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Health care seeking behaviour of women during pregnancy in rural south India: a qualitative study

Antony Vincent, K. Keerthana, Dhamotharan K, Ariarathinam Newtonraj*, Joy Bazroy, Mani Manikandan

Department of Community Medicine, Pondicherry Institute of Medical Sciences, Puducherry, India

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*Correspondence:

Dr. Ariarathinam Newtonraj, E-mail: newton2203@gmail.com

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ABSTRACT

Background: Antenatal care is an important indicator in any health system. Through our study we intended to assess the perception of pregnant women regarding health seeking behaviour and awareness about complications during pregnancy.

Methods: A qualitative study was carried out in August 2016, among the 41 pregnant women over 27 weeks of gestation in a rural area of south India. Women were selected randomly from the routine surveillance system maintained by Pondicherry Institute of Medical Sciences – Rural Health Training Centre, Chunampet, Kancheepuram District. Interviews audio recorded. After verbatim, manual coding and analysis was done based on pre decided eight themes.

Results: In general all the antenatal women aware of the importance of regular antenatal check up. Knowledge regarding complications and danger sign was not adequate. Most of the women in rural area seek care in government facility due to its availability, accessibility and affordability. Decision making in health care is mostly taken by their husbands. Transportation has been identified as a barrier in seeking health care.

Conclusions: Although few of the antenatal mothers in the study population were aware about some complications of pregnancy, but in general knowledge among most of the women was inadequate. There is a need for creating awareness among the antenatal mothers about common complications in pregnancy. On the other hand, the notion of routine care seeking during the antenatal period seems to be well rooted among the study population which is a very good sign. It is a good opportunity and is foundational to all other interventions relating to betterment of antenatal care in the community.

Keywords: Antenatal care, Qualitative, India

INTRODUCTION

Antenatal care is an important indicator globally and nationally to assess the health care of the country. According NFHS 4 (National Family Health Survey) only 43.8% of the women had full antenatal check-up in rural area of Tamilnadu. In low performing states ASHAS (Accredited Social Health Activists) in addition to ANMs (Auxiliary Nurse Midwife) were involved in

ensuring optimal antenatal care.³ Pregnancy is still not considered as a high risk situation and the women presents infrequently to the health checkups.⁴ awareness about complications of pregnancy was found to be associated with pregnancy care seeking.⁵ On the other hand health care delivery systems also fails to understand the local contextual belief as well in delivering quality service to the patients.⁶ In India, nationwide quantitative data are available in antenatal care.² But the qualitative

data are still subtle. Through our study we intended to assess the perception of pregnant women regarding health seeking behaviour and awareness about complications during pregnancy.

METHODS

A qualitative study has been undertaken in August 2016 in a rural area of South India. Samples were selected randomly from CHIMS (Community Health Information Management System) which is a computerized record of the family and individual members in the field practice area of Pondicherry Institute of Medical Sciences – Rural Health Training Centre in Chunampet, Kancheepuram district of Tamilnadu. Details of CHIMS discussed elsewhere.⁷

Study was conducted among randomly selected 41 eligible participants listed in CHIMS. All women who were at more than 27 weeks of pregnancy residing in the service area were included in the study. Sample size was decided based on the point of redundancy. Personal face to face interview was carried out using a pretested interview guide. Questions were asked broadly under eight themes. Themes were decided prior to interview. All the interviews were audio recorded. Interns and Medical Social Workers (MSWs) were trained for two days in interview and collecting data. Verbatim done from the recorded audios. Coding and thematic analysis was done by analysis team consisting of one Assistant Professor (Community Medicine), one MSW and three interns. Transcribed data were analysed and compiled under eight themes. The participants were explained about the study. Participant information sheet was provided and informed consent was obtained from the patients.

RESULTS

Sociodemographic details of participants given in Table 1. The results of the qualitative study were classified into the following eight thematic categories.

Table 1: Socio demographic details of participants.

Variables	
Age mean (SD)	21 (11.9)
Family Members mean (SD)	3.7 (1.2)
Percapita income mean (SD)	1200 (500)
Education n (%)	
Illiterate	11 (26.8)
Literate up to 5 th class	23 (56.1)
Literate >5 th class	7 (17.1)
Occupation n (%)	
Home maker	25 (61)
Agricultural/Others	16 (39)

Theme one: knowledge, perception and beliefs in antenatal care

All the antenatal mothers who participated in the study were well aware of the importance of monthly antenatal check-up.

Respondent 10 (R10): "The doctor will get very concerned if I did not go to the hospital for my routine check-up"

Their experiences at the health centres during the antenatal visit were also pleasant as per their views and were satisfied with the care they had during the visits.

Theme two: perceptions and beliefs regarding pregnancy related complications and its prevention

Majority of the women stated that fatigue and vomiting were the major problems during pregnancy. Few participants were aware of the graveness of more severe complications like Gestational Diabetes Mellitus and preeclampsia.

Almost all the antenatal mothers have a perception that complications can be managed and adverse outcome can be prevented if diagnosed at an early stage.

Theme three: health care seeking – government or private

Almost all the participants preferred going to the government health centre for the antenatal check-up mainly because of financial constraints as well as attractive benefits provided by government of Tamil Nadu.

R14: "I go to government clinic since its cheaper and its close by"

Regarding preference of transport at the time of delivery, most of them responded in favour of private transport services.

Theme four: cost & perceived burdens of care

When questioned about the estimated expenditure that they'll have to face at the time of delivery, some of them had the view that it would come to around Rs.5000 to Rs.10,000, whereas few others were not aware of it. Most of them had the idea of getting a loan in order to meet the above mentioned expenses and they were also well aware of the ways by which the government was helping them to lower their financial burden at the time of delivery.

Theme five: role of family & neighbours in managing pregnancy

Majority of the antenatal mothers responded that the role of family in managing pregnancy was to guide and advise them regarding the do's and don'ts in pregnancy that they have learnt from experience. Few other responses included the family helping them with household chores and accompanying them during antenatal check-ups. According to their responses, their husbands were the ones who were frequently accompanying them during their antenatal check-ups.

R12: "If there is any problem, my family and neighbours would be there for me"

Theme six: barriers to care seeking in pregnancy

The major barrier to care seeking in pregnancy (antenatal visits), according to their responses, seems to be the unavailability of proper transport.

R32: "Buses are not available at all times"

During delivery pain and emergencies women usually prefer private vehicles over government ambulance.

R24: "If it is urgent we will prefer private vehicle if not we will go by government vehicle"

Theme seven: role of traditional and spiritual healers in pregnancy

All the antenatal mothers taking part in the study responded saying that they prefer allopathic doctors for check-up and follow up. They were also well aware of the superiority of doctors over ANMs and Local Dais in the context of healthcare.

R36: "Only doctors will know everything properly, not others"

Theme eight: fears & doubts regarding pregnancy

Majority of the participants did not have any fears regarding pregnancy whereas few of them were a bit worried about undergoing a Caesarean section if need arises.

R27: "I am scared if they might cut open my abdomen"

Some of them had worries based on past experiences in previous pregnancies.

R34: "I had abortion three times, so I am afraid"

DISCUSSION

This study's findings present the reported health seeking behaviour of rural women residing in the service areas coming under the Rural Health and Training Centre in Chunampet. Two important finding in our study are, one is the poor knowledge about complications and danger signs among the pregnant women and the other is positive attitude of women in visiting the government facility for check-up. Most of the antenatal mothers were well aware of the importance of a routine monthly antenatal check-up which points to an efficacious system of health information distribution present in the study areas, which is contrary to national data. With regards to antenatal complications, vomiting and fatigue were accepted as common problems in pregnancy which did not advocate a visit to the doctor. This reflects upon their superficial understanding of just the symptoms of the disease rather than the underlying cause which needs to be dealt with. Moreover, only very few of the mothers were aware of common complications and danger signs during pregnancy. Studies also shown that better the knowledge on complications better will be the care seeking.⁵ They are well aware of the ways by which the government is helping them during their pregnancy and are quite satisfied with the services provided at the government health centres. Few national health programmes also launched in the view of attaining desirable outcomes.⁸ New initiatives like Pradhan Mandiri Surakshit Matritva Abhiyan should also concentrate in educating the women regarding pregnancy care. Results also showed women generally are looked after and follow decisions of the husband when it comes to care seeking in pregnancy. This was noticed in other studies also.⁴ Social support from the husband, family or friends had the potential to influence care seeking behaviour. Social support is very crucial for women during the antenatal period. 10 This study was conducted in a rural area. Generalization should be done with caution.

CONCLUSION

This study has shown that although few of the antenatal mothers in the study population are aware about some complications of pregnancy, in general knowledge among most of the women are inadequate which implies the need for creating awareness among the antenatal mothers about common complications in pregnancy. On the other hand, the notion of routine care seeking during the antenatal period seems to be well rooted among the study population which is a very good sign, opportunity and is foundational to all other interventions relating to betterment of antenatal care in the community.

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