

UTILISATION PATTERNS OF ANTENATAL SERVICES IN AN URBAN SLUM.

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SUMMARY

A study was conducted from January to December 1988 in the metropolis of Delhi to document the utilisation of antenatal clinic facilities by the population residing in an urban slum. 67.1% of the pregnant women who delivered in 1988 utilised the Antenatal clinic services. Only 11.7% women were registered before 12 weeks of gestation. The mean gestational age at registration was 24.71 weeks. The mean inter pregnancy interval was 26.51 months. Women who were older or registered early in pregnancy paid more antenatal visits. The average number of antenatal visits was 2.12 per woman. Only 49% paid more than one visit. The mean interval between the antenatal visits was 3.56 weeks.

Introduction

One of the major thrust areas in Primary Health Care is the augmentation of the health services for the pregnant mother, as it is abundantly clear that extra attention paid to the mother during the pregnant state goes a long way in improving both maternal and child survival. The vast network of Primary Health Centres in the rural areas are striving hard to provide utmost attention to the pregnant mothers, as near to the benefici-

aries as possible. Though there is a plethora of hospitals in the urban areas of our country, these services generally do not trickle down to the vast multitude of pregnant women residing in the urban slums. The provision of mobile health services to these populations through the medical college infra-structure under the Reorientation of Medical Education (ROME) Scheme is an invaluable method to provide antenatal services in these areas.

These mobile clinics run by the medical colleges have the advantage of providing services within the needy communities. However such services have been of recent origin and as yet no systematic

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evaluation of the antenatal services provided by these clinics nor the service utilisation pattern has been previously attempted.

Materials and methods

The present study was conducted at the Rajiv Gandhi Camp, an urban slum in New Delhi which forms part of the Urban Field Practice Area of the All India Institute of Medical Sciences. The slum has a population of 3000, composed mostly of recent migrants from Bihar and eastern U.P. The population of the slum is provided comprehensive health services, including antenatal care by a mobile clinic, five days a week.

All pregnant women residing in the slum and availing of the antenatal clinic facilities provided by the mobile clinic, and who delivered between January to December 1988 were enlisted for the study. An antenatal card was prepared for each of the registered women and all relevant information was entered on the card by the Public Health Nurse. All routine investigations and a through obstetric examination was done at the clinic and in

case a referral was deemed necessary by the attending doctors, the patient was referred to the AIIMS, in most cases.

Observations

The study was conducted from January 1988 to December 1988. A total of 76 births occurred in the area of study, of which 67.1% (51) availed of the antenatal services provided by the clinic.

The mean age of the pregnant women was 23.39 years. Primiparous women were responsible for 23.5% (12) of pregnancies. Among the remaining 39 women, the average number of previous pregnancies was 2.28, live births 2.00, presently live issues 1.92, and the average number of presently live males at the time of the study was 0.92.

Table I depicts the gestational age of women at the time of registration. Only 11.7% of women were registered at or before 12 weeks. A significant proportion of women were registered at or after 29 weeks of gestation. The mean gestational age at the time of registration was 24.71 weeks.

TABLE I
DISTRIBUTION OF GESTATIONAL AGE AT
REGISTRATION AMONGST PREGNANT WOMEN

Maternal age (yrs)	Gestational period (Wks) at time of registration							
	≤ 12		13-20		21-28		≥ 29	
	N	%	N	%	N	%	N	%
1. ≤ 20(18)*	3	16.7	5	27.8	6	33.3	4	22.2
2. 21-25 (20)*	1	5.0	5	25.0	6	30.0	8	40.0
3. ≥ 26(13)*	2	15.4	4	30.7	2	15.4	5	38.5
Total (51)	6	11.7	14	27.5	14	27.5	17	33.3

* Figures are the no. of women in each age slab.

The inter pregnancy interval was less than 24 months in a majority of women (Table II). Only in women above 25 years was spacing of more than 24 months more in evidence. The average inter pregnancy interval among the 39 women who experienced more than one pregnancy, was 26.51 months.

TABLE II
RELATIONSHIP OF MATERNAL AGE AND MEAN INTER PREGNANCY INTERVALS

Maternal age (yrs)	≤ 24 months		≥ 25 months	
	N	%	N	%
1. ≤ 20(8)*	6	75.0	2	25.0
2. 21-25 (18)*	12	66.7	6	33.3
3. ≥ 26 (13)*	3	23.1	10	76.9
Total (39)	21	53.8	18	46.2

* Figures in parenthesis are no. of women in age slab.

62.7%(32) of the women did not know their LMP, while 37.3% (19) were aware of their LMP.

The inter pregnancy interval was seen to be less in case of women having one or no live children (Table III). The more the

number of live issues, the greater was the interval between pregnancies.

TABLE III
RELATIONSHIP BETWEEN PRESENTLY LIVE ISSUES AND INTER PREGNANCY INTERVALS

No. of live issues	≤ 24 months		≥ 25 months	
	N	%	N	%
1. ≤ 1 live issue (15)*	12	80.0	3	20.0
2. 2 live issues (14)*	6	42.9	8	57.1
3. ≥ 3 live issues (10)*	3	30.0	7	70.0
Total (39)	21	53.8	18	46.2

* Figures in parenthesis are no. of women in each slab.

Only 49.0% (25) of pregnant women paid more than one antenatal visit. The mean interval between the visits in these women was 3.56 weeks. It was 3.8 weeks for women below 20 years, 3.69 weeks in women 21-25 yrs of age, and 3.31 weeks in women above 25 years of age. Thus with increasing maternal age, the gap between the visits in pregnancy was seen to decrease.

TABLE IV
RELATIONSHIP BETWEEN MATERNAL AGE AND NO. OF ANTENATAL VISITS

Maternal age (yrs)	Number of antenatal visits during pregnancy							
	1		2		3		≥ 4	
	N	%	N	%	N	%	N	%
1. ≤ 20 (18)*	13	72.3	1	5.5	1	5.5	3	16.7
2. 21-25 (20)*	7	35.0	7	35.0	5	25.0	1	5.0
3. ≥ 26 (13)*	6	46.1	4	30.8	2	15.4	1	7.7
Total (51)	26	51.0	12	23.5	8	15.7	5	9.8

* Figures in parenthesis are no. of women in age slab.

TABLE V
RELATIONSHIP BETWEEN GESTATIONAL PERIOD
AT REGISTRATION & ANTENATAL VISITS

Gestational period (weeks)	No. of antenatal visits							
	1		2		3		≥ 4	
	N	%	N	%	N	%	N	%
1. ≤ 12 (6)*	2	33.3	1	16.7	1	16.7	2	33.3
2. 13-20 (14)*	4	28.6	7	50.0	1	7.1	2	14.3
3. 21- 28 (14)*	9	64.3	-	-	4	28.6	1	7.1
4. ≥ 29 (17)*	11	64.7	4	23.5	2	11.8	-	-
Total (51)	26	51.0	12	23.5	8	15.7	5	9.8

* Figures in parenthesis are no. of women in each slab.

Discussion

The gestational age at which a pregnant woman registers her pregnancy reveals the motivation of the woman with regard to not only the antenatal services but to the general health services also. In the present study only 11.7% of mothers registered in the first trimester. The earlier the pregnancy is registered the better it is for both the mother and her fetus. However one positive fact is that the women were atleast availing of the facilities as against a rural area in Punjab where 90.3% of the women did not receive any antenatal care (Sing et al, 1988).

In more than 50% of the women the mean inter pregnancy intervals were less than 24 months. This is not a healthy practice as the adverse effects of a shortened interval on both the mother and the newborn are well documented. However, the inter pregnancy interval was seen to be dependant on the number of live issues i.e the more the live children, the greater was the interval.

Women below the age of 20 years were found to mostly utilise the available

facilities only once during the pregnancy. This would not be sufficient for a good quality service. The average number of antenatal visits were 2.12 per woman. A study from South India found that among mothers giving birth to premature babies only 26.6% had 3 or more antenatal check-ups, while 58.8% had less than 3 antenatal check ups (Philip, 1970). In the present study even among the routine attenders at the clinics, only 25.5% paid three or more visits in pregnancy. Thus in both cohorts, only a minority of women came for regular and routine antenatal check-ups. The gestational period at the time of registration was found to be an important determinant of the number of antenatal visits. It was seen that the earlier a woman registers in pregnancy, the more are the antenatal visits she pays.

Most evaluations of antenatal service utilisations concentrate on the 'operational' aspects like the number of women utilising, the number coming for repeat visits etc. rather than concentrate on the 'functional' aspects i.e. the component structure of the services provided, such as the distribution of iron prophylactics, the treat-

ment of Anaemia, Immunization provided etc., which would reflect the Quality of the service. As an initial pointer to the utility of such services, at the present juncture these type of 'operational' evaluations may be essential, as they would help to bring more women under the protective 'web' of

essential services in pregnancy.

References

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The present study is a pilot study... The purpose of this study was to evaluate the utilization of essential services in pregnancy... The study was conducted in a rural area... The results of the study are as follows... The utilization of essential services in pregnancy was found to be low... This is due to various reasons... The study highlights the need for more comprehensive health services in rural areas... The authors recommend that the government should take steps to improve the availability and utilization of essential services in pregnancy... This will help to bring more women under the protective 'web' of essential services in pregnancy.