



Antenatal visits of every pregnant woman from a Health Care Provider, at primary health care level, from screening to emergency obstetric care and life support during pregnancy and up to delivery. Objective of Antenatal care is to promote high quality maternal and foetal health and to recognize danger factors for adverse pregnancy outcomes in an attempt to manage without delay and resolve them.<sup>2</sup>

Most of maternal deaths occur in developing countries. Many women die, because they do not receive the precise medical care especially antenatal care. Good percentages of mothers die because they do not get that care fast enough. Many studies have observed into the causes of maternal mortality frequently in under developing countries; which illustrate a major correlation with lack of antenatal care.<sup>3</sup>

According to the current estimates, 81% of pregnant women in the under-developing countries seek antenatal care from a skilled health professional at least once a time during pregnancy. Regional percentages range from a low of 71% in South Asian countries to a high of 95% in Central and Eastern Europe/Commonwealth States. Antenatal Coverage is also high in East Asia and the Pacific countries, where 90% of pregnant women receive antenatal care from a skilled provider at least once. About half of all pregnant women in developing countries receive the minimum recommended four antenatal visits.<sup>4</sup>

Risk of Maternal deaths in Pakistan ranges one in every 89 women and one out of every ten children born in Pakistan dies before the age of five. Current estimates of Maternal Mortality in Pakistan suggests as high as 266 per 100,000 live births and is accredited mostly to low skilled birth attendance rate, high fertility, insufficient access to emergency obstetric health care services and malnutrition. Antenatal Care has shown some progress in Pakistan over the passage of time but huge disparities are present in urban-rural setting.<sup>5</sup>

Provincial Health Development Centre (PHDC) Sindh conducted a research in 2012; results showed that 79% mothers contacted a Skilled health professional (Doctor/LHV/Nurse/Midwife) for Antenatal Care during their most

recent pregnancy. About 48% mothers received four or more ANC visits. 78% mothers received two or more doses of Tetanus Toxoid vaccination. Delivery of 69% mothers were conducted by a Skilled Birth Attendant.<sup>6</sup>

Results from the Pakistan Demographic and Health Survey (PDHS) 2012-13 shows that 73% women are consulting a skilled health provider at least once time for antenatal care for their most recent pregnancy. Urban areas coverage is much higher (88%) than in rural areas (67%), having lowest in Balochistan (31%) than in Punjab and Sindh (78%). Tetanus Toxoid coverage is still very far from universal coverage among pregnant women in Pakistan. 64% women in their last pregnancy were protected against neonatal tetanus. Mothers of 20-34 years age are more likely to be protected against neonatal tetanus (67%) than other children. Highest coverage is in urban areas 75% than rural settings 59%.<sup>7</sup>

Many studies have proved that wealth and education is directly proportional to antenatal care in Pakistan. In underprivileged poor rural women are less likely to use antenatal care than women in rich and upper class households. Women with secondary education are twice to thrice more likely to have antenatal care than women with no education.<sup>8</sup> According to results of a survey conducted in 2006-07; women's wealth and status was found to be one of the determinants of seeking skilled care. Women belonging to poor families had five times less access to skilled health care compared to their richest one.<sup>9</sup>

#### **MATERIAL & METHODS:**

This cross-sectional study conducted at semi-urban settings of Taluka Hala District Matiari from August to September, 2014. 320 women who have recently delivered a child whose age at the time of survey was from day 1 to 28 days; in which we have assessed the antenatal care seeking behavior of women & Tetanus Toxoid Vaccination coverage. Sample was selected by Simple Randomized (Probability) Sampling. It has two sets of variables; one set related with demographic variables of the participant (age, sex, number of children, Educational status of women

& her husband & Socioeconomic status); while other set of variables related to Antenatal Care & Tetanus Toxoid Vaccination (ANC visits, Skill Birth Attendance, Place of delivery, Mode of delivery) along with inclusion & exclusion criteria.

Data was collected on pre-tested structured questionnaire based on variables described above. It took about a month to complete the collection of data through interviewing the respondent women. All data was entered in SPSS 22 version. Data analysis was done to produce frequencies and percentages of different variables. Data is presented by frequency tables and charts. Certain variables of interest were compared through application of other non-parametric tests i.e. Pearson's Correlation.

**RESULTS:**

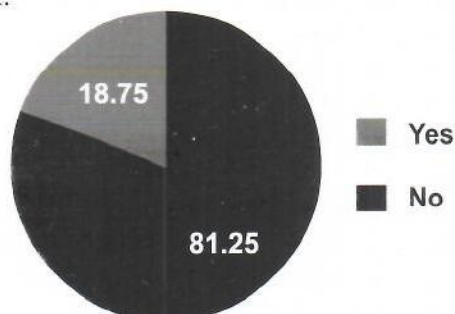
**Result Part-A:**

Study found that 76.57% women are literate having primary, secondary, graduates and masters mean while 23.43% of women were illiterate; in comparison to women's husbands 83.44% were literate having primary, secondary, graduates and masters mean while 16.56 % were illiterate.

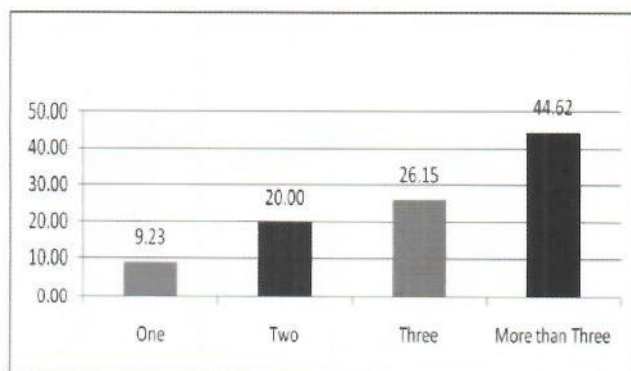
About 42.18% of women were housewife, 31.56% percent women were government employee and 26.25% of women were private employee. In comparison to women, 3.12% husbands were farmers and 14.06% were labourer, 29.68% private employee and 14.06% self employed.

**Antenatal Care:**

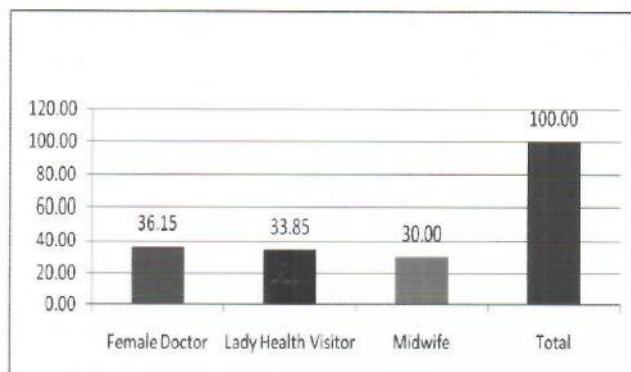
Study findings show that 81.25% of women received antenatal care from a skilled birth attendant.



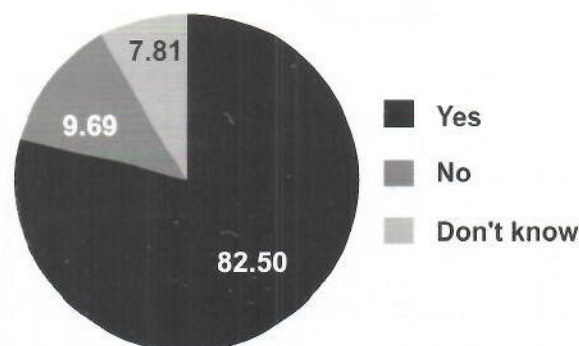
**Fig 1: ANC in Last Pregnancy**



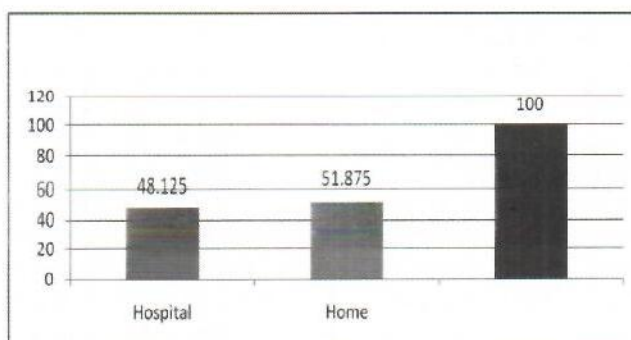
**Fig 2: Number of ANC Visits Paid**



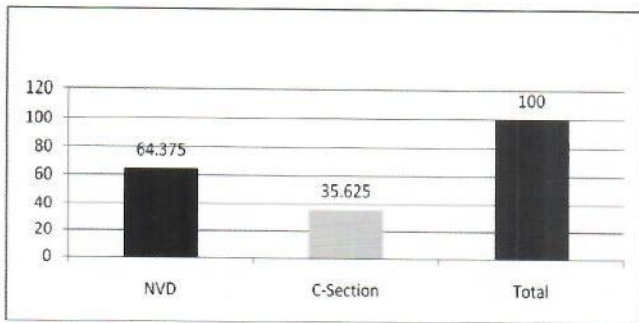
**Fig 3: Antenatal Care Performed by**



**Fig 4: Antenatal Care is Important**

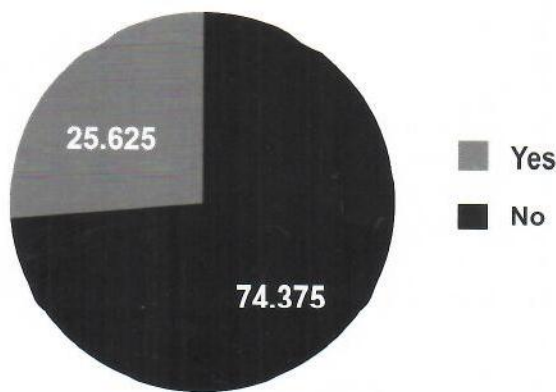


**Fig 5: Place of Delivery**



**Fig 6: Mode of Delivery %**

**Immunization:** Study findings show that 74.37% of women received Tetanus Toxoid Vaccination during pregnancy



**Fig 7: T.T Vaccine in Last Pregnancy**

**Result Part-B:**

**Significant Correlation:**

The study results by Person's correlations show that there is significant correlation (association) between the number of ANC visits paid by women and education, occupational Status of women & her husband (p=0.001) and monthly Income/ Economical Status of the family/ household (p=0.004).

**DISCUSSION:**

There are many health-care challenges and issues in developing countries including Pakistan. There is a shortage of the basic health-care services, insufficient infrastructure, incompetent health system, lack of education. Very minimum per capita income is used for public health sector, poor health status indicators, inadequate budgets and reliable funding; ineffective implementation due to lack of technical skills; poor understanding of correlation between health, poverty and

economic growth. The key health indicators of the people of Pakistan are well underneath the averages for all neighboring countries especially maternal health regarding Antenatal Care resulting to unfavorable outcomes for both women and newborns babies. Antenatal care is major component of the Safe Motherhood; its importance cannot be denied. The rural pregnant women receive less antenatal care, while women belonging to urban settings (major cities) are able to take advantage of these services.<sup>10</sup>

According to the current estimates, 81% of women belonging to under developing countries receive antenatal care from a skilled health provider at least once during pregnancy.<sup>11</sup>

This research study results that 81.25% of women received antenatal care from a skilled health provider. Mean while 36.15% of women received Antenatal Care from Lady Doctor, 33.85% by Lady Health Visitor and 30% by Midwives. About 44.62% women have four Antenatal Care visits in their last pregnancy.

According to PDHS 2012-13, 64% women were protected against neonatal tetanus at their last birth. Highest in urban areas 75% than rural areas 59%.<sup>7</sup> Tetanus Toxoid coverage is very low and far from universal coverage amongst pregnant women in Pakistan. This research study results show comparable results 74.37% women have received two doses of Tetanus Toxoid vaccination to prevent neonatal tetanus.

As the Hala comes in Semi-Urban Region, so results of this study are very much comparable with PDHS 2012-13 in both Antenatal & Tetanus Toxoid Vaccination coverage.

This study results shows significant correlations (association) between the number of ANC visits paid by women and Education Status of Women and her husband P-Value (P=0.001). Women with secondary education have twice times more likely to have antenatal care than illiterate one. Women belonging to poor and underprivileged households are less likely to utilize antenatal care than women in well-off families.

Results of this study are also expressing significant correlation between the number of ANC visits paid by woman and Occupational Status and Monthly Income/ Economical Status of the family or household (P=0.004).

## CONCLUSION:

This research study results conclude that with the passage of time ANC and Tetanus Toxoid Vaccination coverage has increased but current study is highlighting the need of universal coverage of ANC & T.T Vaccine. This would ensure the provision of basic health services to the women; it will ultimately help to achieve Millennium Development Goals (MDGs) 4 and 5. Considering this necessitate, there is also necessary to increase the literacy level and empowerment of women in country.

## REFERENCES:

1. World Health Organization. Making pregnancy safer in EMRO. June 2005. Available at [www.emro.who.int/rhrn/pdf/MPS\\_Morocco\\_05.pdf](http://www.emro.who.int/rhrn/pdf/MPS_Morocco_05.pdf) (Accessed on October 5, 2014).
2. Nighat N, Frank line W. Factors affecting utilization of antenatal care among reproductive age group women (15-49 years) in an urban squatter settlement of Karachi, Department of Community Health Sciences, The Aga Khan University, Karachi. *J Pak Med Assoc.* 2003;53(2):47-53.
3. Ali Y.A, Qureshi A.A, Malik M. A, Ali H. Comparative study of knowledge, attitude and practices among Antenatal Care facilities utilizing and non-utilizing women. Shifa College of Medicine, Islamabad. *J Pak Med Assoc.* 2005; 55(2):53-6.
4. UNICEF, Progress for Children: A report card on maternal mortality, 2008.WHO / The Partnership for Maternal, Newborn and Child Health, Strategy and Work plan 20092011. Available at [http://www.childinfo.org/antenatal\\_care.html](http://www.childinfo.org/antenatal_care.html) (Accessed on November 15, 2014).
5. Nabila Z, Maternal Health in Pakistan, Millennium Development Goal & Progress in Last Decade, UNICEF, Pakistan Dec 2004.
6. Ansari MS, Manzoor R, Siddiqui N. Prevalence of 8 key family practices regarding neonatal health in Sindh. *Pak J Public Health.* 2012;2(1):46-52.
7. Pakistan Demographic & Health Survey (PDHS) 2012-13 available at [http://www.nips.org.pk/abstract\\_files/Priliminary%20Report%20Final.pdf](http://www.nips.org.pk/abstract_files/Priliminary%20Report%20Final.pdf) (Accessed on December 1, 2014).
8. Bashir H, Kazmi S, Eichler R, Alix B, and Ellie B. Health System 20/20. USAID: Pay for Performance: Improving Maternal Health Services in Pakistan. (Published on 14<sup>th</sup> June 2010).
9. Chishty M. Antenatal Care in Pakistan. Columbia University, New York. Available at [http://www.ecdpak.com/nurture/Nurture-10/antenatal\\_care\\_in\\_pakistan.html](http://www.ecdpak.com/nurture/Nurture-10/antenatal_care_in_pakistan.html) (Accessed on October 25, 2014).
10. Government of Pakistan. Ministry of Health. National health Policy 2009. Steeping towards better health. Pakistan, 2009. Available at: [http://www.gcappakistan.net/Downloads/health\\_policy\\_zero\\_draft19-Feb-2009.pdf](http://www.gcappakistan.net/Downloads/health_policy_zero_draft19-Feb-2009.pdf) (Accessed on November 15, 2014).
11. UNICEF, Antenatal Coverage in Developing Countries. Available at [http://www.unicef.org/media/media\\_20236.html](http://www.unicef.org/media/media_20236.html) (Accessed on November 16, 2014).