

Maternal Health Care Practices among Mothers of a Selected Slum in Dhaka City

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Abstract

Background: Bangladesh is a small South Asian country which became independent in 1971 after a bloody war. Rapid urbanisation in Bangladesh (26% of the 147.1 million inhabitants live in urban areas) is fuelling a growth in urban poverty, particularly in the urban slums where the quality of life is extremely poor. The average population density in slums was reported in 2005 as 831 persons per acre or 205,415 people per square kilometre.¹ Early commencement of antenatal care by pregnant women as well as regular visits has the potential to affect maternal and foetal outcome. **Objective:** To assess the status of ANC service used by the pregnant mothers and their socio-demographic characteristics. **Materials and Methods:** A community-based cross-sectional study was conducted at Moghbazar slum area in Dhaka district of Bangladesh, during January to June 2014. A total of 161 slum dwellers were enrolled in the study. Information regarding education, occupation, monthly family income, antenatal care was gathered using a pretested structured questionnaire and data were analysed. **Results:** The majority respondents had knowledge about antenatal care and of them 89 (55.2%) completed ≥ 3 visits. Forty five (47.8%) pregnant women received ANC from government hospitals. Nearly 72% mothers received ANC service from doctors and 16.9% received from family welfare visitors (FWV). Half of mothers were satisfied with the overall care provided to them. About 86.2% mothers said that they had to wait for more than two hours for check-ups. More than 50% received information about exercise and 36% were reassured about discussing fear and anxiety about pregnancy. **Conclusion:** This study reveals that antenatal care provided was not up to the mark of standard care and measures should be taken to improve it.

Key words: Antenatal care; Maternal health; Slum

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Introduction

In South Asia, the percentage of the population living in urban areas is increasing and urbanisation is also progressing in Bangladesh at a rapid pace.² Bangladesh has experienced one of the highest urban population growth rates (>6% per year) in the last three decades compared to the national population growth rate of about 1.5% per year. Slum dwellers are likely to be among the most deprived people in urban areas.³ The World Health Organization (WHO) defines women of reproductive age as those who are aged 15–49 years. They constitute more than one-fifth of the world's

population and are repeatedly exposed to the risk of pregnancy and childbearing.⁴ Maternal health refers to the health of the mother during pregnancy, childbirth, and the postpartum period. The use of maternal healthcare services is important for the early detection of mothers who are at a high risk of morbidity and mortality during pregnancy.⁵ According to the WHO recommendation, every pregnant woman should receive at least four antenatal care (ANC) visits during pregnancy. The use of ANC in developing countries is low compared to developed countries (97%)⁴ due to the

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current socioeconomic conditions and inaccessibility to health facilities.⁶ The Bangladesh Demographic and Health Survey (BDHS) 2011 showed that 55% of women with a birth in the three years preceding the survey received ANC at least once from any provider.⁷ Pregnancy and childbirth are normal physiological phenomena. Moreover, many cases terminate with the complications such as abortion, maternal or foetal disability and even maternal death or foetal loss or both.^{8,9} Global evidence shows that all pregnancies are at risk and complications during pregnancy, childbirth and the postnatal period are difficult to predict.¹⁰ ANC which includes care during pregnancy should begin from the early stages of pregnancy. Women can access ANC services either by visiting a health centre where such services are available or from health workers during their domiciliary visits. One of the most important components of ANC is to offer information and advice to women about pregnancy-related complications and possible curative measures for the early detection and management of complications.¹¹ This study was therefore conducted to assess the status of antenatal care services in selected urban slums in Dhaka.

Materials and Methods

This community based cross-sectional study was conducted at Moghbazar slum area in Dhaka district of Bangladesh during January to June 2014. A house-to-house survey was conducted through a semi-structured pre-tested questionnaire and a standard checklist of antenatal care based on WHO protocol for antenatal care was used. A total 161 respondents were enrolled for the study by using purposive sampling technique. Only interested slum dwellers who were either pregnant or had previous deliveries were interviewed face-to-face. Information regarding age, education, occupation, monthly family income, marital status, number of living children and antenatal care related questions like number of antenatal visits, place of antenatal care, care providers, family planning counselling was collected. Women's views were explored in the other sections to assess their overall satisfaction with the quality of antenatal care, satisfaction with overall care, the time spent in the waiting room/area, getting medicine and tetanus vaccination by the care providers. Informed consent was taken by explaining the purpose of the study. Assurance had been given that the confidentiality concerning their information would be maintained

strictly. Collected data were checked, verified and then entered into the computer. Only the fully completed questionnaire was entered into the computer for final analysis. The analysis was carried out with the help of SPSS (Statistical Package of Social Science, version 16.0) windows software programme.

Results

Table I shows about 70.6% had knowledge about antenatal care. Among the respondents, 94 (58.5%) received ANC visit and 89 (55.2%) completed ≥ 3 visits. Forty five (47.8%) pregnant women received ANC from government hospitals, 25 (26.8%) from community clinics, 16 (16.9%) from private hospitals and 8 (8.5%) received from satellite clinics. Nearly seventy two percent mothers received ANC service from doctors while 16.9% received from family welfare visitors (FWV). Among 161 respondents four-fifths received postpartum family planning counselling and very few participants knew about the safe-motherhood practices.

Table I: Distribution of antenatal care information among the respondents (n=161)

Variables	Frequency	Percentage
Knowledge about antenatal care		
Yes	114	70.6
No	47	29.4
ANC visits		
No visit	67	41.6
Visits	94	58.5
Number of visits		
<3 visits/no visit	72	44.8
≥ 3 visits	89	55.2
Place of ANC services (n=94)		
Community clinics	25	26.8
Govt. hospitals	45	47.8
Private hospitals	16	16.9
Satellite clinics	08	8.5
Care provider during ANC visits (n=94)		
Doctor	68	71.8
Nurse/Paramedics	10	11.3
FWV	16	16.9
Postpartum family planning counselling		
Yes	130	80.8
No	31	19.2
Knowledge on safe motherhood		
Yes	12	7.4
No	149	92.6

Table II shows the satisfaction levels among mothers in some selected slums of Dhaka city. Half of them were satisfied with the overall care provided. About 86.2% mothers said that they had to wait for more than two hours for check-ups. Regarding satisfaction with getting medicine 63% were found dissatisfied, 75% of mothers did not have complete tetanus vaccine. Nearly 50% received information about exercise and 36% were reassured about discussing fear and anxiety about pregnancy.

Table II: Distribution of respondents based on satisfaction level variables (n=161)

Variables	Frequency	%
Satisfaction with overall care provided		
Yes	80	49.6
No	81	50.4
Waiting time in hours		
<2hours	21	11.8
>2hours	140	86.2
Satisfaction with getting medicine		
Yes	59	36.6
No	102	63.4
Tetanus dosage appropriate		
Yes	40	24.8
No	121	75.2
Exercise information		
Yes	86	53.4
No	75	46.6
Discussing fear and anxiety		
Yes	58	36
No	103	64

Discussion

Motherhood is the most important position a woman can have in her life but can be a life threatening event as well. During pregnancy any woman can develop serious, life-threatening complications that require medical care. The health of the urban poor is considerably worse than the urban middle and high income groups and may be even worse than the rural population.¹² Out of 161 respondents, 70.6% mothers had knowledge about antenatal care. Among the respondents, 94 (58.5%) received ANC visit and 89 (55.2%) completed ≥ 3 visits. The BDHS conducted in 2011 showed that about 55% of the mothers received at least one ANC during their entire period of pregnancy.⁷ This is also consistent with

the report done by Nigussie et al¹³ where 45.7% of mothers had ANC visits. Nearly 45 (47.8%) pregnant women received ANC from government hospitals, 25 (26.8%) from community clinics, 16 (16.9%) from private hospitals and around 08 (8.5%) received from satellite clinics. Nearly 72% mothers received ANC service from doctors while 16.9% received from FWV. A study was conducted in four districts of the Midwestern Development Region of Nepal where majority (77.2%) of the participants visited Sub Health Posts/Health Posts/Primary Health Care Centres for ANC check-up and the service was provided by doctors. In this study, among 161 respondents, four-fifths received postpartum family planning counselling and very few participants knew about the safe-motherhood practices. Similar findings were documented by Gyawali et al⁸ in their study.

Regarding satisfaction level among respondents half of them were satisfied with the overall care provided to them. About 86.2% mothers said that they had to wait for more than two hours for check-ups. Regarding getting medicine, 63% were found dissatisfied and 75% mothers did not have complete tetanus vaccine. More than 50% received information about exercise and 36% were reassured about discussing fear and anxiety about pregnancy. These observations are close to that of Nisar et al¹⁴ who identified the prolonged waiting time, inadequate information about obstetric care, exercise, assurance of anxiety and fear in pregnancy and inadequate supply of drugs.

This study reveals that antenatal care provided was not up to the mark of standard care. Measures should be taken to improve public sector hospital obstetric services through increasing resources, adequate medicine supply, assurance of staff on duty and reducing waiting time. Furthermore, awareness among women should be created to properly utilize services. The role of mass media should be enhanced to reduce the overall pregnancy related morbidity and mortality in Bangladesh.

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