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## Antenatal care among rural women in Andhra Pradesh

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### Abstract

Reproductive health is a fundamental component of an individual's overall health status and a central determinant of quality of life. Health workers are also expected to educate women about reproductive health problems. Reproductive health changes impact human society globally, and therefore, this paper analyses about antenatal check-ups, medicines & nutritional supplements, visits to the doctor for antenatal check-ups. The study selected the lowest child sex ratio mandals from three North Coastal Districts of Andhra Pradesh, majority of the women respondents belongs to backward classes (67.1%) followed by forward caste (17.4%), scheduled caste (12.2%) and scheduled tribe (3.3%) in the study area. About 32 percent of women respondent are illiterate and majority of them in age group of below 30 years. It is observed that the women who go to health centres for antenatal check-up, a whopping 87.3 percent of pregnant women take the health services from qualified doctors. Only 12.7 percent of the pregnant women took health advices from the Nurses or ANM. The distribution of the health centres that the pregnant women choose for their antenatal check-up shows that most prefer the private hospitals. Almost all women respondents have received medicines and nutrition supplements during pregnancy. Across sample, 18.2 percent visited the doctor for the first time during their four months of pregnancy, 6.9 percent during the first two months and remaining 3.6 percent after the four months of the pregnancy. This shows majority of the women consulted the medical people on time to avoid any forms of difficulties during pregnancy. It is observed that 2/3<sup>rd</sup> of the women respondents have visited doctor third month after pregnancy. The study suggests that health must be treated as a human right and health care delivery system should be more effective, safe, accessible and affordable.

**Keywords:** Child, women, reproductive, hospitals, antenatal check-ups, pregnancy

### Introduction

The World Health Organisation (WHO) defines reproductive health as a state of complete physical, mental and social well-being, and not merely the absence of reproductive disease or infirmity. Reproductive health involves all of the reproductive processes, functions and systems at all stages of human life. This definition implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Men and women have the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice that are not against the law. Furthermore, men and women should have access to appropriate health care services that will enable women to go safely through pregnancy and childbirth, as well as to provide couples with the best chance of having a healthy infant. Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. However, men also demand specific reproductive health needs and have particular responsibilities in terms of women's reproductive health because of their decision-making powers in some reproductive health matters. Reproductive health is a fundamental component of an individual's overall health status and a central determinant of quality of life. Health workers are also expected to educate women about reproductive health problems. Reproductive health changes impact human society globally, and therefore, this paper analyses about antenatal check-ups, medicines & nutritional supplements, visits to the doctor for antenatal check-ups, as observed by the sample women respondents in the study area.

## Objectives

- To analyse the socio-economic features of the women respondents in North Coastal districts of Andhra Pradesh
- To examine the antenatal check-ups among women respondents in the age group of 15-49 years
- To find out the received medicines and nutritional supplements during pregnancy among sample women respondents in the study area

## Methodology

The Study covers the lowest Child sex ratio mandals in North Coastal Andhra regions of Andhra Pradesh according to 2011 Census. For in depth research, the study selected the lowest Child sex ratio mandals from three North Coastal Districts of Andhra Pradesh, one mandal from each district and to analyse the lowest Child sex ratio. In Srikakulam district Sarubujjili mandal (884), Therlam mandal (898) in Vizianagaram District and Butchayyapeta mandal (899) in Visakhapatnam district in Andhra Pradesh were selected for intensive Study. The study covered six (6) sample villages' two (2) villages from each mandal and one mandal from each district in North Coastal Andhra. All the sample villages have been selected from the lowest child sex ratio in 2011 'viz' Gonepadu (686) and Kondavalasa (735) in Sarubujjili mandal of Srikakulam district, Kusumuru (754) and Kagam (732) from Therlam mandal in Vizianagaram district and Polepalle (739) and Gunnempudi (822) in Butchayyapeta mandal of Visakhapatnam district.

For the collection of sample, women in the age group of 15-49 years and having at least one child in the age group of 0-6 are targeted in the sample women respondents. From each village 75 women were drawn randomly from a population of eligible women in that village. As such each mandal has a representative sample of 150 women. Thus, altogether 450 women respondents have been covered for intensive study. The reference period of the study is 2017-2018. A detailed schedule was designed and tested for accuracy and ease of collection of information from the sample women respondents.

## Literature Review

A review of the literature is an essential part of any academic research. The review is a careful Here the researcher has collected the earlier studies related to re-productivity health status of rural women examination of a body of literature pointing toward the answer to the research question.

Ramchandrudu G (1996) [3] has observed from NFHS data in Indian society, two thirds of women are illiterate and the age at marriage is 15 years, the scope of high risk pregnancies is maximum. In Andhra Pradesh nearly 88 percent of the pregnant women are receiving ante-natal care either at home or in a hospital. This is significantly. Higher than Uttar Pradesh State. In which only 45 percent are receiving such care. However, it is lower than that of Kerala State (98%) and Tamil Nadu (94%). In Andhra Pradesh two - Thirds of deliveries are conducted at home. No doubt, the government is taking steps to utilise the service of Dais by giving them special training, but Institutional delivery is the safest one in Uttar Pradesh 88 percent of deliveries are conducted at home when compared to 11 percent in Kerala and 35 percent in Tamil Nadu.

Shireen J Jejeebhoy (1997) [5] study 'Addressing Women's Reproductive Health Needs Priorities for the Family Welfare Programmes' noted that population dynamics, quality of life and women's status are closely interrelated argues strongly for a fresh look at India's population Programme. Strategies to broaden the narrow focus of services, and more important, to put women's reproductive health services and information needs in the forefront are urgently required. What are the gaps in women' reproductive health care, what are the constraints women face in accessing quality health care.

Kumar R (1997) [1] in his study six hundred married women of 15-45 years age group were interviewed in 4 villages of the district Ambala in Haryana. Impact of Health Centre (HC) availability on the knowledge, opinion and practices related to maternity care and pregnancy outcome was assessed after adjusting the effect of socio-economic status. Except 17 women (2.8%), everyone knew at least one correct purpose of Ante-natal Care (ANC) and 98.2 percent women had contacted health staff for ANC. However, knowledge of the respondents about the components of ANC was found to be poor in study villages. Traditional Birth Attendants (TBAs) conducted delivery in 76.1 percent cases in Sub-Centre (SC), 75.6 percent in villages without a HC compared to 49.8 percent in Primary Health Centre (PHC) village.

Prakasam C P (2004) [2] in his study the reproductive morbidity data for currently married adolescent women in Andhra Pradesh and Tamil Nadu states reveals that at least 31.4 percent women in the age group 15-19 suffer from one or more complications of reproductive health. Analysis shows that reproductive morbidity problems were found to be more for the study women in Andhra Pradesh than in Tamil Nadu. In Andhra Pradesh the percentage of currently married adolescent women who reported higher in private hospital deliveries than in home deliveries.

Sharad Kumar Singh, et.al (2012) [4] study envisaged providing affordable and quality health care to the poorest households in the remotest regions of the country. This mission has encouraged changes in the pattern of place of delivery. Innovations under NRHM like Janani Surakhsha Yojana (Maternity Security Scheme), Accredited Social Health Activists (ASHA), Delivery Huts, 24x7 Primary Health Centres and Community Health Centres, and Medical Obstetric Care in First Referral Units have paved the way for increased utilization of health institutions for child birth. The association of increase in hospital deliveries with decline in the prenatal mortality rate in rural India after the launch of NRHM in 2005 was assessed using the Sample Registration System reports. Relative increase in hospital deliveries was 57 percent from year 2005 to 2008 but relative decline in the PNMR was only 2.5 percent in the rural areas of Indian states. Hence, quality of care at the time of childbirth needs to be assessed.

## Socio-Economic Features of the Women Respondents Age Group

In this context, the age of the women respondents is important because it has bearing on her capacity. In view of this research studies based in primary data need to focus on this aspect. Taking this esteemed view into consideration, this study tried to present distribution of women respondents based on their age. Across the study area about 65 percent of the women respondents are in the age group of below 30

years followed by 27.5 percent 31-40 years and only 7.8 of them are in the age group of 41-49 years. More than 92 percent of the women respondents are in the age group of below 40 years. This is also true in case of the three sample mandals.

### Caste Category

Caste too has been considered as an important factor for social stratification. The caste system is a very deep rooted and mighty institution in the Indian society. In the present study the castes have been classified into four categories which include forward caste, backward classes, scheduled caste and scheduled tribe. The data clearly shows that, in Sarubujjili mandal more than 1/3<sup>rd</sup> of the respondents that is 86.7 percent belong to the caste group of backward classes, followed by scheduled caste 9.3 percent, forward caste (2.7%) and scheduled tribe (1.3%). Majority of the women respondents in which 49.3 percent belongs to backward classes in Therlam mandal next in order forward caste (23.3%), scheduled caste (18.7%) and scheduled tribe (8.7%). In Butchayyapeta mandal a large concentration of women respondents are backward classes (65.3%) followed by forward caste (26%) and scheduled caste (8.7%). On the whole, majority of the women respondents belongs to backward classes (67.1%) followed by forward caste

(17.4%), scheduled caste (12.2%) and scheduled tribe (3.3%) in the study area.

### Educational Status

Education has a great impact on individual's status in the society. Education of course may affect the individual's chances for bringing in a given occupation, which in turn predetermines other life chances, including health, status and job security. The educational level of respondents has been classified into six broad categories such as illiterate, literate, primary, secondary higher education and technical education. The field study on the literacy status of the women respondents show that the 31.8 percent of the respondents are illiterate in the sample area. Amongst the literate samples, those with secondary education is highest at 25.1 percent followed by primary education with 23.3 percent and 11.8 percent of them have completed higher education. The composition of women respondents with general literacy is 7.3 percent and with technical education is 0.7 percent. The illiterate women respondents are the highest in Sarubujjili mandal with 36 percent followed by Butchayyapeta mandal with 31.3 percent. The illiterate women respondents are the least at Therlam mandal with 28.0 percent.

**Table 1:** Socio-Economic Features of the Women Respondents

Age Group	Sarubujjili (150)		Therlam (150)		Butchayyapeta (150)		Grand Total (450)	
	No.	%	No.	%	No.	%	No.	%
Below 30	98	65.3	104	69.3	89	59.3	291	64.7
31-40	40	26.7	32	21.4	52	34.7	124	27.5
41-49	12	8.0	14	9.3	9	6.0	35	7.8
<b>Caste Category</b>								
Forward Caste	4	2.7	35	23.3	39	26.0	78	17.4
Backward Classes	130	86.7	74	49.3	98	65.3	302	67.1
Scheduled Caste	14	9.3	28	18.7	13	8.7	55	12.2
Scheduled Tribe	2	1.3	13	8.7	0	0.0	15	3.3
<b>Educational Status</b>								
Illiterate	54	36.0	42	28.0	47	31.3	143	31.8
Literate	6	4.0	19	12.7	8	5.4	33	7.3
Primary	23	15.3	37	24.6	45	30.0	105	23.3
Secondary	44	29.4	40	26.7	29	19.3	113	25.1
Higher Education	23	15.3	11	7.3	19	12.7	53	11.8
Technical Education	0	0.0	1	0.7	2	1.3	3	0.7

Source: Field Survey

### Antenatal Check-ups

The field survey shows that the most of the sample women respondents go for medical check-up during pregnancy. A staggering 97.8 percent of the pregnant women respondents visited the health centres for their antenatal check-ups. Only 10 respondents out of a total of 450, which is 2.2 percent of the total, did not go for antenatal check-up. The trend is similar for all sample mandals 98.7 percent of Therlam mandal and 97.3 percent each in Sarubujjili and Butchayyapeta mandals went for antenatal check-up during

their pregnancy. Of those who go to health centres for antenatal check-up, a whopping 87.3 percent of pregnant women take the health services from qualified doctors. Only 12.7 percent of the pregnant women took health advices from the Nurses or Auxiliary Nurse Midwifery (ANM). The distribution of the health centres that the pregnant women choose for their antenatal check-up shows that most prefer the private hospital (51.4%), followed by Government hospital (31.1%), sub-centre (10.5%) and PHCs (7.0%).

**Table 2:** Antenatal Check-ups during Pregnancy of Women Respondents

Characteristics	Sarubujjili		Therlam		Butchayyapeta		Grand Total	
	No.	%	No.	%	No.	%	No.	%
<b>Did you go for antenatal check-up?</b>								
Yes	146	97.3	148	98.7	146	97.3	440	97.8
No	4	2.7	2	1.3	4	2.7	10	2.2
Total	150	100.0	150	100.0	150	100.0	450	100.0
<b>If yes, where did you go?</b>								
Government Hospital	54	37.0	39	26.4	44	30.1	137	31.1
PHC	12	8.2	10	6.8	9	6.2	31	7.0
Sub- Centre	15	10.3	13	8.8	18	12.3	46	10.5
Private Hospital	65	44.5	86	58.0	75	51.4	226	51.4
Total	146	100.0	148	100.0	146	100.0	440	100.0
<b>Whether Doctor/ANM</b>								
Doctor	125	85.6	132	89.2	127	87.0	384	87.3
ANM/Nurse	21	14.4	16	10.8	19	13.0	56	12.7
Total	146	100.0	148	100.0	146	100.0	440	100.0

Source: Field Survey

**Number of Visits for Antenatal Check-ups during Pregnancy**

The field survey on the number of visits for antenatal check-up during the pregnancy period of women respondents showed that most of the pregnant women went to visit the doctor at least four times during their pregnancy period. The data reveals that only 6.7 percent of the respondent women went to visit the doctor for less than 4 times during the pregnancy period. The number of respondents from Therlam remained the least with 2.0 percent amongst those visiting the doctor less than four times in their entire pregnancy period. The survey data shows that, the number of

respondents visiting 4 times, 5 times, 6 times and 7+ times to the doctor during their pregnancy period remained at 24.2 percent, 28.7 percent, 20.0 percent and 20.4 percent respectively for the entire sample. Such data remained at 24.0 percent, 16.7 percent, 29.3 percent and 20.0 percent for the respondents of Sarubujjili, 31.3 percent, 40.7 percent, 9.3 percent and 16.7 percent for Therlam, and 17.3 percent, 28.7 percent, 21.3 percent and 24.7 percent for Butchayyapeta. It can be observed that the number of women respondents visiting doctor for antenatal checkup six times at 29.3 percent in Sarubujjili, 5 times at 40.7 percent in Therlam and it is 28.7 percent in Butchayyapeta mandal.

**Table 3:** Number of Visits for Antenatal Check-ups during Pregnancy Period

No. of Visits	Sarubujjili		Therlam		Butchayyapeta		Grand Total	
	No.	%	No.	%	No.	%	No.	%
1-3	15	10.0	3	2.0	12	8.0	30	6.7
4	36	24.0	47	31.3	26	17.3	109	24.2
5	25	16.7	61	40.7	43	28.7	129	28.7
6	44	29.3	14	9.3	32	21.3	90	20.0
7 & above	30	20.0	25	16.7	37	24.7	92	20.4
Total	150	100.0	150	100.0	150	100.0	450	100.0

Source: As ex ante

**Received Medicines and Nutrition Supplements**

When asked, if they received medicines and nutrition supplements during pregnancy or not, most of the respondent replied that they did took the additional nutrition supplement and medicines during their antenatal period. The percentage of the ‘yes’ response was at 98.2 percent and ‘no’ response was at 1.8 percent. While only one respondent in Therlam did not receive the nutrition supplement and medicines during the pregnancy period, 3 women in

Butchayyapeta and four women in Sarubujjili did not receive the nutrition supplement and medicines during the pregnancy period. The percentage of women, who did not receive additional nutrition during pregnancy stood at 0.7 percent in Therlam, 2.0 percent at Butchayyapeta and 2.7 percent at Sarubujjili. In this sample area almost all women respondents have received medicines and nutrition supplements during pregnancy and did not take any of these items were negligible.

**Table 4:** Women Respondents Received Medicines and Nutrition Supplements during Pregnancy

Characteristics	Sarubujjili		Therlam		Butchayyapeta		Grand Total	
	No.	%	No.	%	No.	%	No.	%
Yes	146	97.3	149	99.3	147	98.0	442	98.2
No	4	2.7	1	0.7	3	2.0	8	1.8
Total	150	100.0	150	100.0	150	100.0	450	100.0

Source: As ex ante

**First Visit to the Doctor/Hospital during Pregnancy**

Majority of the pregnant women in the sample area were found to have visited the medical centre for the first time during the third month of their pregnancy. According to the

filed survey data, of the total respondents 321 (71.3%) were found to have visited the doctor/hospital during their third month of the pregnancy for the first time. Of the total, 18.2 percent visited the doctor for the first time during their four



months of pregnancy, 6.9 percent during the first two months and remaining 3.6 percent after the four months of the pregnancy. This shows majority of the women consulted

the medical people on time to avoid any forms of difficulties during pregnancy. It is observed that 2/3<sup>rd</sup> of the women respondents have visited doctor third month after pregnancy.

**Table 5:** First Visit to the Doctor/Hospital during Pregnancy of Women Respondents

Months of Pregnancy	Sarubujjili		Therlam		Butchayyapeta		Grand Total	
	No.	%	No.	%	No.	%	No.	%
1- 2	13	8.7	8	5.4	10	6.7	31	6.9
3	115	76.7	99	66.0	107	71.3	321	71.3
4	14	9.3	41	27.3	27	18.0	82	18.2
5 & above	8	5.3	2	1.3	6	4.0	16	3.6
Total	150	100.0	150	100.0	150	100.0	450	100.0

Source: As ex ante

### Conclusion

To sum up, the highest number of women respondents is in the age group of below 30 years. Majority of the women respondents belongs to backward classes (67.1%) followed by forward caste (17.4%), The filed study on the literacy status of the women respondents show that the 31.8 percent of the respondents are illiterate among them. A staggering 97.8 percent of the pregnant women respondents visited the health centres for their antenatal check-ups. It can be observed that the number of women respondents visiting doctor for antenatal checkup six times at 29.3 percent in Sarubujjili, 5 times at 40.7 percent in Therlam and it is 28.7 percent in Butchayyapeta mandal. It is observed that 2/3<sup>rd</sup> of the women respondents have visited doctor third month after pregnancy. The study suggests that health must be treated as a human right and health care delivery system should be more effective, safe, accessible and affordable. The participation levels of the public institutions like CHCs, PHCs and Sub-Centres have to be increased further in the implementation of NHM and improving the quality of these institutions and this leads to effective functioning of health care delivery system in rural areas.

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