



ANTENATAL CARE PRACTICES ADOPTED BY 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. This study assesses the antenatal care (ANC) practices among slum pregnant women in relation to their socioeconomic status (SES). The findings reveal that more than half (56%) of the slum pregnant women registered for ANC in the first trimester, with significant differences observed between low and middle SES groups. The majority of women registered at women's hospitals, and less than half were accompanied by their husband or mother-in-law. While almost all women received basic ANC services like height, weight, and blood pressure check-ups, significant differences were found in the uptake of tetanus toxoid immunization. The study highlights the need for targeted interventions to increase awareness and utilization of ANC services among low SES slum pregnant women, particularly in registering for ANC in the first trimester and utilizing public health facilities.

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 patherientthesis 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 Antenatal care practices adopted by slum pregnant women

ANC registration by slum pregnant women	Percentage of slum pregnant women based on SES (150)			
	Low SES (110)	Middle SES (40)	Over all percentage (150)	Z values
Time of registration				
1 st trimester	56(50.90%)	28(70.00%)	84(56.00%)	2.22*
2 nd trimester	50(45.45%)	12(30.00%)	62(41.00%)	1.72^{NS}
3 rd trimester	4(5.45%)	-	4(2.66%)	1.01^{NS}
Place of registration				
PHC	31(28.18)	8(20.00%)	39(26%)	1.01^{NS}
Women hospital	70(63.63%)	19(47.5%)	89(59.33%)	1.78^{NS}
PHC/ Private clinic	9(8.18%)	13(32.5%)	22(14.66%)	3.72**
Accompany				
Sister-in-law	15(13.6)	7(17.5)	22(14.6%)	0.59^{NS}
Husband	37(33.6)	15(37.5%)	52(34.6%)	0.44^{NS}
Mother -in law	41(37.27)	12(30.00%)	53(35.3%)	0.82^{NS}
Mother	17(15.45)	6(15.00%)	23(15.33%)	0.21^{NS}

Figures in parentheses indicate percentages *p < 0.05 level **P < 0.01 level NS – Non- Significant



Table 3 shows that among the low SES group, half (50.9%) of the slum pregnant women registered for ANC in the first trimester, less than half (45.45%) in the second trimester, and a small minority (5.45%) registered in the third trimester. The majority (63.63%) of these slum pregnant women registered at women’s hospitals, followed by (28.18%) at PHCs and only (8.18%) at private clinics. Regarding accompaniment, less than half (37.27%), were accompanied by their mother-in-law, followed by husband (33.6%), mother (15.45%), and sister-in-law (13.6%).

Among middle SES slum pregnant women, the majority (70%) of the slum pregnant women registered in the first trimester, (30%) in the second trimester, and none in the third trimester. Nearly half (47.5%) slum pregnant women registered at women’s hospitals, (20%) at PHCs, and nearly one-third (32.5%) at private clinics. While less than half (37.5%) were accompanied by their husband, followed by mother-in-law (30%), sister-in-law (17.5%), or mother (15%).

Overall, more than half (56%) of all slum pregnant women registered in the first trimester, 41% in the second trimester, and only less (2.66%) slum pregnant women registered in the third trimester. More than half (59.33%) of the slum pregnant women registered at women’s hospitals, (26%) at PHCs, and (14.66%) at private clinics. Less than half (34.6%) of the slum pregnant women were accompanied by their husband followed by mother-in-law (35.3%), sister-in-law (14.6%), or mother (15.33%). Based on SES, a statistically significant differences were found regarding registration in 1st trimester and use of PHC/private clinics for registration among slum pregnant women. Majority of Middle SES slum pregnant women registered in first trimester as compared to low SES slum pregnant women, similar results were found in case of PHC. Results clearly showed that more intervention is to be provided to Low SES slum pregnant women for increasing their awareness regarding importance of registration in first trimester and registering in PHC /private clinic.

Table 4 Antenatal services received by slum pregnant women

Antenatal services received by slum pregnant women	Percentage of slum pregnant women based on SES (150)			
	Low SES (110)	Middle SES (40)	Over all percentage (150)	Z values
Height	110(100%)	40(100%)	150(100%)	-
Weight	110(100%)	40(100%)	150(100%)	-
Blood pressure	110(100%)	40(100%)	150(100%)	-



Ultrasound examinations	101(91.8%)	38(95.00%)	139(92.6%)	0.66 ^{NS}
Hemoglobin test	110(100%)	40(100%)	150(100%)	-
Blood test	110(100%)	40(100%)	150(100%)	-
Tetanus toxoid	100(90.9)	40(100%)	140(93.3%)	1.97*
Prenatal multivitamins	98(89.09)	36(90%)	134(89.3%)	0.16 ^{NS}

Figures in parentheses indicate percentages *p < 0.05 level NS – Non-Significant

Table 4 reveals about antenatal services received by slum pregnant women based on socio-economic status. Among low SES slum pregnant women hundred percentage (100%) received antenatal services such as height and weight checkups, blood pressure monitoring, haemoglobin test, and blood test. A majority (91.8%) had ultrasound examinations, (90.9%) received tetanus toxoid, and (89.09%) were given prenatal multivitamins.

Similarly, all (100%) middle SES slum pregnant women received services such as assessment of height, weight, blood pressure, haemoglobin test, blood test, and tetanus toxoid test. A majority (95%) slum pregnant women undergone ultrasound examinations, and (90%) received prenatal multivitamins for the expected growth and development of foetus.

Overall, hundred per cent (100%) of the pregnant women received basic antenatal services like height, weight, blood pressure, haemoglobin, and blood tests. a majority (93.3%) of the slum pregnant women received tetanus toxoid, most (92.6%) of the slum pregnant women had ultrasound examination and prenatal multivitamins (89.3%).

However, a significant difference was found in the uptake of tetanus toxoid immunization among slum pregnant women.

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