

Frequency of Psycho-Social Barriers to Early Initiation of Antenatal Care

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ABSTRACT

Objective: Frequency of psycho-social barriers to early initiation of antenatal care

Settings: Study was conducted in the antenatal clinic/outpatient department of Lady Willingdon Hospital Lahore.

Results: In this trial, out of 25 cases, 74.4%(n=186) were between 18-25 years and 25.6%(n=64) were between 26-35 years, mean+sd was calculated as 24.46+4.26 years, 46.8%(n=117) were between 12-36 weeks and 53.2%(n=133) were between 37-41 weeks of gestation, mean+sd was calculated as 31.13+8.53 weeks. Frequency of psycho-social barriers to early initiation of antenatal care reveals that 71.2%(n=178) had lack of knowledge towards ANC, 14.4%(n=36) had low educational status, 29.2%(n=73) had traditional practices(Dai system), 32.4%(n=81) had lack of social support while 44.8%(n=112) had lack of organized referral system & measured.

Conclusion: We concluded that lack of knowledge towards ANC, low educational status, Traditional practices (Dai system) and Lack of organized referral system & measured are found to be the major factors creating hindrance for antenatal care and these factors are avoidable. It is required that these factors may be removed for enhancing early antenatal booking.

Keywords: Antenatal care, psycho-social barriers, lack of knowledge, low educational status, traditional practices, Lack of organized referral system & measured

INTRODUCTION

Antenatal care is a branch of preventive medicine & is a key in modern obstetrics to optimize the outcome of pregnancy and thus has proved to be a major tool in reduction of maternal & perinatal mortality. General health care & care related to pregnancy is an essential component of antenatal care. In addition, health care providers try to satisfy psychosocial needs of the parturient and also prepare her for child birth & child rearing.^{1,2,3}

About 99% of all maternal deaths occur in developing countries and current estimates suggest that 536,000 women die every year during pregnancy or postpartum period.⁴ Pregnant females in the underdeveloped countries lag far behind in antenatal care and limited data is available regarding its underutilization.⁵ More over United Nations in her Millennium Development Goals has established the need to focus on maternal health as a mean for achieving safer and healthier world for all.⁶ Various international studies show an association between underutilization of antenatal care and high maternal & infant mortality and other way round it has been seen that many countries have successfully decreased their maternal & infant mortality rates through widespread use of antenatal care.⁷⁻¹²

Major barriers to underutilization of antenatal care are misconceptions in the minds of patients (65%),^{13,14} fear of invasive treatment(40%),¹⁵ adherence to outmoded traditional practices such as Dai system(26%)¹⁵ & self medication(5%),¹⁵ lack of knowledge (73.9%)¹³ & low educational status (below middle 19%),¹⁵ unplanned pregnancies (64%),¹⁶ lack of social support (family and friends 30%)¹⁷ and lack of referral system(57%).¹³ Other barriers related to health services & these are unprofessional attitude of medical staff & long waiting hours.¹³

All the major barriers to antenatal care are avoidable and their prevalence varies from population to population. However insufficient data is available about the situation in various areas of Pakistan. Scarcity of local data inclined me to take up this study. My aim is to highlight those psychosocial barriers which are involved in hindering early antenatal booking. This study may make a foundation for future studies. It is hoped that my study may come out with suggestions to enhance early antenatal booking.

Objective

The objective of the study was to:

- Determine the frequency of psycho-social barriers to early initiation of antenatal care

METHODOLOGY

In this Descriptive cross sectional survey, all pregnant patients with ages between 18 to 35 yrs during first antenatal visit after 12weeks of gestation and those agreed to participate in study i.e. give informed consent were included for our trial whereas those are referred from other medical/surgical specialties for an early antenatal booking, irregular cycles prior to conception, having multiple gestations and referred from infertility clinic were excluded from this study. Routine informed consent was necessarily obtained from each participant. The study was conducted in "Antenatal Clinic" in outpatient department of Lady Willingdon Hospital Lahore. A special proforma was devised for data collection in addition to demographic profile including data about name, age, parity, gestational age, last menstrual period, detailed history was taken from patients to investigate the possible reasons for underutilization of antenatal care. Data was collected about patient's knowledge towards antenatal care and about any alternative antenatal care practices. Relationship of

patients' educational status to uptake of care was assessed. Her source of encouragement & information towards antenatal care was noted. Further information was noted about lack of social support and her referral. Other variable that assessed were bad obstetrical history. SPSS version17 was used to analyze the data we collected.

RESULTS

A total of 250 cases fulfilling the inclusion/exclusion criteria were enrolled to determine the frequency of psycho-social barriers to early initiation of antenatal care.

Age Distribution: Age distribution of the patients was done which shows that 74.4%(n=186) were between 18-25 years and 25.6%(n=64) were between 26-35 years, mean+sd was calculated as 24.46+4.26 years. (Table No. 1)

Gestational Age: Gestational age(in weeks) was recorded which shows that 46.8%(n=117) were between 12-36 weeks and 53.2%(n=133) were between 37-41 weeks of gestation, mean+sd was calculated as 31.13+8.53 weeks. (Table No. 2)

Frequency of Psycho-Social Barriers: Frequency of psycho-social barriers to early initiation of antenatal care reveals that 71.2%(n=178) had lack of knowledge towards ANC, 14.4%(n=36) had low educational status, 29.2%(n=73) had traditional practices(Dai system), 32.4%(n=81) had lack of social support while 44.8%(n=112) had lack of organized referral system & measured. (Table No. 3)

Table 1: Age Distribution (n=250)

Age(in years)	No. of patients	%
18-25	186	74.4
26-35	64	25.6
Total	250	100
Mean+SD	24.46+4.26	

Table 2: Gestational Age (n=250)

Gestational age (in weeks)	No. of patients	%
12-36	117	46.8
37-41	133	53.2
Total	250	100
Mean+SD	31.13+8.53	

Table 3: Frequency of Psycho-Social Barriers to Early Initiation of Antenatal Care (n=250)

Social barriers	No. of patients	%
Lack of knowledge towards ANC	178	71.2
Low educational status	36	14.4
Traditional practices (Dai system)	73	29.2
Lack of social support	81	32.4
Lack of organized referral system & measured	112	44.8

DISCUSSION

In this trial, out of 25 cases, 74.4%(n=186) were between 18-25 years and 25.6%(n=64) were between 26-35 years, mean+sd was calculated as 24.46+4.26 years, 46.8%(n=117) were between 12-36 weeks and 53.2%(n=133) were between 37-41 weeks of gestation,

mean+sd was calculated as 31.13+8.53 weeks. Frequency of psycho-social barriers to early initiation of antenatal care reveals that 71.2%(n=178) had lack of knowledge towards ANC, 14.4%(n=36) had low educational status, 29.2%(n=73) had traditional practices(Dai system), 32.4%(n=81) had lack of social support while 44.8%(n=112) had lack of organized referral system & measured.

Our findings are in agreement with the studies shows that major barriers to underutilization of antenatal care are misconceptions in the minds of patients (65%),^{13,14} adherence to outmoded traditional practices such as Dai system(26%)¹⁵ lack of knowledge (73.9%)¹³ & low educational status (below middle 19%),¹⁵ lack of social support (family and friends 30%)¹⁷ and lack of referral system(57%).¹³

Nisar N and colleagues¹⁸ revealed 77.62% women, 60.84% husbands were illiterate and 73.43% had monthly income <4500 while another study by Sadiq N and co-workers¹⁹ recorded 59.3% women who were illiterate and 66.1% husbands were illiterate and did not use the antenatal care, while another study by Tewodros B shows 42.4% illiterate women and 94.4% were housewives.

Another study²⁰ showed conflicting results regarding the use of antenatal care, however, they are of the view that confounders may responsible for suppressing the influence of antenatal use which reinforced the need of antenatal care in reproductive age group females.

Matsumula and Gubhaju²¹ considered low education a barrier of not availing ANC. The lack of effect of education on utilization of ANC in our study may be due to high levels of low education among the participating women. Moreover, Pallikadavath et al²² argues that education assists in adequate utilization of ANC services.

Theuring et al²³ were of the view that the females after seeking permission from their life partners for availing ANC services were fewer, however, we observed a greater number of women having this barrier for seeking ANC in our study but being the limitation of the study it was not included in our analysis.

However, in concurrence with the other studies we are of the view that lack of knowledge towards ANC, low educational status, Traditional practices (Dai system) and Lack of organized referral system & measured are found to be the major factors influencing for seeking antenatal care among pregnant women in our population which may be focused and resolved for making good antenatal care.

CONCLUSION

We concluded that lack of knowledge towards ANC, low educational status, Traditional practices (Dai system) and Lack of organized referral system & measured are found to be the major factors creating hindrance for antenatal care and these factors are avoidable. It is required that these factors may be removed for enhancing early antenatal booking.

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