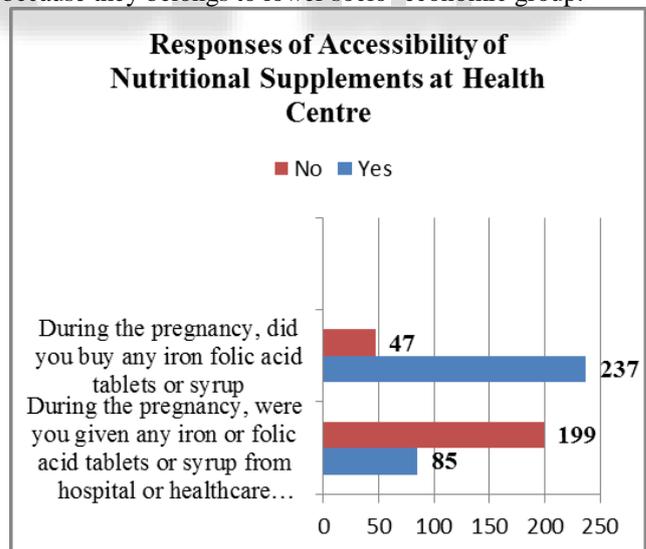


68.30 % of the women have knowledge about maternal health schemes such as JSY and JSSK. Meanwhile,

31.68% of the women have knowledge regarding PMMVY, PMSMY. So, there is required to bring the benefit to the target beneficiaries, more tools to use to create higher awareness among poor population. 70.77% of the women said that maternal health schemes are not helpful at all because of procedural hassles.



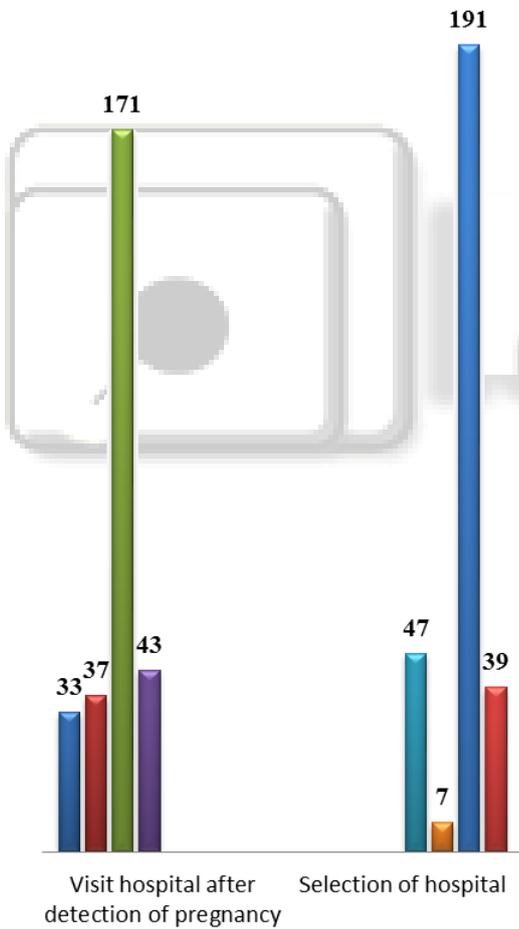
Only 5.98% of women were consumed iron and folic acid tablet for more than 4 months. Meanwhile 43.30% respondents were consumed iron and folic acid tablet for less than 2 months only. 83.45% of the women were purchased iron and foilc acid and 29.92% of the respondents were got iron and folic acid from hospital. The sources are clears that women are preferred to visit private nursing home. So, they need to buy iron and folic acid and it also confirms that women avoid consuming iron and folic acid supplements because they belongs to lower socio- economic group.



Large numbers of women i.e., 63.73% were to be found that they were visiting a private nursing home instead of a government hospital. It further supports the finding poor women hard to find the hospital. The sources clearly that health is available to the poorest of poor in urban areas.

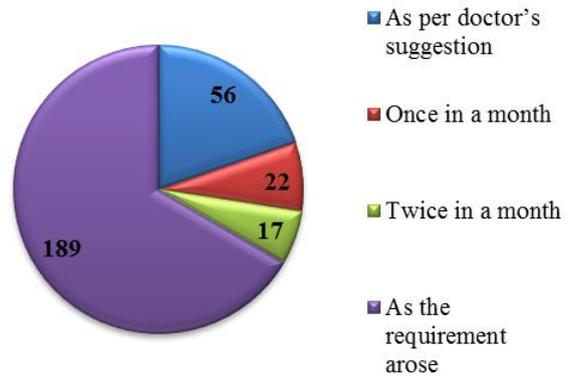
Responses regarding health seeking behaviour during pregnancy

- General Physician
- Obstetrician & gynae clinic
- Nursing home
- Local Dispensary/ Hospital
- By recommendation
- By advertisement
- By price
- By convenience of time



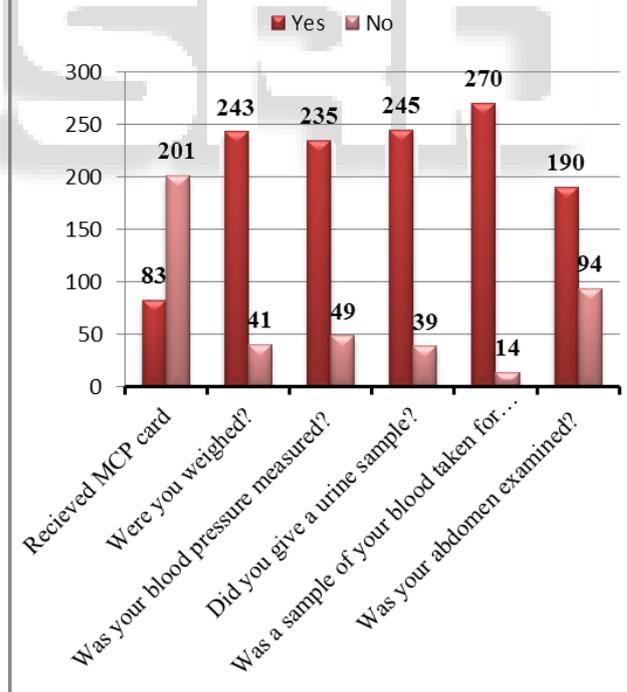
Very few i.e., 19.71% of the women were followed doctor's prescribed schedule. Meanwhile, 66.54% of the women have visited the hospital as the requirement arose. It indicates the women passive behaviour towards health during pregnancy.

Responses of frequency of hospital visits during pregnancy



83.33% of the women received more than one ANC check-up during the entire period of pregnancy. It indicates that urban poor pregnant women are yet to get comprehensive antenatal care this indicates that antenatal services to be extended beyond the sporadic visits.

Received ANC at least once during entire period of pregnancy



V. DISCUSSION

Regarding the age at the time of marriage in our study found that 62.32% of the women were less than 18 years old. The gynaecological practitioners suggest that younger mothers are prone to physical problems associated with pregnancy because they are not bodily developed to go through pregnancy Whereas in the similar study done by Banani

Mishra et.al showed that approximately half of the women had married before 18 years and more than half of the women had their first pregnancy between 15 to 20 years. This indicates that child marriage and teen age pregnancies were considerably high in lower socio- economic population.

A report of NFHS-4 shows that only 25 per cent of women received ANC care during pregnancy in rural areas and 18 percent of women had their first ANC visit during the fourth and fifth month of pregnancy, and 7 percent first received ANC in the sixth month or later. Whereas in our study, 83.33% of the women received more than one ANC check-up during the entire period of pregnancy and our study also found that 45.42% of the women were registered more than 6 months of pregnancy. Meanwhile, 16.90% of the respondents were having no knowledge about registration of pregnancy.

In our study found that 68.77% of the women were having knowledge about the signs of pregnancy complications such as vaginal bleeding and foetal movement and 31.23% of women were having knowledge regarding other complications such as convulsions, prolonged labor, breathing difficulties, and abdominal pain. This finding suggest that there is need for education regarding signs of pregnancy complications so, that complications can be detected at early stage and it will help to manage complications that will contributes to reduce maternal mortality ratio. Whereas in the similar study done by Patel BB et.al showed that still higher proportion of (41.9%) of pregnant women has inadequate knowledge, and about one-third of study participant have poor practice ANC care. Their knowledge on certain aspects of ANC were still poor especially regarding the importance of early antenatal check-up, health screening and complications related to diabetes and hypertension in pregnancy.

68.30 % of the women have knowledge about maternal health schemes such as JSY and JSSK. Meanwhile, 31.68% of the women have knowledge regarding PMMVY, PMSMY. So, there is required to bring the benefit to the target beneficiaries, more tools to use to create higher awareness among poor population. 70.77% of the women said that maternal health schemes are not helpful at all because of procedural hassles.

NFHS-4(2015-16) reports also said that 37.8 per cent of deliveries occur in the private health facilities that support our study large numbers of women i.e., 63.73% were to be found that they were visiting a private nursing home instead of a government hospital. It further supports the finding poor women hard to find the hospital. The sources clearly that health is available to the poorest of poor in urban areas.

A report of NFHS-4(2015-16), said that full coverage of antenatal visits were only 16.5 per cent in rural and 31.1 per cent in urban areas and NFHS-4 supports our study that very few i.e., 19.71% of the women were followed doctor's prescribed schedule. Meanwhile, 66.54% of the women have visited the hospital as the requirement arose. It indicates the women passive behaviour towards health during pregnancy. It indicates that urban poor pregnant women are yet to get comprehensive antenatal care this indicates that antenatal services to be extended beyond the sporadic visits.

According to NFHS-4 (2015-16) report said that only 25.9 per cent of the women who consumed iron folic acid for 100 days in rural areas and 40.8 per cent in urban areas. This report supports our study that only 5.98% of women were consumed iron and folic acid tablet for more than 4 months. Meanwhile 43.30% respondents were consumed iron and folic acid tablet for less than 2 months only. 83.45% of the women were purchased iron and foilc acid and 29.92% of the respondents were received iron and folic acid from hospital or health care centre. The sources are clears that women are preferred to visit private nursing home. So, they need to buy iron and folic acid and it also confirms that women avoid consuming iron and folic acid supplements because they belongs to lower socio- economic group

In our study found that 83.33% of the women received more than one ANC check-up during the entire period of pregnancy. Where as in the similar study done by Amanpreet Kaur et.al showed that knowledge about the antenatal care 22.0% of mothers had poor knowledge while 45.6% and 32.4% had average and good knowledge respectively. Age and education status of the women had a significant relation with the knowledge regarding ANC (p=0.00).

VI. CONCLUSION

The outcomes of this study large proportion i.e., 68.77% of women were having knowledge about the signs of pregnancy complications such as vaginal bleeding and foetal movement. It shows that complications can be detected at early stage and it will help to manage complications that will contribute to reduce maternal mortality ratio.

Half of the women were consumed iron and folic acid tablet at least for 2 months.

Most of the women have visited the hospital as the requirement arose. It indicates the women were understood the health requirement during pregnancy.

Majority of the women received more than one ANC check-up during the entire period of pregnancy.

In this study, considerable gaps were found in the knowledge, health seeking behaviour and access of health care infrastructure regarding the antenatal care among the slum living women. Hence, there is a need to be increased community IEC activities about ANC services which are available free of cost in India. It will help to understand the importance of pregnancy care among the slum dwellers.

VII. RECOMMENDATIONS

Based on the research findings, the following recommendations are suggested as follows:

- 1) There is need to create awareness and provide knowledge regarding antenatal care practices among slum dwellers.
- 2) National maternal health schemes were well known in slum population but those maternal health schemes are not helpful at all because of procedural hassles. So, there is needed to make procedure hassles free.
- 3) Mass awareness should be increased through electronic and print media for all women who are pregnant as well as in reproductive age groups, regarding mother and

child elements such as nutritional importance, hygiene, family planning etc.

- 4) Women who are pregnant should also be motivated for the use of government health facilities.

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