

**Study on the barrier of antenatal care of adult Pregnant Women
attending in the Hospital in Dhaka**



Submitted to:

Dr. Md. Bellal Hossain

Professor & Head

Department of Nutrition and Food Engineering

Faculty of Allied Health Sciences

Daffodil International University

Submitted by:

Nahida Parvin

ID: 151-34-350

Department of Nutrition & Food Engineering

Daffodil International University

Date of Submission: 20/12/2018

LETTER OF TRANSMITTAL

Date: 20/12/2018

Dr. Md. Bellal Hossain

Professor & Head

Department of Nutrition and Food Engineering

Faculty of Allied Health sciences (FAHS)

Daffodil International University.

Subject: Submission of project work report.

Dear Sir,

It is a great pleasure and honor for me to have the opportunity to submit my project work report Study on the barrier of antenatal care of adult Pregnant Women attending in the Hospital in Dhaka

I have prepared this report based on the acquired taste knowledge during my Project Period. It is great achievement to work. Without your help, this report would have been impossible to complete. This report is based on, “To determine the barriers of antenatal care of adult pregnant women who are attending at Maternity and Child Health Training Institute (MCHTI) Azimpur”. I have got the opportunity to work in your University under the supervision of Effat Ara Jahan , Senior Lecturer.

I, therefore, request and expect that you will appreciate me with any sort of recommendation and valued suggestion and will cordially receive this report for your kind assessment.

Sincerely Yours,

Nahida Parvin
ID: 151-34-350
Department of NFE
Daffodil International University

CERTIFICATION OF APPROVAL

I do hereby declare that the project report entitled “Study on the barrier of antenatal care of adult Pregnant Women attending in the Hospital in Dhaka.” is a record of original work carried out by me under the supervision of **Effat Ara Jahan**, Senior Lecturer, Department of Nutrition and Food Engineering, Daffodil International University, Dhaka-1207, Bangladesh. This project work or any part thereof has not been submitted elsewhere for the award of any degree, diploma, associate ship or fellowship.

.....
Professor Dr, Md. Bellal Hossain

Head,
Department of Nutrition and Food Engineering
Daffodil International University

.....
Effat Ara Jahan

Lecturer
Daffodil International University
Department of Nutrition and Food
Engineering

Acknowledgement

At first I would like to express my gratefulness to the Allah, the creator giving opportunity and ability to pursue my education in B.Sc. in Nutrition and Food Engineering at the Daffodil International University to complete the research work. I express my gratitude to my supervisor Effat Ara Jahan Lecturer department of Nutrition and Food Engineering who provide me a wonderful guideline to work in this topic. Without her help, support and supervision it would not be possible to complete this work.

I would like to extend my deep gratitude to my honorable teacher Prof. Dr. Ahmad Ismail Mustafa Dean, Faculty of Allied Health Sciences and Dr. Bellal Hossain Head of the department of Nutrition and Food Engineering.

CONTENTS

Content	Page no
Title page	i
Letter of transmittal	ii
Certificate of approval	iii
Acknowledgement	iv
Abstract	viii
INTRODUCTION	1
Objective	2
Methods and material	3
Result	4-13
Discussion	14
Conclusion	15
Reference	16
Questionnaire	17-21

LIST OF TABLES

Table no	Title	Page no
3.1	Nutritional status of adult pregnant women.	4
3.2	Socio demographic profile of the adult women who attending in the ANC at MCHTI.	5
3.3	Socio economic condition of adult women attending in the ANC at MCHTI.	6
3.4	Barrier of Antenatal care of adult pregnant women attending in ANC at MCHTI	7
3.5	Frequency of consuming different type of adult pregnant women in 24 hours.	8

LIST OF BAR CHARTS

3.1	Graphical represent of treatment facility of adult women attending in the ANC at MCHTI	9
3.2	Graphical represent of transport problem of adult women attending in the ANC at MCHTI	10
3.3	Graphical represent in kind of cultural problem of adult women attending in the ANC at MCHTI	11
3.4	Graphical represent in delivery facility of adult women attending in the ANC at MCHTI	12
3.5	Graphical represent of watching nutrition health program of adult women attending in the ANC at MCHTI	13

Abstract

The study was conducted on the barrier of antenatal care of adult pregnant women attending in the hospital of Dhaka. The aim of the study to determine the barrier of antenatal care of adult pregnant women. A cross sectional study was conducted at Maternal and Child Health Training Institute, Azimpur, Dhaka. The Data was collected by face to face interview by using a structure based questionnaire. Total 50 data was collected on a trialed period of one month. In the study most of the pregnant was face different kind of complication during their pregnancy period. . The nutritional status of the study shows that 50% pregnant women were normal, 34% were overweight, and 16% obese and also 36% women face headache problem, only 8% women consume milk, 62% women face transport problem, 50% women face different types of cultural problem in their pregnancy period. In my study average year of the pregnant women 21-25 years, 48% women educational qualification under matric, 26% out of 50 people face prejudice and 32% women's are come to hospital alone for her antenatal checkup, most of pregnant women's husband is only the earning member 52% family's monthly income 11000-20000 taka, 62% family's consist of 1-5 members, 18% women face headache problem, 34% pregnant women get free treatment facility such as medicine from government hospital and 18% do not get this facility, Only 1% pregnant women get delivery facility from government and non-governmental organization during their pregnancy period and 61% pregnant watch nutrition health program in television.

CHAPTER ONE

1.1 Introduction

Bangladesh is a developing country but one third of the population living poverty and another one third living just above the poverty level (World Bank report 2010). WHO has indicates that lack of pregnant women maternal care, nutritional needs and skilled health worker in Bangladesh. Most of people in Bangladesh receive primary label education. Because of this reason they are not conscious about their health. Nutrition is one of the basic human rights with both equity and equality related to eliminating malnutrition and ensuring human development. A healthy and well-nourished mother is a prerequisite for proper growth of the unborn child. During her pregnancy a mother needs to fulfill appropriate nutritional needs for the physical and mental wellbeing of the child. Millennial development goal- 5 has focused pregnant women health care in developing countries including Bangladesh. The government of Bangladesh is currently working for the improvement for the maternal health care. Many mother suffer from malnutrition due to lack of proper nutrition every year during pregnancy and postpartum period. Which increases the rate of maternal mortality as well as seen maternal depletion syndrome of the mother. The reason for these problems is early marriage, frequently child birth, infection. In 2002 the rate of maternal mortality was 23%. Due to various government initiatives, the rate of maternal mortality decreases by ¾ percent in 2015. Every year 2500 mothers die during childbirth and 7000 children die. In the village 70% of pregnant women delivery are take place in home. And 45% babies are born underweight. One of the main reason is the poor condition of the mother's health care during pregnancy. Because mothers do not get their maternity services properly. The term of antenatal care means pregnancy care. A pregnant women needs to be checkup at least 4 times during pregnancy [WHO recommends]. The first checkup as soon as possible after the pregnancy second checkup and TT vaccination should be given in six months of pregnancy. During eight months of pregnancy, it is necessary to do third checkup and nine month of pregnancy, it is necessary to do the fourth checkup. Poor women living in rural areas face different religious, social and socio-economic disruptions during pregnancy. If these problem are not removed then the mothers may face more danger. The government is doing various awareness programs for the improvement of maternal health. Such as prevention of early marriage, establishment of new medical college. In addition to government agencies, several non-governmental organizations are working on poor pregnant women health care. Government health facilities played a major role in providing nutrition services to the pregnant women. Government health facilities are providing nutrient supplements like IFA, vitamin A, calcium,

zinc. Pregnant women also received nutrition services at household level more by the non-government organization. Pregnant women received iron folic acid and calcium tablets from the government health facilities. The government of Bangladesh is trying to ensure nutrition services all over the country.

1.2 Objective

General objective: To determine the barriers of antenatal care of adult pregnant women who are attending at Maternity and Child Health Training Institute (MCHTI) Azimpur

Specify objective:

1. To identify the delay in making decisions about seeking health care.
2. To examine challenges and barriers to avail nutrition services in hard-to-reach areas.
3. To identify the barriers to provide nutrition services delay in reaching in the facility center at right time.
4. To define the accessibility and usage of nutrition specific measurement equipment in both government and non-government health care facilities

1.3 Literature review

South East Asia Journal of Public Health 2016, (Bijoy Krishna Banik) in his literature he find out that poor women both in rural and urban areas in northern areas of Bangladesh experience high maternal mortality rate compare to other reason due to lack of antenatal care, treatment facilities, lack of skilled birth attendant and female health staff, low quality services.^[1]women don't come hospital for her antenatal checkup at proper time because the health center situated long distance from their home.

(Dennis, Fung, and Grigoriadis, 2007) women who living in Bangladesh they face many kind of cultural problem during their pregnancy period.^[2]

CHAPTER TWO

2. Methods and Materials

2.1 Study design and area: In order to reach the objectives of the study a cross sectional method was applied, where both qualitative and quantitative data were collected. Data was collected from Azimpur Maternity Hospital department of Maternal and Child Health Training Institute, where the pregnant women are come for antenatal care (ANC). MCHTI is located at Azimpur, Dhaka which is established in 1953 by Bangladesh Government.

2.2 Study population and size: All pregnant women who are attending for antenatal checkup during the study period at MCHTI. Adult pregnant women was my target people. Total 50 data was collected on a trialed period of one month

2.3 Data collection: The Data was collected by face to face interview by using a structure questionnaire based interview which include socioeconomic condition (family income, education, occupation, husband's occupation), reproductive history (no of children, family member, marital status), antenatal related information (antenatal checkup, complication, treatment facility) and food frequency question. The questionnaire is attached at the last.

2.4 Statistical analysis: All data was coded and analyzed by using IBM SPSS version 21.0.

CHAPTER THREE

3. Result

Nutritional status of the study subject by BMI

Table 3.1: Nutritional status of adult pregnant women.

BMI	Number	Percent%
Normal	25	50
Overweight	17	34
Obese	8	16

Table 3.1 shows the nutritional status of the study subjects by Body Mass Index. From the table, 50% pregnant women were normal, 34% were overweight and 16% were obese.

Table 3.2: Socio demographic profile of the adult women who attending in the ANC at MCHTI.

Variable	Category	Frequency	Percent%
Age in year	15-20	12	24
	21-25	18	36
	26-30	16	32
	31-35	4	8
Educational qualification	1-5 passed	9	18
	6-10 passed	24	48
	HSC passed	15	30
	Graduate	2	4
Husband's education	1-5 passed	13	26
	6-10 passed	15	30
	HSC passed	14	28
	Graduate	5	10
	Post graduate	1	2
	Illiterate	2	4

Above the table 3.2 shows that Total 50 adult pregnant women attend in ANC during this study where 100% women were response in the interview. Most of the study participant's 18(36%) age group was 21-25 and all women were married. Most of the pregnant women are 6-10 passed 24(48%) and most of the husband's education qualification are 6-10 passed 15(30%).

Table 3.3: socio economic condition of adult women attending in the ANC at MCHTI.

Variable	category	Frequency	Percent%
occupation	House wife	46	92
	House maid	1	2
	Service (govt. or non govt.)	2	4
	Factory worker	1	2
Religion	Islam	40	80
	Hindu	10	20
Monthly income	5000-10000 taka	8	16
	11000-20000 taka	26	52
	21000-30000 taka	12	24
	31000-50000 taka	1	2
	Above 50000 taka	3	6
No of family member	1-5 members	31	62
	6-10 members	17	34
	11-15 members	1	2
	16-20 members	1	2

In the table 3.3 we can see that most of the pregnant women occupations are housewife 46(92%). Most of the pregnant women's husband is the only earning member and 52% family's monthly income 11,000-20,000 taka. Most of the women's family consist of 1-5 member (62%).

Table 3.4: Barrier of Antenatal care of adult pregnant women attending in ANC at MCHTI

Variable	category	Frequency	Percent%
Complication	No complication	11	22
	Headache	18	36
	Anemia	1	2
	Vomiting	17	34
	Others	3	6
With whom to go antenatal checkup	Husband	15	30
	Relatives	12	24
	Sister	2	4
	Alone	16	32
	Mother-in-law	5	10
Economic problem	Yes	24	48
	No	26	52
Cultural problem	yes	25	50
	No	25	50

In the table 3.4 we can see that 18 (36%) pregnant women were headache complication and 17 (34%) women were vomiting. Most of the pregnant women 16 (32%) are come to hospital alone for her antenatal checkup. In the study 24 (48%) pregnant women face economic problem and 25 (50%) women face cultural problem.

Table 4.5: Frequency of consuming different type of adult pregnant women in 24 hours.

Food item	frequency	Percent%
Vegetables	39	78
Green leafy vegetables	19	38
Fish	28	56
Meat	29	58
Egg	20	40
Milk	4	8
Fruit	14	28

In table 4.5 observed that Vegetable was consumed 78%, green leafy vegetables was 38%, fish was 56%, meat was 58%, egg was 40%, milk was 8% and fruit was 28%.

It was also observed that the consumption of milk was lowest 8%.

BAR CHARTS

3.1 Graphical represent of treatment facility of adult women attending in the ANC at MCHTI

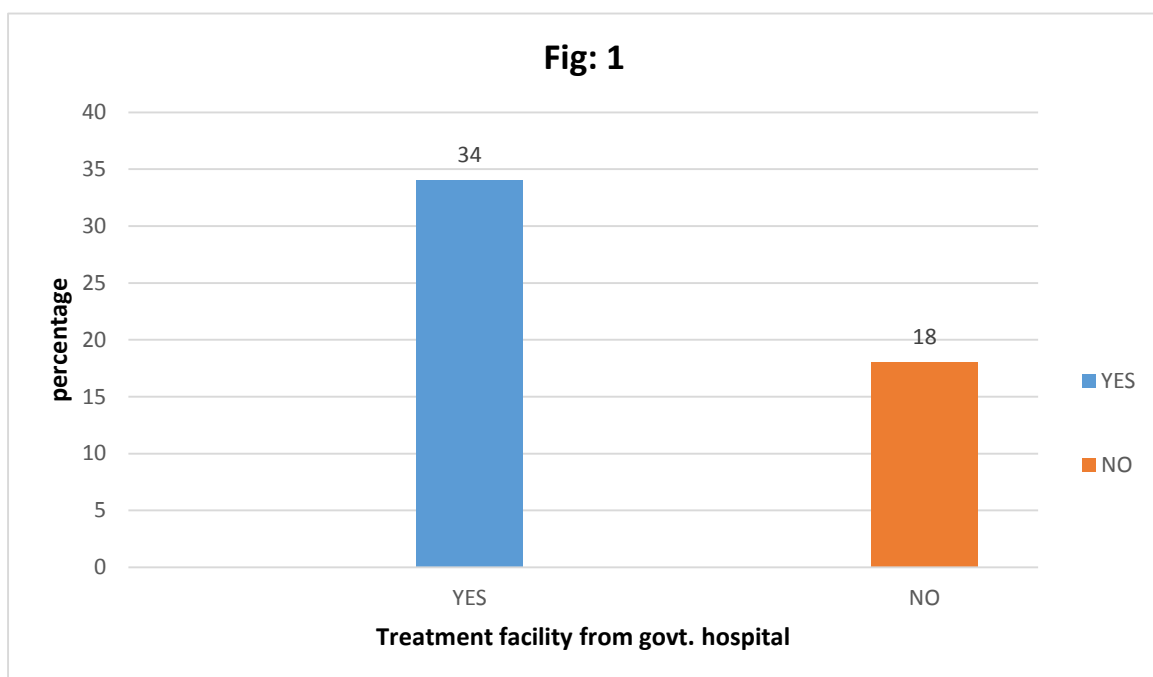


Figure 3.1 shows that 18% pregnant women do not get treatment facility from govt. hospital such as free medicine.

3.2 Graphical represent of transport problem of adult women attending in the ANC at MCHTI

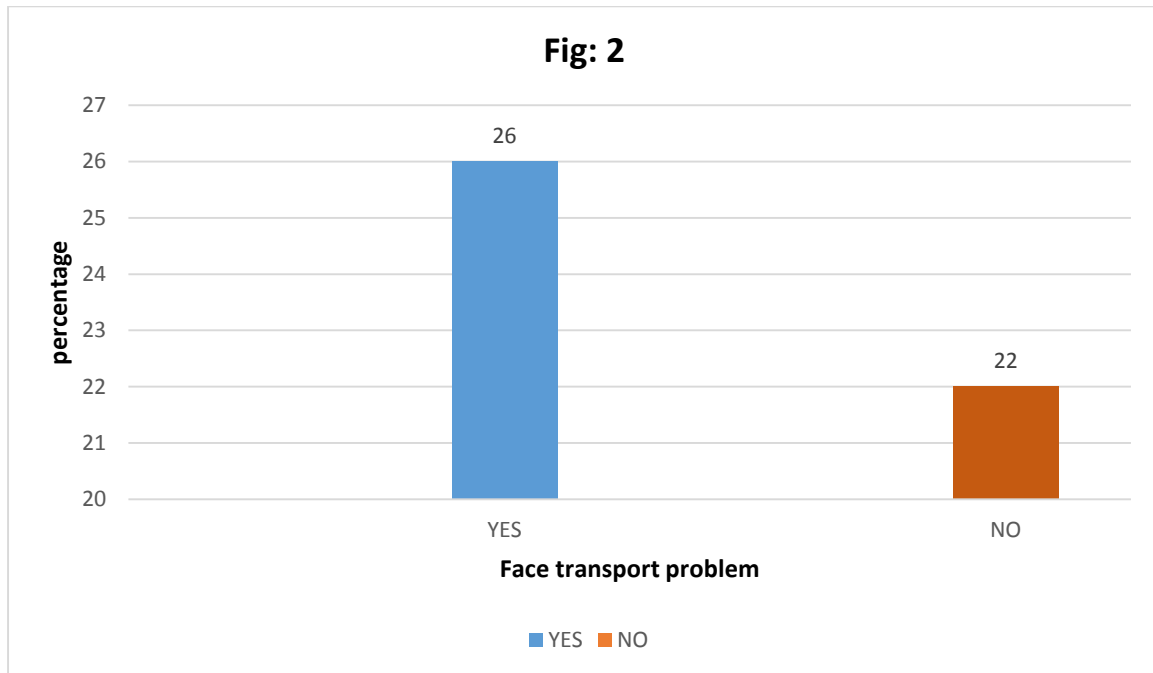
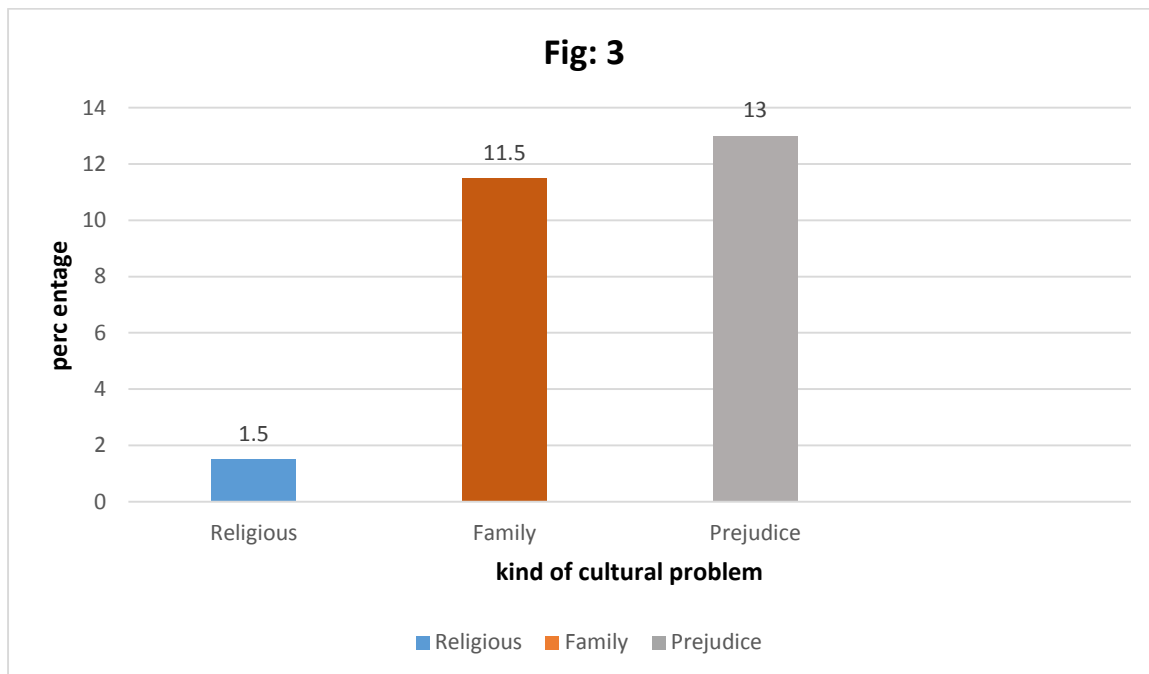


Figure 3.2 shows that 26% pregnant women face transport problem during their pregnancy period.

3.3. Graphical represent in kind of cultural problem of adult women attending in the ANC at MCHTI



In table 3.3 we see that 50% face cultural problem. Figure 3 shows that 13% women face prejudice problem, 11.5% women face family problem and 1.5% women face religious problem during their pregnancy period.

3.4. Graphical represent in delivery facility of adult women attending in the ANC at MCHTI

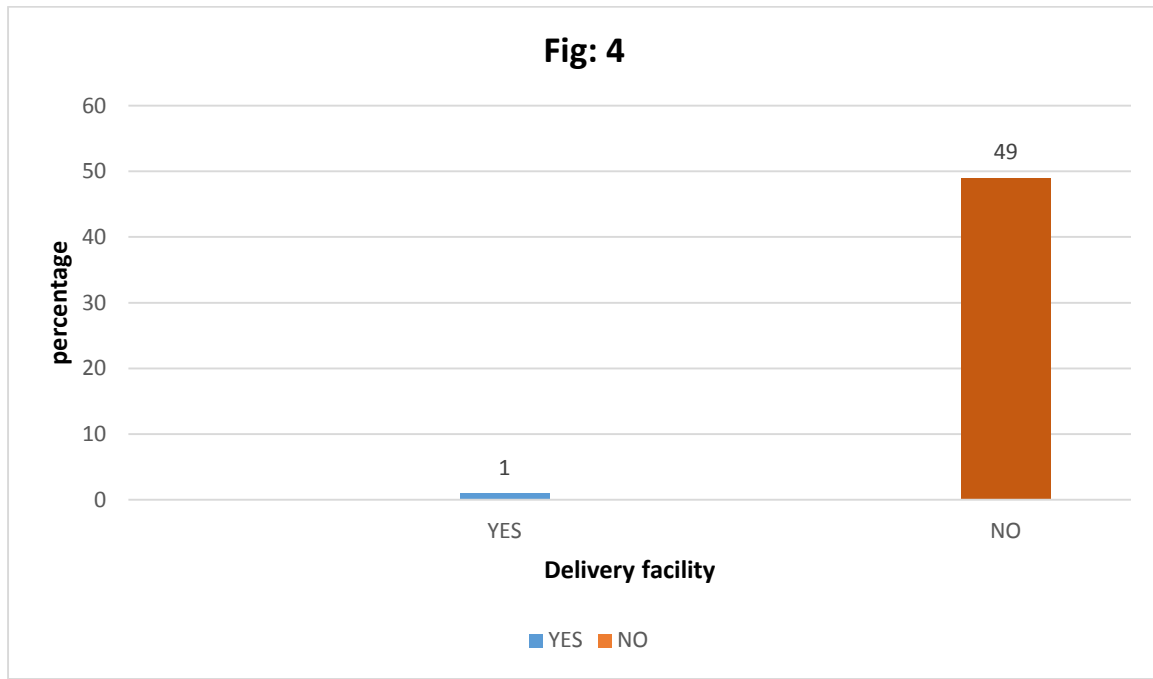


Figure 4.4 shows that 49% women did not get delivery facility from govt. hospital during their pregnancy period.

3.5 Graphical represent of watching nutrition health program of adult women attending in the ANC at MCHTI

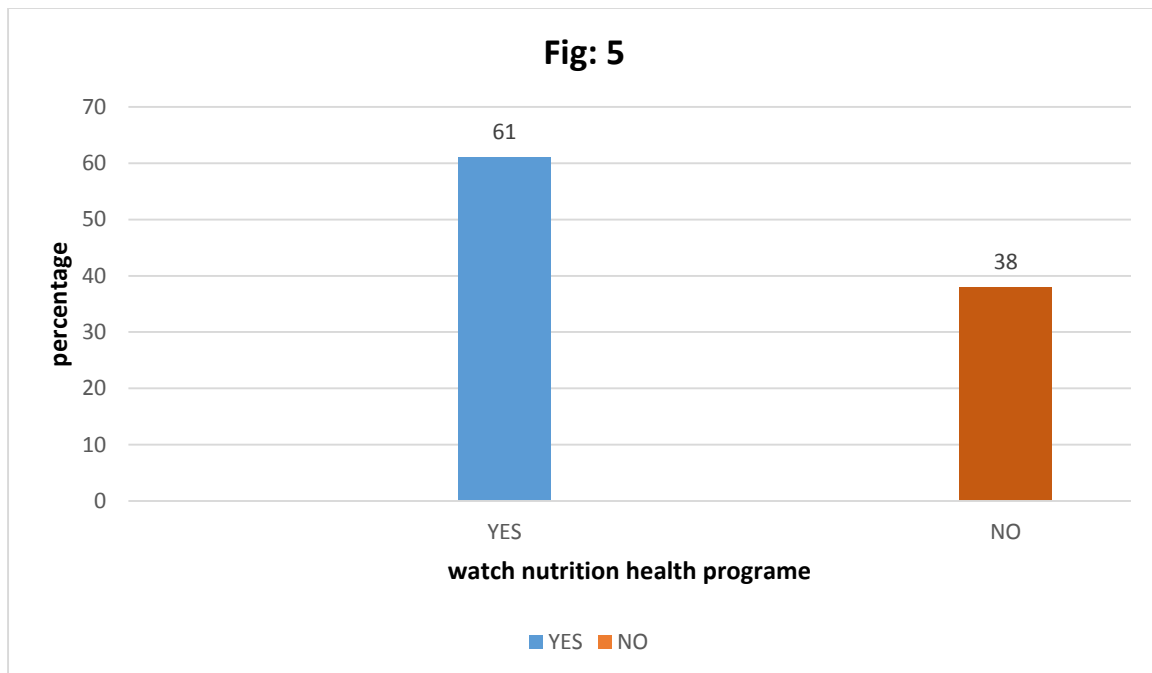


Figure 3.5 shows that 38% pregnant women do not watch nutrition health program.

CHAPTER FOUR

4. Discussion

In the present study shows that 48% women educational qualification was under matric, 52% family's monthly income 11000-20000 taka, 62% family's consists of 1-5 members, 18% women face headache problem, 50% women face different type of cultural problem, 38% pregnant women get free treatment facility such as free medicine, only one person women get free delivery facility from governmental and non-governmental organization. Only 8% women consume milk and 62% women face transport problem in their pregnancy period.

In the study we find that 38% pregnant women get free treatment facility such as free medicine calcium, iron and folic acid. A pregnant women needs 27 milligrams of iron per day which provide oxygen to the body through blood. Rural women travel long distance to reach health center in this reason most of women face transport problem and they don't come hospital for her antenatal checkup at proper time. Most of family members are illiterate in this reason pregnant women face many kind of superstitions.

CHAPTER FIVE

5. Conclusion:

A cross sectional study was conducted to determining the barrier of antenatal care of adult pregnant women attending in the hospital of Dhaka. In my study I was found that 26% women face transport problem, 50% women face different types of cultural problem, 49% women did not get delivery facility from govt. hospital during their pregnancy period. Women living in Bangladesh at high risk of maternal mortality and morbidity in the pregnancy period. Because of poverty, lack of treatment facility, lack of skilled birth attendant and also cultural and religious problem. Many more health care are available in rural and urban area. Both government and non-government organization provide many kind of treatment facility to reduce the mortality rate. NGO are targeting poor women to provide treatment at low cost.

CHAPTER SIX

6. Reference

1. Banik, B. K. Barriers to access in maternal healthcare services in the Northern Bangladesh. *South East Asia Journal of Public Health*, 6(2), 23-36.
2. Walton, L. M., & Brown, D. (2012). Cultural barriers to maternal health care in rural Bangladesh.
3. World Health Organization. (2016). *WHO recommendations on antenatal care for a positive pregnancy experience*. World Health Organization.
4. Villar, J., Ba'aqeel, H., Piaggio, G., Lumbiganon, P., Belizán, J. M., Farnot, U., ... & Langer, A. (2001). WHO antenatal care randomised trial for the evaluation of a new model of routine antenatal care. *The Lancet*, 357(9268), 1551-1564.
5. Parkhurst, J. O., Rahman, S. A., & Ssengooba, F. (2006). Overcoming access barriers for facility-based delivery in low-income settings: insights from Bangladesh and Uganda. *Journal of health, population, and nutrition*, 24(4), 438.
6. Chen, L. C. (1986). Primary health care in developing countries: overcoming operational, technical and social barriers. *Lancet*, 2(8518), 1260-1265.
7. Shannon, K., Mahmud, Z., Asfia, A., & Ali, M. (2008). The social and environmental factors underlying maternal malnutrition in rural Bangladesh: implications for reproductive health and nutrition programs. *Health care for women international*, 29(8-9), 826-840.

CHAPTER SEVEN

Questionnaire

On

Barriers of antenatal care for adult pregnant mothers attending in the hospitals of Dhaka

Questionnaire ID:

Interviewee and interviewer details			
Name of the hospital:			
Address:			
Mohallah:			
Thana:			
District			
Name of interviewer:-----			
Type of resident:			
Slum			1
Non-slum			2
Start time of interview: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> : <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>			
(Use 24 hours format)			
HH		MM	
Date of interview: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>			
Day		Month Year	
Results of the interview:			
Complete			1
Incomplete			2
Refusals.....			3
Background characteristics and Socio economic characteristics			
Sl.No	Question	Response	Skip
1	How old are you?	------(Completed years)	
2	What is your religion?	Islam..... 1 Hindu..... 2 Christian 3 Buddhist 4 Others(Specify) 7	
3	What is your level of educational qualification? (Completed years)	1-5 passed..... 1 6-10 Passed 2 HSC passed 3 Graduate/Fazi passed 4 Post graduate passed 5	
4	What is your primary occupation?	Housewife 1 House maid..... 2 Business 3	

		Service(Govt. or Non-Govt.)..... 4 Daily wager 5 Others(Specify) 7	
5	What is the level of education of your husband?	1-5 passed..... 1 6-10 Passed 2 HSC passed 3 Graduate/Fazi passed 4 Post graduate passed 5	
6	What is your husband's occupation?	Service (Govt. Non Govt.) 1 Business 2 Day laborer..... 3 Home maker/Household work 4 Agriculture 5 Others 7	
7	What is your monthly income?	Tk----- 5k-10k taka (level-1) 1 11k-20k taka (level-2)..... 2 21k-30k taka (level-3) 3 31k-50k taka (level-4) 4 Above 50k taka (level-5)..... 5	
8	Which material is your home made?	Raw house 1 Brick house..... 2 Tin 3 Semi-tilled house..... 4	
Reproductive history			
9	What is your marital status?	Married..... 1 Unmarried 2 Separated..... 3 Divorce..... 4	
10	Do you have any child	Yes 1 No..... 2	
11	If yes, then how many?	Number-----	
12	How many member in your family:	Number-----	
Antenatal related information			
13	Duration your pregnancy did you see anyone for antenatal checkup?	Yes 1 No..... 2	
14	During your last pregnancy, what was the duration of your pregnancy at your first antenatal checkup?	----- (Weeks)	
15	During your last pregnancy, total how many times did you receive antenatal checkup?	----- (Number)	
16	During your antenatal checkup, what complication(s) did you face? (Multiple answers are acceptable)	No complication 1 Headache 2 Blurring of vision 3 High blood pressure 4 Convulsion 5 Anaemia 6 Others (Specify) 7	

17	Did you seek any treatment for having any of these complications?	Yes 1 No..... 2	
18	From whom did you seek treatment for having the above complications(s)? (Multiple answers are acceptable)	Medical doctors 1 Nurse/Midwife 2 SACMO/MA 3 FWV 4 NGO health worker 5 Homeopathic 6 Others Specify)..... 7	
19	To whom you go to the antenatal check-up?	Husband 1 Relatives 2 Sister..... 3 Brothers 4 Mother-in-law 5 Others(Specify) 7	
20	Have you got any treatment facility from government hospital?	Yes 1 No..... 2	
21	If yes, what kind of treatment facilities you got in your pregnancy period?	Money 1 Free medicine 2 Free treatment..... 3 Other(Specify)..... 7	
22	Did you have face any transport problem during pregnancy period?	Yes 1 No..... 2	
23	If yes, What kind of transport problem you have face in your pregnancy period?	Bus were not available 1 Rickshaw were not available..... 2 Ambulance were not available 3 Other..... 7	
24	Did you have face any economic problem during pregnancy period?	Yes 1 No..... 2	
25	If yes, what kind of economic problem you have face in your pregnancy period?	Money 1 Well hospital 2 Nutritious food 3 Other(Specify)..... 7	
26	Did you need extra money for your pregnancy period?	Yes 1 No..... 2	
27	How do you get extra money in your pregnancy?	Relative Friend Saving..... Money lenders.....	
28	Did you have face any cultural problem during pregnancy period?	Yes 1 No..... 2	
29	If yes, what kind of cultural problem you have face in your pregnancy period?	Religious Family Prejudice..... Other.....	
30	Did you get any treatment facilities in your pregnancy period?	Yes 1 No..... 2	

31	Did you get any nutrition facilities during pregnancy period?	Yes 1 No..... 2	
32	Did you have any delivery facility?	Yes 1 No..... 2	
33	If yes, what kind of facilities you have got?	Free delivery..... Medicine..... Ambulance Other(Specify).....	
Food security			
34	In the past four weeks, did you ever worry that your household would not have enough food due to lack of resources or money to buy food?	Yes 1 No..... 2	
35	How often did this happen?	Once or twice in a week 1 Three to ten times in a week 2 More than ten times in a week 3	
Food Frequency Question			
36	Food items	Yesterday during the day or night, did you consume the following food items?	
Food Groups			
Cereal	Rice	Yes-----1	No-----2 Don't know-----8
	Puffed rice	Yes-----1	No-----2 Don't know-----8
	Flour	Yes-----1	No-----2 Don't know-----8
	Chira	Yes-----1	No-----2 Don't know-----8
	Others	Yes-----1	No-----2 Don't know-----8
Roots & Tubers	Potatoes	Yes-----1	No-----2 Don't know-----8
	Kachu	Yes-----1	No-----2 Don't know-----8
	Kachur mukhi	Yes-----1	No-----2 Don't know-----8
	Radish	Yes-----1	No-----2 Don't know-----8
	Others	Yes-----1	No-----2 Don't know-----8
Pulses	Lentil	Yes-----1	No-----2 Don't know-----8
	Chola	Yes-----1	No-----2 Don't know-----8
	Mug	Yes-----1	No-----2 Don't know-----8
	Others	Yes-----1	No-----2 Don't know-----8
vegetables	Lal sak	Yes-----1	No-----2 Don't know-----8
	Pui sak	Yes-----1	No-----2 Don't know-----8
	Palong sak	Yes-----1	No-----2 Don't know-----8
	Kalmi sak	Yes-----1	No-----2 Don't know-----8
	Kochu sak	Yes-----1	No-----2 Don't know-----8
	Bean	Yes-----1	No-----2 Don't know-----8
	pumpkin	Yes-----1	No-----2 Don't know-----8
	Carrots	Yes-----1	No-----2 Don't know-----8
	cauliflower	Yes-----1	No-----2 Don't know-----8
	Cabbage	Yes-----1	No-----2 Don't know-----8
	Potol	Yes-----1	No-----2 Don't know-----8
	Borboti	Yes-----1	No-----2 Don't know-----8
	Ladies finger	Yes-----1	No-----2 Don't know-----8
	Carrot	Yes-----1	No-----2 Don't know-----8
	Tomato	Yes-----1	No-----2 Don't know-----8
cucumber	Yes-----1	No-----2 Don't know-----8	
Others	Yes-----1	No-----2 Don't know-----8	

