

**KNOWLEDGE AND UTILIZATION OF ANTENATAL CARE SERVICES BY WOMEN
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ABSTRACT

Background: ANTENATAL CARE (ANC) 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 an essential link in the Household-to-hospital continuum of care that aims at providing healthy baby to healthy mother. Its awareness is of vital significance for the maintenance of sound health of pregnant mother and intrauterine baby. All over the world, Africa is the place with highest maternal death and lowest child health. In Pakistan, hilly areas like Chitral has most LBW (low birth weight) deliveries. **Objective:** The objective of this study is to assess the awareness of pregnant women and the factors affecting in the patients presented in Jinnah hospital Lahore. It is a cross-sectional study.

KEYWORDS: Antenatal Care (ANC), pre-symptomatic.**INTRODUCTION**

ANTENATAL CARE (ANC) 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 an essential link in the *Household-to-hospital* continuum of care that aims at providing healthy baby to healthy mother.^[6]

Focused Antenatal Care (FANC) specifically focuses those women who are more prone to obstetric complications. This approach includes identification and management of obstetric complications such as preeclampsia, tetanus toxoid immunization, intermittent preventive treatment for malaria during pregnancy (IPTP) and identification and management of infections including HIV, syphilis and other sexually transmitted infections (STIs).^[2] 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.^[7]

Information received from health care staff during home visits, advice from mothers and mother-in-law, and programs on media facilitate pregnant mother for using antenatal services. Even education of mothers, their socioeconomic status and distance from health facility also play a significant role.^[1] Mothers should start visiting hospitals regularly since first missed menses.

Recommended visits in first trimester for primigravid women are 10 and for multigravid women are at least 7.^[5] Carelessness may even lead to death. Pregnancy-induced hypertension, hemorrhage and pulmonary embolism are the three main leading causes of maternal death.^[3] Majority of the population in Pakistan is illiterate and pregnancy is considered as a natural state for a woman rather than a condition requiring medical attention and care, especially in rural areas.^[15] According to Pakistan demographic health survey, 70% of pregnant women did not receive antenatal care, 23% received antenatal care by doctor, 3% by nurses, lady health visitors or family welfare workers and 4% by trained or untrained traditional birth attendants (TBAs).^[10]

It is recommended that the Ministry of Health and hospitals should improve training sessions for ANC staff in order to make the service more accessible and acceptable.⁸ The objective of this study was to find out the reasons of not utilizing antenatal care, knowledge about dangerous signs and symptoms of pregnancy and diet in women receiving and not receiving antenatal care and making women aware of its importance, assuring that they get proper access to the antenatal care services.

METHODOLOGY**Objective**

1. To assess the level of knowledge and utilization of antenatal care services by pregnant women.
2. To determine the factors influencing the utilization of antenatal care services among pregnant women.

Operational Definition

Antenatal Care (ANC) 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 an early detection of pregnancy related disorders .It is an essential link in the *Household-to-hospital* continuum of care that aims at providing healthy baby to healthy mother .Its awareness and observance is of vital importance for the health of both mother and child. [Walker GJA, Ashley DEC, McCaw A, Bernard GW.Maternal mortality in Jamaica. Lancet 1986; 1:486-8.]

Methodology

Study Design

Cross sectional/non-analytical study

Study Setting

Data will be collected from outdoor departments of Gynaecology units I, II and III of Jinnah Hospital that is located on AllamaShabbir Ahmad Usmani Road, Lahore.

Duration Of Study

Two months from may 2015 to june 2015

Sample Size

200 pregnant women

Sampling Technique

Non probability / purposive sampling

Sample Selection

Inclusion criteria: all women who are pregnant are included in this study.

Exclusion criteria: non-compliant pregnant women are excluded from this study.

Variables

Independent Variables

1. Age
2. Income
3. Education
4. Occupation
5. family type
6. Type of ANC facility
7. Physical factors
8. Economoical factors
9. Socioculture factors
10. Availabilty of facilities

Dependent Variables

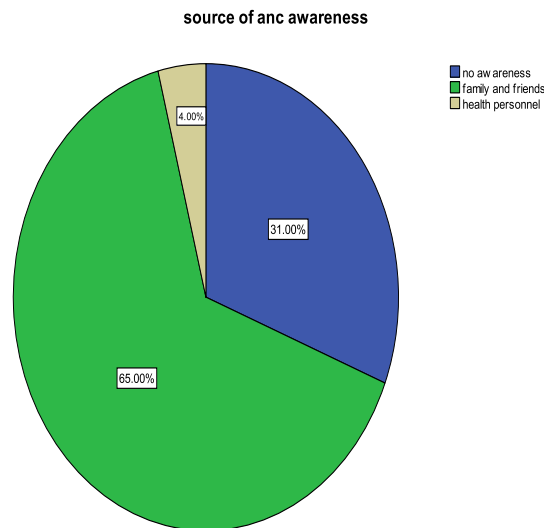
1. Utilization of antenatal care services.
2. Knowledge of antenatal care services.

Data Collection Procedure: Women who agree to participate will be included in the study with informed consent. A self designed questionnaire consisting of closed ended questions will be filled by the surveyor themselves.

RESULTS AND MAIN FINDINGS

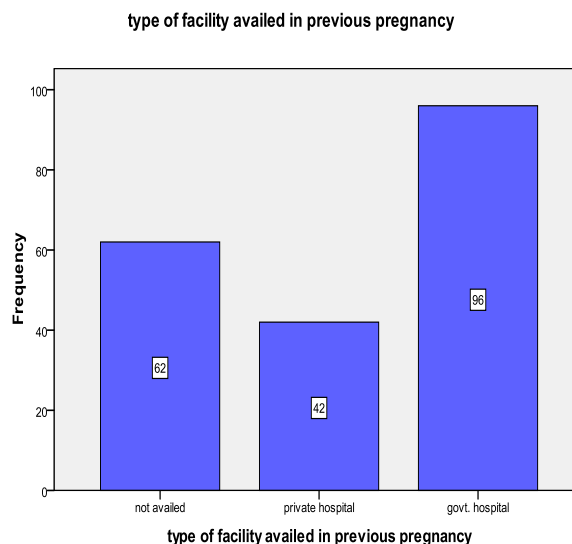
Table 1: Age of Mother.

Age of mother	Frequency	Percentage
15-24	73	36.5%
25-34	107	53.5%
35-44	19	9.5%
>45	1	0.5%
Total	200	100



N=200

Graph 1: Source of ANC.



N=200

Graph 2: type of anc facility availed.

Table 2 Reasons For Not Utilizing Anc Services.

Reason	Frequency	Percentage
No knowledge	138	69%
No permission	25	12.5%
No time	5	2.5%
Far from home	32	16%
TOTAL	200	100

Table 3: Knowledge of Minimum Anc Visits.

Number	Frequency	Percentage
0	62	31%
<4	26	13%
4	5	2.5%
>4	107	53.5%
TOTAL	200	100

Table 4: Knowledge About Anc Services (frequency).

Variable	Yes	No
INJ. Tetanus toxoid	130	70
Iron\follic acid requirement	125	75
Knowledge of minimum ANC visits	25	175
Requirement of extra food and sleep	177	23

RESULTS

In our research we included 200 pregnant women following our inclusion criteria. Table no. 1 shows mean age of pregnant women with 75 women of age 15-24, 107 women of age 25-34, 19 women of age 35-44, 1 woman of age > 45. Graph no. 1 shows source of ANC awareness, source of ANC awareness is increasing with time with family and friends as the main source of awareness among 200 women 130 got the awareness from friends and family, 8 from health personnel, 62 had no awareness of ANC. Graph no. 2 shows type of ANC facility availed 96 women went to govt. hospital, 42 availed it from private hospital and 62 do not availed the facilities. Table no. 2 shows the reasons for not utilizing ANC facilities, among 200 women 138 did not know it is required, 25 did not had permission. Table no. 3 shows knowledge of minimum ANC visits 62 women had no knowledge, 26 said < 4, 5 said 4 and 107 said > 4. Table no. 4 shows knowledge of various ANC services 170 women were aware about need of t.t inj during pregnancy, 125 were aware of taking iron \folic during pregnancy, 25 women were aware that there are 4 minimum ANC visits, 177 said that there is requirement of extra food and sleep during pregnancy.

DISCUSSION

Antenatal care is most important health care for the maintenance of sound health of pregnant mother and intrauterine baby. Poor antenatal care may result in severe health problems in both. So its awareness and observance in pregnant women is of vital importance.

According to the survey, its awareness is increasing with time. With advancing time and development, friends and family are an important source of antenatal care. More women have started utilizing antenatal facilities and their satisfaction level is also improving. Other researches conducted in Indonesia in 2008 shows 61% utilization and the one conducted in 2005 in Bengal shows 55.9% utilization. While results of our study show 69% utilization, our results are better because the research was conducted at a tertiary care hospital. That shows that the utilization was not satisfactory a few years back but is

improving with time. Even better results are expected in near future.

Antenatal care is usually not utilized due to lack of awareness, no permission, no time or the facility was far away from home. May be because pregnancy is considered as a normal physiological happening not some pathology. Not surprisingly, certain women are of the opinion that hard work during pregnancy casts positive impact on the baby. Previous studies conducted in Bengal, Indonesia, Nigeria all present the same statement.

Of all the facilities, private hospitals are mostly preferred but due to economical limitations government hospitals are maximally availed. According to a study conducted in Bengal, observance of antenatal care was not satisfactory because of economical limitations that is in accord with our study results. Education plays a positive role. According to the study conducted in Bengal full observance of antenatal care by educated women was 81.39% and it was 73.9% according to a study in Nigeria.

Multiparous women being more experienced are better able to take care as compared to those experiencing first pregnancy and demand more care. According to the study in Bengal 60.2% of the women do not go for antenatal care in third or plus pregnancies.

Since most of the women here are house wives and those who work are simple teachers and easily get maternity leave, the occupational status of the mother was not considered important enough to be emphasized.

CONCLUSION

From above discussion it may be cleared that the awareness of antenatal care, its observance and utilization of facilities and knowledge is increasing with time due to developmental progress, improving literacy rate and media advancement. But still more awareness and facilities for physical and economical access need to be provided especially in rural areas.

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