

ORIGINAL ARTICLE

FACTORS FOR INACCESSIBILITY OF ANTENATAL CARE BY WOMEN IN SINDH

Farhana Yousuf, Gulfareen Haider*, Raheela Bilal Shaikh

Department of Obstetrics & Gynaecology, Liaquat University Hospital, Hyderabad, *Isra University Hospital Hyderabad, Pakistan

Background: Antenatal care is important for pregnant women. By good antenatal care many complications of pregnancy can be prevented and lives can be saved. This study was carried out to find out the reasons of not utilising antenatal care, knowledge about dangerous signs and symptoms of pregnancy, and diet in women receiving and not receiving antenatal care. **Methods:** This descriptive study was conducted at Department of Obstetrics and Gynaecology, Liaquat University Hospital, Hyderabad Pakistan from February 2007 to October 2007. A total of 134 women who came for delivery were included in the study. Out of these, 71 women had received antenatal care while 63 did not receive antenatal care. After taking informed consent, women were interviewed regarding demographic data, reason of not utilising antenatal care, knowledge about diet and dangerous signs and symptoms of pregnancy. **Results:** Twenty-eight (44.44%) women did not receive antenatal care because the facility was far away from home, 10 (15.87%) said that transport was not available. Tetanus toxoid coverage was higher among women who received antenatal care ($p < 0.0001$). Women who received antenatal care were more aware of the dangerous signs and symptoms of pregnancy than women who did not receive antenatal care. **Conclusion:** Most common reason of not utilising antenatal care was that facility was far away from there home. Women who received antenatal care were not anaemic and had received tetanus toxoid vaccination. They knew more about diet and dangerous sign and symptoms of pregnancy than women who had not received antenatal care.

Keywords: Antenatal care, women, anaemic, rural, pregnancy, facility, safe motherhood, Sindh

INTRODUCTION

Antenatal care is a branch of preventive medicine dealing with pre-symptomatic diagnosis of general medical disorders, nutrition, immunology, health education and social medicine in addition to prevention and early detection of pregnancy disorders. It is the key to modern obstetrics.¹ Major aim of antenatal care is to provide healthy baby to healthy mother. Four pillars of WHO safe motherhood initiative include provision of antenatal care facilities, clean and safe delivery, family planning and contraception, and provision of emergency obstetric care.²

The state of women health in Pakistan is not satisfactory, majority of them is suffering from preventable and treatable risks and diseases associated with child bearing. According to Pakistan demographic health survey 70% of pregnant women did not receive antenatal care, 23% receive antenatal care by doctor, 3% by nurses, lady health visitors or family welfare workers and 4% by trained or untrained traditional birth attendants (TBAs).³ There are various factors affecting utilisation of antenatal facility like education level, level of awareness regarding importance of antenatal care and distance from health facility and socioeconomic condition.

The objective of this study was to find out the reasons of not utilising antenatal care, knowledge about dangerous sign and symptoms of pregnancy

and diet in women receiving and not receiving antenatal care.

MATERIAL AND METHODS

This prospective descriptive study was conducted in Obstetric and Gynaecology Unit of Liaquat University Hospital, Hyderabad Pakistan, from February 2007 to October 2007. A total 134 women who came for delivery were included in the study. Out of these, 71 women had received antenatal care while 63 women had not received antenatal care any time throughout their pregnancy, these women were brought to hospital due to some complications of pregnancy and labour. After taking informed consent, women were interviewed regarding demographic data, reason of not utilising antenatal care, knowledge about diet and dangerous sign and symptoms of pregnancy.

Data was collected on pre-designed proforma. Statistical analysis was done using SPSS-17. Chi-square test and paired *t*-test was used where appropriate, and $p < 0.05$ was considered significant.

RESULTS

A Total of 134 women were included in the study. Out of these, 71 received proper antenatal care while 63 did not receive antenatal care. Twenty-eight (44.44%) women did not receive antenatal care because facility was far away from home, 10 (15.87%) said that transport was not available, and 8

(12.69%) women did not avail antenatal care because of poverty and financial problems (Table-1).

Anaemia was more common in women who did not receive antenatal care, compared to women who availed antenatal care. but results were statistically not significant. Tetanus toxoid coverage was higher among women who received antenatal care ($p < 0.0001$). Women who received antenatal care were more aware of the dangerous signs and symptoms of pregnancy like headache ($p < 0.0001$) than women who did not receive antenatal care (Table-2).

Table-1: Reasons of not using antenatal care (n=63)

	Number	Percentage
Reasons of not using antenatal care		
Did not know it is required	5	7.93
Transport was not available	10	15.87
Did not have permission	9	14.28
Poverty, financial problems	8	12.69
Did not advised	3	4.76
Facility far away from home	28	44.44
Antenatal care providers		
Specialist/consultant	31	49.20
General Practitioner	25	39.68
Midwife	11	17.46
Dai	4	6.34

Table-2: Awareness about diet and recognition of dangerous sign and symptoms of pregnancy

Variable	Received ANC (n=71)	Did Not Receive ANC (n=63)	Odds Ratio (95% CI)	p
Pallor	32	33	0.74 (0.37-1.47)	0.3985
Received Tetanus toxoid injection	61	21	12.20 (5.21-28.52)	<0.0001
Sign and Symptom recognition				
Fever in pregnancy	50	23	4.14 (2.0-8.5)	<0.0001
Persistent vomiting	52	27	3.64 (1.7-7.53)	<0.0001
Severe abdominal pain	23	17	1.29 (0.61-2.73)	0.4950
Haemorrhage	38	18	2.87 (1.40-5.90)	0.0039
Dizziness & fainting	49	26	3.1 (1.55-6.44)	<0.0015
Knowledge about Diet				
Increased intake of diet	40	35	1.03 (0.52-2.04)	0.9274
Increased intake of protein	45	21	3.46 (1.69-7.05)	0.0006
Increased intake of fruits	48	26	2.96 (1.46-6.01)	0.0025
Increased intake of vegetables	47	28	2.44 (1.21-4.92)	<0.0121
Increased intake of milk	52	31	2.82 (1.37-5.81)	<0.0048
Used iron supplement	43	32	1.48 (0.74-2.95)	<0.2563
Used Multivitamins	48	23	3.6 (1.77-7.41)	<0.0004
Increased meat prevents anaemia	53	34	2.51 (1.21-5.20)	<0.0133
Increased intake of leafy vegetables	52	35	2.1 (1.06-4.51)	0.0337
Knew about balanced diet	45	26	2.46 (1.22-4.94)	<0.0112

DISCUSSION

It is well known that most perinatal deaths can be prevented if adequate antenatal care and timely obstetric care is provided.⁴ Maternal mortality is an important issue of developing countries, and it can be prevented by identifying and treating its common causes in their antenatal period. But if nothing is being done to avert maternal deaths, it will rise to 1,000-1,500/100,000 live births, which is unacceptably very high.⁵

Result of our study shows that most common reason of not taking antenatal care by our women was due to long distance between health facilities and their homes. Same is reported in other studies.^{6,7}

Anaemia (Hb<11 G/dl) was found to be 96% among Pakistani women⁸ of rural area than urban areas and more common is child bearing age.⁹ It is important to prevent anaemia by iron supplementation to pregnant women, as it is one of the main causes of maternal mortality. Results of our study show that anaemia was found more in women who did not receive antenatal care. In our study, danger signs and symptoms were compared between the two groups. Women who received antenatal care were more aware of danger signs and symptoms of pregnancy like headache and

vomiting. By proper knowledge of danger signs and symptoms lives of many mothers can be saved, as these women will reach the health care centres earlier.

Antenatal care utilisation was significantly associated with the level of awareness regarding type and quantity of food utilisation during pregnancy. Women who received antenatal care knew the importance of adequate intake of proteins, vegetables, fruits and milk during pregnancy. This is in agreement with a study conducted in Karachi.¹⁰

Death of mother is a tragic event. In developing countries maternal mortality due to inadequate antenatal facilities is more compared to developed countries.^{11,12} Maternal mortality can be reduced by identifying the early signs or risk factors for at least some major pathogenic causes of maternal death such as anaemia, infection and rising blood pressure.¹³ This could only be achieved by providing proper antenatal care screening programme.

CONCLUSION

Women who had received antenatal care were not anaemic and they knew the dangerous sign and symptoms, which is important to prevent maternal morbidity and mortality.

REFERENCES

1. Hibbard BM (ed). Antenatal care. In: Principals of obstetrics 1st edition. Butterworth and company, 1988. p.151.
2. WHO, The safe motherhood initiative, a decade after Nairobi, achievements in the WHO Eastern Mediterranean Region, 1988.
3. Pakistan demographic and household survey 1990-91. Islamabad: Government of Pakistan. National Institute of Population Studies. Islamabad, Pakistan, 1992.
4. Thaddeus S, Maine D. Too far to walk: maternal mortality in context. Soc Sci Med 1994;38:1091-110.
5. Fathalla MF. Human rights aspects of safe motherhood. Best Pract Res Clin Obstet Gynaecol 2006;20(3):409-19.
6. Pappas G, Akhtar T, Gergen PJ, Hadden WC, Khan AQ. Health Status of the Pakistani population: a health profile and comparison with the United States. Am J Public Health 2001;91(1):93-8.
7. Yanagisawa S, Oum S, Wakai S: Determinants of skilled birth attendance in rural Cambodia. Trop Med Int Health 2006;11:238-51.
8. Stekelenburg J, Kyanamina S, Mukelabai M, Wolffers I, van Roosmalen J: Waiting too long: low use of maternal health services in Kalabo, Zambia. Trop Med Int Health 2004;9:390-8.
9. Awan M, Akbar M, Khan M. A study of anemia in pregnant women of railway colony, Multan. Pak J Med Res 2004;43:11-4.
10. Pakistan Medical Research Council, National Health Survey of Pakistan, Health Profile of the people of Pakistan. Islamabad: PMRC; 1988. p. 90.
11. Safdar S, Inam SN, Omair A, Ahmed ST. Maternal health care in a rural area of Pakistan. J Pak Med Assoc 2002;52:308-11.
12. Bhatia JC. Maternal mortality in Anantapur District, India: preliminary findings of a study. Interregional meeting on prevention of maternal mortality, Geneva 11-17 November 1985. Document FHE/PMM/85.9.16. Geneva: World Health Organization, 1985.
13. Bhatia JC. Light on maternal mortality in India. World Health Forum 1990;11:188-91.
14. Nisar N, White F. Factors affecting utilization of antenatal care among reproductive age group women (15-49 years) in an urban squatter settlement of Karachi. J Pak Med Assoc 2003;53:47-53.

Address for Correspondence:

Dr. Farhana Yousof, Flat 3, Firdous Plaza, Tilik Incline, Hyderabad Sindh, Pakistan. **Cell: +92-333-2702257**

Email: zarmeenakhan88@yahoo.com