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Research Article

**UTILIZATION OF ANTE-NATAL SERVICES AMONG  
REPRODUCTIVE AGE WOMEN OF BAHAWALPUR**<sup>1</sup>Dr. Muhammad Zahid Khan, <sup>1</sup>Dr. Muhammad Danish Shujaa, <sup>2</sup>Dr. Hira Iftikhar<sup>1</sup>Medicine Quaid-e-Azam Medical College, Bahawalpur<sup>2</sup>King Edward Medical University**Abstract:**

**Background:** According to WHO, morbidity and mortality rates among reproductive age and women are high in developing countries due to inadequate health facilities. Almost 50% of women in low and middle income countries do not receive adequate antenatal care. Women's views can offer important insights into this problem.

**Objective of study:** The objective of our study was to evaluate: "The Utilization of antenatal services among Reproductive Age Women of Bahawalpur" Study design: It was a cross sectional descriptive epidemiological study.

**Methodology:** Study design: It was a cross sectional descriptive epidemiological study. Study area: The study was conducted in the two areas of Bahawalpur City.

1. Satellite Town : 2. Medical colony Slums

**Duration of Study:** 20 Feb 2018 to 20 May 2018. **Study Population:** The study was conducted on reproductive age women 15 to 49 years **Sampling Technique:** It is non probability convenience sampling.

**Sample Size:** Due to limited resources, time, manpower and availability of reproductive age, 100 women of reproductive age group were taken as study sample. **Result:** The study sample consists of 100 women of reproductive age group (15 – 49 years). Out of 100, 50 were from commercial area and 50 were from slums of medical colony. The age of respondents was divided into 4 groups i.e. 15-25, 25-35, 35-45 & 45-49 years (Table 1). Max no of respondents (50%) of commercial area fall in category of 35-45 years. In medical colony slums respondents, equal no of women (36%) fall in two categories i.e. 25-35 & 35-45 years. The education of respondents & husbands was divided into 5 categories (Table 2) Max. no respondents i.e. (70%) of commercial area were graduated while max no of respondents (50%) of medical colony slum area were illiterate.

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**INTRODUCTION:**

Antenatal care can be defined as the care provided by skilled health care professionals to pregnant women & adolescent girls in order to ensure the best health conditions for both mother & baby during pregnancy. The components of ANC includes: risk identification, prevention & management of pregnancy related or concurrent diseases & health education & promotion. ANC reduces maternal & perinatal morbidity & mortality both directly, through detection & treatment of pregnancy related complications & indirectly through the identification of women & girls at increased risk of developing complications during labor & delivery, thus ensuring referral to an appropriate level of care. International human rights law includes fundamental commitments of states to enable women & adolescent girls to survive pregnancy & childbirth as part of their enjoyment of sexual & reproductive health & rights & living a life of dignity. However approximately 303000 women & adolescent girls died as a result of pregnancy & childbirth related complications in 2015. Around 99% of maternal deaths occur in low resource settings & most can be prevented. Similarly, approximately 26 million babies were stillbirth in 2015, also mainly in low resource setting. Nevertheless, there is evidence that effective interventions exist at reasonable cost for the prevention or treatment of virtually life threatening maternal complications. But a human rights based approach is not just avoiding death & morbidity. It is about enabling health & well-being while respecting dignity & rights. It is revealed that what women want & expect from ANC is to have a “Positive Pregnancy Experience”.

A positive pregnancy experience is defined as:

1. Maintaining physical & sociocultural normality.
2. Maintaining a healthy pregnancy for mother & baby (including preventing & treating risks, illness & death).
3. Having an effective transition to positive labor & birth.
4. Achieving positive motherhood (including maternal self-esteem, competence & autonomy).
5. The recommendations according to type of intervention namely;
6. Nutritional Intervention.
7. Maternal & fetal assessment.
8. Prevention measures.
9. Intervention for common physiological symptoms.
10. Health systemic interventions to improve the utilization & quality of ANC.

The factors which influence the utilization of ANC are literacy of women & husband, husband

occupation, social & cultural beliefs, past pregnancy experience, availability of human & material resources, access to health care & emergency services & quality of ANC services. ANC is important in reducing maternal mortality, low birth weight & perinatal morbidity & mortality. According to WHO recommendations, there should be at least 4 ANC visits in each pregnancy & regular follow up.

**METHODOLOGY:**

**Study design:** It was a cross sectional descriptive epidemiological study.

**Study area:** The study was conduct in the two areas of Bahawalpur city,

- 1) Satellite Town
- 2) Medical colony Slums

**Duration of Study:** 20 Feb 2018 to 20 May 2018

**Study Population:** The study was conducted on reproductive age women 15 to 49 years.

**Sampling Technique:** It is non probability convenience sampling.

**Sample Size:** Due to limited resources, time, manpower and availability of reproductive age, 100 women of reproductive age group were taken as study sample.

**RESULT:**

The study sample consists of 100 women of reproductive age group (15 – 49 years). Out of 100, 50 were from commercial area and 50 were from slums of medical colony. The age of respondents was divided into 4 groups i.e. 15-25, 25-35, 35-45 & 45-49 years (Table 1). Max no of respondents (50%) of commercial area fall in category of 35-45 years. In medical colony slums respondents, equal no of women (36%) fall in two categories i.e. 25-35 & 35-45 years. The education of respondents & husbands was divided into 5 categories (Table 2) Max. no respondents i.e. (70%) of commercial area were graduated while max no of respondents (50%) of medical colony slum area were illiterate. In commercial area highest % of respondent's husbands (74%) were graduated and (10%) had education up to matriculation. While max no of respondent's husbands (34%) of slums of medical colony were illiterate while (26%) had education up to matriculation. (Table 3)

In commercial area, majority of respondents (54%) had income of Rs. 30,000-50,000 while in slums of medical colony max no of respondents (66%) had income of less than Rs. 10,000 per month. (Table 4). In commercial area, 48% of respondents had 3-4 children while in slums of medical colony, 46% had 3-4 children. (Table 5). Rate of civilization of ANS

during previous was 100% among respondents of commercial area while it was 78% among respondents of slums of medical colony. (Table 6). Out of 100% of respondents of commercial area that utilized ANS, (74%) received ANS from private hospital while (26%) from government hospitals. (Table 7). Out of these (74%) which received ANS from private hospitals, (52%) gave the reason of better facilities at private hospital for their choice. Other choices includes good staff attitude (10%) and easy approach (20%) and appropriate case (16%). (Figure 1). Out of (26%) that received ANC from government hospitals, (58%) gave the reason of low cost for their choice. (Figure 2).

Out of 78% of respondents of slums that received ANS, (58%) received from government hospitals and 20% from private hospitals (Table 7). Out of (58%) that received ANC from government hospitals (68%) gave the reason of low cost for their choice and (22%) gave reason of easy approach. (Figure 3). Out of (20%) that received ANC from private hospital (46%) gave the reason of better facility and (24%) gave reason of good staff attitude. (Figure 4). In commercial area, highest proportion of respondents (54%) had 7-9 antenatal visits while in slums area majority of respondents (34%) had 1-3 antenatal visits. (Table 8). Out of these (54%) respondents of commercial area (74%) had USG at each visit. Other steps include history taking (8%), physical examination (6%) blood, urine examination (6%) and (2%) respectively. (Figure 5). They were given educational information at each visit about proper nutrition (32%), personal hygiene (26%), family planning (22%), immunization of infant (12%), breast feeding (6%). (Figure 6). Respondents of slums of medical colony that had ANV, (66%) had USG at each visit. Other steps include physical examination (16%), history taking (10%) and blood examination in (8%). (Figure 7). They were given educational information at each visit about proper hygiene (28%), proper nutrition (20%), family planning (26%), immunization of infant (20%), breast feeding (6%). (Figure 8). (86%) of respondents of commercial area had first antenatal visit during first trimester and only (2%) visited at time of delivery. (52%) of respondents of slums had first antenatal visit during first trimester and (18%) at delivery. (Table 9)

Vaccination against tetanus during pregnancy was 82%. In commercial area while it was 60% in slums of medical colony. (Table 10). In commercial area, (54%) respondents had complications which were referred to hospital. In slums of medical colony, (22%) had complications, of which (18%) were

referred to hospital and (4%) were managed at home. (Table 11). In commercial area, (28%) of respondents had home visits by TBA/LHV/LHW while (26%) of respondents of slums of medical colony had home visits. (Table 12). In commercial area, (62%) of respondent's fears about delivery were properly addresses while (40%) of respondents of slums fears were properly addressed. (Table 13). (60%) respondents of commercial area were self-motivated for antenatal visits while (62%) of respondents of slums were motivated by family members for antenatal visits. (Table 14)

Health education and health promotion seem to be a missing or weak link in public health programs of Pakistan, especially focusing on ANC seeking behaviors among women belonging to less literate and low socio-economic stratum. Low ANC utilization in Bahawalpur territory, is even more worrisome. Nevertheless, social arrangements should be thoughtfully considered to make the health system more responsive. The ANC is least sought consultation, and that is primarily due to lack of awareness among the women, and community at large, about its importance. ANC is critical not only for woman's own health and postpartum checkup, but it is extremely useful to seek advice for newborn's issues such as cord care, health etc. Promoting ANC may potentially save many perinatal and early neonatal deaths. Local media and community-based organizations also have a role to play. The national maternal newborn and child health program must emphasize on messages informing new and expecting mothers about the benefits of ANC for their own and child's health. Simultaneously, capacity building of health care providers for their own awareness about the postnatal utilization and communication with mothers to create demand of PNC.

Our study corroborates with the fact sheet of WHO which states that unfortunately, the majority of mothers and newborns in low- and middle-income countries do not receive optimal care during these periods.

In our study, very few women received ANC, which is a reflection of the overall ANC trend existing in country and in the region. According to statistics, women took ANC during first trimester and less than 3% attended hospitals for ANC near delivery. This is because of low education and cost of treatment. There was majority of females who took ANC from private hospitals. The other contributing factors are non-availability of transport, type of service provider, delivery place and education are important factors linked with the utilization of ANC. A study

conducted in the rural areas of Nepal, found strong association between ANC and PNC. The main reason of increased uptake of PNC was counseling session and health education given to mothers during the ANC. Therefore, it can be established that during the ANC visits, health care providers must start counseling for the ANC. Geographical accessibility significantly affects the extent of utilization of PNC services. It is, therefore, imperative to train community health workers to provide ANC to the women at their homes. In this regard, the lady health workers of Pakistan certainly have the potential to redress the problem.

The findings of our study also revealed that the likelihood of receiving ANC in literate women is significantly higher as compare to illiterate women,

#### Socio Demographic characteristics

Table 1

Age of Respondent	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
15 - 25	3	6%	10	20%
25 - 35	15	30%	18	36%
35 - 45	25	50%	18	36%
45 - 49	7	14%	4	8%

Table 2

Education of Respondent	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Primary	1	2%	14	28%
Matriculation	10	20%	9	18%
Inter	0	0%	1	2%
Graduation	35	70%	1	2%
No	4	8%	25	50%

Table 3

Education of Husband	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Primary	1	2%	12	24%
Matriculation	5	10%	13	26%
Inter	7	14%	2	4%
Graduation	37	74%	6	12%
No	0	0%	17	34%

which again is in concordance with other studies showing that women from communities with higher level of education were more likely to receive ANC. Interventions to increase the use of antenatal services should target the uneducated, and those women who live in disadvantaged communities. The study could not be extended to other areas of Bahawalpur due to financial and time constraints, so generalizability remains limited. Nevertheless, the findings of the study area could be associated with the level of education, demographic and the socio-cultural context which of course is different in other parts of the country. Further, we did not determine the quality of counselling and information imparted by the healthcare providers by a direct observation at the time of ANC visit. Hence, further investigation is needed to examine these issues.

Table 4

Income	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Less than 10,000	2	4%	33	66%
10,000 – 30,000	14	28%	16	32%
30,000 – 50,000	27	54%	1	2%
>50,000	7	14%	0	0%

Table 5

No of Children	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
1 - 2	18	36%	12	24%
3 - 4	24	48%	23	46%
5 - 6	7	14%	12	24%
7 or above	1	2%	3	6%

## Utilization of Antenatal Services

Table 6

Antenatal Services Antenatal Care for Previous Pregnancy	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Yes	50	100%	39	78%
No	0	0%	11	22%

Table 7

Antenatal Services Received Antenatal Care from	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Govt	13	26%	29	58%
Private	37	74%	10	20%
None	0	0%	11	22%

Table 8

No. of antenatal visits	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
0	0	0	11	22%
1-3	4	08%	17	34%
4 - 6	14	28%	14	28%
7-9	27	54%	8	16%
10-12	5	10%	0	0

Table 9

First Antenatal Visit	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
1 <sup>st</sup> trimester	43	86%	26	52%
2 <sup>nd</sup> trimester	3	6%	2	4%
3 <sup>rd</sup> trimester	03	06%	2	4%
Delivery	1	2%	9	18%
None	0	0	11	22%

Table 10

Vaccination Against Tetanus	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Yes	41	82%	30	60%
No	9	18%	20	40%

Table 11

Complications Related To Pregnancy	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Yes	27	54%	11	22%
No	23	46%	39	78%
<b>If Yes, Handled at</b>				
Home	0	0%	02	04%
Hospital	27	54%	09	18%

Table 12

Visits By LHW/LHV/DAI	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Yes	14	28%	13	26%
No	36	72%	37	74%

Table 13

Fears Addressed properly ?	Commercial Area		Slums of Medical colony	
	Frequency	%	Frequency	%
Yes	31	62%	20	40%
No	15	30%	18	36%
Not Completely	04	08%	12	24%

Table 14

Motivation for visit by	Commercial Area		Slums of Medical colony	
	Frequenc y	%	Frequency	%
Self	30	60%	6	12%
Family members	20	40%	31	62%
None	0	0	13	26%

**CONCLUSION:**

The rate of ANC utilization is good in our study population as compared to other areas of the country and it can be increased further by taking effective measures. There is a need to increase the coverage to TT to all females of reproductive age group and especially to the mothers in order to ensure health of mother and the baby during delivery. The numbers of antenatal visits are less than those of recommended by WHO in majority of study population and there is need to increase them. Moreover, the study showed many important correlations; significant association was found between age of respondents and utilization of antenatal services, age of respondents and place of utilization of antenatal services, educational level of husbands and utilization of ANC, monthly income and trimester at first antenatal visits, number of children and place of antenatal services utilization.

**RECOMMENDATIONS:**

Measure should be taken to educate the people about the importance of ANC. The overall awareness level of society and especially of the males related to the need of ANC should be raised to increase the rate of utilization of ANC. There should be regular visit of women of the reproductive age group to the health provider. LHV/LHW/TBA should encourage the mothers to consult their ANC provider as soon as they come to know about pregnancy. Measure should be taken to increase the number of antenatal visits up to four or greater. The coverage of TT from the women of reproductive age group and mothers during pregnancy should be enhanced. At each antenatal visit the number of investigation should be enhanced to foresee complications. There should be a proper referral system in case of complications during pregnancy and at birth.

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## UTILIZATION ANTENATAL SERVICES AMONG REPRODUCTIVE AGE WOMEN. OF BAHAWAPUR

### “QUESTIONARE”

Sr # :

Name:

Age:

Education:

No formal /Primary /Matriculation/ Graduation and above.

Husband's education:

No formal / Primary /Matriculation / Graduation and above.

Monthly income:

<10, 000 /10,000-30,000/ 50,000

Residence:

- 1) How many children do you have?
  - a) 1-2    b) 5-6    d) >7
- 2) Have you received during your last pregnancy?
  - b) Yes    b) No
3. If yes from where did you get antenatal service?
  - a) Govt Hospital    b) Private Hospital
4. If you chose government hospital why did you choose (Government facility)
  - a) Good attitude    b) Easy Approach
  - b) Low cost.    d) Better facilities
  - e) Appropriate care.    f) Any other
5. If you choose private hospital why did you choose it?
  - a) Good attitude of staff    b) Low cost
  - c) Easy approach    d) Better facility
  - e) Appropriate care    f) Any other
1. When did you have first antenatal visit?
  - a) During first trimester    b) During second trimester
  - c) During third trimester    d) During third trimester
2. How many antenatal visits do you have?
  - a) 1-3    b) 4-6
  - c) 7-9    d) 10-12
3. During each visit which essential steps were performed?
  - a) History taking    b) USG
  - c) Physical examination    d) abdominal examination
  - e) Blood examination    f) Urine Examination
- g) Any other
  4. During each antenatal visit for which of the following you are educated?
    - a) Proper nutrition    b) Personal hygiene.
    - c) Breast Feeding .    d) Family Planning
    - e) Immunization of infant    f) any other
- 10 Were you vaccinated against tetanus?
  - a) Yes    b) No
11. Were there any complications related to pregnancy?
  - a) Yes    b) No
12. If yes what was done related to these complications?
  - a) Handle at home    b) Referred to hospital

13. Were there any home visits by LHV/TBA /LHW?  
a) Yes                                 b) No
14. Who motivated you to go for antenatal check up during pregnancy?  
a) Self     b) Family  
   c) LHV/Health worker     d) Any other
15. Were your fears and reservation about delivery addressed?  
a) Yes     b) Not completely