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A Study on Prevailing Antenatal Care Among the Pregnant Women in Ariyalur District with Special Reference to Kadugur Primary Health Centre

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Abstract
This research investigates the prevailing antenatal care practices among pregnant women in Ariyalur District, focusing on the specific context of the Kadugur Primary Health Centre. The study aims to assess the extent to which pregnant women in the region are accessing and receiving adequate antenatal care services, and to identify factors that may influence the utilization of these services. The research adopts a mixed-methods approach, combining quantitative surveys and qualitative interviews to gather comprehensive data. A representative sample of pregnant women attending the Kadugur Primary Health Centre will be surveyed to collect quantitative data on their antenatal care utilization, knowledge, and satisfaction with the services. Additionally, in-depth interviews will be conducted with a subset of participants to explore their experiences, perceptions, and any barriers they may face in accessing antenatal care.

Keyword: Prevailing, Antenatal Care, Knowledge and Awareness.

INTRODUCTION

The traditional form of antenatal care has developed from the early 1900s and there is very little research to suggest that it is the best way of giving antenatal care. Antenatal care can be costly and uses many staff. The following paragraphs describe research on other forms of antenatal care, which may reduce the burden on maternity services in all countries. Prenatal care, also known as antenatal care, is a type of preventive healthcare. It is provided in the form of medical checkups, consisting of recommendations on managing a healthy lifestyle and the provision of medical information such as maternal physiological changes in pregnancy, biological changes, and prenatal nutrition including prenatal vitamins, which prevents potential health problems throughout the course of the pregnancy and promotes the mother and child's health alike. The availability of routine prenatal care, including prenatal screening and diagnosis, has played a part in reducing the frequency of maternal death, miscarriages, birth defects, low birth weight, neonatal infections and other preventable health problems. Nachinab et al. (2019) carried out a study revealed that several factors hindered the use of ANC among our participants. The individual

factors that were responsible for nonutilisation of ANC included financial constraints hindering registration with the national health insurance scheme, excuses of being busy, perception that pregnancy was not sickness and concentration on work. Perceived poor attitude of nurses was the only health system factor that contributed to non utilisation of ANC services. Conclusion. There is the need for establishment of registration centres of the national health insurance in all communities to make the scheme more accessible.

Additionally, a lot of public education should be done about the value of attending ANC. The risks and benefits of medicine use, as well as the attitudes and preferences of the patient, her family, and her obstetrician, are all aspects that are considered in the risk-benefit decision-making model that Wisner et al. (2019) have provided. Given that the perinatal period is a high-risk phase for the appearance of depression symptoms and that the majority of pregnant women will seek prenatal care at some point throughout their pregnancy, the antenatal visit may offer the perfect setting for initial screening and intervention. Targeting screening efforts may be made easier with the identification of risk variables for higher depression during pregnancy. Prior research has identified several risk factors for depression during pregnancy, including a personal or family history of mood disorders, marital conflict, younger age, and a lack of social support with a higher number of children. Additionally, a recent study discovered a substantial correlation between prenatal depression as assessed by the Edinburgh Postnatal Depression Scale and scores on a substance misuse test. Additional evidence has linked substance usage, particularly smoking, to depression during pregnancy. Pregnancy-related depression has been associated with lower levels of education, unemployment, and marital status, especially among women with lower incomes. Perhaps the best indicator of future depression is a history of depression. Women having a history of depression are at a greater risk of developing postpartum depression; estimates range from 25% to 50%.A cross-sectional study by Afaya et al. (2020) was conducted between October 2018 and January 2019, Of the 322 participants, the results of the study highlighted that 69.0% reported utilising at least four or more times ANC services. Determinants of women attending ANC for four or more times was significantly associated with age, educational level and insured with National Health Insurance Scheme. Not married or divorced was negatively associated with utilisation of four or more ANC services. The majority (79.0%) of the participants had a good level of knowledge regarding antenatal care.

SIGNIFICANCE OF THE STUDY

Pregnancy is a major psychological, as well as physiological, event: With environmental, family, and internal stressors, women may find themselves unable to cope with the additional demands of pregnancy. An unborn child and its mother are connected both physically and emotionally. Psychological well-being during pregnancy is very crucial for the mother as well as for her child. A mother's psychological state affects the foetus starting from conception. Much research has been concerned with postnatal aspects rather than antenatal. About 10% of pregnant women and 13% of postnatal mothers experience some type of mental disorder, most commonly depression or anxiety (WHO Report). Being a social worker, it's a responsibility to look at a pregnant woman's physical as well as emotional state in both subjective and objective ways. Often, we forget to consider the psychological state of patients who attend the hospital for any minor or major illness. There are many disorders that do not have any pathological causes but are related to emotional instability. Patients are advised various investigations, which not only burden patients economically but also adversely affect

their health.

SCOPE OF THE STUDY

Antenatal care is the care given to pregnant women so that they have a safe pregnancy and a healthy baby. The provision of antenatal care (ANC) services brings with it a positive impact on pregnancy, as it enables the identification of risk factors and early diagnosis of pregnancy complications like preterm delivery and appropriate management. The positive impact can be achieved through screening for pregnancy problems, assessing pregnancy risk, treating problems that may arise during the antenatal period, giving medication that may improve pregnancy outcomes, providing information to the pregnant woman, and preparing physically and psychologically for childbirth and parenthood. Both altered brain structure and function have been shown to be associated with prenatal stress. Several studies have shown that all this is independent of possible confounding factors, such as birth weight, gestational age, maternal education, smoking, alcohol consumption, and most importantly, postnatal anxiety and depression. We have shown that, within a normal population, the children of the most anxious mothers during pregnancy (top 15%), had double the risk of emotional or behavioural problems, compared with the children of the less anxious mothers. Our most recent research shows that these effects persisted until the child was at least 13 years old (unpublished). Much remains to be understood about what types of stress, and at what level, stress has effects on the developing fetus. We know little about the effects of different types of work stress during pregnancy. We need to know more about gestational ages of vulnerability for different outcomes. postnatal care to counteract the effects of prenatal stress.

OBJECTIVES OF THE STUDY

1. To study the socio-demographic details of the respondents.
2. To identify the physical problem of the pregnant women.
3. To suggest suitable policy measure.

METHODOLOGY

The researcher selected Primary Health Centre from Kadugur, Ariyalur District where the permission was given to the researcher for collection of data. To collect the data the researcher selected all the 50 pregnant women who are coming for treatment during the month of January 2021. Thus census method was adopted. Besides personal observation, field survey and personal interview technique were adopted to elicit information from the research. A self-prepared semi structured interview schedule was used to collected socio demographic details and other factors of the research of the respondents. Before finalizing the topic, the researcher had discussion with the guide and several experts to find out the feasibility of conducting the study. After ascertaining the feasibility of the study the researcher preceded further steps to conduct the study. In the preparatory stages of the study, in order to know the feasibility of conducting the study, the researcher got the permission from the hospital. The researcher also explained the purpose and the nature of the study. The data were collected in a face to face interview besides personal observation. The data were collected during the month of January 2021. The time taken for the each respondents was an hours, an average of two respondents were interviewed in a day.

ANALYSIS AND INTERPRETATION

Table -1 Distribution of the respondents according to their Age Group, Place of living, Education Status, Family Status

Sl.No	Particulars	No. of respondents (N=50)	Percentage
1	21 years or less	7	14.0
2	22-25 years	25	50.0
3	26 years and above	18	36.0
	Place of living		
1	Urban	23	46.0
2	Rural	27	54.0
	Education Status		
1	Primary	4	8.0
2	High School & Higher Secondary	26	52.0
3	College	20	40.0
	Family Status		
1	Rich	4	8
2	Middle	36	72
3	Poor	10	20

The chosen samples have been classified in three categories based on respondents' age. The first category of people falls 21 years, the second one being 22-25 years, and the third one is 26 years and above. The table 4.1 shows that 50 per cent of the respondents in the age of 22-25 years, more than one third of the respondents fall in the age group of 26 years and above (36%), and the remaining 14% of the respondents age group between 21 years or below. more than half (54 per cent) of the respondents are from rural areas and the remaining 46% of the respondents from urban areas. more than half (52%) of the respondents have studied up High school and higher secondary level of education, two fifth (40%) of the respondents have completed collegiate education and the remaining 8% of the respondents have completed primary level of education, (34%).majority (87%) of the respondents are in the middle economic status, Nine per cent are in poor economic status and the remaining four per cent of the respondents are in rich economic status.

Table -2 Distribution of the respondents according to their Age at Marriage

Sl.No	Particulars	No. of respondents	Percentage
1	20 years or less	21	42.0
2	21-25 years	24	48.0
3	26 years and above	5	10.0
	Total	50	100.0

The table-2 shows that nearly half (48%) of the respondents age at the time of marriage between 21-25 years, more than two fifth (42%) of the respondents age at the time of marriage was 20 years or less and the remaining 10% of the respondents age at the time of marriage between 26 years and above.

Table -3 Distribution of the respondents according to their family income

Sl.No	Particulars	No. of respondents	Percentage
1	Rs. 5000 or Below	21	42.0
2	Rs. 5001-10000	26	52.0
3	Rs. 10001 or above	3	6.0
	Total	50	100.0

The table-3 shows that more than half (52%) of the respondents are in the family income ranges of Rs. 5001 – 10000, about 42% of the respondents are in the income ranges of Rs. 5000 and below, and the remaining 6% of the respondents are in the income ranges of Rs. 10001 and above.

Table -4 Distribution of the respondents according to their Years of Married life

Sl. No	Particulars	No. of respondents	Percentage
1	1 year or below	10	20.0
2	1-3 years	21	42.0
3	4 years and above	19	38.0
	Total	50	100.0

The table-4shows that majority (42%) of the respondents years of married life between 1 and 3 years, 38% of the respondents years of married life between 4 years and above and the remaining 20% of the respondents years of married life between 1 year or below.

Table -5 Distribution of the respondents according to Interval check up

Sl.No	Particulars	No. of respondents	Percentage
1	15 days	6	12.0
2	1 Month	43	86.0
3	2 Months	1	2.0
	Total	50	100.0

The table 4.25 indicates that majority (86 per cent) of the respondents reported that they do regular check up monthly once, 12% of the respondents go for check up 15 days once and the remaining 2% of the respondents reported that they visit doctor 2 month once.

Table -6 Distribution of the respondents according to their TT Immunization

Sl.No	Particulars	No. of respondents	Percentage

1	Yes	35	70.0
2	No	15	30.0
	Total	50	100.0

The table-6 indicates that majority (70 per cent) of the respondents have done Immunized with TT taking iron and calcium regularly and the remaining 30% of them respondents do not have done Immunized with TT.

Table-7 Association between the respondents' age group and No of Pregnancy

S.No	Age Group	No of Pregnancy			Value
		1st	2nd	3rd	
1	21 years or less	7	0	0	χ^2 – 10.492 Sig. 0.033 P < 0.05
2	22-25 years	9	15	1	
3	26 years and above	9	7	2	
Total		25	22	3	

The table-7 shows that the there is a statistically significant relationship between No of Pregnancy and age group of the respondents.

Table -8 Association between the respondents' age group and Health check up

S.No	Age Group	**Health check up**			Value
		15 days	1 Month	2 Months	
1	21 years or less	0	7	0	χ^2 – 4.053 Sig. 0.399 P > 0.05
2	22-25 years	2	22	1	
3	26 years and above	4	14	0	
Total		6	43	1	

The table - 8shows that the there is no statistically significant relationship between Health check up during pregnancy and age group of the respondents.

Table-9 Association between the respondents' Age at marriage and No of Pregnancy

S.No	**Age at marriage**	**No of Pregnancy**			**Value**
		1st	**2 St**	**3rd**	
1	20 years or less	9	12	0	χ^2 – 5.111 Sig. 0.276 P > 0.05
2	21-25 years	13	8	3	
3	26 years and above	3	2	0	
Total		25	22	3	

The table-9 shows that the there is a statistically significant relationship between No of Pregnancy and age at marriage of the respondents.

Table -10 Association between the respondents' Years of married life and No of Pregnancy

S.No	**Years of married life**	No of Pregnancy			Value
		1	2	3	
1	1 year or below	10	0	0	χ^2 – 21.538 Sig. 0.000 P < 0.001
2	1-3 years	12	9	0	
3	4 years and above	3	13	3	
Total		25	22	3	

The table-10 shows that the there is a statistically significant relationship between No of Pregnancy and Years of married life of the respondents.

Table-11 Association between the respondents' Total monthly income and No of Pregnancy

S.No	**Total monthly income**	No of Pregnancy			Value
		1	2	3	
1	Rs. 5000 or Below	9	11	1	χ^2 – 3.744 Sig. 0.442 P > 0.05
2	Rs. 5001-10000	13	11	2	
3	Rs. 10001 or above	3	0	0	
Total		25	22	3	

The table -11 shows that the there is no statistically significant relationship between No of Pregnancy and size of family of the respondents.

SUGGESTIONS/RECOMMENDATIONS

Based on the findings obtained from the study, the following recommendations were presented: -

- Pregnant women who visit health centres should have their risk factors for violence identified, and public health nurses and other medical professionals should train and counsel these women about violence, how to prevent it, and what to do to prevent it.
- Future research should incorporate a larger sample size and a control group to yield more reliable results. - It is important to plan studies that examine how violence during pregnancy affects the health of both the fetus and the baby.
- Young women's irrational anxieties about employment should be dispelled.
- This enables them to deliver a healthy baby. Consanguineous unions should be avoided since they may result in congenital abnormalities.
- A newlywed couple needs advice on how to organise their families. Frequently, a medical examination is recommended. Drugs should not be taken because they may damage the embryo. Taking care of the infant, which includes nursing, is important. When a young couple decides to start a family, education is crucial. Avoid having sex after eight months. Research has shown that women's primary concerns are the risks associated with taking medication during pregnancy.
- The public should priorities information on the use of medications during pregnancy.
- To the extent that it is accessible, the dissemination of thorough and accurate information regarding the dangers of medicine in general and the use of psychotropic and antidepressant drugs in particular

should be given top priority.

- It is important to regularly monitor and evaluate the content found in popular pregnancy information sources, such as websites and periodicals targeted at expectant mothers, to make sure that all funding sources and conflicts of interest are open and honest.
- Improving women's access to mental health services and non-pharmacological treatment options, like counselling and psychotherapy, is urgently needed. Lastly, the government should incorporate specific issues pertaining to pregnant women and apply a gender-based approach to all of its operations.

CONCLUSION

According to our research, there is a dearth of information on mental health issues and available treatments for pregnant women in major media outlets. The notable dearth of knowledge regarding the dangers of taking medicine in general and antidepressant and psychotropic drug use in particular during pregnancy is a major cause for concern. Most of the evaluated sites did not include Health Canada's safety recommendations regarding the use of antidepressant medications during pregnancy. Given the limitations of the available data on the use of psychiatric drugs during pregnancy and the history of teratogenic consequences, it is nevertheless crucial to exercise caution and provide complete information about the dangers. Additionally, our research revealed that there was a tremendous deal of variation in the information provided by various sources regarding mental health problems, treatment options, and hazards. This great range and ambiguity point to serious misunderstanding for pregnant women looking for information on mental health issues. Popular media outlets have a responsibility to furnish pregnant women accurate and thorough information on the health issues they cover because they are a significant source of information. In the end, well-known pregnancy information resources are essential for enabling and assisting women in making wise health decisions. This study has identified numerous significant gaps in knowledge regarding mental health conditions, treatment options, and drug hazards during pregnancy. With this knowledge, we seek to raise awareness, inspire change, and guarantee more thorough access to information regarding the use of psychotropic drugs during pregnancy.

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