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FACTORS INFLUENCING THE USE OF PRENATAL CARE SERVICES BY WOMEN LIVING IN URBAN SLUMS IN CENTRAL INDIA

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ABSTRACT:

Background: A healthy pregnancy is mostly dependent on prenatal care. All mothers ought to receive the necessary treatment to ensure a safe pregnancy. Based on the numerous survey data, it is still not fully utilized by everyone. The situation in impoverished communities is still worse.

Objective: to evaluate the use of prenatal care services by moms living in Central Indian urban slums.

Materials and Methods: After obtaining their verbal assent, a community-based cross-sectional study was conducted for a year in the urban slums of Central India utilizing a pre-structured and pre-tested questionnaire. Slum locations on the notified slum list were chosen using a 30-cluster sampling procedure. 976 moms in all who were interviewed using the questionnaire within three months of giving birth.

Results: The majority of the women in our study were young (18–23 years old), illiterate (42%) and from poor socioeconomic backgrounds. Just 42% of the women overall had suggested four ANC visits. The three main variables influencing ANC utilization were place of service, socioeconomic level, and education. In summary, sustained and concentrated efforts are required to maintain the high coverage and utilization of prenatal services.

Key Words: Antenatal care, antenatal visits, urban slums..

Introduction:

Approximately 830 women perish every day from pregnancy- and childbirth-related avoidable causes; these deaths occur 99% of the time in underdeveloped nations[1]. Women and newborn babies can be saved from death with skilled prenatal, intrapartum, and postpartum care[2,3]. The majority of maternal deaths are avoidable. The likelihood of impoverished women in rural locations receiving quality healthcare is lowest. To reduce maternal mortality and morbidity rates that can be prevented, these mothers should be promptly identified and provided with the necessary care[4]. Obstacles that prevent women from receiving high-quality maternal health care must be found and removed at all levels of the healthcare system in order to promote maternal health[5].

Our honest goal is to help achieve the SDG targets, which call for lowering the global MMR to 70 per lac LB by 2030. The purpose of this study was to evaluate how often women living in urban slums used prenatal treatments.

MATERIAL AND METHODS

For a year, a cross-sectional survey was carried out among women living in urban slums in central India. There were 120,750 people living in 79 different slums. of which a cluster sampling method was used to choose 30 slums. With their verbal assent, all married women living in urban slums who had given birth during the previous three months were interviewed

using a pre-structured questionnaire. Through door-to-door surveying, 976 of these women were included in the study. Sampling according to size was carried out in every slum. The interview schedule asked about perceived impediments to non-utilization as well as identity data, antenatal care details, and sociodemographic profile. The WHO advises expectant mothers to have at least four ANC visits. Using a 95% confidence interval and the calculation 4 pq/l2, an adequate sample size was determined. Using SPSS, data was entered, coded, and examined. Data was presented as proportions and percentages. The significant association test was conducted using the Chisquare test. A p-value of less than 0.05 was deemed significant.

RESULTS

976 impoverished women who gave birth within the last three months were questioned about the prenatal care they had received. Women who were ill or refused to give consent were not allowed to participate in the study. The respondents' mean age was 25, with a maximum of 49% of participants falling within the 20–25 age range. Of the total number of women who participated in the study, 42.6% were illiterate, 13.3% had completed at least elementary education, 12.5% had completed high school, and 7.4% had completed intermediate school. Merely 7.2% possessed a degree or higher in schooling. 37.7% belonged to a combined family, and the majority, 62.3%, to a nuclear family. Hindus made up the majority of participants (68.9%), followed by Muslims (25.8%) and Sikhs (5.3%).

Class IV (upper lower) accounted for the majority of them (82.8%), followed by Socio-economic Class III (lower medium) with 16% and Class V (lower) with 1.2%. 2.9% did not obtain any antenatal care, despite the fact that the majority, 97.1%, made use of the services in some capacity. 18.8% of the total had just one ANC visit, 17% had two, 19.3% had three, and 42% had four or more. 18.4% of study participants received ANC from a commercial health facility, while the majority of individuals—76.2%—received ANC from a government health facility. For their ANC visits, 2.5% of participants consulted both of these locations. The percentage of women who had four or more ANC visits is trending upward as education levels rise. The least number of literate women (26.4%) and most educated women (71.4%) suggested four or more ANC visits. The greatest proportion of illiterate women with fewer than four ANC visits was 73.6%. The number of ANC visits and education were found to be statistically significantly correlated ($p<0.0001$). The percentage of women who received four or more visits was highest among socioeconomic class III (69.2%), followed by class IV (36.1%), as indicated in the table. The proportion of women with fewer than four visits was highest in Class V (66.7%) and lowest in Class III (30.8%). It was shown that there was a statistically significant ($p<0.001$) correlation between the socioeconomic status and ANC visits. Women with higher parity had the fewest number of visits (33.3%), while primipara women had the highest number of trips (87, or 50%). The frequency of visits and parity did not, however, appear to be significantly correlated ($p>0.05$).

Table 1: Distribution of study participants by ANC visits and place of ANC

	Number	Percent
Number of ANC visits		
No Visit	106	11
1 Visit	106	11
2 Visits	166	17
3 Visits	188	19
Place of ANC		
Government Health Facility	744	76

Private Health Facility	180	18
Both government and private facility	24	3
No ANC received	28	3
Total	976	100.0

Table 2: Distribution of study participants by education in relation to number of ANC visits

Education		< 4 ANC visits		≥ 4 ANC visits	Total
	Number	Percentage (%)	Number	Percentage (%)	
Illiterate	306	74	110	26	208
Primary	78	60	54	40	65
Middle	74	45	92	55	83
High School	66	54	56	46	61
Intermediate	22	31	50	69	36
Graduate and above	20	29	50	71	35
Total	**566**	**58**	**205**	**42**	**488**

DISCUSSION

The secret to lowering maternal mortality and enhancing the health of both the mother and the foetus is prenatal care[6]. For expectant mothers, the WHO advises at least four prenatal visits. Antenatal appointments guarantee that women receive appropriate and timely care. In urban slums, women are especially susceptible[7-10]. The majority of the women in this study were found to have low socioeconomic position (SES Classes IV and III). Similar results were found in Class IV slums in Mumbai (73%) by Makade KG et al. Of the study participants, 42% had four or more visits, 19.3% had three ANC visits, and 10.9% had none at all. Thus, in our study, 61.3% of participants had fewer visits than anticipated. Our results, by NFHS III (52%), are in line with the national and state averages. 76% of moms in Delhi had three or more ANC visits, according to Gupta A et al. The disparity can be attributed to their women's greater levels of education as well as their superior health care due to interstate differences[11-15]. In contrast to our analysis, fewer women had ≥ three ANC visits, according to Jain A et al. in Agra (24%) and Sharma P et al. in Dehradun (34.3%) 13, 14. Our results are nearly identical to those of Khan Z et al. (2009), who found that 80.4% of mothers in urban slums of Aligarh received any prenatal treatment. However, Gupta SK (63.8%) in the urban slum of Bhopal and Agarwal P et al (76%) in the urban slum of Delhi reported findings that were lower than ours. Our research revealed a statistically significant correlation between women's education levels and the number of prenatal visits they got. An essential factor in ANC visits is maternal education[16-20]. More educated women reported having more ANC visits, according to the NFHS III and DLHS III surveys. Similar strong associations were discovered by Agarwal P et al in the Delhi urban slum, Sharma P in the Dehradun urban slum region, and Gupta A et al in east Delhi. Our research demonstrates a strong correlation between the number of ANC visits and socioeconomic status. The data shows that women in socioeconomic class III (lower middle class) accounted for the largest proportion of women receiving at least four visits (69.2%), followed by women in class IV (36.7%) and class V (33.3%). There were no studies demonstrating the correlation between ANC visits and ANC location that could be used to compare the outcomes. The outcomes could be attributed to the doctor's and the environment's supportive behaviour at the private health facility, which encourages these women to visit the facility more frequently for checkups[21-24].

Conclusion:

A neglected and underprivileged segment of Indian society remains to be the urban slums. The obstacles are great and the terrain is challenging. A multifaceted, need-based,

socially acceptable, scientifically supported, and community-based solution is required in light of the current circumstances. The current infrastructure needs to be strengthened by the government in order to accommodate the suggested population. Maternal care can benefit from information education and communication help from NGOs operating in metropolitan areas for other programs. It is also possible to try raising awareness through the mass media. In the meanwhile, attention needs to be paid to the demand that social mobilization creates.

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