# UTILIZATION OF HEALTH SERVICES BY RURAL WOMEN DURING PRENATAL **PERIOD**

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Abstract: Every year, nearly half a million women and girls needlessly die as a result of complications during pregnancy, childbirth or the 6 weeks following delivery. Almost all (99%) of these deaths occur in developing countries. The study aim was to describe the utilization pattern of health services by rural women during prenatal period in Uttarakhand and Harvana. The present study was carried out in year 2015-2016 in Dehradun district of Uttarakhand State and Hisar district of Haryana state. Sixty respondents from three age groups of 20 to 60 years i.e., 20 to 33yrs, 34 to 46 yrs and 47 to 60 yrs were selected randomly from each district. Results revealed that majority of the respondents frequently visited to the prenatal clinic in the every month of 1st , 2nd and 3rd trimester. Rest of the respondents reported that costly medical facilities, lack of interest and low family income were the major reasons behind not taking prenatal advice during prenatal period.

Keywords: Prenatal period, Utilization pattern.

## 1. INTRODUCTION

According to the United Nations Millennium Development Goals (The Millennium Development Goals Report ,2009), every year, at least half a million women and girls needlessly die as a result of complications during pregnancy, childbirth or the 6 weeks following delivery. Almost all (99%) of these deaths occur in developing countries. Inadequate access and under-utilization of modern health care services were major reasons for poor health in developing countries (Agus and Horiuchi, 2012). To improve planning and provision of prenatal care services in a specific setting it is important first to be able to characterize those women and their families not receiving adequate care. Access to timely and appropriate health care during pregnancy and childbirth is the most effective health interventions for safer and healthier outcome for maternal and newborn survival. A prenatal care service is a key strategy to reducing maternal and neonatal morbidity and mortality (Onasoga et al., 2012). The aim of prenatal care services is detection and treatment of complications; and most importantly the promotion of maternal nutrition, rest and care during the period to improve pregnancy outcome . Increased prenatal care coverage has also been reported to be effective in increasing skilled attendance at delivery especially delivery in health facilities which have been found to be effective in reducing maternal mortality in developing countries. While the benefits of visiting of prenatal clinic are widely acknowledged, millions of women in developing countries are not receiving such care as per recommended standard of frequency and quality In general, during prenatal care services, mothers receive check-up, immunization against tetanus toxoid, consumption of all recommended iron folic acid (IFA) tablets and syrup. Therefore, study aim was to describe the utilization pattern of health services by rural women during prenatal period in Uttarakhand and Haryana.

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### 2. METHODOLOGY

The study was carried out in the Dehradun district of Uttarakhand and Hisar district of Haryana state purposively selected to get the cultural variation regarding utilization of health care services by rural women during prenatal period. From each district one block i.e. Hisar block from Hisar district and Doiwala block from Dehradun district were selected randomly and from each block one village i.e. Dudhali from Doiwala block and Muklan from Hisar block were selected randomly. From each selected village, 60 respondents from three age groups of 20 to 60 years i.e., 20 to 33, 34 to 46 and 47 to 60 (having at least one child) were randomly selected. Thus comprising of total sample of 120 respondents from two selected villages The data was collected by means of a pre-tested interview schedule.

## 3. RESULTS AND DISCUSSION

Prenatal clinic visited by the respondents: Table 1 revealed that equal percentage of the respondents i.e. 50 per cent were visited and 50 per cent did not visited prenatal clinic during prenatal period in Dehradun district. While more than half (53.33%) of the respondents visited prenatal clinic and rest 46.66 per cent did not visited prenatal clinic during prenatal period in Hisar district.

Visited **Dehradun** Hisar n=60n=60Yes 30 32 (50.00)(53.33)30 28 No (50.00)(46.66)

Table 1: Prenatal clinic visited by the respondents

Note: Figures in parenthesis indicate percentages

Frequency of visiting prenatal clinic by the respondents: Results pertaining to this parameter stated that in Dehradun district, 33.33 per cent respondents visited prenatal clinic in every month of the third trimester followed by first trimester (26.66 %) and second trimester (16.66 %). Around 13 per cent and 10 per cent of the respondents visited prenatal clinic fortnightly in first and second trimester. Whereas in Hisar district, 28.12 per cent respondents visited prenatal clinic in every month of third trimester followed by first and second trimester (18.75%) during pregnancy to taken prenatal advice. Rest were visited forth nightly and weekly during 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> trimester. Various researchers revealed that majority of the beneficiaries attended three or more prenatal check-up and they got themselves registered most commonly in the first trimester of pregnancy. It was observed in the present study that PHC and AWC were the most common sources of antenatal care services for the beneficiaries (Matthews, 2001; Roy et al., 2013 and Ayiasi et al., 2013).

Table 2: Frequency of visiting prenatal clinic by the respondents N=62

Frequency	Dehradun n=30			Hisar n=32		
	Weekly	Fortnightly	Monthly	Weekly	Fortnightly	Monthly
1 <sup>st</sup> trimester	-	4 (13.33)	8 (26.66)	2 (6.66)	3 (9.37)	6 (18.75)
2 <sup>nd</sup> trimester	-	3 (10.00)	5 (16.66)	1 (3.12)	2 (6.25)	6 (18.75)
3 <sup>rd</sup> trimester	-	-	10 (33.33)	-	3 (9.37)	9 (28.12)

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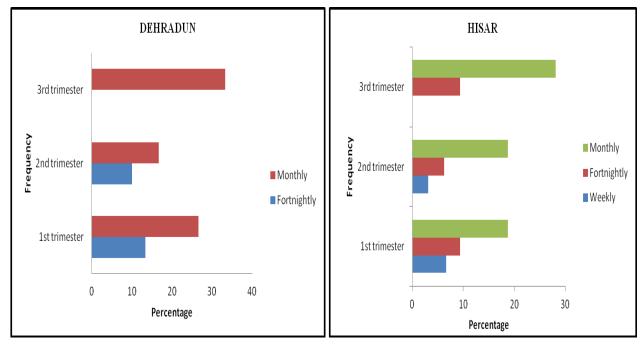


Fig. 1: Frequency of visiting prenatal clinic by the respondents

**Reasons for not visiting prenatal clinics:** Analysis of the Table 3 revealed that in Dehradun district, majority of the respondents (93.33%) did not visit prenatal clinics because of costly medical facilities followed by low family income (70.00%), long distance of clinic (43.33%), do not feel need (30.00%), in laws negative attitude about prenatal clinics (23.33%) and lack of knowledge (16.66 %). Whereas in Hisar district, majority of the respondents did not visit prenatal clinics due to the lack of need (78.57%) followed by costly medical services (75.00 %), low family income (67.80 %) and lack of knowledge (25.00%). Silwal (2011) also reported that the socio-economic status of the community was very poor, so the respondents were unable to afford medical facilities, and in addition the geographic condition of the research area was very harsh, which was also an obstacle in the path of utilizing modern maternal facilities provided by the government.

Table 3: Reasons for not visiting prenatal clinics N=58

Sr. No.	Reasons	Dehradun (n=30)	Hisar (n=28)
1.	In-laws negative attitude	7 (23.33)	-
2.	Long distance of clinic	13 (43.33)	-
3.	Do not feel need	9 (30.00)	22 (78.57)
4.	Economic constraint		
a)	Low family income	21 (70.00)	19 (67.80)
b)	Medical facilities were costly	28 (93.33)	21 (75.00)
5.	Lack of knowledge	5 (16.66)	7 (25.00)

Note: \* Multiple responses, Figures in parenthesis indicate percentages

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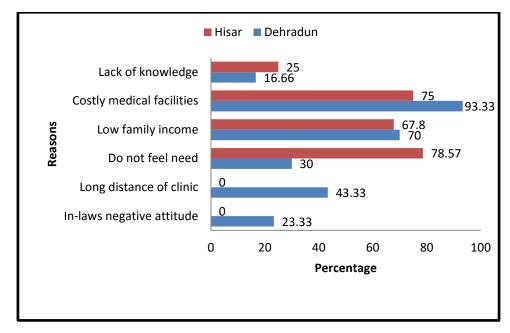


Fig. 2: Reasons for not visiting prenatal clinics

## 4. CONCLUSION

In conclusion, the results of this study confirmed that parity was the main factor influencing women for visiting pre natal clinic during pregnancy. Most of the respondents frequently visited to the prenatal clinic in the every month of 1st, 2nd and 3<sup>rd</sup> trimester, whereas maximum number of respondents reported that costly medical facilities, lack of interest and low family income were the major reasons behind not taking prenatal advice during prenatal period. These findings were very important for understanding and exploring women's perceptions about the health services that they received.

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