

# Factors resulting in non-utilization of Antenatal Care Services from Public Sector Hospitals in the rural area of Bahawalpur

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## Abstract

**Background:** Knowledge regarding the factors impeding the using antenatal care would help in effective maternal and child health care delivery.

**Objective:** To enlist the barriers resulting in the non-utilization of antenatal care in public sector hospitals in Bahawalpur.

**Methodology:** This was cross-sectional study conducted in the catchment area of public sector healthcare facilities of Bahawalpur, from 20th February to 20th September 2019. The study population comprised of 152 females of childbearing age selected by systematic multistage random sampling technique. A pre-designed and pre-structured questionnaire was the tool for data collection from the study population. Data were analyzed using SPSS version 20.

**Results:** Non-utilization of antenatal care services was found in 44% of women. Barriers resulting in non-utilization of antenatal care were found to be as follows; permission not granted by husband in 25.37%, no awareness about the availability of health services in 17.91%, the distance of the residence from a health facility in 14.93%, no awareness about the existence of health facility in 13.43%, unavailability of medicines in 11.94%, unavailability of staff in 8.96% and unfriendly staff in 7.46% women.

**Conclusion:** This study concluded that the main barriers experienced by consumers of public sector antenatal care services were permission not granted, distance from the residence, and awareness regarding health facility.

**Keywords:** Antenatal care, Barriers, Public Sector, Hospital

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## Introduction

Irrespective of progress in some countries, globally the number of maternal death per year is about 529,000 and according to WHO, it has not changed prominently.<sup>1</sup> Million of females survive but suffer from health issues and disability that ultimately causes problems in pregnancy. Since a long time ago, it is understood that maternal deaths can prominently be decreased in low-income families by elevating access to professional doctors, which is closely linked to emergency obstetric and family planning services.<sup>2-5</sup> Despite of clear significance of maternity care that includes low access and utilization of services are important factors of maternal death throughout the world.<sup>2</sup>

Antenatal care (ANC) may be defined as the care of the women given by expert health-care professionals during pregnancy. Primary objective of ANC is the achievement of a healthy mother and baby at the end of pregnancy.<sup>1</sup> Infant

mortality rate i.e infant survival, is an important outcome measure for maternal and child health (MCH).<sup>2</sup> Its primary purpose should be to ensure that woman is fit to bear the strain of pregnancy and to detect any abnormalities.<sup>3</sup> World Health Organization (WHO) visualizes a world where each pregnant woman and infant receives proper care throughout the pregnancy, childbirth, and post-natal period by devising the Focused ANC model (FANC). The goal of this model is to provide and manage the complications of pregnancy itself, preexisting conditions that worsen during pregnancy, and the effects of an unhealthy lifestyle.<sup>4</sup> Professional working staff in WHO recommended having care of least eight visits through-out the pregnancy period.<sup>5</sup> Improving the access to ANC services for maternal has been proved an effective method for reducing the mortality and morbidity rate throughout the world.<sup>6-9</sup> The evidence-based package of interventions to save newborn lives include antenatal learning and care during and after pregnancy, aid when the infant has

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sign of birth asphyxia, providing antibiotics for suspected neonatal sepsis, and identifying high-risk neonates.<sup>10-14</sup> The continuum of care is provided through the lifecycle approach starting from pre-pregnancy (birth preparedness) till postnatal care and by opportunities to address the gaps at all levels-family and community care, outreach services, and health care facilities.<sup>8</sup> The Mother-Baby Package describes each intervention needed to achieve the safe-motherhood in the short term. Antenatal care is also one of the most important pillars of safe motherhood.<sup>9</sup> This needs an effort to investigate the important factor affecting the uptake of ANC and different antenatal health services. As a result of these efforts, different socio-demographic characters of the mother have an impact on underlying ability to seek care. Another important factor for getting antenatal care services in Africa is the cultural background of females.<sup>15-18</sup> A study in the rural district Ghana determined that expectant mothers had many excuses for not attending clinics for antenatal visits, that include distance to the health facility, transport difficulty, permission not granted, cultural reason, social reasons, and others.<sup>10</sup>

Pakistan is included in low and middle-income countries of South East Asia. The burden of maternal and fetal morbidity and mortality is much high in our country despite the implementation of antenatal care programs. Depending upon the results of the current study, some practical recommendations may be made for managing and preventing these barriers to implement proper antenatal care programs in the terms of proper access and utilization for preventing maternal and fetal morbidity and mortality leading to their improved survival. This study was conducted to highlight the barriers resulting in the non-utilization of antenatal care in public sector hospitals in Bahawalpur.

### Methodology

This is cross-sectional study was conducted from 20<sup>th</sup> February to 20<sup>th</sup> September 2019 in the catchment area of public sector health care facilities (Rural Health Centre Lalsohanra, Basic Health Unit Sanjar, and Jhangiwala). The study population comprised of n=152 pregnant ladies of age 18-45 years living in the catchment area of all the above-mentioned health care facilities.

Women from other areas as described above were excluded. To reach the required sample size, multistage simple random sampling was done. There are total of 4 RHCs and 13 BHUs in Bahawalpur Tehsil. We selected one RHC and two BHUs by a simple random sampling technique. These were RHC Lalsohanra, BHU Sanjar, and BHU Jhangiwali. There are 6639 households in the catchment area of RHC Lalsohanra, 5198 in BHU Sanjar, and 3786 in BHU Jhangiwali. As the required sample size was 152 so proportionately 64, 51, and 37 households were selected from RHC Lalsohanra, BHU Sanjar, and Jhangiwali respectively. Data was collected by introducing a pre-designed, pre-tested questionnaire. The questionnaire was designed in such a way as to get more qualitative information keeping objective of the study in mind. Statistical analysis was performed by using the software SPSS 20. Mean and standard deviation was calculated for the quantitative variable. Frequency and percentages were calculated for the qualitative variable.

### Results

Out of 152 selected women, 85 received antenatal services and 67 did not. So, the non-utilization of ANC services was found in 67 (44%) women.

**Table-I: Reasons for non-utilization of the public sector for Antenatal Care during last pregnancy by respondents (n=67)**

Reasons	Frequency	Percentage
Not aware of the existence of health facility	9	13.43
Not aware of the availability of health services	12	17.91
Staff not available	6	8.96
Medicine not available	8	11.94
Distance	10	14.93
Unfriendly staff	5	7.46
Permission not granted	17	25.37
<b>Total</b>	<b>67</b>	<b>100</b>

Table-I shows the barriers resulting in the non-utilization of antenatal care, among mothers who did not avail antenatal care services during last pregnancy, were found to be as follows; permission

not granted by husband in 25.37%, no awareness about the availability of health services in 17.91%, the distance of the residence from a health facility in 14.93%, no awareness about the existence of health facility in 13.43%, unavailability of medicines in 11.94%, unavailability of staff in 8.96% and unfriendly staff in 7.46% women (Table-I).

The majority of women (89.55%) who had not received antenatal services were illiterate and belong to low socioeconomic status (70.15%). All the barriers resulting in the non-utilization of antenatal care have shown a significant association with education status and low socioeconomic status (p value=0.05).

## Discussion

In this study, the ANC service utilization rate was 55.92%, which is quite similar to other local studies done in Punjab (55.92%),<sup>11</sup> Sindh (57.3%),<sup>12</sup> Malakand (47%),<sup>13</sup> and KPK (57%)<sup>14</sup>. Some international studies were done in different populations i.e. district Mohali India (77%),<sup>15</sup> Ethiopia (63.77%),<sup>16</sup> Northern Nigeria (98.7%),<sup>17</sup> Gorkha Nepal (76%),<sup>18</sup> central Nepal (60.7%),<sup>18</sup> and Japan (46.1%)<sup>19</sup> have shown a quite higher percentage of ANC service utilization rate as compared to our study. However, this rate was observed to be different in Jhang (35%) and Sindh (14%).<sup>20,12</sup> This low level of utilization in Jhang may be due to its rural background, in Sindh due to lack of comprehensive knowledge about the importance of MCH services utilization and cost.<sup>20</sup> Current study revealed that (44%) did not go for antenatal checkups, the main barriers were as follows, 17 ladies (25.37%) were not granted permission by husbands. These results are quite similar to studies done at KPK (23%),<sup>14</sup> Kaduna state and Kano State of Northern Nigeria (21.2%),<sup>21</sup> West Java Province, Indonesia<sup>22</sup>, and Bayelsa state, Nigeria.<sup>23</sup> In the current study, awareness about the availability of health services in the area was seen by 17.91%. Almost similar findings were observed in surveys done in Ethiopia Tigary Zone (28.2%) and Hadiya Zone (19%).<sup>16</sup>

Distance as a barrier was reported by 10/67 (14.93%) in our study which is quite consistent with the rate at Jhang,<sup>20</sup> KPK,<sup>14</sup> Northern Nigeria,<sup>17</sup> Tigary region Ethiopia, Hadiya Zone Ethiopia,<sup>16</sup> Indonesia,<sup>22</sup> Xiengkhouang and Bayelsa state of

Nigeria studies.<sup>23</sup> In the current study, no awareness about the existence of a health facility in the area was observed in 9 (13.43%) respondents. In studies done at Kaduna, Bayelsa state,<sup>23</sup> Malakand Pakistan<sup>13</sup>, and Punjab, India,<sup>15</sup> same barriers were seen hindering the utilization of ANC services.

The availability of medicines works as an incentive for attending patients, 8/67 females (11.94%) said that medicines were not available at the health facility in this study. Similar findings were observed at Kaduna State Northern Nigeria, Uganda.<sup>21</sup> According to 6/67 females (8.96%), the staff was not available (6%) women. The same barrier was perceived in a study done at Kaduna State Northern Nigeria and Bayelsa state.<sup>21,23</sup> Permission from husband, impeded the use of ANC utilization, distance suggested an insufficiency of geographical access to ANC services and decreased awareness/knowledge about availability led to less utilization in our study, a similar complaint was made by the subjects at Kaduna State Northern Nigeria.<sup>24</sup>

A review of different studies from various countries depicts that ANC utilization rate is less because of many factors that are required to be inspected like socio-economic characters, knowledge about ANC services.<sup>25,26</sup> Maternal and child health care is not only linked to health facilities provided by private or government sectors, but it is also related to mothers including their learning skills, culture, socio-economic status, and professional development.<sup>16</sup> For instance, a study in Xien Khouang Province, Lao PDR,<sup>27</sup> represent the prominent indicators of ANC utilization were different levels of education, knowledge, attitude, availability of transport, cost of services. Unavailability and low utilization of modern health care services are major reasons for poor health in developing countries.<sup>28</sup> There are few studies conducted to assess the ANC use among females with the overall aim to suggest recommendations for the improvement of plans and programs launched for ANC in a specific manner so it is necessary to know those females and their families not getting proper care.

Some limitations of this study include; study design was cross-sectional so that the link present may not be explained as a casual relationship of temporal nature, data in this study was collected from only a single district, so that the results cannot be collected from all over Pakistan. Thus the generalizability of the findings may be compromised. The women who had given birth in two years were included in the

study as participants. Therefore, further studies are needed to consider factors such as parity and place of birth.

## Conclusion

This study concluded that the main barriers of antenatal services utilization in the public sector hospitals in the rural area of Tehsil Bahawalpur are that; the majority of people are illiterate, not aware of the availability of health services. According to a large percentage of people the health facility is at a far distance. The other barriers are people who have not enough money to travel and go to the Health Centre. Lack of adequate staff, no awareness regarding the checkups during and after pregnancy, bad behavior of staff are other barriers regarding antenatal care services utilization in the public sector hospitals in rural areas of Tehsil Bahawalpur. In Pakistan, the presence of a complicated structure of the health system is leading to the formulation of "mixed health system syndrome". There should be coordinated, combined, and continuous efforts in formulating and implementing health promotion campaigns, focusing on vulnerable sectors of the population.

**Authors' contribution:** **AA:** Conception and Design of work, acquisition of data, analysis and interpretation of data, drafting. **AF, MF:** Acquisition of data, drafting and revising of manuscript. **IH:** Design of work, Acquisition of data and drafting. **WH & JA:** Conception, acquisition of data, critical revision of the manuscript.

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