

STUDY OF UTILIZATION OF ANC SERVICES BY ANTE-NATAL MOTHERS ATTENDING RHTC

Jayanti Semwal*, Surekha Kishore**, Khursheed Muzammil***, Sonali Kar***

Associate Professor*, Prof. & Head**, P.G.Student***

Department of Community Medicine, HIMS, Dehradun (Uttaranchal)

Abstract :

Research question : What is the utilization rate of ANC services by antenatal Mothers?

Objectives: To assess the level of utilization of ANC services among antenatal mothers.

Study Design : OPD based cross-sectional study.

Setting: Rural Health Training Center (RHTC) Rajeev Nagar, Doiwala, Under Department of Community Medicine, HIMS, Jolly grant, Dehradun.

Participants: Antenatal mothers attending OPD at RHTC.

Study Period : January 2004 to December 2004.

Study Variable : Early Registration, T.T. Immunization, Anemia, IFA, High risk.

Statistical Analysis: Percentage, Chi-square.

Results : From a total of 51 ante-natal mothers registered at RHTC, 31 (60.8%) and 20 (39.2%) were found to be multipara and primipara respectively. T.T. Immunization Coverage was found to be 78.4% . 31(60.78%) of pregnant mothers visited twice and 29 (56.86%) visited thrice or more. IFA distribution was 100% Mild anemia was found in 22 mothers, moderate in 4 and only one case of severe anemia was found. 34 (66.66%) mothers were found to be illiterate and majority of mothers were found to be from low socio economic status i.e, 40 (78.43%). A total of 8 (15.68%) antenatal mothers were found to be under high risk category and were referred to HIMS for regular follow-up.

Conclusion : Much more is needed to improve the coverage of full ANC package because a healthy mother is the sign of a healthy society.

Introduction :

No country, state, district, village, society, religion, caste and creed can claim to be healthy by undermining the health of antenatal mothers. The states of Bihar, MP, Rajasthan, Uttar Pradesh including Uttaranchal are known as BIMARU states as lagging behind in performance level of antenatal service coverage in comparison with the national average. These state accounts for 45% of the India's population and about 60%

of total births and about 43% of population of these states live below the poverty line as against about 1/3rd of the country as a whole. These states have significant contribution in the population explosion of India due to early marriages, large reproductive age group size and high fertility rate (1).

This study was undertaken with the view to assess the status of immunization of

T.T & ANC among pregnant women in the registered areas of RHTC. Rajeev Nagar, Under Department of Community Medicine, HIMS, Jolly Grant, Dehradun.

Material & Methods :

The study was carried out between January 2004 to November 2004 in all the ANC cases reported at RHTC from its field practice areas of Dehradun. This was an OPD based cross sectional study, undertaken by Interns, PG,s & MSW,s (Female). Relevant data on proper filling of ANC card and her registration and check ups was compiled. All the information related to ANC was collected on a separate ANC register for the purpose of study. Date of registration, age, number of ANC visits, number of T.T. doses given, number of IFA supplied, parity, any obstetrical history, anemia (hemocue method was used for hemoglobin estimation), educational status, social economic status, religion, caste, high risk groups was noted during the study. The data thus collected was analyzed accordingly.

Results :

Table -1 : From the total 51 registered ANC cases about 86.27% were Hindus. Most of the pregnant mothers were illiterate (66.66%) and maximum are from low socioeconomic status (78.43%) as per modified prasad,s classification. About 60.7% pregnant mothers were multipara and 29.3% were anemic. About 15.68% were found to be

under high risk group.

Table-2 : About 56.8% pregnant mothers were registered within 12-16wk at RHTC but T.T.-1 and T.T.-2 / Booster were taken by only 47% and 37% respectively. Surprisingly 21.56% didn't turned up for T.T. immunization despite the advise given to them. IFA tablets were given to all of registered ANC cases (100%) which are very high as compared to the national level (72.5%). Full ANC package was availed by 47.05% from a total of 51 pregnant mothers.

Discussion :

Early registration (in the first trimester) is very important in the early screening of high risk groups and their referral. Unlike 100% IFA full course, the T.T immunization was not fully satisfactory in the present study and lack of information, motivation and certain obstacles were accountable for that. Though all the ANC facilities were available at RHTC but for the 100% coverage of full ANC package, acceptance of this information, education and communication was lacking among the community. Illiteracy was the main obstacle found in this study as also revealed in other studies, to be held responsible for inadequate utilization of ANC services(4). The illiteracy in the present study was found to be 66.66% as compared to 46% at the national level. Dsepite high illiteracy level. about 47% full ANC coverage was observed in the

registered pregnant mothers; this achievement of the RHTC with limited staff cannot be ruled out although it includes literate pregnant mothers too. Padam Singh et al reported the same (4).

As revealed in reports of Routine Evaluation (1997-98) MOHFW, GOI, this study also emphasizes that the education enhances the knowledge of utilization of ANC services by pregnant mothers (5). Local community participation and education is vital in understanding the importance of IEC activities, breaking the obstacles and hence in 100% ANC utilization.

References :

1. Coverage Evaluation Survey (1999); Institute for Research in Medical
2. Sunder Lal, Satish Kapoor, Brij Mohan Singh, M.S. Punia, coverage and quality of mother and child health services at sub centre level. IJCM, Vol-26 (1), Jan-March 2001.
3. Govt. of India, Manual of Decentralized Participatory Planning in Family Welfare Program, New Delhi. Ministry of Health and Family Welfare; 1996.
4. Padam Singh, R.J.Yadav. Status of antenatal coverage in four states. Health and Population-Perspectives and Issues, 24 (3): 148-156, Jul-Sep, 2001.
5. Evaluation of Routine Immunization (1997-98): Ministry of Health and Family Welfare, Government of India.

TABLE-1
Characteristics of pregnant women reported at RHTC (%).

S.No.	Characteristics	Number	(%)
*	ANC's	51	100
1	Religion		
	-Hindu	44	86.27
	-Muslim	05	9.8
	-Others	02	3.9
2	Caste		
	-General	21	41.17
	-OBC	30	58.82
	-SC	0	0

3	Educational Status		
	-Literate	17	34.34
	-Illiterate	34	66.66
4	High Risk Groups	08	15.68
5	Socio Economic Status		
	-Upper	Nil	0
	-Middle	11	21.56
	-Lower	40	78.43
6	Parity		
	-Primi	20	39.21
	-Multipara	31	60.79
7	Anemia	27	53.0
	-Mild	22	81.48
	-Moderate	4	14.8
	-Severe	1	3.7

TABLE - 2

Comparison of RHTC with India level regarding ANC services

S.No.	Antenatal care	RHTC (%)	INDIA (%)
1.	3 or more ANC visits	56.86	40.9
2.	Tetanus toxoid		
	-T.T-1	47.05	86.4
	-T.T-2/Booster	31.37	77.9
	-None	21.56	13.5
3.	IFA	100	72.5