

## **ANTENATAL CARE SEEKING BEHAVIOUR AMONG WOMEN IN URBAN SLUMS IN TAMIL NADU**

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### **Abstract:**

Maternal health of women and children will be improved only if women utilize the health services by antenatal care visits regularly, complications if any will be rectified and high risk deliveries will be reduced and thus reduction of both MMR and IMR. Two district of Tamil Nadu namely Madurai and Dindigul are selected and 2 municipal Corporations of Dindigul and Madurai were selected as study area. 460 Women aged 15-49 years old were interviewed using Probability proportional to size sampling method and the adopted an analytical study design. The data was analyzed using SPSS16. The objective of this paper is to determine the factors associated with antenatal care seeking behavior of women in urban slums in Tamil Nadu. A higher per cent of women (86 per cent) living in urban slums have availed antenatal care services, 68 per cent of women utilized their AN services from government/municipal hospitals, 19 per cent of women received AN care from private hospital/clinic, 8 per cent of women received AN services from UPHC/UFWC and 2 per cent of women received from government dispensary, NGO/Trust hospital each. Among women received AN care services, 76 per cent of women registered within 3 months of pregnancy. Sixty one per cent of women aware about pregnancy related problems, 68.5 per cent of women suffered from pregnancy related problems, 79 per cent of women treated for the pregnancy problem. Among treated, 71 per cent of women treated at government health facilities and the remaining 29 per cent of women treated at private health facilities.

### **Keywords:**

Antenatal care;  
Health seeking behavior;  
Urban slum;  
Utilization of health services.

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## 1. Introduction:

Government of India have taken various steps and implementing various national health programs to improve the health of women and children both in rural and urban areas by providing financial assistance, infrastructure, equipment, cash assistance program, human resource, specialty care departments etc., Reproductive and child health program, National rural health mission, National urban health mission and National Health Mission has been introduced by govt. of India along with state health programs to improve the health of people and to eradicate communicable and non-communicable diseases. We could achieve health goals compared with previous years but there exist inter state and inter district variations due to lack of monitoring of program and due to lack of awareness about the program among the beneficiaries. Maternal mortality and Infant mortality has been reduced by increasing the per cent of women to avail antenatal care services, delivery care at institution, post natal care services etc.,. But due to various socio economic and cultural factors, women are not able to receive antenatal care services and not able to improve the reproductive health of women, adolescent and children. This paper clearly explains about the antenatal care seeking behavior of women living in urban slums in Tamil Nadu.

**Review of Literature:** There are various socio economic and cultural factors associated with utilization of obstetric care services (Ciceklioglu, et.al., 2006). As per the recommendation of RCH programme for Antenatal care services, women should receive two doses of Tetanus toxoid vaccine, adequate amounts of Iron and folic acid tablets, and at least three antenatal checkups which will help in detecting pregnancy complications to be treated (Raj et.al., 2005). According to NFHS reports, the utilization of Antenatal care services increased from 66 per cent (NFHS 2) to 77 per cent (NFHS 3) (IIPS, 2005-06). Based on the relevant literature this paper will describe the factors associated with ante natal care seeking behavior of women living in urban slums.

## 2. Research Methods:

Women aged 15-49 years, who are living in urban slum areas in the municipal Corporations of Dindigul and Madurai in Tamil Nadu were selected as sampling unit and study area. The sample size was calculated as 460 and adopted Probability proportional to size sampling method and the study adopted an analytical study design. The data collection was carried out by the trained

investigators, data cleaning and data analysis was carried out by SPSS 16. Tabular, Percentage, Chi square and Logistic regression analysis was carried out. Women who availed AN care services is considered as dependent variable and the socio economic, demographic and other variables like Religion, Caste, Education of wife, Occupation of wife, type of family, standard of living index, age of mother, age at marriage, Gravida, pregnancy complications, delivery complications, post delivery complications, mass media exposure and health seeking behavior of women for their reproductive health problems are considered as independent variables.

**Objective:** The objective of this paper is to determine the factors associated with antenatal care seeking behavior of women in urban slums in Tamil Nadu.

### 3. Results and Analysis

A higher proportion of women (86 per cent) living in urban slums availed antenatal care (AN Care) services. Among women received AN care services, 68 per cent of women utilized their AN services from government/municipal hospitals, 19 per cent of women received from private hospital/clinic, 8 per cent of women received AN services from UPHC/UFWC and 2 per cent of women received AN care services from government dispensary, NGO/Trust hospital each. Among women received AN care services, 76 per cent of women registered within 3 months of pregnancy. Sixty one per cent of women aware about pregnancy related problems, 68.5 per cent of women suffered from pregnancy related problems, 79 per cent of women treated for the pregnancy problems. Among treated, 71 per cent of women treated at government health facilities and the remaining 29 per cent of women treated at private health facilities. Per cent distribution of women living in urban slums who availed full antenatal care according to socio economic, demographic and other characteristics are presented in Table 1. Full Antenatal care (AN Care) includes, women received three or more AN care visits, received at least one TT injection and consumed 100+ IFA tablets. Chi square analysis was carried out to understand the association between AN Care of women with socio economic and demographic characteristics. The variables namely, type of family, mass media exposure and health seeking behavior of women are significantly associated with AN care of women and is significant at 5 % level ( $p < 0.05$ ). All other variables namely, Religion, Caste, Education of wife, Occupation of wife, Standard of living Index, age of mother, gravida, pregnancy complications, delivery

complications and post delivery complications are not statistically significant with AN care of women ( $p>0.05$ ).

**Table 1: Per cent distribution of Antenatal care of women by background characteristics.**

Socio Economic and Demographic	No.	Antenatal Care			Chi square	p value
		No	Full	Full ANC		
<b>Religion</b>						
Hindu	251	31.9		68.1	1.929	0.381
Muslim	34	41.2		58.8		
Christian	40	40.0		60.0		
<b>Caste</b>						
SC	172	33.7		66.3	0.298	0.862
MBC	24	29.2		70.8		
BC	129	34.9		65.1		
<b>Education of wife</b>						
Illiterate	48	45.8		54.2	4.183	0.242
Primary	62	33.9		66.1		
High school	164	32.3		67.7		
Higher secondary and	51	27.5		72.5		
<b>Occupation of wife</b>						
House wife	234	34.6		65.4	0.244	0.885
Labourer /Sanitary work	46	32.6		67.4		
Company/Other work	45	31.1		68.9		
<b>Type of family</b>						
Nuclear family	230	37.4		62.6	4.417	0.036*
Joint family	95	25.3		74.7		
<b>Standard of living Index</b>						
Low	145	35.9		64.1	0.502	0.778
Medium	104	31.7		68.3		
High	76	32.9		67.1		
<b>Age of mother (years)</b>						
<=24	52	36.5		63.5	5.645	0.227
25-29	78	34.6		65.4		
30-34	80	32.5		67.5		
35-39	66	24.2		75.8		
40+	49	44.9		55.1		
<b>Age at marriage (years)</b>						
<18	79	39.2		60.8	3.116	0.211
18-21	163	35.0		65.0		
22+	83	26.5		73.5		
<b>Gravida</b>						

1	55	41.8	58.2		
2	138	34.8	65.2	4.057	0.255
3	74	33.8	66.2		
4+	58	24.1	75.9		
<b>Pregnancy complications</b>					
No	91	38.5	61.5	1.202	0.273
Yes	234	32.1	67.9		
<b>Delivery complications</b>					
No	196	32.7	67.3	0.314	0.575
Yes	129	35.7	64.3		
<b>Post delivery</b>					
No	171	34.5	65.5	0.070	0.792
Yes	154	33.1	66.9		
<b>Mass media exposure</b>					
Low	164	33.5	66.5		
Medium	98	26.5	73.5	6.527	0.038*
High	63	46.0	54.0		
<b>Health seeking behavior problems</b>					
Low	166	42.2	57.8		
Medium	88	27.3	72.7	10.890	0.004*
High	71	22.5	77.5		
<b>Total</b>	<b>325</b>	<b>33.8</b>	<b>66.2</b>		

Note: \* significant at 5% level.

A higher percentage of Hindu women (68 per cent), women belonging to Most backward community (71 per cent), women who have completed higher secondary and above education (72.5 per cent), women who employed in company/other work (69 per cent), women who are living in joint family system (75 per cent), women who are living in medium standard of living (68.3 per cent), women aged 35-39 years (76 per cent), women whose age at marriage above 22 years (73.5 per cent), higher gravida (4+) women (76 per cent), women who experienced pregnancy complications (68 per cent), women who are not experienced delivery complications (67 per cent), women who experienced post delivery complications (67 per cent), women with medium level of mass media exposure (73.5 per cent) and women with high level of health seeking behavior for reproductive health problems (77.5 per cent) have availed full Antenatal care services than their counterparts. It is also observed that proportion of full AN care of women increases as education of women increases, age at marriage and no. of gravida increases.

Logistic regression analysis was carried out by taking the dependent variable, women living in urban slums who availed full ANC as 1 and women who have not availed full ANC as 0. Mass media exposure, type of family and health seeking behavior of women are significantly associated and all other variables are not significant. Women who are living in joint family system are more likely to avail full ANC than women in nuclear family system. Women living in urban slums with high level of mass media exposure are more likely to avail full AN care than their counterparts. Women with high level of health seeking behavior availed Full AN care than their counterparts. Women who availed full AN care will help women to go for treatment for their reproductive health problems.

#### **4. Conclusion:**

The Socio economic and demographic variables are not significantly associated with AN care services of women living in urban slums except type of family, mass media exposure and health seeking behavior of women. The proportion of women who availed full AN care increases as education of women increases, age, age at marriage increases, mass media exposure increases and health seeking behavior of women increases. The proportion of women who availed Full AN care services helped women for getting treatment for their reproductive health problems. The women living in urban slums have to be educated and awareness creation among targeted women through NGOs to avail full AN Care services is an urgent need for better reproductive health status of women. Mass media exposure on full AN Care services has to be increased. Medical personnel have to be trained further to provide all reproductive health services to women living in urban slums to avail free government services at the public health institutions at free of cost.

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