

Women's preferences and factors influencing their obstetric care service utilization in rural Sindh: A Cross sectional Study

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Abstract

The objective of this study was to explore women's preferences and factors influencing the obstetric services in a rural setting of Sindh Province. This cross sectional study was conducted on 100 women who were interviewed by using a validated questionnaire. The women who had given birth during the year preceding the study were eligible for inclusion in the study. The mean age of the participants was 27.5±2.0 and majority 86 (86%) of them were housewives. About 87 (87%) participants had an opinion that their obstetrical health decisions were always taken by their household members and families. 65 (65.7%) women reported that they consulted public hospitals for their antenatal care visits and 69 (69.6%) women preferred private health facilities for antenatal visits. More than half (62.2%) of the participants had delivered their last child in a public health facility, however, 39 (39.2%) women still preferred to deliver at home. Factors such as availability and affordability for health services were significant among pregnant women, those with income more than twenty thousand rupees per month, those with formal education as they were getting better obstetric care compared to those who had less income (<0.05) and those with no formal education. Study concluded that affordability and availability of services around pregnancy and birth were major factors responsible for preference for maternal care and could be linked with poor obstetrical care among rural women of Sindh. However, it is imperative to provide the obstetric care which is accessible without inconvenience.

Keywords: Maternal care, Obstetric care, Antenatal care visit and affordability, availability

Introduction

Although maternal survival continues to improve globally, yet many countries still struggle to contain the burden of maternal mortality.¹ Annually about 358,000

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maternal deaths are reported globally, despite of significant improvement in health care services. Huge inequalities across the countries underline the maternal mortality problem, for instance, 87% of maternal mortality burden is shared by South Asia and Sub Saharan African regions only.² Factors surrounding at the time of birth are the main reasons for high burden of maternal deaths. Therefore, pregnant women are exposed to unidentified risks at the time of antenatal care visits so the skilled birth attendant is an excellent approach to ensure a successful delivery.³ Labour and childbirth are important events of a woman's life during which she requires special care by her family and health care provider. Because the women and their babies are most vulnerable during the period surrounding the birth decisions about appropriate place of delivery can guarantee positive health outcomes for both mother and her child.⁴ Latest reforms of the National Institute for Health and Care Excellence guidelines for Intra-partum care approves that women with healthy pregnancies must be provided with a choice of desired birth mode, place of birth and any desired setting which must be accessible to all pregnant women.⁵ Giving birth is generally considered as a stressful event in the life of woman.⁶ Mother's safety during birth must be an essential priority but it is often undermined.⁷ Various factors can affect women and her newborn their timely management can bring positive outcomes.⁸ Cheaper quality of drugs is another common problem while managing the health of mother and child in developing countries like Pakistan.⁹

Women's survival during birth is determined by management during labour, interest and care given by birth attendants, and attention given by their immediate family members.¹⁰ The pregnant woman and her relatives usually prefer that the place of delivery is located near their home.¹¹ Facility based deliveries in rural areas need to increase so that these women deliver within a safe environment and with skilled providers.¹² World Health Organization recommends that for improvement of

maternity services such as better quality of care, along with facility based births can significantly dent the burden of maternal mortality in countries struggling with maternal survival.¹³

Better access to healthcare positively improves maternal and neonatal health resulting in better health outcome.¹⁴ High burden of maternal mortality and morbidity in developing countries can be reduced by ensuring antenatal care visits and births with skilled and experienced care providers during labour.¹⁵⁻¹⁷ Although previous research has sought to identify risk factors of poor obstetrical care, the factors women's choice and preference for the birth attendants need further exploration in our local context. Therefore the present study aimed to investigate women's preferences and factors influencing the obstetric services in a rural setting in the province of Sindh.

Methods and Results

A cross sectional study was conducted from January to March 2017 in a rural area of Hyderabad district. A sample size of 100 women was calculated with 10% margin of error, alpha 5% and 50% estimated prevalence. Simple Random sampling methods was adopted for the selection of participants from the list of clients registered with lady health workers in Hyderabad. The women were interviewed through a validated and pretested questionnaire.¹⁸ Women who had delivered a child during the year preceding the study with an age range of 20 to 35 years were included in the study. However, women who experienced a stillbirth were excluded from the study. Dependent variables were preference for the health care providers for the maternal care services during pregnancy and childbirth and obstetrics factors, and independent included socio-demographic characteristics, marital status, education level and financial status of the participants. Proportions, mean (SD), median and mode were calculated by using descriptive analysis. The ethical approval was obtained from the institutional review board of Health Services Academy, Islamabad. A written informed consent was also obtained from the participants before the interviews. Strict anonymity and confidentiality was maintained for participants during this study.

The average age of respondent was 27.5 ± 2 years. The detailed socio-demographic characteristics are given in Table 1.

Table-1: Socio Demographic characteristic of maternal women (n=100).

Socio-demographic Variables		n (%)
Age	20-27	32(32)
	28-35	68(68)
Marital status	Married	98(98)
	Widow	2(2)
Monthly Income	<20000	73(73)
	>20000	27(27)
Education Level	No Formal education	48(48)
	At least primary education	52(52)

Table-2: Women's preference for antenatal care visit and place of delivery (n=100).

Nature of visit	n (%)
Last Antenatal Care Visit	
Clinic Setting	14 (13.7)
Public health facility	67 (66.8)
Private health facility	19 (19.5)
Preference for Antenatal Care Visit	
Clinical Setting	10 (9.8)
Public health facility	19 (19.6)
Private health facility	71 (70.6)
Place for last delivery	
Home Based	10 (10)
Public health facility	62 (62.0)
Private health facility	28 (28)
Preferred Place for delivery	
Home	40 (39.5)
Public health facility	34 (34.1)
Private health facility	26 (26.4)
Factors that influence preferences for obstetric services	
Availability	
Availability of Medical-Staff	40 (40.2)
Decision Making	10 (10.4)
Family support	50 (49.4)
Affordability	
Affordability (able to pay for services)	90 (90.1)

For the preference of women for seeking obstetrics care, 67 (66.8%) women had their antenatal care visit done in a public sector health facility and 71 (70.6%) women preferred private facilities for such care. Similarly, 62 (62.2%) women had their last birth in a health facility and 40 (39.5%) women delivered at their homes. Around 90 (90.1%) women could not afford a private sector facility but were willing to go there because they believed that the health care services in public sector health facilities were of poor quality (Table 2).

Availability of services in a health facility was considered an important factor. The preference of health facility for maternal service utilization including antenatal care was preferred by women whose income was twenty thousand

Table-3: Factors (availability and affordability) influencing choice of obstetric service utilisation (n=100).

Variables	Availability n(%)	p- value
Marital Status		
Married	74(74.4%)	0.001
Widow	19(19.8%)	
Monthly Income (Rupees)		
<20,000	21(20.8%)	0.001
>20,000	66(66.9%)	
Education Level		
No Formal Education	29(29.2%)	0.001
Formal Education	85(85.7%)	
Preferred antenatal Care	71(71.3 %)	
Preferred delivery Place	65(65.6 %)	
Affordability		
Marital Status		
Married	35(35.2 %)	0.001
Widow	83(83.3 %)	
Monthly Income (Rupees)		
< 20,000	79(79.2%)	0.001
> 20,000	33(33.1%)	
Education Level		
No formal education	69(69.5 %)	0.001
At least primary education	35(35.3 %)	
Preferred antenatal Care	77(77.3%)	
Preferred place of delivery	72(72.3 %)	

rupees or more per month and those with some formal education. The preference of obstetrics services was statistically significant (<0.05) with their husband's income.

Likewise, the affordability as a factor for the preference of health services use during pregnancy and birth was significantly related for the monthly income of rupees, 20 thousand per month of the husband(p<0.05) and some formal education.

Furthermore, for families whose income was more than twenty thousand rupees per month could afford regular antenatal care compared to those who had income less than twenty thousand rupees per month. Likewise, the educated families were aware of the importance and wanted to visit doctors regularly compared to those with no formal education (Table 3).

Discussion

The choice of the place of delivery for pregnant women were very limited in public sector hospitals and these findings are consistent with other studies.^{19,20} Women also lacked the quality care and positive behaviour from the staff in health facilities. Hence, most of the women preferred to deliver at home rather than going to public

health facilities. This is the reason that women were hesitating to attend all antenatal care sessions.²¹ A recent study showed that due to high cost for obstetrics care services, most women were unable to obtain these services resulting in a high maternal mortality rate. This high cost associated with obstetric care services included costs incurred during antenatal care sessions and buying medicines during pregnancy. This made them prefer home deliveries rather than births in private or public hospitals.¹⁹ Another research carried out to measure the level of quality of health services and barriers to the utilization of obstetric services by communities, found that unavailability of health services and non-functional status of health facilities were the major obstacles.²² Our results showed that lack of availability of services, poor supplies and equipment to enable institutional deliveries in the public hospitals were major factors for the selection of facilities for services around pregnancy and birth. These results are consistent with a study on women's perception about quality of maternal care services in Nepal.²³ In another study conducted in Cambodia, the utilization of obstetric services was greatly influenced by two main determinants. First, the behaviour of the care providers during institutional deliveries and secondly the cost associated with the service utilization. High cost of services, therefore, has been considered one of the major barriers in utilization of services. Our results are consistent with similar results from other regional countries. Cost of care during pregnancy and birth and unfriendly attitude of birth attendants as well as antenatal care providers in the health facilities are two major obstacles to the use of maternal care in many rural communities.²⁴ High prices has lead to discourage women from seeking consultations for antenatal care, which is again consistent with the findings from the present study.²⁵ Another study from Pakistan explored the reasons for the low rates of utilization of obstetric services in Pakistan. The survey focused mainly on services like antenatal care, labour, and post-natal care. This study also showed that staff behaviour and care providers' attitude were negatively impacting the use of these services.^{26,27}

In conclusion, they found that the factors like affordability and availability of care services during pregnancy and birth were significantly influencing the preference for obstetrical care utilization among rural women of Sindh. Income and education were the main factors responsible for selecting the services. Pregnant women were found

to be interested in visiting private health facilities because of availability of proper treatment and positive staff attitude. Therefore it is necessary to provide similar care at public health facilities to ensure that women are encouraged to avail them at a reasonable and affordable price. The study also showed that women with empowerment for decision making and formal education were aware of the consequences of negligence of antenatal care.

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