

**PRACTICE GUIDELINE**

# Challenges for Utilization of Antenatal and Delivery Care Services in Urban Setting of Bangladesh

<sup>1</sup>Saria Tasnim, <sup>2</sup>Aminur Rahman, <sup>3</sup>Sameena Chowdhury, <sup>4</sup>AKM Shahabuddin

<sup>1</sup>Associate Professor, Department of Obstetrics and Gynecology, Institute of Child and Mother Health, Matuail, Dhaka, Bangladesh

<sup>2</sup>Technical Director, Center for Injury Prevention and Research, Dhaka, Bangladesh

<sup>3</sup>Professor of Obstetrics and Gynecology, Institute of Child and Mother Health, Matuail, Dhaka, Bangladesh

<sup>4</sup>Professor of Obstetrics and Gynecology (retd), Institute of Child and Mother Health, Matuail, Dhaka, Bangladesh

**Correspondence:** Saria Tasnim, Associate Professor, Department of Obstetrics and Gynecology, Institute of Child and Mother Health, Matuail, Dhaka-1362, Bangladesh, Phone: 8833454, 01819221096, e-mail: sariatasnim2007@gmail.com

## Abstract

In most developing countries like Bangladesh the health care facilities are not optimally available and usually are underutilized. The study explored the perception of urban poor women regarding pregnancy, childbirth and obstetric care services of the health centers and factors for utilization and/or nonutilization of such services.

Focus group discussions were conducted among mothers with a child aged one year or below, their husband and elder female members of the family between May and June 2001 in selected geographical clusters of Dhaka city.

It was revealed that women regard pregnancy and child birth as a natural process that needs no medical care unless some dire emergency arises. Taking tetanus toxoid during pregnancy was equated with availing antenatal care. Traditional birth attendant (Dai) was more preferable as birth attendant as they are available at home, like a kin to them, and affordable. Reason for not availing the services were high cost, nonavailability of drugs, hassles to get free bed, ignorance about the complications, negative cultural norm, rude behavior of health care providers, fear of cesarian section and an unfamiliar environment in the hospitals.

Utilization of maternity care services can be improved through a combined effort of increasing awareness to avail skilled care and made the services more accessible and with better quality.

**Key words:** Obstetric care, utilization, perception.

## INTRODUCTION

Although Bangladesh is an agro based country numbers of people living in urban areas are increasing remarkably.<sup>1</sup> Dhaka being the capital city is most thickly populated with more than 10 million people. Twenty three percent of the women of reproductive age live in urban areas and nearly one third of them live in Dhaka.<sup>2</sup> Approximately 61% of this population are poor and live in slums.<sup>3</sup> The growth rate in urban area is about double than that of national figure.<sup>1,4</sup>

There is marked urban rural differential in maternity care services with better utilization in urban areas. There are higher number of trained health personnel and greater number of centers in the urban area.<sup>5</sup> It has been found that 61% of urban people traveled less than 30 minutes to reach to a health facility.<sup>4</sup> Bangladesh health and demographic survey 1999-2000 found 59% of urban births had received antenatal care from a medically trained person, compared with only 28% of rural births.<sup>6</sup> Use of health facilities for delivery is much more common in urban areas (16% of birth) and a child born in an urban area is more likely to have been assisted by medical personnel (doctors, nurses, midwives, or family welfare visitors) than a rural child.<sup>6</sup>

However, everyday more and more people are migrating from the rural areas and urban size is growing rapidly. It is natural that maternity care services are not expanding to the extent to cope pace with the increasing demand of growing urban population. Increasing demand and peoples feeling of the need related to pregnancy and childbirth, sociocultural norms and customs is likely to influences the utilization of the care service.

This qualitative study was carried out to examine women's understanding and practices about care during pregnancy and child birth, attitude towards home and hospital delivery, perception about skilled care and utilization of the maternity care services.

## METHOD

Forty focus group discussions were made in ten geographical clusters (Mahallas) of Dhaka city corporation considering one service center as a focal point during May to June, 2001. Guidelines for FGD were developed through a workshop involving experts of the relevant field. The instruments were

pretested before finalization. Every group for FGD consisted of six to ten respondents with similar socioeconomic and cultural background. The respondents were mothers having a child aged one year or less, their husbands, and elder female member of family. There was one moderator and two assistants for guiding the discussion and taking notes. Entire discussion was tape-recorded and lasted for about 1 to 1.30 hours. A transcript was made after checking for consistency. The FGDs were held at yards of the respondent's residence.

## RESULTS

### Perception Regarding Existing ANC Services

The participants were aware of the services available in their vicinity, "Some Govt. and Private hospitals are providing ANC services and health care", and we receive information and suggestions from the service providers. However, antenatal visit was not perceived as a special need for pregnancy as expresses, "Pregnancy is god gifted natural process, no need to bother", "we do not feel any problem, why should we go to doctor". Most of the people thought that TT injection is all that is important for ANC and if she receives this vaccine she was consoled with the feeling that she is going to be all right as far as her pregnancy was concerned. Regarding the components of services during antenatal care they stated that they check blood pressure, take weight and give TT vaccine.

The prejudice of reliance on supernatural powers or traditional healer was also prevalent in urban area "we practice 'Jhar-fook' (traditional healing) during pregnancy because it is a vulnerable state". They also thought that many of the perceived dangers like fits, bleeding during pregnancy are results of wild spirits (batas laga) who may possess a woman if she ventures outside and expose herself at certain times and places. Many of the women especially in the case of their first pregnancy stay in the city up to first seven to eight months of pregnancy and go to their parental home usually in the rural areas for delivery because they believed that it will be safe and comfortable.

### Perception Regarding Childbirth Services

Preference for home delivery is almost universal and they also expressed that hospital delivery is required in an emergency or when there is a complication. Even if they visit health center during pregnancy they will not go to hospital for delivery until some dire emergency arises. Home delivery is natural because everyone has practiced it in the past, "We go to hospitals only in emergency". They are scared of the unknown or unfamiliar environment of the hospitals as reflected in the comment "in labor room we are lonely and helpless at times" and they also perceive that "any suffering, problem, even 'death' is preferable

in home in presence of relatives instead of hospitals where no one is mine". The elder female members do not like to attend hospital if any doctor assures them about baby's condition "doctor told me that the position of the baby was OK so there was no need to go to center for delivery".

### Perception Regarding Hospital Environment

Negative attitude towards hospitals is widely prevalent among women. One important factor is lack of medicine and other essential materials in the hospital. "Hospital does not have supply of necessary medicine, blood and medical equipment and we had to buy everything even extra medicines".

Common believe is that Staffs (security guard, nurse, ward boy, aya even doctor) do not cooperate unless bribe is given "they will not touch the patient until you give them money".

Lack of sufficient bed is also a factor that adds to the problem "I was very sick-but they kept me on the floor until the doctor was managed (with inceptive in the form of cash money)". Some rumors about hospital was scarring like "they sometimes abduct the child or exchange male child for female child".

The practice of delivering women in dorsal position with legs tied with stir-up was found to be objectionable "hands and legs are tied to beds". A common complain against hospitals were increased rate of cesarean section, "doctors don't keep patience for normal delivery so they do CS unnecessary". "Presence of male doctors during childbirth is embarrassing and there are Inadequate and inappropriate services at odd hours". Another concern was "In hospital students/trainees do delivery". Negligence of hospital staff was expressed as "There is no privacy in the hospital". Distance of a health care center was reported as a barrier by some. "It is difficult to arrange transports for emergency". All those factors confound to their sufferings and aggravate their reluctance to hospital care.

### Choice of Birth Attendant

Dai (Traditional birth attendant) was more preferable as are available at home, like a kin to them and affordable as stated *Dai will be happy with minimum amount of money and we can demand and receive additional time and support from her.*

"You will need medicine and others if go to hospital, at home you need nothing".

The health care providers in the facility was quite unacceptable, as stated "Nurse and attendants behave as cruel, when patient shout in pain they will rebuke with slang", and "they do not listen to us rather misbehave". Often there is delay in going to health center because of the nonavailability of the person who could arrange preparation to cope-up with the emergency. "There was no family member to accompany in hospitals or stay at home".

## DISCUSSION

It was revealed from the discussion that existing antenatal care offer four types of services viz weighing, checking blood pressure, and advice on maternal nutrition and TT immunization. However, abdominal examination which is necessary to assess fetal growth and well-being was not done in most cases. As this important component was lacking in most health centers antenatal care in its real sense does not exist in those centers.

Ignorance about need of routine care during pregnancy was common. Taking tetanus toxoid during pregnancy was equated with availing antenatal care. There was very limited knowledge regarding danger signs of pregnancy and labor and as they regard pregnancy as a normal state they have very little concern for obstetric emergency. When any emergency arises they go to hospitals at the last moment. Even in life-threatening condition related to childbirth the use of hospital care is low.<sup>7</sup> In Bangladesh, met need for Emoc was found to be 27 % that means 73% pregnant women with complications still remain in the community.<sup>8</sup>

People are not accustomed to birth planning or made preparation well-ahead of time for the child birth. This is consistent with similar studies.<sup>9,10</sup> Study also reported that main reason for nonutilization of EOC facility are that people do not know much about the complication and its consequences, required medicines are not always available, there are non-availability of doctors especially female doctor when needed and relatively high financial costs involved in treatment.<sup>11</sup> A lack of privacy and presence of male doctors during birth was cited as a difficult issue as was also found in other studies.<sup>12,13</sup>

Cost of seeking medical care defer women's routine use of maternal health service and prolong delay in seeking care even when complications arise. Cost does not include only consultation fee or the expenditure incurred on medicine but also the fare spent to reach the facility, loss of earning, food and lodging for the woman or her attendant in the hospital. Consequently household economics limit the choice and opportunity of health seeking.<sup>14</sup> Even if the formal fees are low, there may be "Informal" or 'under the table' fees that can pose significant barriers to women's use of services. As they go to hospital with acute emergency in a fragile emotional state they are vulnerable to be exploited at every step of getting treatment. Cost has also been cited as a major barrier in seeking appropriate health care in Pakistan.<sup>15</sup>

Client's perceived quality of services and confidence in the health provider affect health service utilization.<sup>16</sup> Behavior of health care providers are crucially important to make rapport with the mother and her family. Common preference for traditional birth attendant is a reflection of the socioeconomic status as Bangladesh health and demographic survey reported that antenatal and delivery care utilization was more among women of higher asset quantile and with high schooling.<sup>2</sup>

Decision maker for availing maternity care are often the husband or father in law or elder female member in the family, so there is often much delay before addressing to the need for care.<sup>17</sup> The elder women of the family discourage in favor of traditional practices and values of their own life about childbirth. The study revealed that the husbands only rarely provide the proper funds required for medical check up. The economic polarization within the society and lack of social security system make the poor more vulnerable in the terms of affordability and choice of health provider.<sup>18</sup>

Barriers to using hospital care are not only related to social economic and cultural factors and geographic access but also to quality of services available at health facilities. Due to what is perceived by the community as dismal quality of health services, most women hesitate to seek delivery care from a hospital unless there is an obstetric emergency.<sup>12</sup> Negative attitude toward hospitals have been identified in different studies.<sup>13,14,17</sup> It was expressed that usually the indication of cesarean section is not explained to the patient and attendants and they just gave consent without understanding the need of the procedure. This gives a chance to think that doing cesarean section was a profit issue for doctors. The universal apprehension of any surgical procedure should be dealt with empathy and need for such procedure should be understood by the patient herself. The providers should be more careful to express their treatment decision and avoid any misunderstandings among the clients.

## CONCLUSION

The existing maternal health care facilities are largely underutilized by urban poor. Factors for low utilization identified through this study can be useful to health authorities to formulate the plan of action for improving quality of services in the hospitals. Obstetric and gynecological societies can contribute through need based training and development of its professionals with better commitments. At the same time community should be mobilized to modulate the sociocultural norms, values and need for maternity care. The major challenges of this low utilization are rooted into socioeconomic factors, cultural norms, perceived environments in the hospitals and behavior of health care providers.

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