



CHAPTER I

INTRODUCTION

BACKGROUND AND RATIONALE:

This study centers around the determinant factors affecting pregnant women's attendance of antenatal care service, which are considered as one of the most essential factors to create a healthy society. The importance of antenatal care in developing countries has been emphasized in number of studies relating the potential reduction in perinatal mortality and maternal mortality to antenatal care. So initiation of antenatal care early in pregnancy and consistent routine follow up are considered essential for advantages of antenatal care to become apparent. A number of causes of maternal mortality occurring during or after delivery cannot be directly avoided or diagnosed during the prenatal period. Nevertheless, early and regular antenatal care throughout pregnancy can screen out high-risk cases and improve a women's chances of surviving life-threatening condition during the latter stage of pregnancy, labour, delivery and immediate post partum period.

Emphasis on primary care based on antenatal care in developing countries offers the most cost-effective, efficacious means of providing the continuity of antenatal care necessary. The success of antenatal care attendance depends, in part, on the content of the services and on the personnel who delivery the care. Programme where antenatal care included screening for risk factors could be detected with low technology methods of diagnosis proved to best most effective.

A different of factors have shown to influence whether women receive the antenatal care available to them, these include the socioeconomic, obstetric, accessibility of antenatal care service, and health service factors. Lower attendance of antenatal care in village of developing countries may reflect the socioeconomic and religious barriers to care.

Like many other developing countries, a sizable population of mothers in Nepal are not aware of antenatal care services and the use of antenatal care services is less. The purpose of this analysis was to determine the factors affecting the attendance of antenatal care service.

A study, conducted in 1985 about their health condition, showed that major causes of death among these women were due to illnesses such as sepsis, hemorrhage and eclampsia. Findings of this study also pointed out that these

causes could have been prevented with the help of available antenatal care and timely management by health care personnel.

Antenatal care service is a process starting from conception up to the time of delivery to prepare a healthy baby. Evidently the process to produce healthy baby starts from the early stage of pregnancy. This necessitates antenatal care (ANC) services from this period. Pregnancy is a crucial event in women's life and motherhood is considered as a period of vital importance. It is widely accepted that health of a mother during pregnancy can be improved with help of antenatal care services. Antenatal care, therefore, is an effective means to minimize maternal mortality and morbidity. Present concept of antenatal care comprises of: the job of medical supervision, motivation to make mother understand the advantages of ANC through health education as well as on personal health care measures. As soon as women realize the importance of these measures, they prepare themselves physically and mentally to accept even the most difficult situation of pregnancy in a normal way. Then they would be more willing to utilize antenatal care services. Ultimately they don't have to face any complications during pregnancy so that normal delivery will occur.

Infant and maternal mortality rates are high in developing countries. This is mostly associated with pregnancy and delivery. As shown by a number of studies

regarding high risk cases, monitoring the progress of pregnancy is important in order to ensure good maternal health and normal development of the foetus. This can also facilitate early and appropriate intervention in the case of emergency. It is estimated that 60-80 percent of pregnant women in developing countries do not receive antenatal care. A mother's death means loss of the primary nurturer and, often, the creator of a generation. Her death also increases the probability of death of a newly born baby. When a mother dies, it is a loss of motherhood irrespective of her being a producer of baby or not. It is also an irreparable loss to the society.

As per health statistics there is an urgent need to improve health care services in Nepal. The infant mortality rate (IMR) is 123 per 1000 live births and maternal mortality rate (MMR) is 830 per 100,000 live births. Crude death rate (CDR) is 14 per 1000 population and crude birth rate (CBR) is 38 per 1000. Total fertility rate is 5.7. Life expectancy for the male is 55.4 years and for the female is 52.7 years. Literacy among women is only 18 percent.

Statistical information related to maternity care, maternal mortality rate, infant mortality rate and eight five-year plan in Nepal are presented, respectively, as below in Tables 1 to 3.

Table 1 Coverage of maternity care

Year	Prenatal Care	Trained Attendant	Institutional Delivery
1976		3%	
1977	9%	5%	
1981			4%
1983	17%	10%	
1988	9%	6%	

Source: Nepal data from State of World Children 1992.

Table 1 shows that the percentage of pregnant women who received prenatal care, of deliveries attended by trained personnel and of institutional delivery are lower than the expectation of the Ministry of the Public Health, Nepal.

Table 2 Maternal mortality and Infant mortality rate of Nepal

Year	Maternal mortality rate	Infant mortality rate
1980 to 1989	850 per 100,000 live births	128 per 1000 live births
1990	830 per 100,000 live births	107 per 1000 live births
1992	830 per 100,000 live births	102 per 1000 live births

Source: Nepal data from State of World's Children 1992.

Table 3 According to the eighth five-year plan of Nepal's health policy, the following target is expected to be achieved by the end of 1995

Indicators	Present situation	Target at the end of 1995
1. IMR	102 per 1000	80 per 1000
2. Life expectancy	54	61
3. Total fertility	5.8	4.5
4. MMR	800 per 100,000	750 per 100,000
5. Mortality under five children	165 per 1000	130 per 1000

Based on the health statistics presented above, one can easily arrive at the conclusion that more expertise has to be put towards attendance of antenatal care among pregnant women to improve health of mothers and babies. Until today, however, the majority of pregnant women are not getting antenatal care services, despite the fact that these services will ensure maternal and child health and will minimize maternal and infant mortality and morbidity. Therefore, further research work in this area will significantly contribute to the improvement of the Maternal and Child Health programme in Nepal.

This research can help to make the programme most effective by way of efficient service rendered to needy people. This type of research is very important for developing countries with limited resources to find such programme and services. An attempt to make antenatal care services cost effective should, therefore, be one of the main objectives of this research work. Antenatal care is an essential component of maternal and child health services which emphasizes preventive and promotive activities to improve maternal and child health. That is why continuous evaluation and improvement in the area of antenatal care is a matter of utmost importance.

In summary, antenatal care is considered as the best and safest activity, to minimize maternal mortality and morbidity during pregnancy and child birth. Unfortunately, it is presumed that less than ten percent of pregnant women have access to antenatal care in Nepal. At present, there is no comprehensive study available which determines the actual attendance at antenatal care services. Thus this study is carried out with the hope that it can shed light on the determinant factors affecting the attendance of antenatal care service in Manikhel village.

RESEARCH QUESTIONS:**1. PRIMARY RESEARCH QUESTION:**

What is the coverage of antenatal care service among pregnant women in Manikhel village of Nepal ?

2. SECONDARY RESEARCH QUESTION:

What are the factors affecting the attendance of antenatal care service among pregnant women in Manikhel village of Nepal ?

RESEARCH OBJECTIVES:

1. To identify the coverage of antenatal care service among pregnant women in Manikhel village of Nepal.

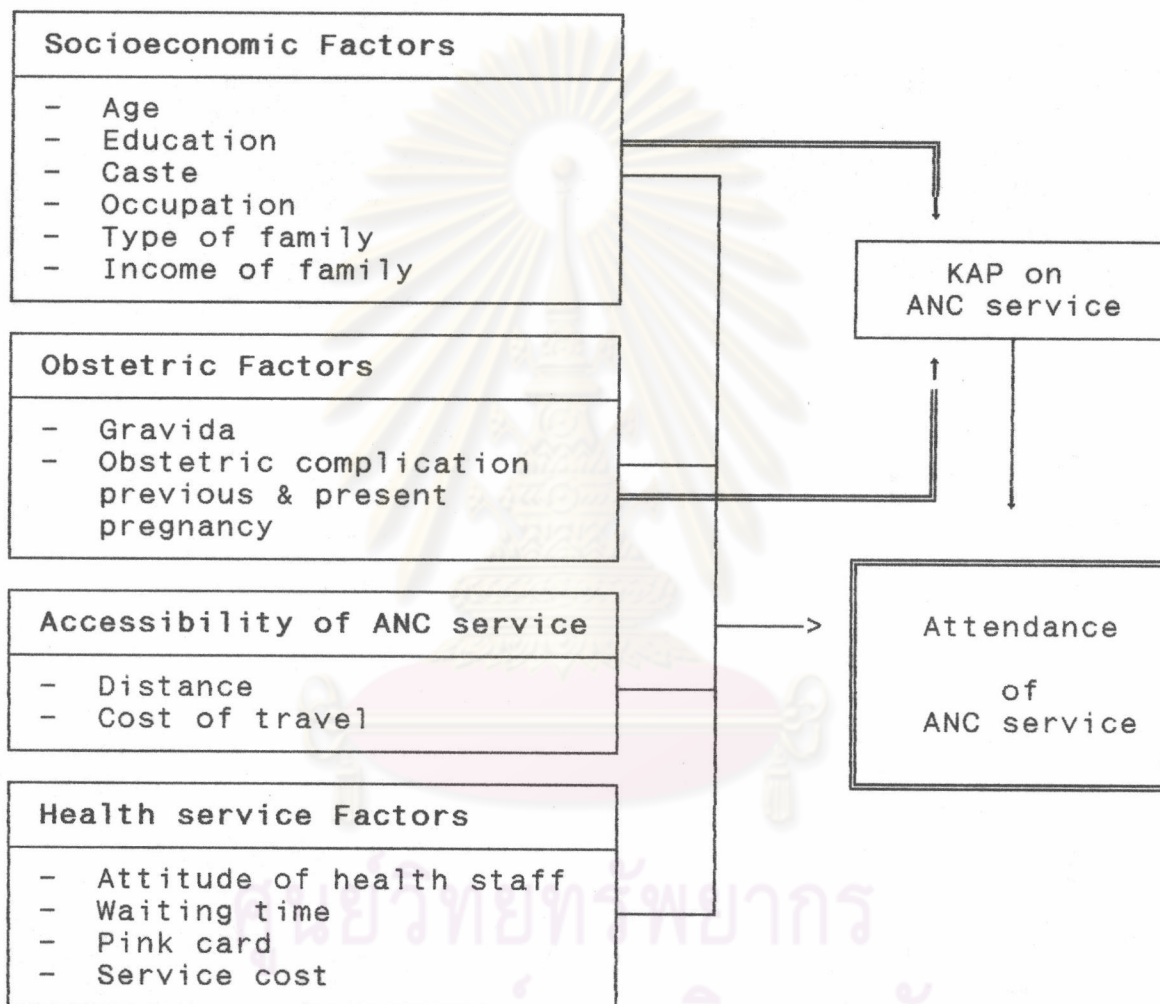
2. To determine the factors which can influence the attendance or use of antenatal care service among pregnant women in Manikhel village of Nepal.

HYPOTHESIS:

1. There is an association between pregnant women's socioeconomic, obstetric, accessibility and health service factors and attendance at antenatal care service.

2. The score of knowledge, attitude and practice on antenatal care of pregnant women, who have attended antenatal care service would be higher than those who did not attend.

CONCEPTUAL FRAMEWORK:



OPERATIONAL DEFINITION OF VARIABLES:

1. **ANTENATAL CARE:** is the type of care which women receive during pregnancy from a health professional with the primary aim of achieving at the end of pregnancy a healthy mother and baby.
2. **ATTENDANCE OF ANTENATAL CARE SERVICE:** is the use of comprehensive antenatal care services including history taking, maternal physical examination, laboratory test, assessment of gestational age, assessment of the fetus, advice and medication as necessary.
3. **HAD ANC:** means pregnant women who had attended ANC at least once during their pregnancies.
4. **HAD NO ANC:** means pregnant women who never attended ANC during their pregnancies.
5. **ADEQUATE ANTENATAL CARE:** means the pregnant women who attended antenatal care according to all the following four criteria:
 - At least one visit of antenatal care within 27 weeks of pregnancy.
 - At least one visit of antenatal care during 28-31⁺ weeks of pregnancy.
 - At least one visit of antenatal care during 32-35⁺ weeks of pregnancy.
 - At least one visit of antenatal care during 36-40⁺

weeks of pregnancy.

6. **INADEQUATE ANTENATAL CARE ATTENDANCE:** means that pregnant women did not attend antenatal care or attended less than four visits of antenatal care stated as above.

7. **KNOWLEDGE:** it is a state of fact knowing or understanding the correct answer regarding pregnancy including complications which may occur during pregnancy and correct way of practice during pregnancy.

8. **ATTITUDE:** a state of mind or opinion regarding antenatal care. e.g. concerning about attendance of antenatal care, acceptance of mother role and feeling towards baby.

9. **PRACTICE:** to do or perform habitual or usual activities in a correct manner during pregnancy including the antenatal care attendance, right method to prevent complication during pregnancy and maintaining healthy mentality.

10. **GRAVIDA:** is the number of pregnancies of pregnant women.

11. **ACCESSIBILITY:** is the factors related to the travelling point such as distance and means of transportation.

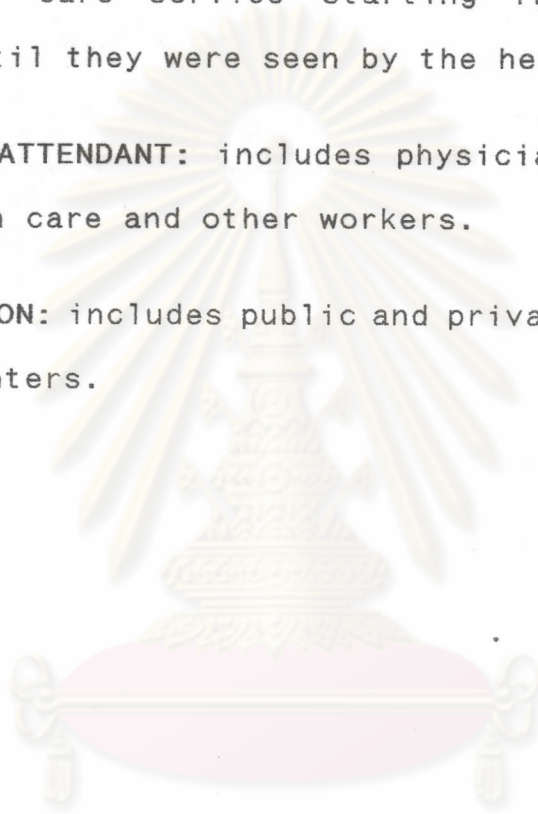
12. **PINK CARD:** is the card specially used for pregnant women, not be charge, aimed to promote utilization of antenatal care.

13. **SERVICE COST:** is the money pregnant women should pay for attending antenatal care service such as registration fee, service charge and cost of medicine etc.

14. **WAITING TIME:** is the time that pregnant women should wait for antenatal care service starting from the time they registered until they were seen by the health personnel.

15. **TRAINED ATTENDANT:** includes physicians, nurses, trained primary health care and other workers.

16. **INSTITUTION:** includes public and private hospital, clinic and health centers.



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