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FACTOR AFFECTING THE USE OF ANTENATAL CARE SERVICES IN TRIBAL ANEMIC MOTHERS

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ABSTRACT

Background: Antenatal care (ANC) is an important contributing factor of maternal mortality and ANC visit is an important component of maternal health care on which the health of mothers and new born depend. The antenatal period clearly presents opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants.

Aims: The main aim of the study is to examine the factor which can affect the use of antenatal care services among tribal anemic mothers

Objective of the Study: To assess the use of antenatal care services by tribal anemic mothers, To examine or explore factors affecting the use of antenatal care services among tribal anemic mothers, To find out determinate to adhere or utilization of antenatal care services.

Methods and Materials: A quantitative research is a Cross Sectional Survey design. Total 210 samples were selected by using non probability convenient sampling technique. checklist was used as tool.

Results: The collected data were tabulated and analyzed by using descriptive and inferential statistics. From the demographic variables, 5 variables were significant and remaining were non-significant. Among 210 Anemic mother most of the mother were having adequately utilized antenatal care services in triable area.

Conclusion: The overall anemic mothers were utilized antenatal care services adequately in tribal area.

Keywords: Anemic mother, Antenatal care services, Antenatal mother

INTRODUCTION

Antenatal care (ANC) is an important contributing factor of maternal mortality and ANC visit is an important component of maternal health care on which the health of mothers and newborns depend. The antenatal period clearly presents opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. The putative benefits of antenatal care (ANC) to babies include increased growth, reduced risk of infection and increased survival. Some elements of the ANC services (tetanus toxoid, screening for pre-eclampsia, screening and treatment of asymptomatic bacteriuria and syphilis) have been shown to be cost-effective in a Sub-Saharan African context. Although it cannot be claimed that ANC is the solution to high maternal and perinatal mortality in the developing world (since "few life-threatening complications can be prevented antenatally" ensuring the provision of ANC may help progress to the Millennium Development Goals for maternal and child mortality.

Anemia during pregnancy is a public health problems especially in developing countries and is associated with adverse outcomes on pregnancy. Routine maternal iron supplementation is a vital mean in correcting the global problem of anemia. The effect of anemia during pregnancy is increasing risk of morbidity and mortality especially in pregnant women has multiple causes both nutritional and non-nutritional that frequently occur. It is assume that the most common contributing factor are iron deficiency, folic deficiency and vitamin B 12 deficiency anemia resulting from iron deficiency is considered one of the top ten contributors to the global burden of the disease. In the context of the

Sustainable Development Goals (SDG), countries have united behind a new target to accelerate the decline of maternal mortality by 2030. SDG 3 includes an ambitious target: "reducing the global MMR to less than 70 per 100 000 births, with no country having a maternal mortality rate of more than twice the global average".

MATERIALS AND METHODS

A Quantitative research method was used for this study. A cross sectional Study conducted in selected hospital of Vadodara include Dhiraj General Hospital. Sampling method was non-probability convenient technique and samples size was 210 mothers who used the antenatal care services. Before the collection of data the ethical consent was taken from the mothers. Inclusion criteria of the study was postnatal tribal anemic mothers who are admitted in tertiary care hospital of Vadodara. The data collection were divided in to two sections. Section – I includes the socio demographic variables and Section – II includes checklist. In this study there were 2 categories: 1) who used the utilization of antenatal care services adequately. (Adequate=1). 2) Who used antenatal care services inadequately (Inadequate=2).

RESULT

Table 1, represents the Frequency and percentage distribution of samples, according to their demographic characteristics. It was observed that among 210 patients. Age 1(0.47%) belonged to <20 year, 112(53.33%) belonged to 21-25 Year, 91(43.33%) belonged to 26-30 Year, 06(2.85%) belonged to >30 year. Educational level of mothers 41(19.52%) were having no any formal education, 139(66.19%) were having primary school education, 30(14.28%) were having secondary education. Occupation of mother 112(53.33%) was housewife, 25(11.90%) was self-employee, 73(34.76%) was farmer or labourer. Cast 183(87.14%) were ST category, 25(11.90) were SC category, 02(0.95%) were OBC category. Religion 206(98.09%) was hindu, 04(1.90) were muslim. Husband education 47(22.38%) was illiterate, 132(62.85%) was primary, 31(14.76%) was secondary. Husband occupation 27(12.85%) were unemployed, 43(20.47%) were self employed, 131(62.38%) were farmer or labourer and 03(4.28%) were job. Type of family 148(70.47%) were joint family and 62(29.52%) were nuclear family. Area of resident 194(92.38%) were from Rural and 16(7.61%) were from urban. Poverty index 159(75.71%) were having BPL card and 51(24.28%) were having NON BPL card. Birth order 49(23.33%) was 1, 154(73.33%) was 2-3, and 07(3.33%) was more than 3. Level of anemia in pregnancy 66(31.42%) was mild, 123(58.57%) was

moderate and 21(10%) was severe. Complication during the pregnancy 25(11.90%) were yes and 185(88.09%) were no.

Table 2, shows that the association between utilization of health care services by anaemic mother with selected demographic variables was done with Chi-square formula. 5 demographic variables were significant. So, it shows association between demographic variables with utilization of health care services by anaemic mother.

Pie chart **(Figure 1)** indicates the majority participant were utilized antenatal care 71% and remaining 29% were not utilized antenatal care services.

Table 1: Socio-demographic characteristics of the participants

Sr. No.	DEMOGRAPHIC VARIABLE	CHI - SQUARE VALUE	DF	LEVEL OF SIGNIFICANCE
1	Age of mother	7.582	3	NS
2	Education level of mother	13.661	2	S
3	Occupation of mother	1.802	2	NS
4	Cast	5.965	2	NS
5	Religion	0.917	1	NS
6	Husbands Education	7.079	2	S
7	Husband occupation	1.641	3	NS
8	Type of family	1.547	1	NS
9	Area of resident	0.108	1	NS
10	Poverty index	0.041	1	NS
11	Birth order	12.382	2	S
12	Level of anemia in pregnancy	11.382	2	S
13	Complication during the pregnancy	26.226	1	S

(Significant at 0.05 level)

Table 2: Data on Utilization of antenatal care services

Demographic variable		Utilization of antenatal services		Total	Chi square	Df	Level of significance
		Adequate	Inadequate				
Education level of mother	No any formal education	20	21	26-30	72.03	2	S
	Primary	109	30	139			
	Secondary	21	9	30			
	Higher secondary	0	0	0			
	Graduate	0	0	0			
Husbands Education	Illiterate	31	16	47	7.079	2	S
	Primary	102	30	132			
	Secondary	17	14	31			
	Higher secondary	0	0	0			
	Graduate	0	0	0			
Birth order	1	27	22	49	12.382	2	S
	2-3	120	34	154			
	More than 3	3	4	7			
Level of anemia in pregnancy	Mild	45	21	66	11.382	2	S
	Moderate	96	27	123			
	Severe	9	12	21			
Complication during the pregnancy	Yes	7	18	25	26.226	1	S
	No	143	42	185			

*Significant at 0.05 level
*S=Significant
*Adequate=1
* X 2 =Chi square
* NS=Non Significant
*In Adequate=2

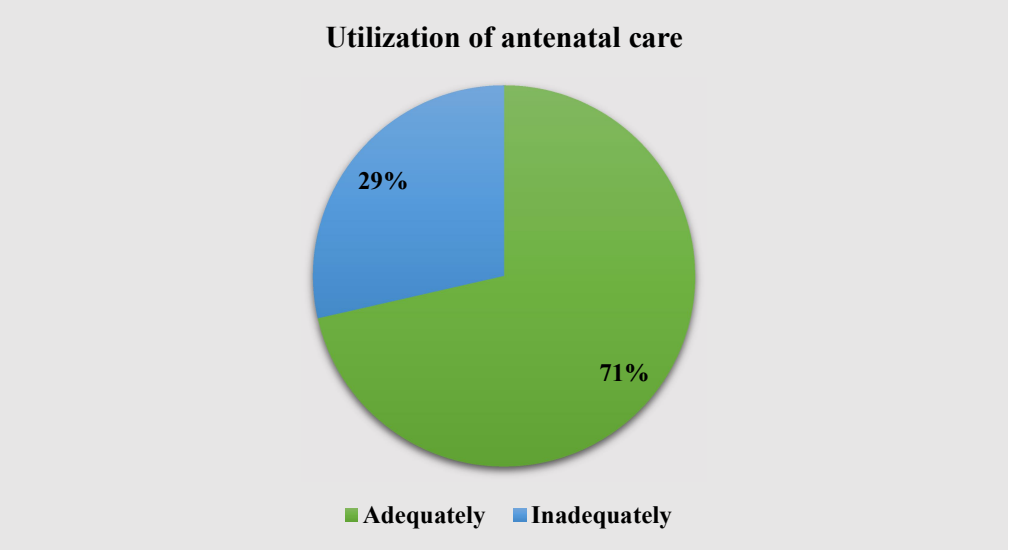

Figure 1: Percentage distribution of utilization of antenatal care services

DISCUSSION

The findings shows that majority of the 112(53.33%) patients were having age between 21-25 year. The majority of the 183(87.14%) patients were from ST category. The majority of 139(66.19%) patients were having primary education. The majority of 206(98.09%) were Hindu. The majority of 132(62.85%) patient's husband had primary education. The majority of 131(62.38%) patient's husband were farmer/labourer. The majority of 148(70.47%) lived in joint family. The majority of 194(92.38) were from rural area. The majority of 159(75.71) were having BPL card. The majority of 154(73.33%) were having 2-3 children. The majority 123(58.57%) were having moderate level of anemia in pregnancy. The majority 185(88.09%) were not having any complication during the pregnancy.

CONCLUSION

This study presents the conclusion drawn, implications, limitations, and delimitations and recommendation of the present study. The focus of this study was to evaluate "Factor affecting the use of antenatal care services in tribal anemic mothers admitted in tertiary care hospital of Vadodara, Gujarat." The study was undertaken to assess the-"Factor affecting the use of antenatal care services in tribal anemic mothers admitted in tertiary care hospital of Vadodara, Gujarat." The study involved data collection using descriptive design with using non probability convenience sampling technique method. The size of sample was 210 and selection of the sample was done according to inclusion criteria. The data was interpreted by suitable and appropriate statistical method.

CONSENT: As per international standard or university standard mothers written consent has been collected and preserved by the author.

ETHICAL CLEARANCE: As the study conducted on humans, approval from institutional ethical committee was obtained before commencement of the study.

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