

Social Barriers Affecting Initiation of Antenatal Care in Pregnant Women Coming to DHQ Hospital Sahiwal

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ABSTRACT

Aim: To determine the frequency of social barriers affecting initiation of antenatal care in pregnant women coming to DHQ Hospital Sahiwal.

Study Design: It was a descriptive cross sectional study.

Place of study: Department of Obstetrics & Gynaecology Sahiwal Medical College/DHQ/Teaching Hospital, Sahiwal.

Duration: From January 2012 to December 2014.

Methodology: A total of 200 women of reproductive age group registered first time after 12 weeks (first trimester) of gestation. They were interviewed for social barriers affecting early antenatal care.

Results: Mean age of the women participated in our study was 29.54 ± 4.17 years while most common factor affecting early registration of antenatal care was financial burden i.e., 124(67%) followed by 88(44%) having inadequate knowledge, 87(43.5%) belongs to rural area, 68(34%) had un-intended pregnancy, 63(31.5%) told regarding inadequate health facilities, 41(20.5%) had no perceived benefits of starting early, 39(19.5%) had multigravida (>5 paras) and 35(17.5%) had family issues.

Conclusion: We concluded financial burden, inadequate knowledge, un-intended pregnancies are the main social barriers which affected initiation of early antenatal care in pregnant women.

Key Words: Early antenatal care, social barriers, financial burden, inadequate knowledge

INTRODUCTION

Women receiving care before during pregnancy from health care professionals is called 'antenatal care'¹. It addresses numerous pregnancy related complications, co-morbidities and health related issues². The benefit of prenatal care include early and continuous risk assessment, health promotion psychosocial and medical interventions with follow-up³.

In developed countries e.g., UK and Australia, antenatal care is recommended in first trimester (first 12 weeks of pregnancy)⁴ while within 20 weeks is recommended in South Africa⁵.

Antenatal care prior to conception is better than after conception, first trimester of pregnancy is critical for development of neural tube. Folic acid is administered during first trimester for prevention of neural tube defects while prevention of anemia is also more beneficial during this period. Malnourish pregnant women are advised for healthy foods and supplements. Monitoring of fetal growth is helpful for early identification of fetal growth retardation while it also assists for prevention of perinatal mortality⁶.

Unfortunately, regardless of all these benefits and recommendations, antenatal care is not properly observed in our community and large pregnant

women are presenting with the morbidities which could be dealt earlier resulting in poor perinatal outcome.

We planned this study to record barriers affecting early antenatal care registration so that the attention of governing bodies may be drawn to address these problems and create awareness in general public of our community.

MATERIAL AND METHODS

A total of 200 women of reproductive age group registered first time after 12 weeks (first trimester) of gestation were enrolled from Department of Obstetrics & Gynaecology Sahiwal Medical College/DHQ/Teaching Hospital, Sahiwal during 2012 to 2014 while those women not willing to participate in the study were excluded. All women were interviewed in detail to record the factors affecting in early antenatal care registration. The collected data was entered in SPSS version 13.0. Mean \pm standard deviation was calculated for age of the women. The frequency and percentages were calculated for barriers affecting early registration.

RESULTS

Mean age of the women participated in our study was 29.54 ± 4.17 years while most common factor affecting early registration of antenatal care was financial

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burden i.e., 124(67%) followed by 88(44%) having inadequate knowledge, 87(43.5%) belongs to rural area, 68(34%) had un-intended pregnancy, 63(31.5%) told regarding inadequate health facilities, 41(20.5%) had no perceived benefits of starting early, 39(19.5%) had multigravida (>5 paras) and 35(17.5%) had family issues.

Table 1: Age Distribution (n=200)

Age(in years)	n	%age
18-30	114	57
31-45	86	43
Total	200	100

Table 2: Frequency of factors affecting early registration of antenatal care (n=200)

Factors	n	%age
Inadequate knowledge of antenatal care	88	44
Unintended pregnancy	68	34
No perceived benefits of starting early	41	20.5
Inadequate health facilities	63	31.5
Financial burden	124	67
Family issues	35	17.5
Multigravida (>5)	39	19.5
Rural area	87	43.5

DISCUSSION

In our study, most of the patients were facing financial burden and could not afford early antenatal care. Poverty creates hindrances for seeking early antenatal care.

Nisar N and White⁷ are of the view that 73.43% of the cases had lower socio-economic status while having delay antenatal care. They further revealed that 60.84% husbands were illiterate while in our study 44% of the cases had inadequate knowledge of early antenatal care.

Delvaux et al⁸ McCaw-Binns et al⁹ and Sunil et al¹⁰ reported that pregnant women having planned pregnancy were more to seek early antenatal care than unplanned, these findings support our study.

Most of the women revealed that they even attempted to seek out care, but they were facing barriers including socioeconomic status, and inadequate health facilities. The population at greatest risk for inadequate or no prenatal care has

been well-characterized as low-income, multiparous and un-intended pregnancy.

Our findings may be helpful for the healthcare professionals and government health department for improving perinatal outcome by registering pregnant women for early antenatal care.

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