Original article

Health seeking behavior and utilization of health services by pregnant mothers in Vadodara slums

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ABSTRACT
OBJECTIVES: To study the health seeking patterns of women for Antenatal care during pregnancy & to study the utilization of delivery services by women and the utilization of child health care during first month of life of new born.
METHODOLOGY: Present study is a longitudinal qualitative study. 30 Anganwadis were selected by systemic random sampling. Total 60 women from 30 Anganwadis in third trimester of pregnancy were enrolled in the study after their consent by in-depth. They were studied for their pregnancy perception and health seeking behavior during pregnancy (Phase I). They were then followed up after one month of delivery for the childbirth experience (Phase II).
RESULTS : Around (87%) of the women were registered in Anganwadi as the Anganwadi worker had come and registered. More than half (54%) of the women were registered by the end of first trimester. Most of them preferred to go in Private hospitals. Almost all women (97%) used to go for Antenatal Care for their baby's good health and safe delivery. Majority preferred Private Hospital for delivery. Only few (8%) went for home delivery. Around 2/3rd of women had their Postnatal Check up (PNC) done.
CONCLUSIONS: Majority of women preferred private hospital for delivery in spite of being from lower socio economic group and most of the mothers ignored postnatal care.
KEY WORDS: Health seeking behavior, utilization of Health services, longitudinal qualitative study

INTRODUCTION

Global evidence points out the fact that obstetric health care practice has no effect on reducing maternal mortality rate, which is directly linked to the place of delivery[1]. However, in India, data show that 70% of mothers, who had four or more antenatal check-ups, delivered in institutions compared with 7% for those who had no antenatal check-ups[2].

The Reproductive and Child Health Programme emphasizes the need for mothers to deliver babies in hygienic conditions under the supervision of skilled health professionals, but most of the women in India deliver their babies at home without professional help.

Utilization of antenatal care services for the most recent birth among ever-married women has increased substantially over time, from 66 percent (NFHS-2) to 77 percent (NFHS-3).

The percentage of births to ever married women that were delivered in health facilities in the three years preceding the survey showed an increase steadily from 34 percent in NFHS-2 and 41 percent in NFHS-3.[3]

A number of factors have been found to be associated with the utilization of obstetric health care which are directly related with social, cultural and economic factors[4]. Besides socio-economic factors, women's education, birth order and standard of living index have pronounced influence in choosing the health care facility[5]. At the level of community also, there are a number of institutions which have bearings to fertility and reproductive health decision making and reproductive health status. [6]

Non – utilization or under- utilization of maternal health care services, especially among urban slum population are high due to lack of awareness or access to health care[7] and this calls for understanding the health seeking behavior and utilization of services by those in need of them. Identifying the areas that are critical and can be improved upon will help.

Keeping this in mind, present study was designed with the following aims and objectives.

AIMS OF THE STUDY

To identify the critical area of health seeking behavior and utilization of services during pregnancy and childbirth among women residing in Urban slums of Vadodara.

To identify the modifiable behavior to improve the utilization of services and reduce the morbidity and mortality in the women.

OBJECTIVES OF THE STUDY

To study the health seeking patterns of women during pregnancy for Antenatal care and understand reasons for the same.

To study the utilization of delivery services by women, their preference for a particular type of service, to identify potential benefits and risks associated with the type of services used.

MATERIAL AND METHODS

This is a longitudinal qualitative study. As the aim was to focus on identifying those women and reasons, which contribute to under utilization of services and/or faulty practices, the study was limited to slum areas of Baroda city. From designated 300 ICDS Anganwadi with Vadodara Municipal Corporation areas, we selected 30 Anganwadis by systematic random sampling and from each Anganwadi; pregnant women in their third trimester of pregnancy were identified and after their consent, were enrolled in the study. Total of 60 women could be enrolled. They were studied for their pregnancy perception and health seeking behavior during pregnancy (Phase I). They were then followed up after one month of delivery for the childbirth experience (Phase II). Study was conducted from August'06 to January'07. We had obtained information regarding following:

PHASE I

Health seeking behavior during pregnancy and perceptions regarding

Anganwadi services - whether the women have registered the pregnancy at Anganwadi, if yes, whether they avail the services provided to the pregnant mothers.

Nutritional status – what kind of diet pattern women follow during pregnancy,

Antenatal checkup – whether antenatal care was obtained or not, who provided antenatal care, number of antenatal check up, etc.

Difficulties experienced in seeking health care during pregnancy

PHASE II

Health seeking behavior after delivery and perceptions regarding

Nutritional status – Information was taken pertaining to change in diet pattern after delivery.

Post natal check up – whether postnatal care was obtained or not, who provided, number of postnatal check up, etc.

Post natal difficulties – what difficulties they faced after delivery

Care taken after delivery

Initiation of breastfeeding, feeding of colostrum, exclusive breast-feeding (Exclusive BF)

Vaccination – which vaccinations (BCG, OPV) were given to the baby

All interviews were conducted at women's house. Each interview lasted for about 45 minutes to 1 hour and was conducted in the language preferred by them. Information was collected in form of notes, which were then expanded and translated into English, coded and entered into Computer. The verbatims used by the women were noted and then highlighted in the notes.

STUDY TOOLS

This qualitative study was carried out using semi-structured interview technique facilitated by the guidelines prepared. Semi structured interviews were conducted by research assistants trained in qualitative research methods. To provide training to the research assistants, the initial semi structured interviews were conducted by the investigators. Pre – testing of the questionnaire was done and the necessary changes were made so that complete information could be obtained without any difficulty. All the instruments were translated in the vernacular (Gujarati) for ease of application when required.

ANALYSIS OF DATA (STATISTICS

Though essentially proposed study was qualitative in nature; the number of data set, allowed some quantitative analysis.

The qualitative data was entered into computer using group codes and numbers so that it would lend itself to regrouping as required to understand the emerging patterns and, it will also be helpful in locating "verbatim" relevant to each one of them.

ETHICAL ISSUES

The women who gave consent were selected for in-depth interviews. During the course of study, they were free to respond to all, some or more of the questions poised. Complete confidentiality was assured to them. Their identity was protected and only dummy names were written for computer data entry.

RESULTS

In accordance with the objectives of the study results of the study are presented under the following heads:

1. Perceptions of mothers during pregnancy
2. Perceptions of mothers after delivery
3. Child care

In this study 60 pregnant mothers in third trimester were enrolled from 30 Anganwadi in urban slums of Vadodara. Most of the women belonged to the age group of 20 to 24 years. Percentage of women in the age group of less than 19 years was least.

TABLE I. REGISTRATION AT ANGANWADI

Month of registration	N=26	%
1st trimester	14	53.85
2nd trimester	9	34.61
Don't remember	3	11.54

Socio demographic profile:

4 out of the 60 women were illiterate. Most of the women (50%) at least had primary education. Around 43% of the women had total family income between Rs. 1001 to Rs. 2000.

PHASE I. HEALTH SEEKING BEHAVIOR AND PERCEPTION DURING PREGNANCY REGISTRATION

AVAILING ANGANWADI SERVICES

Around (87%) of the women were registered in Anganwadi as the Anganwadi worker had come to their houses to do the same. More than half (54%) of the women were registered during their first trimester (Table 1). 12% of them don't know about Anganwadi and the services provided through it. In spite of belonging to low socio-economic class, most of the women preferred to go to Private hospitals (Table II).

TABLE II : PLACE OF REGISTRATION

Registration	N=30	%
Only Govt. set up	3	10
Only Private set up	1	3.33
Only at Anganwadi	2	6.67
Both at Anganwadi & Hospital	24	80
Both at Anganwadi & Govt. Hospital	7	29.17
Both at Anganwadi & Private Hospital	17	70.83

For nutritional supplementation, most of the women occasionally visited Anganwadi (Table III). They seldom consumed the supplementary food given at Anganwadi. They either gave it to their children or shared with family members. The nutritional supplements given to them at Anganwadi included "*Chana, Lapsi, Sheero, Mug, Upama, Bataka poha*".

Sonuben, a 21 years old working woman says, "I get the nutritional supplement daily as my neighbor gets it for me but I occasionally consume it".

TABLE III. FREQUENCY OF VISIT TO ANGANWADI

Visit to Anganwadi	N	%
Yes	26	86.66
Daily	9	34.62
Sometimes/Frequently	10	38.46
Rarely	1	3.85
Never	6	23.08

ANTE-NATAL CHECK UP

All most all women used to go for Antenatal Care for their baby's good health and safe delivery.

Ushaben, a 29 years old woman going to private hospital for Antenatal check up says:
"We get to know if the child has any problem or not so that immediately corrective action can be taken, that is why I get check up done".

Most of them had undergone Antenatal check up for more than 3 times. Doctors conducted the Antenatal check up (Table IV).

Almost all had gone through basic Antenatal check up i.e Height and Weight measurements, Blood and Urine examination, Blood pressure, T.T. Vaccination and physical examination which is required. Majority had taken adequate doses of T.T vaccines (Table V). But only a few knew its importance.

TABLE IV. ANTENATAL CHECK UP

Antenatal Checkups Done	**N**	**%**
Yes	29	96.67
No	1	3.33
Frequency of visit (29)	**N**	**%**
< 3 times	2	6.9
≥ 3 times	27	93.1
Conducted by (29)	**N**	**%**
Doctor	28	96.55
Nurse/ Midwife	1	3.44

TABLE V. CARE DURING PREGNANCY RECEIVED BY WOMEN

B.P. Measured during Pregnancy (29)	**N**	**%**
Yes	28	96.55
No	1	3.44
T. T. Vaccination (29)	**N**	**%**
Adequate dose	29	100

All had been given iron folic Acid tablets either by doctors or Anganwadi workers. Not all these tablets were consumed. When enquired about actual consumption almost 80% had consumed less than 100 and about 20% had consumed less than 90 tablets (Table VI). Reasons given for not complying fully with the treatment were side effects encountered because of the tablets like nausea and altered taste.

TABLE VI. NO. OF WOMEN RECEIVING IFA TABLETS AND COMPLIANCE

Iron Folic Acid Tablets Given (30)	**N**	**%**
Yes	30	100
No	0	-
No. of IFA Tablets Given	**N**	**%**
Less than 90	0	0
Less than 100	30	100
No. of IFA Tablets Consumed	**N**	**%**
Less than 90	3	10
Less than 100	23	76.66

PHASE II : POST NATAL CARE

On follow up of the same mothers after 1 month of delivery we were able to meet only 48 women out of 60. 4 women had stillbirth and 8 of them had gone to their mother's home and couldn't be traced. All the mothers had good health after delivery. Majority of mothers were happy irrespective of their desire.

Kavita, 30 yrs old having 2 children says: "I wanted a baby boy, and I got. I am very happy as my wishes are fulfilled".

Umaben, 22yrs old having a male child 2 years of age says: "I am very happy as I wanted a girl child and got so. And in today's world, girls only take care of their parents".

Another woman, Faridaben 23 yrs old, says: "I wanted a girl child, as already had a baby boy. But I am happy as its God's gift".

TABLE VII. PLACE OF DELIVERY

Place of delivery	**N=24**	**%**
Government set up	9	37.5
Private	13	54.2
Home	2	8.3

TABLE VIII. POSTNATAL CHECK UP

No. of visits	**N=24**	**%**
<3	15	62.5
≥3	3	12.5
No visits	6	25

HEALTH SEEKING BEHAVIOR AND PERCEPTIONS AFTER DELIVERY

DELIVERY

Majority preferred the same health set up for delivery where they were seeking ANC (Table 7). Only few (8%) had home delivery. Trained persons using sterilized equipment conducted the home deliveries. Most (70%) of them had normal delivery and duration of stay at hospital was 3-4 days. Few had to stay for more than a week, which costed them more than Rs 5000. In spite of being from low socio economic group, they preferred private set up.

NUTRITIONAL STATUS

Majority of mothers had increased their diet and frequency of eating in order to feed the baby well. They avoided some foods which they believed would cause problem to their child especially digestive problems.

FOODS PREFERRED AND AVOIDED

They used to have rab, sheero, vasano, kodhari, GLV and fruits, which are nutritious and good during lactation period. One third of the mothers avoided sour vegetables and spicy foods. They believe that eating these foods could cause indigestion to baby and interfere with healing of stitches.

Faridaben, 23 years old Muslim woman, says: “Elders have advised me to avoid eating Asofoetida (hing), Chickpea (choli) and banana (kela) till my child grows up as they can cause digestive problems”.

POST NATAL CHECK UP

Around two third of women had their Postnatal Check up (PNC) done, of which only 13% went for adequate PNC visits. (Table 8) Very few women had problems during postnatal period. Most common problem faced was backache.

DISCUSSION

Maternal mortality is the outcome of a complex web of causal factors that include social, economic, educational, political and cultural causes as well as issues such as gender inequity, state of physical infrastructure, geographic terrain and the health system. Evidence from parts of India and elsewhere demonstrates that it is possible to substantially reduce maternal mortality by addressing health factors alone to ensure that all women have access to safe delivery services.[1]

The Reproductive and Child Health programme emphasizes the need for mothers to deliver babies in hygienic conditions under the supervision of skilled health professionals but most women in India deliver their babies at home without professional help. Antenatal check up is a means to encourage women by the health professionals to deliver in an institution.[8]

A review of literature shows that women who do not avail of antenatal care are more likely to suffer from problems during pregnancy. ANC is one of the most important pillars of safe motherhood along with family planning, safe delivery and essential obstetric health care. RCH programme recommends that as part of Antenatal care, women receive two doses of Tetanus toxoid vaccine, adequate amounts of Iron and folic acid tablets, and at least three antenatal checkups that include blood pressure checks and other procedures to detect pregnancy complications.[(9)] In the present study, ANC registration is early and largely complete. Services as measured by B.P. and T.T coverage are satisfactory. IFA tablets are well tolerated and compliance is good.

The recommended protocol for Post partum care in the current RCH programme is three postpartum visits in the first eight weeks after birth. NFHS 2 data shows that despite of postpartum complications (bleeding in 11% and high fever in 13%), only 16.5% of women received any form of postpartum care during 1st eight week after delivery[(1)]. In present study also, only 2/3rd of women had their Postnatal Check up (PNC) done, of which only 13% went for adequate PNC visits.

ANC registration is early and largely complete in Vadodara slum area. Utilization of Anganwadi Services can be further improved in the field of Nutritional advice and Early Childhood Care.

As majority of the women enrolled in the study preferred private hospital for delivery in spite of being from lower socio economic group, it can be concluded that the facilities need to be improved in government set up to generate confidence among women to use government set up as envisaged in National Health Policy (2002). Most of the mothers ignore PNC. So, the Anganwadi worker should create awareness and importance of postnatal care.

It is felt that proper health educational program should be launched to address issues such as faulty food beliefs and practices. However this can be promoted by improving nutritional knowledge and dietary practices of population in general and vulnerable groups in particular through Anganwadi worker and ANM.

To overcome the above problems, counseling and creating awareness among communities as envisaged in guidelines of IMNCI are:

Promote healthy behaviors regarding Antenatal and Postnatal care, proper breastfeeding practices, New born care, illness recognition in child, early care seeking and its management etc. IEC campaigns for generating awareness regarding the nutritional care during pregnancy and lactating period.

Caregivers and families should be counseled for management of the sick child.

Formation of self-help groups and use of the existing platform of Mahila Mandals should be used for health education including neonatal care in health and sickness.

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Public health practice embraces all those actions that are directed to the assessment of health and disease problems in the population; the formulation of policies dealing with such problems; and the assurance of environmental, behavioral, and medical services designed to accelerate favorable health trends and reduce the unfavorable.

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Clearly, health and disease cannot be defined merely in terms of anatomical, physiological, or mental attributes. Their real measure is the ability of the individual to function in a manner acceptable to himself and to the group of which he is a part.

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