



## ANTE NATAL CARE SERVICE UTILISATION AMONG RURAL WOMEN IN CHIDAMBARAM BLOCK, CUDDALORE DISTRICT, TAMIL NADU

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### ABSTRACT:

A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child. The study area was conducted in rural areas of Chidambaram Taluk. Chidambaram is one of the socially and economically backward block in cuddalore district. This block has punchayats and small village punchayats.. The sample size used for the analysis was 237 respondents were identified and those who were interested to response for the questions were selected for the analysis, women those who have given birth in the last two years were selected to get perfect and detail answers of Ante Natal Care services from the respondents. To study the Socio-Economic and Demographic (SED) characteristics of the women. To understand the of Ante Natal Care (ANC) services of rural women. To examine the Ante Natal Care (ANC) service utilisations of rural women. It indicates while age of the women increases they understand the importance of ANC services which may likely to increase maternal health of the women and reduce the MMR. The awareness campaign should be organized to impart the knowledge of ANC services provided by the government as [err the study reveals the lower educated women had lower utility of ANC service in the study area. Though some areas india ahd attained hundred percent literacy rate, still we have to go ahead to improve the literacy rate and increases proportion of level of education.



**KEYWORDS:** healthy diet and lifestyle , Socio-Economic and Demographic (SED).

### INTRODUCTION :

Antenatal care is the most necessary to maintain the health of pregnant women during pregnancy to provide information about lifestyle, pregnancy and delivery. Improper awareness among women particularly in rural areas, maternal deaths were not able to reduce<sup>1</sup>. Most important components of the Family Welfare Programme of the

Government of India and the National Population Policy-2000 also insists to reduce MMR<sup>2</sup>. Further, the research studies showed that the women who delivered had on an average 12 antenatal care visits. The rate of non-attendees that is women who delivered without having attended to the antenatal care program, was 2 of 1000. Currently, 71 percent of women worldwide utilizes ANC services;

and in industrialized countries – 95 percent, South Asia – 54 percent and Sub-Saharan Africa – 64 percent<sup>3,4</sup>...Antenatal care (ANC) is the care a woman receives throughout her pregnancy in order to ensure that both the mother and child remain healthy. Antenatal Care has a tremendous impact on the health of the mother and child. However, good quality antenatal care is not uniformly distributed

in society<sup>5</sup>

A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child. Nearly, 90 percent of maternal deaths occur in developing countries and over half a million women die each year due to pregnancy and childbirth related causes<sup>6</sup>. WHO insists that ANC is one of the basic components of maternal care on which the life of mothers and babies depend and this is the determinant of maternal mortality and prenatal mortality. World Health Organization (WHO) estimated that more than 500,000 mother's die each year because of pregnancy and related complications. It was found that about 88 percent to 98 percent of all maternal deaths could be avoided by proper handling during pregnancy and labor<sup>7</sup>.

The major aims of ANC care providers is to probe and examines of women about health conditions, particularly anemia, diabetics, heart diseases and other related issues during pregnancy and monitoring and continuous checkups over the period of gestation. It is understood that to reduce maternal mortality and life threatening complications every women should have the knowledge of place of birth, skilled or trained birth attendant, emergency transportations, potential of blood donors in case urgency. The knowledge of ANCs is poor among the rural women due to lack of education, poor communication, lack of partner's involvement and lack of facilitator of the government programmes. Majority of rural women suffer not only from lack of education, poor communication, lack of partner's involvement etc., and they also suffer by economic poverty to utilize the service available and provided by the government of India<sup>8</sup>. Women in higher socio-economic groups tend to exhibit patterns of more frequent use of maternal health services than women in the lower socio-economic groups. The other socioeconomic factors usually found to be important are place of residence, religion and standard of living of the household. Moreover, the economic status of the household also determines the utilization of antenatal care services<sup>9</sup>. Making the staff working in rural areas is really difficulty, particularly where there are not economic or career incentives to deploy and retain staff in less favourable conditions. ANC can be the platform to support special groups such as adolescents, female victims of domestic violence, and single mothers, among others, as these groups have a higher risk of stillbirth, preterm birth, low birth weight (LBW), and child abandonment and neglect. With this background, the present study is being planned to assess the awareness and determinants of antenatal care services among rural women of Chidambaram taluk in cuddalore district in Tamilnadu. Main reasons for inadequate utilization of ANC services were financial, unawareness about ANC services etc. Awareness of women is the key to improve antenatal care of pregnant women. Hence efforts should be made to have Information, Education and Communication (IEC) activities targeted to educate the mothers especially in rural areas. The study area was conducted in rural areas of Chidambaram Taluk. Chidambaram is one of the socially and economically backward block in cuddalore district. This block has punchayats and small village punchayats. To represent the whole block the researcher selected three major punchayats such as annamalai nagar, keerapalayam, pichavaram and three small village punchayats like meethikudi, ammapettai, velangudi. Hence, totally six major and small village punchayats 240 samples with 40 samples from each punchayats. Disproportionate multistage sampling method was used to collect the data from the respondents. The sample size used for the analysis was 237 respondents were identified and those who were interested to response for the questions were selected for the analysis, **women those who have given birth in the last two years were selected** to get perfect and detail answers of Ante Natal Care services from the respondents. The research has adopted pre determined schedule to collect data to diagnose the problem accurately and specify the characteristic to determine the frequencies of ANC visits. To analyse the collected data, statistical package for social science (SPSS) was used and basic statistics was adopted to interpret the information. To know the various problem areas, enabling the researcher to identify way and means of arriving at a solution analysis was used.

## OBJECTIVES

- ❖ To study the Socio-Economic and Demographic (SED) characteristics of the women.
- ❖ To understand the of Ante Natal Care (ANC) services of rural women.
- ❖ To examine the Ante Natal Care (ANC) service utilisations of rural women.

## ANALYSIS

TABLE: 1- DISTRIBUTION RESPONDENTS BY SOCIO-ECONOMIC CHARACTERISTICS

Socio-Economic and Demographic characteristics		
CASTE	FREQUENCY	PERCENT
MBCs	111	48.1
SC/ STs	126	51.9
OCCUPATION		
Working women	12	5.1
House wife	225	94.9
PARTNERS OCCUPATION		
Former	93	39.2
Others	144	60.8
MONTHLY INCOME in Rs.		
Less than 3000	123	51.8
3001-6000	36	15.2
6001-9000	29	12.2
9001 and above	49	20.8
AGE (in Years)		
18-21	168	70.8
21-24	54	22.8
25 and above years	15	6.4

Table-1 shows that the socio-economic characteristics of the respondents in the study areas which may likely to influence the utilization of ANC services available in the areas. 52 percent of the respondents belonging to SC/STs and remaining were MBCs therefore the areas almost covered by the socially and economically deprived respondents. One-tenth of the respondents were only engaged in some kind of employed occupation and remaining were house wives. Forty percent of the partners were farmers. It was also note that more than half of

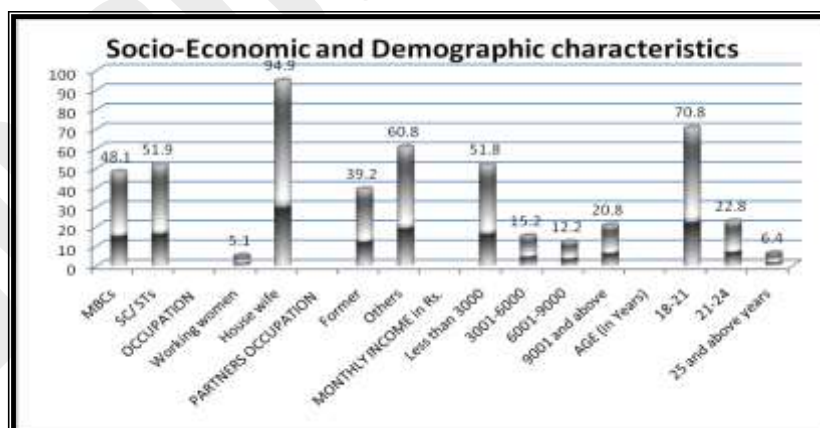


Fig-1

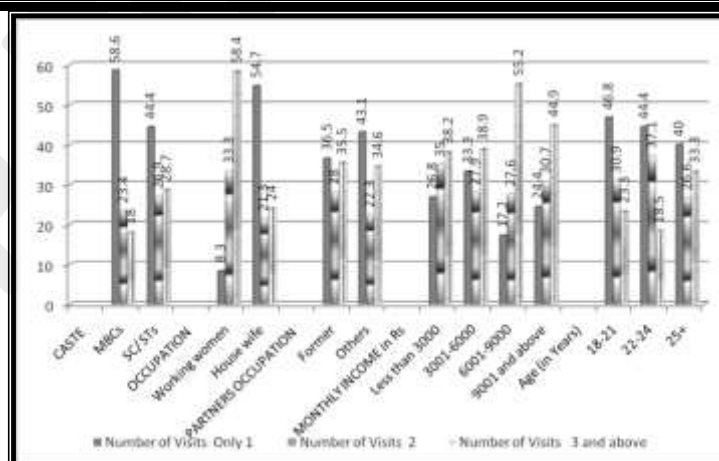
the respondents were less than 300 were their monthly income. Age of the respondents as concerned, seven tenth of them were in the age group of 18-21 years and three tenth of them were above 21 years.

The above table - 2 depicts that the number ANC visits and SED characteristics of the respondents in the study areas. It indicates either MBCs or SC/STs three and more than visits were followed only one third of the respondents. It may conclude that half of the respondents were ANC visits only one time instead three and more than visits. Women those working in various sectors three

fifth of them had more than three visits of ANC services. While this proportion was one fourth of them among those who were house wives. It is proved that the working though they were engaged in the different places they were aware of ANC services and their importance. But women those who were as house wives though they had time to utilize the ANC services 55 percent of the respondents were utilizes only one visits instead of having three visits and more than three visits of ANC services. Partner's occupation analyzed with the ANC visits it shows that 28 percent of the respondents had two visits of ANC services but 35 percent of the respondents had one and three visits of ANC services. Those respondents had less than 3000 as their income they had more than two visits of ANC

**TABLE 2: PERCENTAGE DISTRIBUTION OF RESPONDENTS BY NUMBER OF ANTENATAL CARE VISITS**

Socio-Economic and Demographic characteristics	Number of Visits			Total
	Only 1	2	3 and above	
<b>CASTE</b>				
MBCs	65(58.6)	26(23.4)	20(18.0)	111
SC/ STs	56(44.4)	34(26.9)	36(28.7)	126
<b>OCCUPATION</b>				
Working women	1(8.3)	4(33.3)	7(58.4)	12
House wife	123(54.7)	48(21.3)	54(24.0)	225
<b>PARTNERS OCCUPATION</b>				
Former	34(36.5)	26(28.0)	33(35.5)	93
Others	62(43.1)	32(22.3)	50(34.6)	144
<b>MONTHLY INCOME in Rs</b>				
Less than 3000	33(26.8)	43(35.0)	47(38.2)	123
3001-6000	12(33.3)	10(27.9)	14(38.9)	36
6001-9000	5(17.2)	8(27.6)	16(55.2)	29
9001 and above	12(24.4)	15(30.7)	22(44.9)	49
<b>Age (in Years)</b>				
18-21	78(46.8)	52(30.9)	38 (23.3)	168
22-24	24(44.4)	20(37.1)	10(18.5)	54
25+	6(40.0)	4(26.6)	5(33.3)	15



**Fig-2**

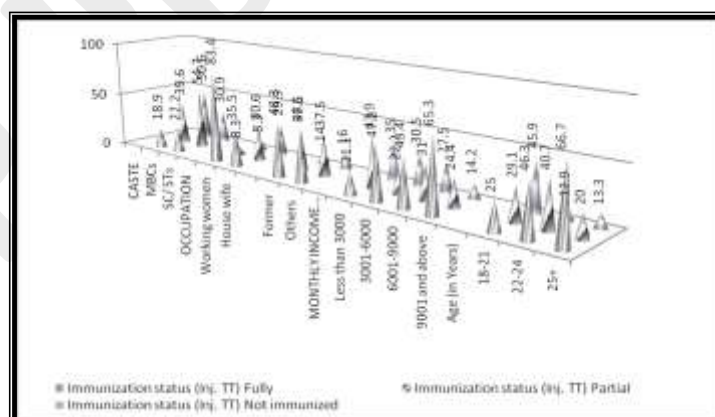
utilization. Women who had their income was more than 6000, they had more than three visits of ANC services. Therefore, it may be concluded that income of the respondents and ANC visit were positively associated that is while increase the income the number of visits of ANC among the respondents increases. Age as concern, women those who were in the age group of 18-21 they had higher proportion with one visits (46.8 percent ) and this age group of three and more than three visits were with 23

percent.in contracts when ages incases among women three and more three visits proportion were increased. Which indicates that the importance of ANC service utilization were comparatively higher among higher age group of women. Hence, it is necessary to make awareness among young age group of women about the importance of ANC services and is importance.

**TABLE-3 PERCENTAGE DISTRIBUTION OF RESPONDENTS BY IMMUNIZED STATUS (TT)**

Socio-Economic and Demographic characteristics	Immunization status (Inj. TT)			Total
	Fully	Partial	Not immunized	
<b>CASTE</b>				
MBCs	21(18.9)	44(39.6)	56 (50.6)	111
SC/ STs	28(22.2)	69(54.7)	39(30.9)	126
<b>OCCUPATION</b>				
Working women	10(83.4)	1(8.3)	1(8.3)	12
House wife	89(35.5)	69(30.6)	67(29.9)	225
<b>PARTNERS' OCCUPATION</b>				
Former	45(48.3)	35(37.6)	13(14.0)	93
Others	67(46.5)	54(37.5)	23(16.0)	144
<b>MONTHLY INCOME in Rs</b>				
Less than 3000	26(21.1)	54(43.9)	43(35.0)	123
3001-6000	17(47.2)	8(22.2)	11(30.5)	36
6001-9000	12(43.4)	9(31.0)	8(27.5)	29
9001 and above	32(65.3)	12(24.4)	7(14.2)	49
<b>Age (in Years)</b>				
18-21	42(25.0)	49(29.1)	77(45.9)	168
22-24	25(46.3)	22(40.7)	7(12.9)	54
25+	10(66.7)	3(20.0)	2(13.3)	15

Table-4 reveals that the immunization taken during the pregnancy of not immunized properly during their pregnancy. women with SED characteristics of the respondents. Remaining of the respondents fully immunized (18.9 percent) and partial immunized was 39.6 percent). This proportion partially immunized proportion was 39.6 percent and 22.2 percent was fully immunized among the respondents of SC/STs. Women those who had engaged as working women had higher proportion of fully



**Fig-3**

immunized. Thos who were house wives one third of them were not immunized two third of them were fully and partially immunized among the pregnant women. it is note that slightly lower than half of the respondents had partial immunization among the respondents whose partners were either farmers or other occupation. It is also fascinating that as the income of the respondents were increasing the fully immunized proportion had increased, this proportion were high(35.0) among the respondents who had the income of Rs. Less than 3000 followed by 30.5 percent and 27.5 percent among the respondents had



income of Rs.3001-6000 and Rs. 6001-9000 respectively. While analyze the age of the respondents and SED characteristics, women who had age of 18-21 fully and partial immunization had taken with the percentage of 25.0 and 29.1 percent respectively. While those who were in the age group of 25 and above, had fully immunized with the proportion of 67 percent. It indicates while age of the women increases they understand the importance of ANC services which may likely to increase maternal health of the women and reduce the MMR.

**TABLE-4 PERCENTAGE DISTRIBUTION OF RESPONDENTS AND INTAKE OF IRON FOLIC ACID (IFA) TABLETS**

Socio-Economic and Demographic characteristics	Intake of Iron folic acid tablet			Total
	≥100 Tablets (%)	1-99 Tablets (%)	Zero Tablets (%)	
<b>CASTE</b>				
MBCs	31(27.9)	37(33.3)	33(29.7)	111
SC/ STs	28(22.2)	42(33.3)	56(44.4)	126
<b>OCCUPATION</b>				
Working women	8(66.8)	2(16.6)	2(16.6)	12
House wife	79(35.1)	59(26.2)	77(34.2)	225
<b>PARTNERS OCCUPATION</b>				
Former	35(37.6)	35(37.6)	23(27.8)	93
Others	77(53.5)	44(30.6)	24 (16.7)	144
<b>MONTHLY INCOME in Rs</b>				
Less than 3000	16(13.1)	44(35.8)	63(51.2)	123
3001-6000	12(33.3)	10(27.8)	14(38.9)	36
6001-9000	11(38.0)	9(31.0)	9(31.0)	29
9001 and above	12(24.5)	22(44.5)	15(30.6)	49
<b>Age (in Years)</b>				
18-21	56(33.3)	39(23.2)	73(43.5)	168
22-24	22(40.7)	26(48.1)	6(11.1)	54
25+	9(60.0)	4(26.7)	2(13.3)	15

It was observed from the above table-5 that the Iron Folic Acid (IFA) tablets taken by women during their pregnancy in the past two past year. Nearly 45 percent and 30 percent of the SC/STs and MBCs women had zero IFA tablets during their pregnancy and while compare these two categories it is more than sixty percent higher than the MBCs to SC/STs in the study area. Slightly higher than three-fifth (66.8 percent) of the working women had 100 and above IFA tablets but this proportion was only 35 percent among the house wives. Partner's occupation as farmers had lower proportion of women had 100 and IFA tablets with the proportion of 37 percent. This is also note that when income of the family increases those women had IFA more than 100 increased. It indicates that the information acquired by the respondents on malnutrition, or maintaining health of the mother child should be given more importance without considering the income of the family. People may use the facilities provided by the government and NGOs to improve health of both mother and child. Hence, it is more urgent to impart the knowledge among the women regarding the facilities provided by the Government and NGOs in the various place through the pamphlets and other means such video graphics, news paper and anganwadi workers. The anlysis of age of the respondents and IFA tablets consumption inferred that more than 100 IFA tablets consumption were high (60.0) percent among the respondents age 25 and above.

### CONCLUSION AND SUGGESTIONS

Antenatal care (ANC) services are considered to be the key element in the primary health care delivery system of a country, which aims for a healthy society. Over the past 60 years, the maternal health situation in the country has been staggering despite several changes in a rapidly evolving

socioeconomic environment<sup>9</sup>. Antenatal care (ANC) services are considered to be the key element in the primary health care delivery system of a country, which aims for a healthy society. The awareness on ANC service among the rural women should be improved so that they may understand the importance of ANC service, not only that while increasing the MCH and through which the general health of the people improved. Hence the government of India may likely to reduce the amount spent on maintaining public health and SDGs also can be attained.

52 percent of the respondents belonging to SC/STs and remaining were MBCs therefore the areas almost covered by the socially and economically deprived respondents. One-tenth of the respondents were only engaged in some kind of employed occupation and remaining were house wives. Forty percent of the partners were farmers. It was also noted that more than half of the respondents were less than 3000 were their monthly income. It is concluded from the analysis that half of the respondents were ANC visits only one time instead three and more than visits. Women those working in various sectors three-fifth of them had more than three visits of ANC services. While this proportion was one-fourth of them among those who were house wives. It is proved that the working though they were engaged in the different places they were aware of ANC services and their importance. Women who had their income was more than 6000, they had more than three visits of ANC services. Therefore, it may be concluded that income of the respondents and ANC visit were positively associated that is while increase the income the number of visits of ANC among the respondents increases.

The importance of ANC service utilization was comparatively higher among higher age group of women. Hence, it is necessary to make awareness among young age group of women about the importance of ANC services and its importance. Table-4 reveals that the immunization taken during the pregnancy of not immunized properly during their pregnancy. Women with SED characteristics of the respondents. It is also fascinating that as the income of the respondents were increasing the fully immunized proportion had increased. While those who were in the age group of 25 and above, had fully immunized with the proportion of 67 percent. It indicates while age of the women increases they understand the importance of ANC services which may likely to increase maternal health of the women and reduce the MMR. The awareness campaign should be organized to impart the knowledge of ANC services provided by the government as [err the study reveals the lower educated women had lower utility of ANC service in the study area. Though some areas in India had attained hundred percent literacy rate, still we have to go ahead to improve the literacy rate and increase proportion of level of education

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