

ANALYSIS OF FACTORS INHIBITING WOMEN FROM AVAILING ANTENATAL CARE FACILITY AT PRIVATE SECTOR OUTPATIENT DEPARTMENT

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ABSTRACT

This study aimed to evaluate factors influencing women to avail antenatal care among women attending outpatient department (OPD), of private sector hospitals in Hyderabad. This was an interview-based survey conducted during a period of six months (from 1st July 2019 to 31st December 2019) at OPD of private sector Hospital in Hyderabad. All the pregnant women and their female companions attending the antenatal OPD were included. Those women who regretted being part of the study were excluded. Participants of the study were interviewed regarding the knowledge and factors affecting utilization of antenatal care among women attending OPD as defined in a pre-set questionnaire. All the data was recorded in a proforma and analyzed by using SPSS version 20. A total of 500 pregnant women were interviewed regarding awareness of antenatal care. The study participants were grouped according to their age, 3% were 15-20 years of age, 30.9% were 21-30 years of age, 34.5% were 31-40 years of age and 31.5% were more than 41 years of age. Out of those who did not avail antenatal care, 8.5% were not allowed due to family restrictions, 47.3% reported ignorance, 9.7% lived far away from the facility, 24.2% could not afford and 10.3% had other reasons of not availing antenatal care. The study concluded that the main reason for not utilizing antenatal care was ignorance by the women as well as their family members; affordability was also an important factors in a considerable number of participants.

Key Words: Antenatal care (ANC), pregnancy, factors, primigravida, grandmultigravida

INTRODUCTION

Antenatal care is a program specifically designed for pregnant women provided from the period of conception till the onset of labor. It falls under the auspice of preventive medicine which deals with early detection of general medical disorders, nutritional deficiencies, and immunological disorders. The program also includes provision of health education and social medicine and early detection of pregnancy-related disorders which in turn provides timely management of existing co-morbidities and minimizes potential causes of maternal and neonatal mortality and morbidity (1). Organized antenatal care historically dates back to the beginning of the 20th century in Europe and North America and now it's a global facility with a well-developed system in more advanced countries(2).

Recent research reported a correlation of inappropriate antenatal care with poor pregnancy outcomes. Initially, following the World Health Organization (WHO) recommendations, four antenatal visits per pregnancy in normal conditions starting at the 12th week of gestational age (3) were advised however according to recently revised suggestions a minimum level of care to be eight visits all over the pregnancy to reduce maternal morbidity and mortality (4). Maternal mortality is reported to be very high with the rate of 830

women passing away during or after pregnancy or childbirth-associated complications per day worldwide. In 2015, approximately 303,000 women died during pregnancy or childbirth. Such a high rate of maternal mortality around the world indicated disproportions in the provision of health care services where nearly all maternal deaths (99%) occurred in developing countries. More than 50% of these mortalities were reported from sub-Saharan Africa and approximately one-third from South Asia (5,6,7). Globally, while 85% of pregnant women access antenatal care with skilled health care providers at least once, only six out of ten (ie 58%) be given at least four antenatal visits. Though the areas with high maternal mortality the rate of antenatal visits were even low. Regular contact with a doctor, nurse, or midwife during pregnancy allows women to get services crucial to their health as well as their baby. It is suspected that only half of pregnant women around the globe receive WHO-recommended four antenatal care visits during their pregnancy period (8). Previous studies conducted in different countries on demographic and socio-cultural factors influencing the use of maternal health care services have shown that factors such as maternal age, number of living children, education, place of residence, occupation, religion, and ethnicity household level (women's autonomy, husband's attitude, husband's support, and family income) and health service level appeared to be significantly associated with the use of antenatal care (4,9,10,11,12,13,14). However, there is limited literature available looking at the influencing factors from Sindh. Therefore this study was designed to explore factors influencing utilization of antenatal care among women attending the outpatient department of a private sector hospital in Hyderabad.

METHODOLOGY

This study was an interview-based survey conducted at OPD of the private sector in Hyderabad, Sindh, Pakistan. The study duration was 6 months from 1st July 2019 to 31st December 2019. All the pregnant women and their female companions attending the antenatal OPD were included in the study. Women who were not willing to participate in the study were excluded. After taking informed consent women were interviewed regarding information about the factors affecting utilization of antenatal care among women attending OPD, demographic information regarding age, education, occupation, socioeconomic status, and residence were obtained from the participants All the data was recorded in pre-defined proforma and data was analyzed by using SPSS version 20.

RESULTS

A total of 500 women were interviewed, according to their age, 3% were 15-20 years of age, 30.9% were 21-30 years of age, 34.5% were 31-40 years of age and 31.5% were more than 41 years of age. Out of 500 respondents, 15.8% were primigravida, 49.7% were multigravida and 34.5% were found to be grand-multigravida (Table 1).

Majority (ie 44.2%) were reported to be from urban areas while the rural residents were 33.9% and 21.8% of patients resided in semi-urban. Most of the participants were 40% lower financial class and 40% middle class. While only 20% belonged to the upper-middle class. In our study, 52.1% of women were illiterate and the remaining 47.9% were literate and 63% had literate husbands while 37% were married to illiterate. There were 74.5% of women who were reported to be aware of antenatal care and 25.5% were unaware. 86.7% reported to be experiencing signs and symptoms of pregnancy whereas 13.3% did not report any symptoms. 65.5% of women knew the benefits of antenatal care regarding prevention of anemia and other dangerous complications of pregnancy while 34.5% did not know about it. 80.6% of women took care of their diet in pregnancy whereas 19.4% did not take any effort (Figure 1). 66.7% of women were acknowledged the antenatal care benefits and 33.3% were ignorant. In 50.3% of cases, husbands were the decision-makers, 21.8% of women made the decision themselves, Father/Mother-in-law was responsible for deciding 16.4% of cases, and 11.5% of women had other means(Figure 2). Out of those who did not avail antenatal care, 8.5% could not get permission from relatives to go to the antenatal care facility, 47.3% cited ignorance about the importance of antenatal care, 9.7% said that antenatal care facility was far away, 24.2% could not afford it and 10.3% had other reasons of not availing antenatal care (Figure 3).

Table. 1. Summary of the demographic characteristics of the study population

Demographic data	Frequency	Percentage
Age		
15-20 yrs	15	3%
21-30 yrs	154	30.8%
31-40 yrs	170	34%
>41 yrs	161	31.2%
Parity		
Primigravida	77	15.4%
Multigravida	245	49.%
Grand-Multigravida	178	35.6%
Residence		
Urban	220	44%
Semi-urban	105	21%
Rural	56	35%
Socio-economic Status		
Upper	100	20%
Middle	200	40%
Low	200	40%
Literacy rate:		
Literate:	211	42.2%
Illiterate :	289	57.8%
Awareness of antenatal care:		
Yes	126	74.80%
No		25.20%
Awareness of benefits of antenatal care:		
Yes:	167	66.6%
No:		33.4%

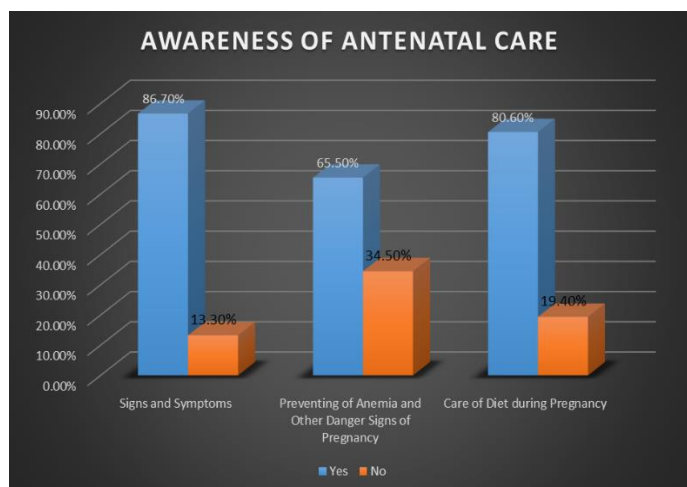


Figure 1. Summary of the participants regarding knowledge of signs and symptoms, complications, and diet care during pregnancy

DECISION FOR AVAILING ANTENATAL CARE

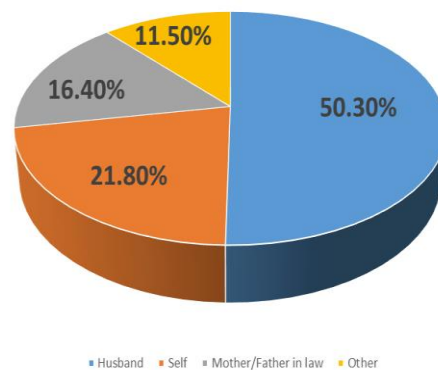


Figure 2. Summary of the data regarding antenatal care decision of the participants

REASONS FOR NOT AVAILING ANTENATAL CARE

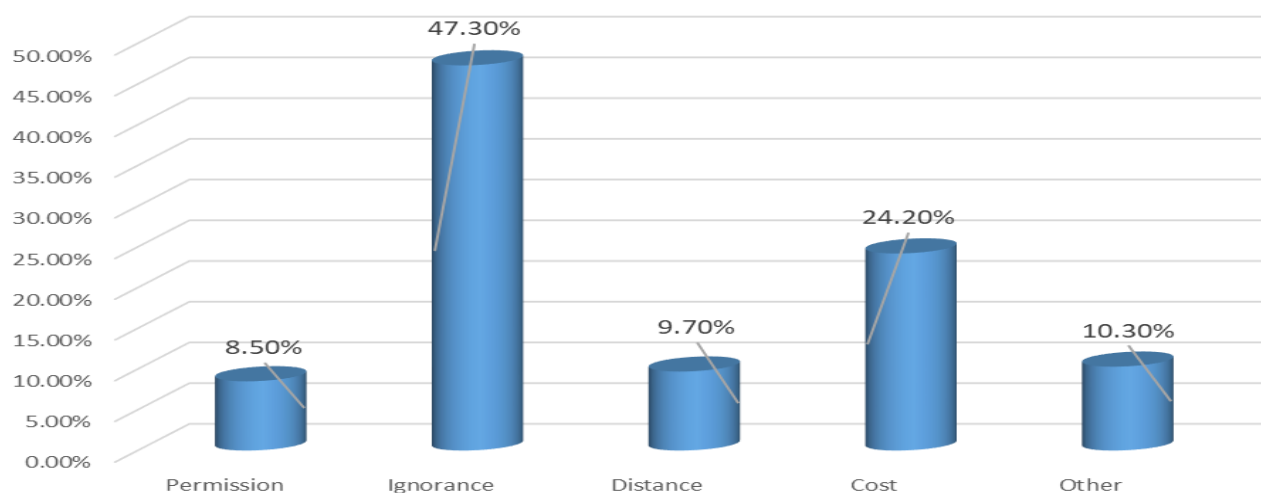


Figure 3. Summary of the factors inhibiting women from availing antenatal care facility

DISCUSSION

Four pillars for safe motherhood concept suggested by WHO include family planning, antenatal care, clean & safe delivery & emergency obstetric care (1,6). Maternal death is an important issue of developing countries and it can be prevented by identifying & treating its common causes during antenatal period. By giving adequate antenatal and obstetric care most perinatal deaths can be prevented.

Our study evaluated the factors which can potentially affect the utilization of antenatal care among women attending a private hospital in Hyderabad. In our study 3% of women were 15-20 years of age, 30.9% were of 21-30 years, 34.5% were 31-40 years and 31.5% were more than 40 years of age. Age is an important factor because it serves as a proxy for women's accumulated knowledge of health care utilization, where older women were more likely to have maternal care as compared to their younger counterparts. However, there are conflicting findings available in literature where some suggested younger age as a determinant of antenatal care while others suggested that advancing age was reported to be associated with more utilization of antenatal care (15,16,17,18,19).

Education plays a significant role in the utilization of antenatal care. In our study 52.1% women and 37% husbands were illiterate, here it is worth mentioning that even in the illiterate category, all those included had no years of schooling and could just read and write simple words, it may be the quality of education which increases the likelihood of using antenatal care services, educated couples are more aware of health issues, complications, and benefits of using health services. It is suggested that education empowers the female in terms of seeking health services, these mothers may have better chances to get health information and show more concern towards healthcare (4,20,21). It has been previously observed that mothers with less education were likely to have less information about antenatal care and added difficulties in its access. A study conducted in Central Ethiopia concluded that women with little schooling were more than two times more likely to avail of antenatal care (OR=2.645) as compared to those who had no education and similar results were observed in different studies done in North Ethiopia, Nigeria, and China (20,21,22).

The Pakistan integrated household survey (PIHS) 96-97 shows that only 30% (urban 54%, rural 22%) of women who had given birth in the last three years had antenatal consultations, in our study the ratio of women utilizing antenatal care was 74.5% and 25.5% were not utilizing antenatal care in south Asia the ratio of utilization is 52% and 68% in rest of the world(23).

The result of our study showed that the most common reason for not taking antenatal care was ignorance, while permission from family members, distance from health care centers, unaffordability were found to influence the use of antenatal care. According to a previously reported study carried out in Nurpur shah, the main factor was permission (60%) from family. Another study in Sindh showed that the main reason for not utilizing antenatal care was long distance(24,25). As lack of money was also a reason for not utilizing antenatal care in 24.20% in our study population, poverty, financial crises were also important factors inhibiting women from seeking the health care facilities, similar findings were observed in previously reported studies(20,21,22). Far-reaching hospitals were reported to be the important factor inhibiting women from seeking antenatal care, studies conducted in remote areas of Africa also suggested that far away antenatal clinics were a major problem of third world countries because lack of transport and long-distance walk is troublesome for pregnant women (26,27) .

As the main reason for not having antenatal care in our study was women being ignorant, therefore there is a dire need to continue educating expectant mothers and women in general public on regular basis. Government should make an effort to set up health centers in rural areas to improve utilization and to eliminate the problem of transportation.

CONCLUSION

We concluded that the main reason for not utilizing antenatal care was ignorance by the women as well as their family members; this ignorance may be due to lack of knowledge or illiteracy. While other factors such as permission from family members or husbands, lack of money, a long distance from the health care centers were also involved to avoid antenatal care.

Ethical Consideration: The study was approved by Local Ethics Committee.

Conflict of Interest: There is no conflict of interest.

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