AWARENESS ABOUT ANTENATAL CARE PRACTICES AMONG SLUM PREGNANT WOMEN

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Abstract A study on "Antenatal care practices adopted by slum pregnant women and their families" was carried out to assess awareness about antenatal care practices among slum pregnant women and to study the effects of selected background variables on adopted antenatal care practices by slum families. Awareness of common pregnancy symptoms was highest for missed menstrual periods (74.66%), nausea and vomiting (74.00%), and itchy skin (67.66%). However, awareness of breast changes and frequent urination was considerably lower. Significant differences were observed between low and middle socioeconomic status (SES) groups, particularly in recognizing symptoms such as missed periods and breast changes. Regarding danger signs during pregnancy, most women identified persistent vomiting (58.66%), severe abdominal pain (60.6%), and severe headache (56.00%) as critical indicators. Yet, Awareness about symptoms like convulsions (16.6%), foetal movement changes (22.0%), and excessive bleeding (30.33%) remained low. A significant difference in awareness of persistent vomiting was observed between SES groups. The findings highlight critical gaps in maternal health awareness among pregnant women in slums, especially among the low SES group, indicating an urgent need for targeted health education and intervention programs.

Introduction

The level of urban poverty in India is increasing, while rural poverty is decreasing. Given the issue of correctly estimating the dimensions of the bad and slum populations living in city areas, it's also hard to evaluate the fitness and dietary status of such populations. The subject of slum welfare is immensely important, yet until recently it was largely ignored. Most people are simply unaware of the gravity of the slum problems. Different studies done across the country revealed that, among the urban population, slum dwellers have higher rate of morbidity prevalence and their living condition is extremely poor. Although

uniformly disadvantaged, the urban poor cannot be treated as homogenous entities; there exist important socio demographic variations within the urban poor population in relation to their use of services and the barriers faced in service utilization. So, Attention to vulnerable communities in the slums is needed from a public health perspective, and pregnant females and children constitute the major “high risk” group.

Pregnancy and childbirth are special events in a woman’s life. But during this period, they are more vulnerable to disease and death. Antenatal care refers to pregnancy related health care, which is usually provided by a doctor, an Auxiliary Nurse Midwife (ANM), or another health professional. Antenatal care is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the life of mothers and babies depend. The primary aim of antenatal care is to achieve, at the end of pregnancy, a healthy mother and a healthy baby. Ideally, antenatal care should monitor a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, and provide advice and counselling on preventive care, delivery care, postnatal care, and related issues. The World Health Organization (WHO) recommends a minimum of four antenatal visits.

Methodology

The study on “Antenatal Care Practices Adopted by Slum Pregnant Women and Their Families” was carried out in randomly selected from 5 slum areas of Parbhani town, Marathwada region of Maharashtra state. To carry out this study, a sample of 150 pregnant women belonging to low and middle SES groups residing in five areas of Parbhani town, namely Ramai Nagar, Lahuji Nagar, Ashok Nagar, Kranti Nagar, and Rajendragiri Nagar, were selected by adopting a purposive random sampling method. A structured and open-ended interview schedule cum checklist was prepared to elicit information from pregnant women. The data about the study were collected by personally interviewing the sample slum pregnant women based on open open-ended interview schedule cum checklist after developing rapport with them.

Tools used for the research

Kuppuswamy's modified Socio-Economic Status scale 2024 was used to assess the socio-economic status of selected slum pregnant women (Annexure-III). The socio- economic status of the slum families was assessed based on the information related to education,

occupation and annual income. Based on obtained information, the families were categorized into different SES groups.

Categories of Socio- Economic Status	Range of Score Obtained
16-25	Upper Middle (II)
11-15	Lower middle (III)
5-10	Upper Lower (IV)
Below5	Lower (V)

Findings

Table 1 reveals about personal background information of the pregnant women living in slum areas. Majority of them were in the age group of 18–23 years 49.33 per cent, followed by 24–29 years 29.33 per cent and 30–35 years 21.33 per cent. Regarding education, many women were illiterate 58.66 per cent, followed by 22.66 per cent had primary education, 10.00 per cent had secondary education, and 8.00 per cent had high school education. No one was graduated. It is clear from the results that half of the sample pregnant women's husband were (50.00%) illiterate, followed by (32.00%) primary education, (6.00%) secondary education, and (6.66%) high school education.

Table 1 Personal Background Information of the sample slum pregnant women

S. No	Background Variables	Percentage of slum pregnant women based on SES(n150)		
		Low SES (110)	Middle SES (40)	Over all percentage (150)
1	**Age (years)**			
	18-23	52 (47.27%)	22(55.00%)	74(49.33%)
	24-29	35 (31.81%)	9(22.50%)	44(29.33%)
	30-35	23 (20.90%)	9(22.50%)	32(21.33%)
2	**Gender**			
	Females	110 (100 %)	40(100 %)	150(100%)
3	**Educational Qualification of pregnant women**			
	Illiterate	63(57.27%)	25(62.5%)	88(58.66%)
	primary Education	28(25.00%)	7(17.5%)	34(22.66%)
	Secondary Education	10(9.09%)	5(12.5%)	15(10.00%)
	High school education	9(8.18	3(7.5%)	12(8.00%)
	Graduation	-	-	

4	**Educational Qualification of husband**			
	Illiterate	57(51.81%)	18(45.00%)	75(50.00%)
	primary Education	34(30.90%)	14(35.00%)	48(32.00%)
	Secondary Education	4(3.63%)	5(12.5%)	9(6.00%)
	High school	7(6.36%)	3(7.5%)	10(6.66%)

Figures in patherienthesis is percentage

Table 2 Family Background Information of the sample slum pregnant women

S.No	Family background variable	Percentage of slum pregnant women based on SES (n150)				
		Low SES (110)		Middle SES (40)		Over all percentage (150)
1	**Type of family**					
	Nuclear family	80 (72.72%)		16 (40.00%)		96 (64.00%)
	Joint family	24 (21.81%)		14 (35.00%)		38 (25.3%)
	Extended family	6 (5.45%)		10(25.00%)		16(10.6 %)
2	**Size of the family**					
	Small	61 (55.4%)		15 (37.5%)		76 5(0.60%)
	Medium	43 (39.09%)		15 (37.5%)		58 (38.66%)
	Large	6(5.45%)		10(25.00%)		16(10.6%)
4	**Occupational level**					
		Women	Husband	women	Husband	
	Home maker	71(64.54%)		16(40.00%)		87(58.00%)
	Daily wages	16(14.54%)	50(45.45%)	11(27.5%)	17(42.5%)	94(62.66%)
	Domestic worker	16(14.54%)	45(40.90%)	6(15.00%)		67(44.66%)
	Unskilled labour	7(6.36%)	10(9.09%)	7(17.5%)	13(32.5%)	37(24.66%)
	Semi-skilled	-	5(4.45%)		5(12.5%)	10(6.66%)
	Skilled labour	-			5(12.5%)	5(3.33%)
5	**Family income**					
	5,000	67(60.90%)				67(44.66%)
	5,000-10,000	43(39.09%)				43(28.6%)
	10,000-15,000			22(55.00%)		22(14.66%)
	Above 15,000			18 (47.5%)		19(12.6)

Table 2 indicates the family background details of the slum pregnant women. With regard to their type of family, it was recorded that relatively higher percentages of the women were belongs to nuclear families (64.00%) followed by joint families (25.3%) and extended

families (10.6%). Irrespective of socio-economic status, about 50.60 per cent of the sample pregnant women belonged to the small sized families followed by the middle size (38.66%) and large size (10.6 %) families

With regards to occupation of both pregnant women and their husbands, the majority of pregnant women were homemakers (58.00%), while the remaining pregnant women were daily wage work (14.54%), domestic work (44.66%), and unskilled labour (24.66%). with respect to pregnant women's husband, it was observed that majority were daily wage workers (61.33%) or domestic workers (44.66%). While remaining were unskilled labour (24.66%), semi-skilled (6.66%), and skilled labour (4.33%).

With respect to the family annual income, it was observed that irrespective of socioeconomic status relatively near about half of the (44.66%) pregnant women family annual income of families earned up to ₹5,000 per month, (28.6%) earned between ₹5,000 - ₹10,000 (14.66%) earned between ₹10,000 - ₹15,000, while (12.6%) had incomes above ₹15,000.

Table 3 Awareness of slum pregnant women regarding common symptoms during pregnancy

Awareness of slum pregnant women regarding common symptoms during pregnancy	Percentage of slum pregnant women based on SES (150)			
	Low SES (110)	Middle SES (40)	Over all percentage (150)	Z values
Missed menstrual period	77(70.00%)	35(87.5)	112(74.66%)	**2.73 ****
Nausea and vomiting	85(77.27)	26(65.0)	111(74.0%)	**1.52** ^{NS}
Breast size changes	23(20.90%)	19(47.5)	42(28.0%)	**3.21****
Itchy skin	78(70.90)	22(55.00%)	100(67.66%)	**1.83** ^{NS}
Frequent urination	52(47.27)	12(30.0)	64(42.6%)	**1.89** ^{NS}

Table 3 shows the awareness of slum pregnant women regarding common symptoms during pregnancy. Among low SES slum pregnant women, the most commonly reported symptoms were nausea and vomiting (77.27%), itchy skin (70.90%), and missed monthly menstrual period (70.00%). Nearly half of the women reported frequent urination (47.27%), while breast changes were least reported (20.90%) common symptom. Among middle SES slum pregnant women, majority (87.5%). sample were reported missed menstrual period, Nausea and vomiting (65.0%) and itchy skin (55.00%) were also common. Less than half

(47.5%), of the slum pregnant women reported breast changes while frequent urination was reported by (30.0%). Overall, the majority (74.66%) of the slum pregnant women reported missed menstrual period and nausea and vomiting (74.0%) followed by itchy skin (67.66%) was also frequently experienced. Nearly less than half of the women reported frequent urination (42.6%), and breast changes were noted by 28.0% slum pregnant women of both the groups. Highly significant difference were found in awareness regarding common symptoms during pregnancy such as missed menstrual periods and changes in breast size between Low SES and Middle SES slum pregnant women, which shows that there is a great need to provide intervention to slum pregnant women belonging to Low SES.

Table 4 Awareness of slum pregnant women regarding danger signs related to pregnancy

Awareness about danger signs related to pregnancy	**Percentage of slum pregnant women based on SES (150)**			
	Low SES (110)	**Middle SES (40)**	**Over all percentages (150)**	**Z values**
Excessive bleeding	23(20.90.%)	11(27.5%)	34(30.33%)	**0.77NS**
Swelling of limbs	41(37.27%)	19(47.5%)	60(40.0%)	**1.13 NS**
convulsions	18(16.36%)	7(17.5%)	25(16.6%)	**0.17 NS**
Severe abdominal pain	62(56.38%)	29(72.5%)	91(60.6%)	**1.79NS**
Severe Headache	57(51.81%)	27(67.5%)	84(56.00%)	**1.71NS**
Foetal movement change	21(19.09%)	12(30.00%)	33(22.0%)	**1.43 NS**
Persistent vomiting	59(53.63%)	29(72.5%)	88(58.66%)	**2.07***

Table 4 shows the awareness of slum pregnant women regarding danger signs related to pregnancy. Among low SES slum pregnant women, the most commonly known danger signs were severe abdominal pain (56.38%), persistent vomiting (53.63%), and severe headache (51.81%). Awareness of slum pregnant women was less than half for swelling of limbs (37.27%) and excessive bleeding (20.90%), and less for foetal movement change (19.09%) and convulsions (16.36%).

Among middle SES slum pregnant women, awareness was highest for persistent vomiting (72.5%) and severe abdominal pain (72.5%), followed by severe headache (67.5%) and swelling of limbs (47.5%). Awareness of foetal movement change (30.00%), excessive

bleeding (27.5%), and convulsions (17.5%) was less common. Overall, the most commonly recognized danger signs among all slum pregnant women were persistent vomiting (58.66%), followed by severe abdominal pain (60.6%), and severe headache (56.00%). Awareness was less than half for swelling of limbs (40.0%), foetal movement change (22.0%), excessive bleeding (30.33%), and convulsions (16.6%).

A significant difference between low and middle SES groups was observed only in awareness of persistent vomiting.

Conclusion

In conclusion, the study highlights the socio-demographic characteristics and awareness of common symptoms and danger signs during pregnancy among slum pregnant women. The findings indicate that the majority of the women were young, illiterate, and belonged to low socioeconomic status families. The awareness of common symptoms such as nausea and vomiting, missed menstrual periods, and itchy skin was relatively high, while awareness of danger signs like excessive bleeding, foetal movement changes, and convulsions was low. Significant differences were observed between low and middle socioeconomic status groups in awareness of certain symptoms and danger signs, emphasizing the need for targeted interventions to improve health literacy and promote healthcare utilization among disadvantaged groups. The study underscores the importance of providing health education and awareness programs by the government to slum pregnant women, particularly those belonging to low socioeconomic status, to enhance their knowledge and promote better maternal health outcomes.

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