

Antenatal care practice among Pregnant Women in a selected rural area of Bangladesh

N Begum¹, N Begum², S A Hossain³, A F M A Imran⁴, M L Nahar⁵

Abstract

Background : Antenatal care (ANC) is an important determinant of high maternal mortality rate and one of the basic components of maternal care on which the life of mothers and newborn babies depend.

Objective : To study the Antenatal care practice among pregnant women in a selected rural area.

Methodology : This descriptive cross-sectional study was conducted among pregnant women in a selected rural area from July 2016 to December 2016. Total sample was 121. Purposive sampling technique was followed. Data collection was done by face to face interview by using pretested structured questionnaire. Data was analyzed by SPSS version 17.0.

Results : A total of 121 women were interviewed. Sixty nine (57.02%) pregnant women were registered for ANC. Among them 47(68.11%) of respondents completed more than 4ANC visits. For the current pregnancy 56(46.28%) preferred Upazila Health Complex (UHC) and home delivery was preferred by 34(28.09%) respondents. Among the respondent age group 25-30 yrs were 61(50.41%) and educated upto primary level were 59(48.76%). Monthly income between 5000-10000 taka was among 48(39.66%) respondents. Most of their husbands (52.06%) were educated up to primary level and 25.61 % of them were garments worker and 23.96 % were day laborers.

Conclusion : ANC practice was not satisfactory. Only half of the pregnant women attended for ANC and completed minimum four visits. Nearly half of the pregnant women preferred UHC. Educated women from lower economic status were found to attend for ANC.

Key words : Pregnant women. Antenatal Care, Antenatal visit

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¹Dr. Nadia Begum
Associate Professor
Dept. of Community Medicine
Z.H Sikder Women's
Medical College, Dhaka

²Dr. Nasreen Begum
Assistant Professor
Dept. of Community Medicine
Northern International
Medical College, Dhaka

³Prof. Dr. SK. Akbar Hossain
Professor & Head
Dept. of Community Medicine
Principal
Northern International
Medical College, Dhaka

⁴Dr. AFM Ashik Imran
Osteopathic Medical Student
NYITCOM, USA

⁵Dr. Mst. Laizuman Nahar
MPH Student, SUNY, USA

Correspondence
Dr. Nadia Begum
Associate Professor
Dept. of Community Medicine
Z.H Sikder Women's Medical
College, Dhaka
e-mail : nadiabegum.zhs@gmail.com

Introduction

Antenatal care refers to pregnancy-related health care, which is usually provided by a health provider either in a medical facility or at home. Antenatal checkup is a means to encourage women by the health professionals to deliver in an institution.¹

Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth. The necessities of ANC services by explaining the numerous advantages of them which may include monitoring health of the mother and baby during pregnancy, anticipating difficulties at pregnancy and labor with early treatment to reduce the risks for mother and child, facilitating the better use of emergency obstetric care services, disseminating health education and information and so on. The

primary aim of antenatal care is to achieve, at the end of pregnancy, a healthy mother and a healthy baby.²

In the developing world the major challenges of maternal and child health are preventable morbidity and mortality. These are associated with in appropriate antenatal care and child birth. For this reason, WHO and UNICEF established the safe motherhood initiative with a major focus on pre-natal care which includes early presentation at antenatal clinic (ANC) where risk factors can be identified and managed and safe delivery of live babies can be ensured.

Maternal mortality is, on the average, 10 times higher in the developing world than in the developed world. Ninety-nine percent of

maternal and under five child deaths occur in Sub-Saharan Africa and South Asia.^{6?} During every pregnancy a woman is at risk of developing complications which can be life threatening. These complications can be managed if timely appropriate care is sought from health facilities of skilled health care providers. A pregnant woman is entitled to special care from her family as well as the health service provider.³

According to Bangladesh Maternal Health Services and Maternal Mortality Survey, 2010, maternal mortality in Bangladesh has dropped to 194 per 100,000 live births, but this needs to drop further to 144 per 100,000 live births in order to achieve Millennium development goal on maternal mortality (Maternal mortality rate 144, per 100, 000 live births) by 2015.⁴

A number of factors have been found to be associated with the utilization of antenatal care which are directly related with social, cultural and economic factors. Besides socioeconomic factors, women's education, birth order and standard of living index have pronounced influence in choosing the health care facility.³

Regular attending for ANC is a key strategy for reducing maternal mortality, but millions of women in developing countries do not receive it.⁵

Therefore, in this study we try to find out the status of antenatal care practice among pregnant women in a selected rural area of our country.

Materials and Methods

This descriptive cross sectional study was conducted among the pregnant women in Srinagar Thana from July 2016 to December 2016. Following purposive sampling technique 121 pregnant women were included and data collection was done by face to face interview by using pretested structured questionnaire and data were analyzed by using SPSS version 17. Written informed consent was taken from the respondents before data collection.

Results

Total 121 pregnant women were selected in the study, among them 61(50.41%) were in the age group of 25-30 years. Educational status of the pregnant women up to primary level were 48.76% and uneducated were 30.57%. Most of the women (73.55%) were house wife. Husbands were educated mostly (52.06%) up to primary level and 25.61% were Garment's worker and 23.96% were day laborer. Monthly income was between 5000-10000 taka among 39.66% families. Number of living children between 1-2 found in 51.23% families and 52.89% pregnant women were living in extended families (Table I)

Table I : Socio demographic Characteristics of respondents

Age group (years)	Frequency	Percentage
15-20	19	15.70
20-25	24	19.82
25-30	61	50.41
30-35	10	8.26
>35	7	5.78
Wife's Education		
No education	37	30.57
Primary	59	48.76
Secondary and above	25	20.66
Husband's education		
No education	19	15.70
Primary	63	52.06
Secondary and above	39	32.23
Religion		
Muslim	101	83.47
Hindu	20	16.52
Wife's Occupation		
House wife	89	73.55
Paid work	32	26.44
Husband's Occupation		
No occupation	11	9.09
Rickshaw puller	17	14.04
Garment's worker	31	25.61
Day labour	29	23.96
Service	17	14.04
Business	16	13.22
Monthly Income		
<5000 tk	41	33.88
5000 tk-10000 tk	48	39.66
10001 tk-15000 tk	23	19.00
>15000 tk	11	9.09
No. of living children		
0	11	9.09
1 or 2	62	51.23
3 or more	48	39.66
Family type		
Nuclear	57	47.10
Extended	64	52.89

Among the respondents 57.03% attended for ANC and of them 68.12% visited <4 times. Most of them 68.13% received ANC from Upazila Health Complex (UHC). Home delivery for last child was done 51.26% respondents. Main reason for home delivery were lack of awareness and high cost in hospital (40.32%). For the current pregnancy 46.28% preferred UHC and home delivery was preferred by 28.09% respondents. Regarding TT vaccination 57.03% taken during ANC visit, 25.61% previously completed but 17.36% not yet taken (Table II)

Table II : Antenatal Care (ANC) related informations

Attending for ANC (121)	Frequency	%
Yes	69	57.03
No	52	42.97
Frequency of ANC visits of present child (69)		
< 4 times	47	68.12
> 4 times	22	31.88
Place of received ANC of present child (69)		
UHC	47	68.13
Private clinic	17	24.63
Others	5	7.24
Place of delivery of last child (121)		
UHC	48	39.66
Clinic	11	9.08
Home	62	51.26
Reasons for home delivery of last child (62)		
Lack of awareness	14	22.58
High cost in hospital	16	25.81
Both	25	40.32
Obstacle by head of family	7	11.29
Want to delivery of present child (121)		
UHC	56	46.28
Clinic	31	25.63
Home	34	28.09
Received TT vaccination (121)		
During ANC visit	69	57.03
Previously completed	31	25.61
Yet not given	21	17.36

Regarding the reason for selecting UHC for the place of delivery, 51.3% respondents preferred for avoiding pregnancy related complications (Fig -1)

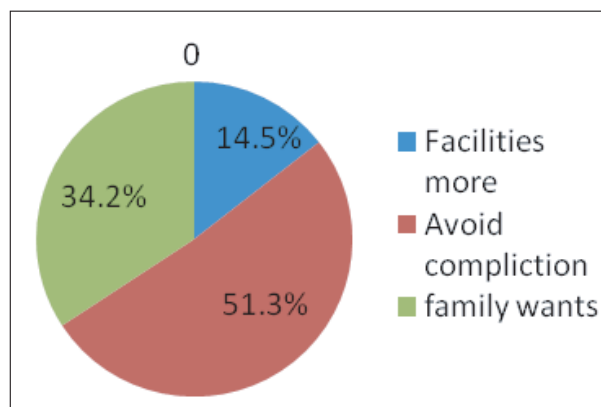


Fig 1 : Reason for selecting UHC the place for present delivery (n=56)

Discussion

This cross sectional study was done to find out the antenatal care practice among pregnant women. We found that more than half of the women were between age 25 to 30 years, 30.57% had never been to school, but more than one-third 48.76% of respondents attended primary school and 20.66% had secondary and higher education. In this study it was also observed that education level of women is lower than that of their husbands. Similar findings also showed in Haque A study. On the other hand Martina Eshowed only 10% the women had not been educated.^{6,7}

In our study it was found that, more than half (73.55%) of the women were housewives and 26.44% engaged in any paid work. This was consistent with another study done in rural area of Bangladesh.⁸

Monthly income 5000-10000 taka among 39.66% respondent. The occupation among the husbands of the pregnant women were mostly garment's worker (25.61%) and day laborer (23.96%). Similar result was found in study by F Mahejabin et al.⁹ Among the respondents 51.23% had 1-2 living children and 52.89% stayed with extended family. Manas P. Roy, et al found similar result in a study in India.¹⁰

Home delivery of the last child, was found 62 % due to lack of awareness in 22.58% and 25.81% thought high cost in the hospital and for both reasons 40.32%. The similar finding also found in Pokhrel BR study.¹¹ An interesting finding was that 11.29% respondents were not allowed hospital delivery by the family head. They thought that delivering child at hospital might not be necessary since it is a natural process which is gifted by the God, He Himself will save the life of mother and new born baby.

Regarding TT vaccine majority had taken adequate doses of T.T vaccines. But only a few knew its importance. Also similar findings found by Prakash V study.¹²

In present study majority respondents (68.13%) received ANC service from UHC and 68.12% received more than 4 visits. This result was consistent with a study in Pakistan by Z. Fatmi.¹³ On asking the place of delivery for current pregnancy 46.28% answered to delivery at UHC and among them 51.3% respondents selected UPH for avoiding pregnancy and delivery related complications. Similar finding was reflected in a study by Niveditha Det al in India.¹⁴

Conclusion

Attendance for ANC among pregnant women of the study area was not satisfactory which was below the national figure 68%. Only half of the pregnant women attended for ANC and completed minimum four visits. Educated women from lower economic status were found to attend for ANC. Young women and those who stayed in extended family were interested for ANC.

References

1. Bharati S, Pal M, Bharati P. Obstetric care practice in Birbhum district, West Bengal, India. *Int J Qual Health Care*. 2007;19(4):244-9.
2. Park K. Preventive medicine in obstetrics, paediatrics and geriatrics. In: Park K, eds. *Park's Textbook of Preventive and Social Medicine*. 23rd ed. Jabalpur: Banarsidas Bhanot; 2015: 523.
3. WHO, UNICEF, UNFPA, and the World Bank. Trends in Maternal Mortality. 1990 to 2008. Estimated Developed by WHO, UNICEF, UNFPA, and the World Bank. Geneva: World Health Organization, 2010.)
4. Ahmed SM. Exploring health seeking behavior disadvantaged populations in rural Bangladesh. Department Public Health Science KarolinskaInstotute Stockholm 2005, Sweden
5. Russell Kabir, Hafiz T.A. Khan. Utilization of Antenatal care among pregnant women of Urban Slums of Dhaka City, Bangladesh. September 2013 DOI: 10.9790/1959-0221519
6. Md. Amdadul Haque Roni Health Care Seeking Behavior during Delivery Time among the Women of Slums in Dhaka ID NO: 2010-1-97-001Department of Social Relations. East West University July 2014
7. Ezeama Martina .C. and Ezeamah Franklin Ikenna Prakash V. Kotecha et al. Health Care- Seeking Behaviour During Pregnancy Among Women Of Akinyele Local Government Area, Oyo State. *Nigeria J Appl Sci*, Nov, 4 (11): 2015: 1180-1186,
8. N Begum et al. Utilization of Antenatal care Services in a selected Rural area in Bangladesh Northern International Medical College Journal; July 2014, Volume 6, Number 1; 25-28
9. F Mahejabin, S Parveen, TT Sajani et al, Ante-natal Care Practices in Some Selected Rural Areas of Bangladesh. *AKMMC J* 2016 : 7(2):06 – 11.
10. Manas P. Roy, Uday Mohan, Shivendra K. Singh, Vijay K. Singh, and Anand K. Srivastava; Determinants of Utilization of Antenatal Care Services in Rural Lucknow, India: *J Family Med Prim Care*. 2013 Jan-Mar; 2(1): 55–59. doi: 10.4103/2249-4863.109946
11. Pokhrel, P Sharma, B Bhatta, B Bhandari and N Jha. Health seeking behavior during pregnancy and child birth among Muslim women of Biratnagar, Nepal *Nepal Med Coll J* 2012; 14(2): 125-128
12. Prakash V. Kotecha, Sangita V. Patel, Shruti Shah, ParulKatara, Geetika Madan. Health seeking behavior and utilization of health services by pregnant mothers in Vadodara slums. *ISSN 2229-337X Volume 3 Issue 1 January-June 2012*
13. Z. Fatmi, B. I. Avan; Demographic, Socio-economic and Environmental Determinants of Utilisation of Antenatal Care in a Rural setting of Sindh, Pakistan; *Journal of the Pakistan Medical Association* · May 2002
14. Niveditha D et al. Association of antenatal care and place of delivery with newborn care practices: evidence from a cross-sectional survey in rural Uttar Pradesh, India. • Open Access, *Journal of Health, Population and Nutrition* 201736:30 <https://doi.org/10.1186/s41043-017-0107-z>



Dr. Nadia Begum, Associate Professor of Community Medicine at Z.H. Sikder Womens' Medical College, Dhaka. Her 16 articles have been published in national and international journals on different public health issues.

She is working as a PhD research fellow of Institute of Nutrition and Food Sciences, University of Dhaka. She completed Master of Public Health (MPH) from National Institute of Preventive and Social Medicine (NIPSOM), University of Dhaka. She passed MBBS from Z.H Sikder Womens' Medical College. She also completed six month Certified Course on Diabetology from Bangladesh Institute of Health Science (BIHS).