



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1301137>Available online at: <http://www.iajps.com>

Research Article

**A CRITICAL ANALYSIS OF THE FAMILIARITY AND  
WAKEFULNESS LEVEL IN TERMS OF ANTE-NATAL CARE  
(ANC) AMONG THE WOMEN IN FAISALABAD AND  
ADJACENT AREAS****Dr. Hafiz Muhammad Ali Raza, Dr. Rashid Mehmood, Dr. Sana Akram**  
DHQ Hospital Faisalabad**Abstract**

**Objective:** Research was at the awareness evaluation about the prevalent practice and awareness about the ANC in the women of Faisalabad and allied areas.

**Methods:** Research was cross-sectional and it was carried out on the pregnant women, under the observation of any of the clinic and regularly involved in the process of follow-up in Faisalabad. Research was completed in the time span of six months from December, 2015 to May, 2016 through a questionnaire. SPSS-21 was used for the statistical analysis of the data and in the appropriate  $p$ -value of ( $< 0.05$ ), Chi-Square test was used. Written consent and organizational ethical approval was taken before the commencement of the research.

**Results:** Research included 662 pregnant ladies and their interview was carried out and it was noticed that only 78 women (11.8%) were visiting the clinic timely. Young age as  $p$ -value  $< 0.000$ , formal education as  $p < 0.0001$ , husband education  $p < 0.0001$ , wealth index as  $p < 0.000$ , last care experience as  $p < 0.0001$  and planned pregnancies as  $p < 0.039$  were incorporated as the parameters of the research study. There was a positive relation of these parameters with the ANC attitude of the pregnant women in this research.

**Conclusion:** An in-time ANC utilization of the research was observed in the ANC utilization but the provision of services was very low. It is concluded that there is an immediate need of the enhancement of the awareness level as an early utilization and initiation of maternal care services is mandatory for the pregnant women during their period of pregnancy.

**Corresponding author:****Dr. Hafiz Muhammad Ali Raza,**  
DHQ Hospital,  
Faisalabad

QR code



Please cite this article in press *Hafiz Muhammad Ali Raza et al., A Critical Analysis of the Familiarity and Wakefulness Level In Terms Of Ante-Natal Care (ANC) Among the Women in Faisalabad and Adjacent Areas, Indo Am. J. P. Sci, 2018; 05(06).*

## INTRODUCTION:

In the under-developed nations, the death rate of the pregnant women in the course of childbirth is high as there is no practice of an early use of ANC to decrease neonatal and maternal morbidity. ANC can be referred as the pregnancy related assistance of the specialists and healthcare workers in the clinical setting or at home [1], as it also a medicine branch that is preventive in nature. It has many positive outcomes such as an early diagnosis and reduced maternal risks and also modern obstetrics key [2]. Significant contribution is on the credit of the better services of ANC as they reduce mortality and morbidity in the fetal and maternal cases. Risk management of the ANC starts with the booking of the patients in the clinics for their regular diagnosis and observation. Experts recommend first visit for the ANC before the start of the twelfth week and traditional approach starts it before the end of the fourteenth week, which is a practice in the under developed countries. Numerous factors like maternal age, children spacing, parity, care and mother's health directly affect the fetus health and well-being. In the Global perspective, WHO estimations are above 529,000 deaths of the women in every year due to the pregnancy complications, abortion and childbirth is the cause of 99% deaths in the under developed countries [3].

In Pakistan, women health state is also non-satisfactory because of many associated factors as number of the cases suffer from the treatable and preventable diseases and risks related to the pregnancy. As per the outcomes of a demographic research, ANC is absent in the 70% cases, 23% are able to receive by the doctors, nurses extend ANC to 3% and 4% by the birth attendants whether trained or untrained [4]. Comprehension of the maternal awareness and practice by the society needs proper programs for the implementation [5]. Scarce data is available on the issues related to the topic and our research aimed at the awareness, knowledge and actual practice in the prevalent situation about the ANC utilization and service. Target was to plan for the effective interventions of the health to prevent any mortality and morbidity related to fetus and maternal health specifically in the low health status areas.

## PATIENTS AND METHODS:

Research was postoperative and cross-sectional; and sample collection was done through con-probability technique of convenience sampling. Total sample size was 662 pregnant women and their ages was in the range of 15 – 49 years. Our study included every woman having gestational age in the range of 4 – 40

weeks including parities and gravidas with 1<sup>st</sup> antenatal checkup. Hospital included primary, secondary and tertiary level of the healthcare in the industrial setting of the area for entire population; OPD was available in every included hospital and its departments. Ethical permission from hospital and verbal consent was taken and participants were asked to fill the questionnaire consisting of: i) demographic and social characteristics, ii) previous ANC experience, iii) pregnancy status whether planned or unplanned, iv) reason of the healthcare need, v) encouragement source, vi) awareness and knowledge about the gestational age considered as ideal, vii) practice of ANC. Everything about the research was made clear to the participants for maximum participation, necessary training was extended to the medical staff. SPSS-21 was used for the data entry and analysis. Chi-Square test was applied at p-value (< 0.05).

## RESULTS:

All the associated factors of ANC are shown in Table-I including demographic and social responses of the participants such as mean age ( $30.23 \pm 1.0849$ ) years, number of patients 318 (48%) were in the age range of 20 – 24 years, 36 patients were below 19 years, 198 women (29.9%) were in the range of 25 – 29 years, 92 women (13%) were in the range of 30 – 34 years and remaining 14 women (2.1%) were in the range of 35 - 39 years. Positive attitude was observed in the young women. In terms of educational status in the non-educated women in the 245 only 37% were non-educated and 89/245 (36%) were in the favor of ANC, tertiary education 79 women (11%) awareness about ANC was known to the 77 (97.47%) with significant p-value as (< 0.001). Low educational status may be taken as the probable cause of the underutilization of the ANC services and other factor include such as demographic and social characteristics. In the total of 189 women (28.55%) husband's uneducated status was observed in 53 (28%) and they were aware about the importance of the ANC, tertiary level of education was observed in 89 women (13.4%) and 89 (100%) preferred ANC practice as p-value was (< 0.0001).

An important predictor in the practice of ANC is educational background of the husband and wife. Pregnant women's ANC perception, awareness and practice and motives for the healthcare seeking are respectively analyzed in Table I, II and III. Positive attitude was observed in goof social and economic group about ANC with a significant p-value of (< 0.0001); furthermore, bad experience was observed about the past experiences about the ANC practice which lead to the positive ANC practice in the next

planned pregnancies having p-value as ( $< 0.0001$ ), unplanned act of pregnancy had a negative ANC attitude with significant p-value as ( $< 0.039$ ). A sufficient lack of awareness was observed in the 528 (79%) cases in terms of ideal gestational age as 134 women (20%) booked ANC at 1<sup>st</sup> trimester. Most commonly in the 3<sup>rd</sup> trimester women started their ANC visit as 373 (56.3%), 2<sup>nd</sup> trimester 211 women (31%) and least number of 78 women (11.8%) never visited before the start of 13<sup>th</sup> week of their pregnancy. There was no association about the knowledge and perception regarding ANC practice and mean gestational age at 1<sup>st</sup> ANC booking was  $26 \pm 8.275$ . Number of the women belonged to the peripheral areas of Faisalabad 563 women (85.05%) and distant area women were 99 (14.95%) which is not reflected in tabulated data.

### DISCUSSION:

In the consideration of the women age our research found that in the age group of thirty most of the women used ANC in comparison to the elder cases. Numerous other research attempts also play a significant role in the maternal health services utilization [6] because young women are more educated than the elder age group and previous experience also contributes a lot in this regard. There is positive incidence of the parental education of seeking ANC and same was observed by few of the other research studies [7]. Moreover, in our research which targeted the allied areas of Faisalabad city uneducated cases were in abundance and unemployment ratio was also higher in these cases. Main marker of the decision was the education of the husband and there was also influence of the traditions

for not opting ANC. Research studies held at Bangladesh also show the same results [8]. However, the case is different in the prospect of Thailand as women were deciding independently. ANC practice can be improved through educating families specially husbands.

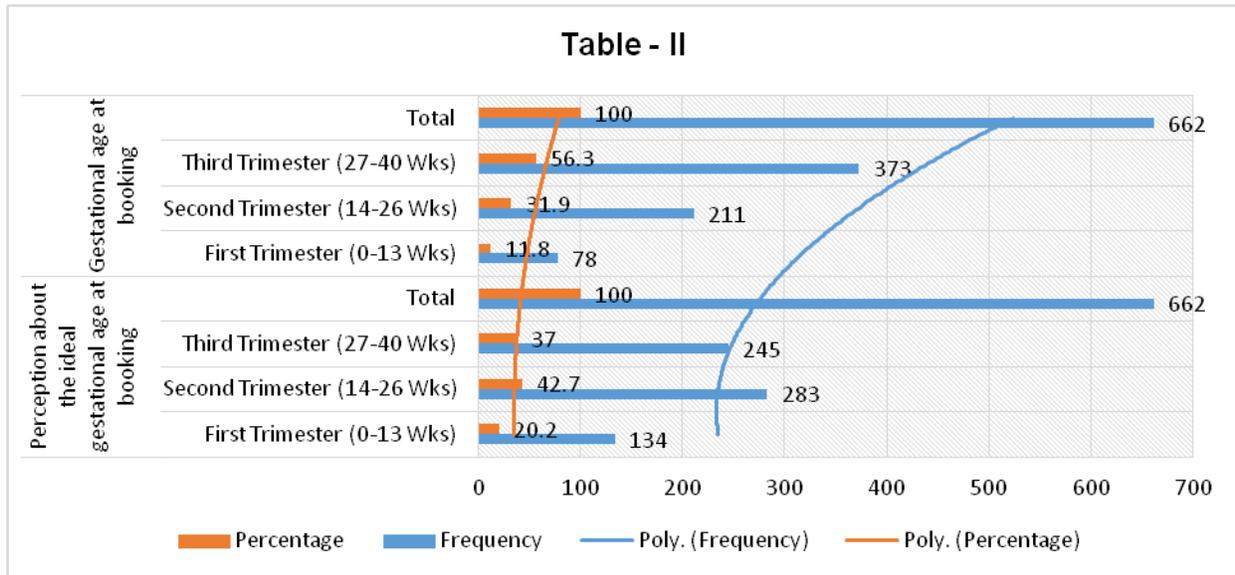
In time ANC was practiced by 78 women (11.8%) and late incidence was observed in 373 women (56.3%) as their 1<sup>st</sup> checkup was carried out in the 3<sup>rd</sup> trimester, which is not satisfactory in the light of WHO standards. WHO recommends 1<sup>st</sup> ANC in the 1<sup>st</sup> trimester [9]. Adverse outcomes of the pregnancy can be avoided through timely booking of ANC, any delay may cause harm to the health of newborns and mothers [10]. A timely diagnosis can be made through ANC and assurance of the mother and child health can be made for the overall well-being of the maternal and fetus health. Moreover, awareness, household overload, hospital waiting, social constraints cause underutilization of the ANC. For the enhancement of the deliberate pediatric effort there is an urgent need of the early initiation of ANC. Our research denotes that there are 286 pregnant cases (43%) unplanned and non-desirous and the attitude of the women affected the ANC initiation. It is observed in numerous research studies that in case of planned pregnancies the incidence of ANC is more serious and women care for the diagnosis [11]. Family planning and ANC utilization needs encouragement that increases the well-being and health of the child and mother [12]. A planned national level effort for the awareness is required through media and other resources such as internet and social media.

**Table 1.** Factors associated with antenatal care perception

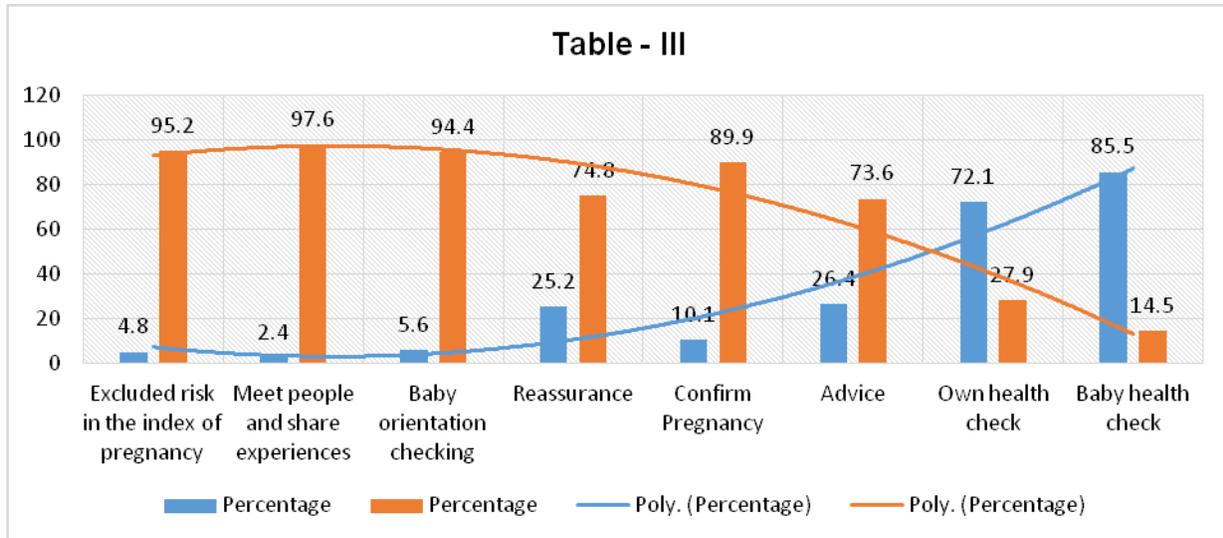
Information	Detail	Percentage out of 662	Ante-Natal Care Perception						X <sup>2</sup>	P-Value
			Unnecessary		Necessary		Do Not Know			
			Number	Percentage	Number	Percentage	Number	Percentage		
Number Percentage (662)	< 19	5.44	2	5.56	29	80.56	5	13.89	31.54	<0.01
	20 – 24	48.04	62	19.5	233	73.27	23	7.23		
	25 - 29	29.91	45	22.73	143	72.22	10	5.05		
	30 - 34	13.9	34	36.96	54	58.7	4	4.35		
	35 - 39	2.11	6	42.86	8	57.14	0	0		
	> 40	0.6	3	75	1	25	0	0		
Education of Patient	None	37.01	124	50.61	89	36.33	32	13.06	235.54	<0.001
	Primary	27.04	25	13.97	146	81.56	8	4.47		
	Secondary	24.02	1	0.63	156	98.11	2	1.26		
	Tertiary	11.93	2	2.53	77	97.47	0	0		
Education of the Husband	None	28.55	117	61.09	53	28.04	19	10.05	291.77	<0.001
	Primary	25.23	31	18.56	117	70.06	19	11.38		
	Secondary	32.78	4	1.84	209	96.31	4	1.84		
	Tertiary	13.44	0	0	89	100	0	0		
ANC Previous Experience	None	29.46	28	14.36	153	78.46	14	7.18	37.28	<0.001
	Bad	7.4	21	42.86	26	53.06	2	4.08		
	Fair	19.49	47	36.43	73	56.59	9	6.98		
	Good	41.54	54	19.64	206	74.91	15	5.45		
	Excellent	2.11	2	14.29	10	71.43	2	14.29		
Socio-economic	Lower Class	60.12	141	35.43	224	56.28	33	8.29	117.14	<0.001
	Middle Class	39.58	11	4.2	242	92.37	9	3.44		
	Higher	0.3	0	0	2	100	0	0		
Financial Constraints	No	33.99	3	1.33	219	97.33	3	1.33	117.14	<0.001
	Yes	66.01	149	34.1	249	56.98	39	8.92		
Planned	No	43.66	80	27.68	192	66.44	17	5.88	6.467	0.039
	Yes	56.34	72	19.3	276	74	25	6.7		

**Table 2.** Knowledge and practice of gestational age at booking

Information	Trimester	Frequency	Percentage
Perception about the ideal gestational age at booking	First Trimester (0-13 Wks)	134	20.2
	Second Trimester (14-26 Wks)	283	42.7
	Third Trimester (27-40 Wks)	245	37
	Total	662	100
Gestational age at booking	First Trimester (0-13 Wks)	78	11.8
	Second Trimester (14-26 Wks)	211	31.9
	Third Trimester (27-40 Wks)	373	56.3
	Total	662	100

**Table 3.** Reasons to seek healthcare among women of suburban areas of city of Faisalabad:

Factors	Percentage	
	Yes	No
Excluded risk in the index of pregnancy	4.8	95.2
Meet people and share experiences	2.4	97.6
Baby orientation checking	5.6	94.4
Reassurance	25.2	74.8
Confirm Pregnancy	10.1	89.9
Advice	26.4	73.6
Own health check	72.1	27.9
Baby health check	85.5	14.5



### CONCLUSION:

An in-time ANC utilization of the research was observed in the ANC utilization but the provision of services was very low. It is concluded that there is an immediate need of the enhancement of the awareness level as an early utilization and initiation of maternal care services is mandatory for the pregnant women during their period of pregnancy.

### REFERENCES:

- Musa, Omotosho Ibrahim, Ganiyu Adekumle Salaudeen, and Rabiu Olusegun Jimoh. "Awareness and use of insecticide treated nets among women attending ante-natal clinic in a northern state of Nigeria." *J Pak Med Assoc* 59 (2009).
- Oladeinde, Bankole H., Richard Omoregie, and Oladapo B. Oladeinde. "Asymptomatic urinary tract infection among pregnant women receiving ante-natal care in a traditional birth home in Benin city, Nigeria." *Ethiopian journal of health sciences* 25.1 (2015): 3-8.
- Mumbare, Sachin S., and Rekha Rege. "Ante natal care services utilization, delivery practices and factors affecting them in tribal area of North Maharashtra." *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine* 36.4 (2011): 287.
- Awusi, V. O., E. B. Anyanwu, and V. Okeleke. "Determinants of antenatal care services utilization in Emevor Village, Nigeria." *Benin Journal of Postgraduate Medicine* 11.1 (2009).
- Rashad, Wafaa A., and Rasha M. Essa. "Women's awareness of danger signs of obstetrics complications." *Journal of American Science* 6.10 (2010): 1299-1306.
- Wilson, A. T. "Effects of Abnormal Lead Content of Water Supplies on Maternity Patients: The Use of a Simple Industrial Screening Test in Ante-Natal Care in General Practice." *Scottish medical journal* 11.3 (1966): 73-82.
- Malley, Mary Pat O. "Silence as a means of preserving the status quo: the case of ante-natal care in Ireland." (2005): 39-54.
- Rahman, Md, R. Islam, and Ahmed Zohirul Islam. "Rural-urban differentials of utilization of ante-natal health-care services in Bangladesh." *health policy and development* 6.3 (2008): 117-125.
- Maine, Deborah, and Allan Rosenfield. "The Safe Motherhood Initiative: why has it stalled?." *American Journal of Public Health* 89.4 (1999): 480-482.
- Jalal, Sabeena, and Nasreen Aslam Shah. "Ante Natal Care (ANC) seeking behavior among women living in an urban squatter settlement: results from an ethnographic study." *Italian Journal of Public Health* 8.3 (2012).
- Dutta, M., M. C. Kapilashrami, and V. K. Tiwari. "Knowledge, awareness and extent of male participation in key areas of reproductive and child health in an urban slum of Delhi." *Health and Population, Perspectives and Issues* 27.2 (2004): 49-66.
- Kaliszer, Michael, and Mervyn Kidd. "Some factors affecting attendance at ante-natal clinics." *Social Science & Medicine. Part D: Medical Geography* 15.3 (1981): 421-424.