

Original article

Study of Exploring Factors Influencing Health-Seeking Behavior of High-Risk Antenatal Women in Rural Areas

Dr Sunil N Arsude¹, Dr Gajanan D Velhal²

¹Dy. Medical Superintendent, Pravara Rural Ayurved College and Hospital, Loni. BAMS, MPH, PGD HHM

² Professor and Head –Community Medicine, B.K.L. Walawalkar Rural Medical College, MBBS, MD, MBA, MA, DPH, DHA, DIM, PGDIM, PGDHRM

Corresponding author: Dr Sunil N Arsude



Abstract:

Background: Health-seeking behavior during pregnancy significantly influences maternal and neonatal outcomes, particularly in high-risk cases. Our study aims to understand the health-seeking behavior of high-risk antenatal women in rural areas and identify factors influencing their choices.

Methods: A cross-sectional study was conducted among 108 high-risk antenatal females in selected Primary Health Centers (PHCs) of Ahmednagar District, India. Data were collected through validated structured questionnaires assessing health-seeking behavior, ANC visit frequency, and knowledge of pregnancy complications.

Results: The mean age of participants was 26.9 years, with the majority (47.2%) falling within the age group of 25 to 29 years. 90.7% of participants had <3 ANC visits, revealing suboptimal health-seeking behavior. During illness, 54.6% visited doctors, 25.0% used home remedies, 13.0% opted for over-the-counter medications, and 7.4% consulted spiritual healers. Only 19.4% were aware of pregnancy complications.

Conclusion: The study highlights inadequate ANC attendance and diversified health-seeking behaviors among high-risk antenatal women in rural areas. The findings emphasize the need for tailored interventions targeting age-specific health education, improved ANC awareness, and culturally sensitive healthcare services.

Keywords: Health-seeking behavior, high-risk antenatal women, rural areas, ANC visit frequency, pregnancy complications.

Introduction:

In rural areas, maternal health remains a significant concern, with high-risk antenatal women facing particular challenges in accessing adequate healthcare. Health-seeking behavior, encompassing actions taken by individuals to maintain or restore their health, is a pivotal aspect of this issue.¹ Our study seeks to delve into the intricate dynamics of health-seeking behavior exhibited by high-risk antenatal women in rural settings, aiming to shed light on their decision-making processes and the factors that influence their choices.² High-risk pregnancies pose increased threats to both maternal and fetal well-being, necessitating vigilant monitoring and timely medical interventions. However, rural areas often lack the necessary infrastructure, resources, and awareness to provide optimal care to these women.³⁻⁵ Consequently, understanding how high-risk antenatal women navigate through healthcare options is crucial for improving maternal and neonatal outcomes.⁵

By employing a multidimensional approach that combines quantitative surveys and qualitative interviews, our study intends to capture a comprehensive view of the factors shaping health-seeking behavior.⁶ Socioeconomic factors, cultural norms, accessibility to healthcare facilities, awareness of maternal health risks, and perceptions of available healthcare services are among the aspects that will be explored. Insights gained from this research can inform policymakers, healthcare practitioners, and community stakeholders, leading to the development of targeted interventions that address the unique needs of high-risk antenatal women in rural areas.⁷ Our present research study aspires to contribute to the enhancement of maternal healthcare delivery and the reduction of maternal and neonatal morbidity and mortality in underserved rural communities.

Material and methodology:

Our present study employed a cross-sectional research study design to investigate the health-

seeking behavior of high-risk pregnant females in selected Primary Health Centers (PHCs) within the Ahmednagar District.

The sample size for the study was determined based on an anticipated 20% difference in the outcome indicator, which was the percentage of low birth weight cases. With a significance level of 95% and a study power of 80%, a total of 108 high-risk pregnant women were included as study subjects.

High-risk conditions could manifest from the first month of pregnancy, or in some cases, emerge later during the second or third trimester. The identification of high-risk conditions was conducted by the investigator at the start of the study.

Data was collected through structured questionnaires focusing on health-seeking behavior related to antenatal care services, awareness of danger signs, timely consultation with health centers, knowledge of balanced diets and their

importance, understanding the adverse effects of addictions, awareness of personal hygiene, knowledge of newborn care, and preparedness for childbirth.

All collected data were analysed using Microsoft Excel. For qualitative data, percentages and proportions were calculated, while means were calculated for quantitative data. Statistical significance was determined using appropriate tests, and a p-value of less than 0.05 was considered significant. The analysis was carried out using SPSS version 20 for quantitative data and OpenEpi version 2.3.1 for qualitative data.

Institutional Ethical clearance and approval were obtained before the study commenced. Written informed consent was obtained from all participants, ensuring their understanding of the study's purpose, procedures, and confidentiality of their responses.

Results:

Table 1: Distribution of Age of Mother

Age in years	Frequency (%)
< 20	4 (3.7)
20 to 24	20 (18.5)
25 to 29	51(47.2)
30 to 34	33(30.6)
Total	108(100)

Out of the 108 high-risk antenatal females included in the study, their ages were distributed as outlined in Table 1. The mean age of the participants was found to be 26.9 years. The largest proportion of

females (47.2%) fell within the age group of 25 to 29 years, indicating that this age range was the most prevalent among the study participants.

Table 2: Distribution Depending on ANC Visit

ANC visit	Frequency (%)
>3	10 (9.3)
<3	98 (90.7)
Total	108 (100)

Table 2 illustrates the distribution of participants based on the frequency of antenatal care (ANC) visits. Among the participants, a significant majority (90.7%) had less than 3 ANC visits, while only a small fraction (9.3%) reported more than 3 ANC visits. This distribution highlights a notable

trend of inadequate ANC attendance, indicating a potential lapse in the health-seeking behavior among the studied high-risk antenatal females.

Table 3: Distribution Depending on Health Seeking Behaviour During Illness

Health Seeking Behavior	Frequency	Percentage
Visit to doctor	59	54.6
Home remedies	27	25.0
Over-the-counter medication	14	13.0
Spiritual healers	8	7.4
Total	108	100

Participants' health-seeking behavior during times of illness is summarized in Table 3. The majority of high-risk antenatal females (54.6%) opted for medical consultation by visiting a doctor. A substantial proportion (25.0%) chose to employ home remedies, while 13.0% resorted to over-the-counter medications. A smaller percentage (7.4%) sought healing through spiritual healers. These findings suggest a diverse array of health-seeking approaches during illness.

Significant majority (80.6%) of participants sought medical treatment when they were unwell, whereas a smaller portion (19.4%) did not.

Knowledge about Pregnancy Complications:

The awareness level regarding pregnancy complications was observed to be quite low. Only 19.4% of the participating females demonstrated knowledge about potential complications that may arise during pregnancy.

These results underscore the complexity of health-seeking behaviors among high-risk antenatal females, with a combination of factors such as age, ANC visit frequency, and approaches to healthcare during illness. Additionally, the limited awareness of pregnancy complications points towards a need for targeted education and intervention to improve maternal health outcomes.

Discussion:

The presented results provide insights into various facets of health-seeking practices, age distribution, ANC visit frequency, and knowledge of pregnancy complications. These findings offer valuable implications for maternal health interventions, policy formulation, and community awareness programs.

In our study, predominant age group of 25 to 29 years among the participants suggests that this

range constitutes the majority of high-risk antenatal females seeking care in the studied rural area. This information underscores the importance of tailoring maternal health interventions to cater to the specific needs of this age group, which may encompass issues related to family planning, prenatal care, and awareness of potential health risks.

The concerning trend of inadequate ANC attendance, with 90.7% of participants having fewer than 3 ANC visits, demands attention. This may reflect barriers such as limited accessibility to healthcare facilities, lack of awareness about the importance of ANC visits, or socio-cultural factors influencing healthcare-seeking behaviors. Addressing these barriers is crucial to ensuring timely detection and management of potential pregnancy complications, ultimately contributing to improved maternal and neonatal outcomes.

The diverse health-seeking behaviors during times of illness highlight a blend of traditional and modern approaches. While visiting a doctor remains the primary choice for the majority (54.6%), a considerable portion (25.0%) resort to home remedies, and some opt for over-the-counter medications (13.0%) or spiritual healers (7.4%). These findings underscore the need for comprehensive healthcare services that integrate both conventional medical care and cultural practices to accommodate the preferences of the diverse population.^{8,9,10}

The study by Cáceres *ÁL et al* revealed that a mere 3.7% of interviewed mothers received the recommended antenatal check-ups, and 40.1% delivered at home, influenced by financial constraints, maternal education, self-esteem, belief in traditional medicine, and accessibility challenges. The community's health-seeking

behavior was influenced by perceptions of healthcare quality, availability of practitioners, and cultural disparities, while flawed program implementation hindered national initiatives. Comparing these findings with our study, where a majority of high-risk antenatal females had inadequate ANC visits, emphasized diversified health-seeking behavior during illness, and demonstrated limited awareness of pregnancy complications, underscores common challenges in accessing appropriate maternal care in rural areas and the necessity for culturally tailored interventions and program implementation.¹¹

Vincent A et al found, 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. 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 an

opportunity and is foundational to all other interventions relating to betterment of antenatal care in the community.¹²

The limited awareness (19.4%) of pregnancy complications among the participants signals a significant knowledge gap. This highlights the necessity for targeted health education initiatives that disseminate information about potential risks during pregnancy. Improving knowledge about pregnancy complications could empower high-risk antenatal females to make informed decisions about their health-seeking behaviors and adopt preventive measures to mitigate risks.^{13,14}

Conclusion:

In conclusion, our study's findings underscore the complex interplay of factors influencing health-seeking behavior among high-risk antenatal females in the rural area. The age distribution, ANC visit patterns, and varied approaches to healthcare during illness emphasize the need for multifaceted interventions that consider socio-economic, cultural, and accessibility factors. The low awareness of pregnancy complications emphasizes the critical role of community-based education programs in enhancing maternal health outcomes. Ultimately, these insights contribute to the design of effective strategies aimed at improving health-seeking behavior, ensuring better maternal and neonatal health, and reducing the healthcare disparities prevalent in rural settings.

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