



## ASSESSMENT OF PREGNANT' S OBSTACLES TOWARD ANTENATAL CARE IN MOSUL

### Article information

#### Article history:

Received April 5, 2020

Accepted June 14, 2020

Available online June , 28, 2020



DOI: [10.33899/mjn.2020.164620](https://doi.org/10.33899/mjn.2020.164620), College of Nursing, University of Mosul.  
Creative Commons Attribution 4.0 International License  
([https://mjn.mosuljournals.com/article\\_164620.html](https://mjn.mosuljournals.com/article_164620.html))

Omar Hussein Abdulla<sup>1</sup>

Waleed Ghanim Ahmad<sup>2</sup>

### Abstract

**Background:** Antenatal care is the routine health program of pregnant women to reduce the risk of stillbirths and pregnancy complications and give women a positive pregnancy experience.

**Objectives:** This study aims to assess the utilization ratio of antenatal care services and to identify current barriers to proper utilization of antenatal care services in Mosul city.

**Subjects and methods:** A descriptive study was carried out during the period from 26 September, 2019 to 1<sup>st</sup> April 2020. The study has been conducted among three hospitals in Mosul city namely: Al- Khanssa teaching hospital, Al- Salam teaching hospital and Al-Batool teaching hospital. The target population was pregnant women who attend maternity and child care unit. The study sample consists of 300 pregnant women. Data collection tool was composed of (2) main parts. The first one was for socio demographic data about the pregnant woman. The second part was for gynecological, obstetric and antenatal care characteristics. It was constructed through use of (2) option- type (yes-no). Content validity was determined by presenting the items to a panel of scientific experts.

**Results:** study results revealed that 84% of studied women were found to have regular antenatal care visits. Regarding obstacles to antenatal care, far distance from the centre was found among 52% of study subjects.

**Recommendations:** The study recommends establishing several antenatal care clinics in different areas of Mosul city to improve medical and nursing staff caring attitude in addition to increasing people' s awareness through health education about the importance of conducting antenatal care visits since the beginning of pregnancy.

**Key words:** Antenatal care, Obstacles, Utilization, Mosul

<sup>1</sup> B.Sc.N.MSN. candidate

<sup>2</sup> Assistant Professor, PhD. Community Medicine, College of Medicine, University of Mosul, Iraq

## INTRODUCTION

Antenatal care is a chance to present a positive degree pregnancy experience and to improve maternal survival. Caution consideration in the antenatal period is additionally significant for supporting the long time growth and development of the child as its piece of the basic care and monitoring for complications (Kuhnt & Vollmer 2017). Antenatal care also includes consideration during pregnancy. It is a type of preventive medicine. The point is to give occasional registration that enables specialists and birth assistants to treat and avoid potential medical issues during pregnancy and advance solid ways of life that have advantage to mother (National\_\_Library of Medicine,(2012). During antenatal examinations, the pregnant woman receives the necessary health facts on different kinds of changes during pregnancy especially physiological and biological ones as well as prenatal nutrition including vitamins. They are also given some recommendations on therapeutic measures and changes to better health lifestyles. Routine care services available during pregnancy - including prenatal testing and diagnosis - significantly reduce maternal mortality, spontaneous abortion, birth defects, low birth

weight babies, and childhood infections (*Medicine Net*, 2011).

The first antenatal care visit provides a chance to review or assess medical, family, reproductive, nutritional, genetic and psychosocial histories, Women with prior cesarean delivery for the recurrent pregnancies (HACKER &MOORE'S 2010).

Antenatal care including care during maternity, should start from the first degree of gestation. Charwoman have an accessibility to antenatal care services either from wellness doer during their domiciliary visits or by visiting a wellness center where such services are available Filling information and advising to women about pregnancy-related complications and possible curative bar for the early detection and management of complications is one of the most important components of antenatal care (Chandhiok, et. al, 2006).

## SUBJECTS AND METHODS

Adescriptive cross sectional study design has been adopted. The study has been conducted among three major maternity teaching hospitals in Mosul. These hospitals are Al-khansaa, Al-salam and Al-batool teaching hospitals. Al-batool Teaching Hospital lies at the

right side of Mosul city and Al-khansaa Teaching Hospital is located in the northeast region at the left side of Mosul city, Al-salam Teaching Hospital is located in the southeast region at the left side of Mosul city. Study subjects were 300 pregnant women chosen randomly from daily attendants of the consultation maternity

clinics of the above mentioned three hospitals. Data collection tools include pregnant' s socio demographic characteristics and obstacles to antenatal care. All questionnaire items have been filled in by the investigator himself through direct interview of pregnant women.

## RESULTS

Table (1) Frequency distribution of the study population according to socio demographic characteristics.

Socio demographic parameter		N= 300	%	x <sup>2</sup>	P. value
Age group	< 18	36	12%	89.947	0.000
	18-24	143	48%		
	> 24-30	70	23%		
	> 30	51	17%		
Educational level	Illiteracy	74	25%	126.667	0.000
	primary school	127	42%		
	Secondary school	55	18%		
	University education	43	15%		
Residence	Urban	239	80%	294.020	0.000
	Rural	45	15%		
	Some urban	15	5%		
Parent's Education	Illiteracy	79	26%	172.033	0.000
	primary school	141	47%		
	Secondary school	30	10%		
	University education	50	17%		
Type of family	Extended	249	83%	130.680	0.000
	Nuclear	51	17%		
Husband' s job	Employee	65	22%	96.333	0.000
	un employee	235	78%		
Pregnant' s job	Employee	27	9%		
	Housewife	273	91%		
Economic income	Less than 300	231	77%	201.720	0.000
	301- 600 thousands	51	17%		
	dinar				
	>601- 900 thousand	15	5%		
Cigarette smoking	dinar			0.000	1.000
	> 901-1 million	3	1%		
	Smoker	0	0%		
	Non smoker	300	100%		
Husband's smoking	X smoker	0	0%	29.453	0.000
	Yes	103	34%		
	No	197	66%		

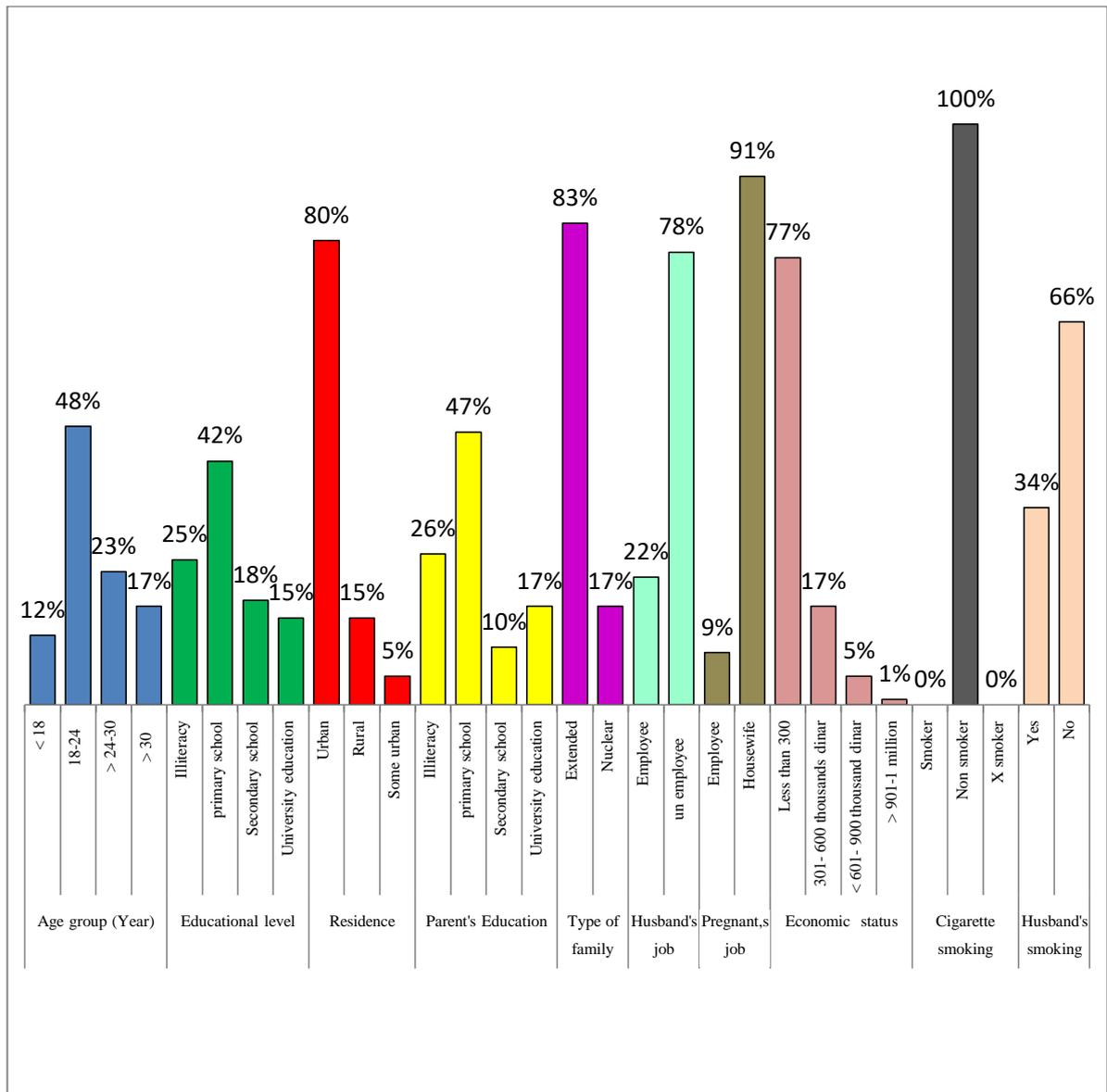


Figure (1) histogram showing frequency distribution of the study population according to socio demographic characteristics.

Table (2) Frequency distribution of study population according to antenatal care visits parameter.

Antenatal care visits parameter		N= 300	%	x <sup>2</sup>	P
Antenatal care visit	present	247	82%	125.453	0.000
	abscent	53	18%		
No. of visits per month	1	206	83%	279.992	0.000
	2	28	12%		
	3- above	13	5%		
regularity of visit	Regular	207	84%	112.911	0.000
	Irregular	40	16%		
If regular, when was your first visit to the primary health center	Since beginning of pregnancy	82	40%	77.594	0.000
	during 2 <sup>nd</sup> trimester	113	54%		
	during 3 <sup>rd</sup> trimester	12	6%		
Health education advice during antenatal care visits	Received	239	97%	216.036	0.000
	Not received	8	3%		
If yes, who is the source of information	Physician	57	24%	135.879	0.000
	Nurse	50	21%		
During each visit was there any laboratory investigations done	present	290	97%	261.333	0.000
	abscent	10	3%		

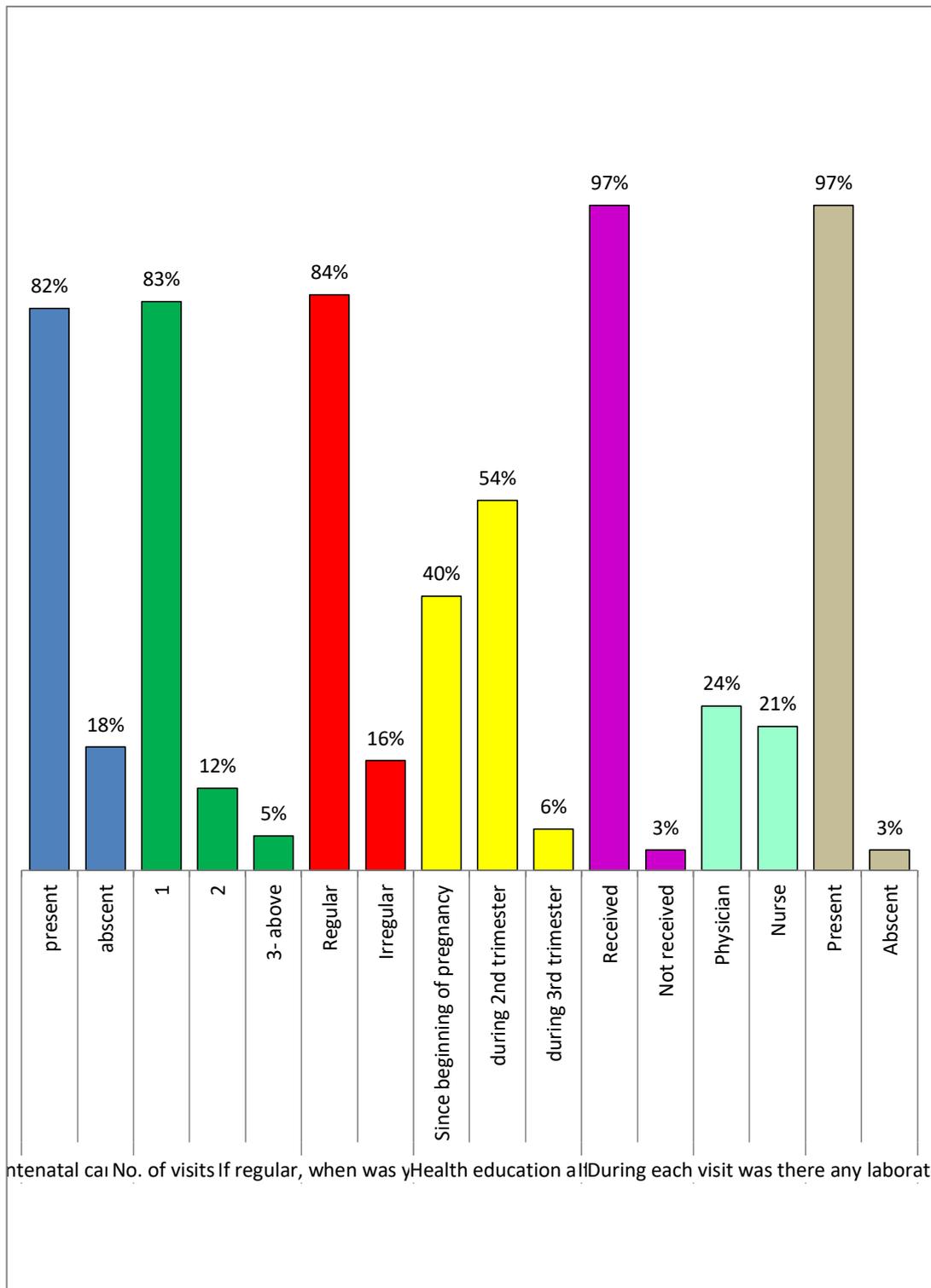


Figure (2) histogram showing frequency distribution of study population according to antenatal care visits parameter.

Table (3) Frequency distribution of studied women according to type of obstacles against antenatal care visits.

Obstacles against antenatal care visits	N= 300	%	$\chi^2$	P
Long distance between the center and dwelling	157	52%		
No enough time	19	6%		
Low economic status	70	23%		
Social problem inside family	77	26%		
Psychological problems	12	4%		
I believe I'm healthy. No need to attend the antenatal clinic	25	8%		
Daily business (type of work).	11	4%	0.846	0.924
Fear from vaccination and investigation	23	8%		
Family / husband refuse conduction visits	33	11%		
Unsatisfactory ( poor) antenatal care	61	20%		
Careless attitude of physician and nurses	88	29%		
I don't trust in antenatal care	36	12%		
Unavailability of investigation	36	12%		

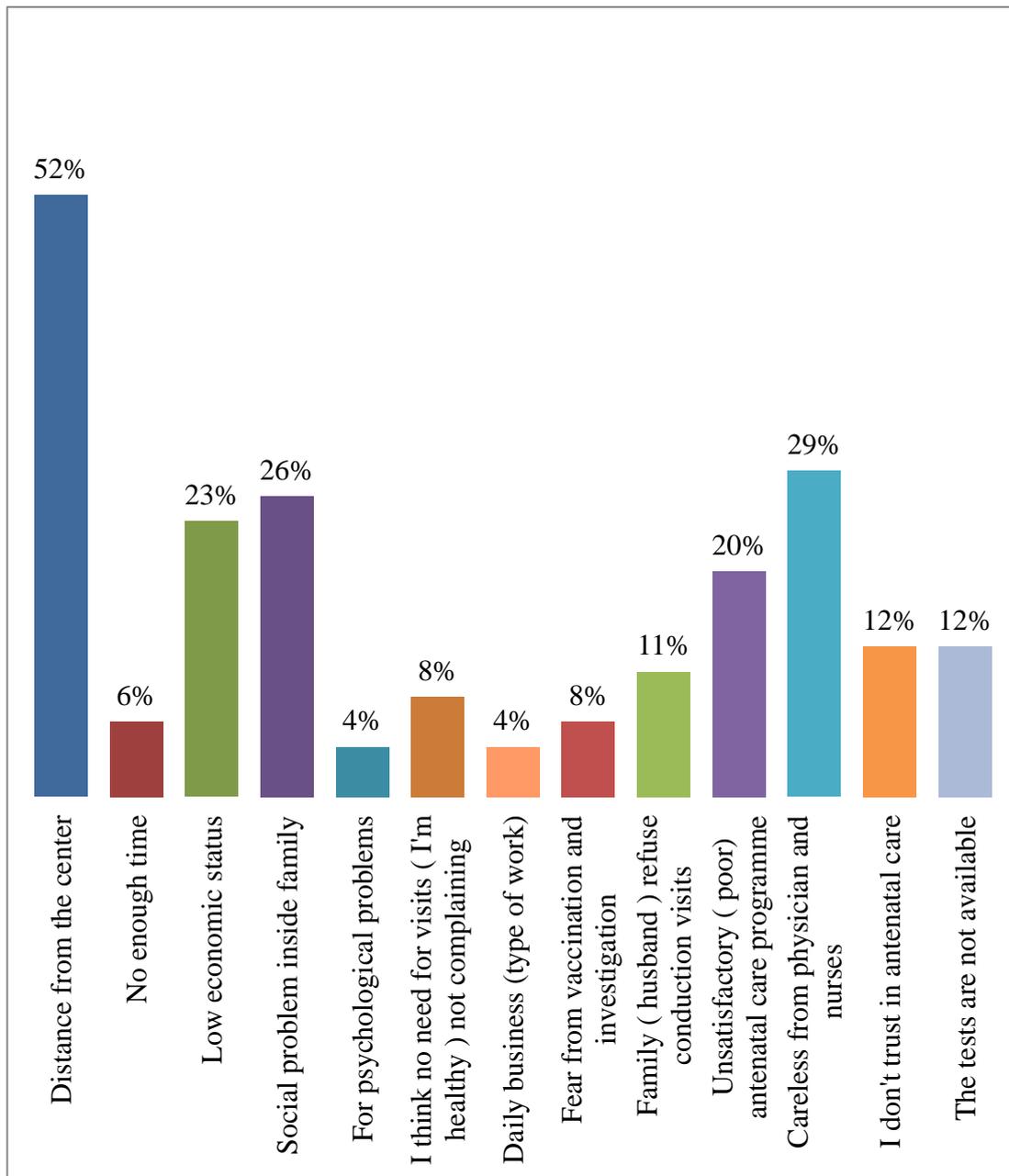


Figure (3) histogram showing frequency distribution of studied women according to type of obstacles against antenatal care visits.

## DISCUSSION

Rgarding the education level of pregnant women, It is found that about 42% of them are graduated from primary schools, while only 17% of them are university graduates. In contrast to a study done in Indonesia reported that mothers with high level of

education had the highest utilization rate for antenatal care use. This finding of a study by (Erlindawati et. al, 2008) indicating that education has an impact on awareness among the population and their use of health services. As far as pregnant's job, 91% were housewife which is

consistent with Shahjahan et. al., 2012 in which 95.6% of pregnant women were found housewives. The majority of the sample is in the 24-30 years age group. This proportion reflects Mosul population habits that make the woman ready for marriage after completing the age of twenty. The majority of the interviewed woman found having low economic income (77%). High income mothers had the highest percentage use of antenatal care services compared to those with a lower family-income (Rahman et.al, 2010).

As for the number of visits per month, the study showed that 83% of pregnant women visit

#### **CONCLUSIONS & RECOMMENDATIONS**

Relative underutilization of antenatal care services is found in Mosul. The most common obstacles are long distance from the center, family social problem and careless attitude of physician and nurses. Continuous educational programs are necessary to improve nurses attitude toward antenatal care to pregnant women. Holding educational symposiums to overcome the social problems facing the pregnant woman is an urgent necessity.

#### **REFERENCES**

Erlindawati , Chompikul J, Isaranurug S. Factors related to the utilization of antenatal care services among pregnant women at health centers in Aceh Besar district, Nanggroe Aceh Darussalam province, Indonesia. *J Public Health Dev* 2008; 6:99- 108.

maternity units per month. This agrees with the finding of another study done in Vietnam in which 96.6% of pregnant women visit antenatal care unit per month (Sepehri et.al., 2008).

As far as obstacles against antenatal care visits, study results revealed that the top obstacles are living far from the center, social problem inside family and careless attitude of physician and nurses. Similar results have been found in a study conducted in Nigeria which found that 48.8% of the pregnant women did not attend antenatal care services because the providers were far from them (Osungbade et.al., 2011).

Chandhiok N, Dhillon BS, Kambo I, Saxena NC. Determinants of antenatal care utilization in rural areas of India: a cross-sectional study from 28 districts (an ICMR task force study). *J Obstet Gynecol India* 2006; 56:47-52.

Definition of Prenatal care". *Medicine Net, Inc.* 27 Apr 2011

HACKER &MOORE'S (2010): Essential of OBSTETRICS and GYNECOLOGY, china. Elsevier, library of congress cataloging, 9 th ed. P: 86

Kuhnt, J., & Vollmer, S. (2017). Antenatal care services and its implications for vital and health outcomes of children: evidence from 193 surveys in 69 low-income and middle-income countries. *BMJ open*, 7(11), 017122.

Osungbade, K. O., & Ige, O. K. (2011). Public health perspectives of preeclampsia in developing countries: implication for health system strengthening. *Journal of pregnancy*, 2011.

Prenatal Care" (2012). U.S. National Library of Medicine. 22February

Rahman M, Islam R, Rahman M. Antenatal care seeking behaviour among slum mothers. A Study of Rajshahi City Corporation, Bangladesh. SQU Med J 2010; 10:50-6.

Sepehri, A., Moshiri, S., Simpson, W., & Sarma, S. (2008). Taking account of context: how important are household characteristics in

explaining adult health-seeking behaviour? The case of Vietnam. Health policy and planning, 23(6), 397-407.

Shahjahan et al. (2012) Antenatal care services in rural Bangladesh South East Asia Journal of Public Health 2(2):61-66.