



## CHAPTER V

### DISCUSSION, CONCLUSION AND RECOMMENDATION

#### DISCUSSION:

The objectives of this study was to identify antenatal care coverage and determine the factors which can affect the attendance of pregnant women to antenatal care. To obtain these factors, a survey was conducted among 264 pregnant women aged between 15-45 years who had delivered a newborn within the last 1-5 years at Manikhel Village.

The result of this study showed that only 50.4 percent of these women had antenatal care while 49.6 percent had none. Among those (133/264) with ANC attendance, 75 cases (56.0%) had less than 4 visits while 58 cases (44.0%) had 4 visits or more. Therefore, about half of the pregnant women were still not aware of the importance of antenatal care. This could be due to lack of information from health personnels about the importance of ANC attendance. Hence, health planners should disseminate such information through mass media in order to achieve better ANC coverage.

The age of the respondents was found to affect ANC attendance. In this study, older pregnant women had the least ANC attendance. This might be due to the following reasons: lack of awareness regarding high risk conditions among them or because they feel more confident due to experiences gathered from previous normal pregnancy.

It was also found that religion is one of the significant factors influencing ANC attendance. It was shown that pregnant women with Hindu religion had higher ANC attendance (66.1%) than Buddhists (36.9%).

Attendance at ANC service is also influenced by the caste where these pregnant women belongs. The Brahmin caste had higher ANC attendance (69.3%) compared with other castes. This might be due to their higher social hierarchy. On the other hand, those with Brahmin caste were usually literate and more privileged. These factors were thought to be responsible why the Brahmin caste tend to have a higher ANC attendance. Considering the other castes like Chhetri and Tamang, the latter caste had the least ANC attendance which is only (37.8%) percent. With this result, MCH workers should give more priority to the Tamang caste in terms of encouragement to use ANC service. Health workers should pay regular home visit to the this caste to facilitate ANC attendance.

It was shown that the pregnant women's education appears to exert a strong influence on the attendance at ANC service. There was a trend showing that those who were literate had a higher proportion of ANC attendance (91.8 percent) comparing to the illiterates (34.2 percent).

From the study of Collier et al, they stated that low educational level had fewer antenatal care than the average. Therefore, the government should give more emphasis in providing at least primary level of school for girls at the rural village. If the girls who would be mothers in the future were literate, it could have impact on various aspects of maternal health and could help in reducing maternal death.

With regards to the occupation of pregnant women, it was found that those who were housewives had higher ANC attendance (47.8%) than other groups. This might be because those housewives could manage their own time to ANC attendance. Likewise, they have more free time to gain knowledge on the importance of ANC through mass communication. Those groups (agriculture and self business) who had the least ANC attendance had to earn their daily living hence giving ANC attendance the least priority. They did not have enough time to attend ANC regularly. Therefore, health planners should give more attention for these groups particularly for the self-business group who had the least attendance (36.4%).

In this study, the type of family appeared to be a strong factor influencing ANC attendance. The ANC attendance was found to be higher among pregnant women with single family (61.9%). These finding is in agreement with a previous study which reported that the frequency of ANC attendance varied with the type of family.

In this study, it was shown that there was strong association between family annual income of pregnant women and attendance at ANC. It was found that those in the higher income group appear to have more ANC attendance (86.1%) than those in the lower income group (24.5%). From the study of Puangrat Boonyanruk (1986) it was stated that pregnant women who belong to the low income group had difficulty in attending ANC service regularly.

From this study, it was shown that there was a significant difference between ANC attendance by gravida. It was found that the ANC attendance was lower among those with more than 5 (44.4%) pregnancies compared with other groups. Their decision to seek ANC may be related to the experiences they had on past pregnancies which are uneventful. This will make them more confident that every subsequent pregnancy will also be normal hence they feel ANC is not necessary. From the study of Blondel et al, it was stated that women of high parity relied on their experiences gained during previous pregnancies. In addition, most of them had domestic problems

which made it difficult for them to find time for ANC. So these multigravida women should be encouraged to have regular ANC attendance because they are at higher risk of having problems during pregnancy and delivery.

In this study, there was a trend showing that the pregnant women with present obstetric complications sought more ANC comparing to those who had none. Those without obstetric complications probably did not seek ANC because of lack of awareness towards the problems which can occur any time during pregnancy or they did not like to attend until complications were noted as well as they lacked of knowledge of what high risk pregnancy was. Therefore, the health planners should try to emphasize and arrange information about the importance of ANC through mass media communication in order to increase the awareness of pregnant women the risks involved so as to promote better ANC attendance.

Availability of ANC service was also shown to be highly associated with good ANC attendance. Pregnant women who live in the area where ANC service is available had a higher percentage of ANC attendance (54.9%) compared to the pregnant women with no ANC service available (25.0%).

In this study, it was found that there was negative association between the distance from home to MCH clinic for ANC service and the number of ANC attendance. The pregnant women who stayed far from MCH clinic (more than 7 kilometers)

had more ANC attendance (81.7%) than those who stayed nearer. This might be due to the poor motivation from health personnels or lack of awareness of the importance of ANC for those pregnant women who stayed nearer to MCH clinic. Therefore, health personnels should try to emphasize the importance of mass communications in the dissemination of the information. From this study, pregnant women who lived far away probably did not mind about the distance because they were strongly motivated so that to them ANC was very important not only for their health but for the baby's health as well.

From this study, it was found that there was a significant relationship between ANC attendance and the convenience of transportation (in case that the pregnant women were referred to a hospital from the health post). This study suggests that accessibility of services is an important factor influencing ANC attendance because the proportion of the attendance at ANC service was found higher (81.4%) among those considered to be have more convenient to the transportation.

In this study, the pink card was shown to have a strong influence on the attendance at ANC service. It was shown that pregnant women with pink cards had a higher proportion of ANC attendance (95.7%) comparing to the pregnant women without pink cards (14.3%). Therefore, health workers should encourage the use of pink cards for every pregnant woman. This is in agreement with Saroj Psd. (1988), who

reported that the rates of seeking antenatal care were significantly higher in those with blue cards members than nonblue cards members.

ANC attendance is significantly higher (67.9%) in those patients seen by health personnels who offered good service to pregnant women. A good rapport should be established between the patient and the health worker to motivate them to follow up in the clinic.

With regards to the score of knowledge on antenatal care service, there was a significant relationship between the score and ANC attendance. The results showed that pregnant women who had a higher level of knowledge on antenatal care attend ANC service more frequently than those who had lower level. This shows that the more intelligent the mother is the more she is inclined to seek ANC because she is aware of its importance.

Regarding the score of attitude towards antenatal care service, it was found in this study that a higher ANC attendance was seen on those with a higher attitude score on ANC. This might be due to the fact that probably the higher ANC attendance group are more motivated by health personnels during their clinic visits so that they have developed positive attitude towards antenatal care service.

A significant association between the score of practice of pregnant women and frequency of ANC attendance was also demonstrated from this study. Those pregnant women who attended ANC service regularly had a higher score compared to those with less frequent or no attendance at all.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



**CONCLUSION:**

This study was designed primarily to identify the ANC coverage as well as determine the factors which can affect the attendance of pregnant women to ANC service in Manikhel village. The factors included in this study were socio-economic factors, accessibility of ANC service, obstetric factors, health service factors as well as knowledge, attitude and practice on antenatal care service of pregnant women. A total sample of 264 women aged between 15-45 years who had delivered a baby within 1-5 years were randomly selected in Manikhel village. The direct interview questionnaire was used to collect data for this study.

In this study, the first hypothesis stated that there was an association between pregnant women's socioeconomic status, obstetric, accessibility of ANC service and health service factors to the ANC attendance. Using the  $\chi^2$  test, age, caste, education, religion, type of family, family annual income, gravida, present obstetric complications, ANC service availability, service cost for ANC service, convenience of transportation, distance of ANC clinic, impression on health personnel, and pink cards were shown to have statistical significant relationship with the attendance of ANC service among pregnant women.

The second hypothesis stated that the score of knowledge, attitude and practice on antenatal care would be higher in pregnant women who attend ANC. T-test results confirmed this hypothesis because it was found that the pregnant women who attended ANC service had higher score of knowledge, attitude and practice on antenatal care than those who did not attend ANC.

However, multiple logistic regression analysis revealed that there were only eight independent variables which significantly affected the attendance of ANC service which include the following: Pink cards, type of family, travel cost, impression on health personnel, score of knowledge on ANC, score of attitude towards ANC and score of practice on ANC.

From this study, it could be also concluded that there was no statistically significant relationship between the following factors and ANC attendance of pregnant women.

1. Occupation
2. Previous obstetric complications
3. Waiting time
4. Number of children under 5 years of age

In summary, this study is just a first step in investigating which factors will affected the attendance of pregnant women to antenatal care service. The information obtained from this study can be utilized by health policy makers in planning maternal and child health activities particularly on antenatal care service to widen its coverage. If more pregnant women will be covered then a better maternal and child health is foreseen in the future.

**RECOMMENDATION:**

With the scientific evidence from this study, the following recommendations were given to related health agencies in order to expect safe motherhood and to be as a guideline for achieving better ANC coverage.

1. It is a must that health personnels should use pink cards in every pregnant woman who seek antenatal care.

2. A close relationship between health personnel and pregnant women should be established in order to achieve better ANC coverage.

3. Health personnels should improve knowledge regarding ANC by means of countrywide mass communication such as video, radio and reading materials etc.

4. In order to develop a more positive attitude among pregnant women, family members especially the husband should be taught the importance of antenatal care as well as the importance of psychological support during pregnancy.

5. Pregnant women who belong to the lower socioeconomic group should be given more attention in order to achieve better antenatal care coverage.

6. The government should give emphasis on education because it plays a significant role in achieving the goal of Health for All including the reduction of maternal death.

7. The health personnels should motivate women with high risk pregnancy in order to increase their awareness of the potential danger if they are not followed up properly during their pregnancy. Lack of awareness is considered as an important barrier towards preventive action against pregnancy complications. Therefore, health personnels should encourage them to have ANC attendance in order to achieve the goal of having a healthy mother and healthy baby.

8. Regular home visits and health education on the importance of antenatal care should be carried out in every multigravida because they were not only found to have a low ANC attendance but they have the highest risk for pregnancy complications.

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย