

## Original Article

### EDUCATIONAL EMPOWERMENT AND USE OF ANTENATAL SERVICES

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#### ABSTRACT:

**OBJECTIVE:** The single most important factor that has long-lasting impact on lives of women is education. The study was conducted to determine the effect of women and partner's education on utilization of antenatal services in the urban slums.

**STUDY DESIGN AND SUBJECTS:** This descriptive cross sectional study was conducted in urban slums of Bahawalpur City from January 2018 to December 2018 after taking ethical approval from hospital ethical committee. Women of reproductive age n=377, between 15 to 49 years, having at least one alive child less than one year of age and irrespective of current pregnancy were included in the study. Out of selected slum area sample was drawn by non-probability consecutive method. The preformed, pretested questionnaire with the help of lady health workers of the areas was used for collection of data.

**RESULTS:** Mean age of the respondents was  $28.26 \pm 6.03$  years. The age distribution showed that 31.1% respondents belonged to 30-34 years age group followed by 29.7% in 25-29 years, 19.1% in 20-24 years. The utilization of antenatal services was poor in 41.1% (n=155), fair in 24.9% (n=94) and good in 34.0% (n=128) women. The utilization of antenatal services was significantly higher in literate group ( $p < 0.001$ ). Regarding husband's educational status the wives of educated husbands had better utilization ( $p < 0.001$ ). The use of antenatal services among wives of uneducated and primary educated husbands was 67.8% and 61.5% respectively. The 52.1% women having graduate and above educational level of husband had good antenatal care use.

**CONCLUSION:** Educational status significantly affect the utilization of antenatal services.

**KEYWORDS:** Antenatal care, Utilization, Education.

#### INTRODUCTION:

Worldwide Muslim women are more than half billion and in most of the Islamic countries the status of women are low and gender gap is very high. The single most important factor that has long-lasting impact on lives of women is education. Along with knowledge source, enhancement of economic opportunities, the shaping of attitude and education also affects reproductive desires and behavior of women. Fertility level, household income, partner educational attainment and access to maternal and child health facilities are the main determinants of maternal health. Antenatal care (ANC) provides an opportunity to assess

overall health of expected mother, early diagnosis and treatment of infections, screening for anemia and HIV/AIDS and reduction of low birth weight. Antenatal care should begin at early stages of pregnancy and the most important components of ANC is to provide information and advice to women regarding pregnancy related complication and measures to detect & manage these

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complications at earliest stage. One of the most important factors to reduce maternal morbidity and mortality is provision of antenatal care<sup>[1,2,3]</sup>. Worldwide and most often in developing countries, every minute a woman dies due to pregnancy related complications and major contributing factor to this high mortality is poor utilization of antenatal services. The most effective healthcare intervention to prevent morbidity and mortality among pregnant ladies especially in circumstances where they are in poor health status is antenatal care<sup>[4,5]</sup>. The antenatal care services utilization is of critical importance for detection of high-risk pregnancies. The underutilization of maternal and child health services is mainly due to the facts that these services are preventive in nature and clients are usually not ill. The poor utilization of antenatal care services is mainly attributed to poor socio-economic status of women and access to health facilities. The antenatal care, delivery by skilled birth attendant and care during postnatal period are included in essential maternal healthcare services. During pregnancy the care which is received by pregnant women from trained healthcare professionals that include 4-5 visits if women have no other medical problems as recommended by World Health Organization (WHO) is termed antenatal care<sup>[6,7,8]</sup>. This study aimed to determine the utilization of antenatal services by the reproductive age women of urban slum areas and association of women's education with antenatal care use.

### **OBJECTIVE:**

The study objective was to determine the effect of women and partner's education on utilization of antenatal services in the urban slums of Bahawalpur City.

### **MATERIALS AND METHODS:**

This cross-sectional descriptive study was conducted from January 2018 to December 2018 in urban slums of Bahawalpur City after taking ethical approval from hospital ethical committee. At level of confidence 95%, margin of error 5% and anticipated population of proportion 51%<sup>[7]</sup> the calculated sample size

was 377. All the women of reproductive age (15-49 years) having at least one alive child less than one year of age irrespective of current pregnancy were included in the study. One slum area out of total 14 was selected by simple random sampling in Bahawalpur City. Total 377 women of reproductive age fulfilling the inclusion criteria from selected slum area were taken by non-probability consecutive method. The preformed, pretested questionnaire was used for data collection with the help of lady health workers of the areas. The questionnaire comprised of two parts. First part was related to socio-demographic data of the respondents and the second part included study variables. Data was entered and analyzed through SPSS version 17.0. Mean and standard deviation was calculated for numerical variables like age. Frequencies and percentages were used for qualitative variables i.e. women's education, husband's education and utilization of antenatal services (poor, fair, good). The utilization of antenatal services was categorized into poor, fair and good on the basis of antenatal visits. The women having no antenatal visit or 1-3 antenatal visits were categorized as poor, women who had four antenatal visits were categorized as fair while women with  $\geq 5$  antenatal visits were included in the category of good antenatal service utilization. Stratification was done according to educational level of couple and utilization of antenatal services. Chi square test was used to observe any statistically significant difference between groups and p value  $< 0.05$  was taken as significant.

### **RESULTS:**

In this study a sample of 377 reproductive age group women was taken with mean age  $28.26 \pm 6.03$  years. The age distribution showed that 31.1% respondents belonged to 30-34 years age group followed by 29.7% in 25-29 years, 19.1% in 20-24 years 11.4% above 35 years and 8.7% in 15-19 years (Table I). The utilization of antenatal services was poor in 41.1% (n=155), fair in 24.9% (n=94) and good

in 34.0% (n=128) women.

The utilization of antenatal services was more in literate group. Among uneducated women 62.9% had poor utilization whereas among the women having educational level graduation and above 54.7% had good utilization of antenatal services. Regarding husbands educational

status the wives of educated husbands had better utilization. The use of antenatal services among wives of uneducated and primary educated husbands was 67.8% and 61.5% respectively. The 52.1% women having graduate and above educational level of husband had good antenatal care use (Table 3).

**Table-I: Age distribution of respondents (n=377).**

Age (Years)	Frequency	Percentage
15-19	33	8.7 %
20-24	72	19.1%
25-29	112	29.7%
30-34	117	31.1%
Above 34	43	11.4%
<b>Total</b>	<b>377</b>	<b>100%</b>

**Table-II: Educational level of respondents and use of antenatal services.**

Education	Poor	Fair	Good	Total
No formal education	95 (61.3%)	26 (27.7%)	30 (23.4%)	151 (40.0%)
Primary	29 (18.7%)	30 (31.9%)	16 (12.5%)	75 (19.9%)
Matriculation	19 (12.3%)	21 (22.3%)	47 (36.7%)	87 (23.1%)
Graduation & above	12 (07.7%)	17 (18.1%)	35 (27.3%)	64 (17.0%)
<b>Total</b>	<b>155 (100%)</b>	<b>94 (100%)</b>	<b>128 (100%)</b>	<b>377 (100%)</b>

$X^2 = 74.501$   $P < 0.001$

**Table III: Husband's educational level and use of antenatal services.**

Education	Poor	Fair	Good	Total
No formal education	78 (50.3%)	17 (18.1%)	20 (15.6%)	115 (30.50%)
Primary	40 (25.8%)	12 (12.8%)	13 (10.2%)	65 (17.2%)
Matriculation	19 (12.3%)	37 (39.4%)	45 (35.2%)	101 (26.8%)
Graduation & above	18 (11.6%)	28 (29.7%)	50 (39.1%)	96 (25.5%)
<b>Total</b>	<b>155 (100%)</b>	<b>94 (100%)</b>	<b>128 (100%)</b>	<b>377 (100%)</b>

$X^2 = 88.185$   $P < 0.001$

**DISCUSSION:**

Majority of the child health problems like prematurity, fetal growth restriction, congenital anomalies or birth asphyxia can not only be anticipated but also be prevented by access to antenatal care. Worldwide disparities exist in antenatal care between different population groups. Antenatal care along with raising awareness and prevention of complications during pregnancy also provides an opportunity to explain the caregivers regarding nutrition during pregnancy, breastfeeding and family planning.

Our study results revealed that utilization of antenatal care services was good in literate women as compared to women having no formal education. The use of antenatal care services increases as the educational level of women increase ( $p < 0.001$ ). These observations are consistent with the findings of Pallikadavath S *et al*<sup>[9]</sup>. Who found that women with secondary school or higher education were more likely to attend ANC than women with primary or less educational level. This effect of education may be attributed to the fact that awareness regarding the importance of antenatal care is high among educated women as compared to their counterpart. These findings are in contrast with the study conducted by Dairo MD *et al*<sup>[10]</sup> in Nigeria which revealed that education had no influence on use of antenatal services. The author explained the findings that this may be attributed to the fact that in different strata with varying educational level, the awareness regarding the importance of antenatal care is similar. The findings of our study showed that the husband's education is significantly associated with the antenatal care use ( $p < 0.001$ ) which is in line with the results of study by Wai KM *et al*<sup>[11]</sup>. Who found that educated husband were more frequently involved in prenatal care of mothers. The antenatal services utilization was good among women with educated husband as compared to women having illiterate husband. Pregnancy and childbirth are among the most significant events in the life of woman. During pregnancy woman experiences major physiological and psychological changes which may lead to anxiety and stress. To prevent

these psychological effects which adversely affect health of woman and child, the support of family especially husband plays a central role and education of husband has significant impact in this regard.

**CONFLICT OF INTEREST:**

There is no declared conflict of interest.

**ETHICAL REVIEW COMMITTEE:**

Ethical review committee of the said institute has reviewed and approved this article.

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Value of a man depends upon his courage; his veracity depends upon his self-respect and his chastity depends upon his sense of honor.

***Hazrat Ali (Karmulha Wajhay)***