Scholars Journal of Applied Medical Sciences (SJAMS)
Abbreviated Key Title: Sch. J. App. Med. Sci.
ISSN 2320-6691 (Online)
ISSN 2347-954X (Print)

A Unit of Scholars Academic and Scientific Society, India
www.saspublishers.com

Obstetrics and Gynaecology

An Analysis of Factors Associated with Late First Antenatal Visit and Impact of JSSK at a Tertiary Care Hospital in Jaipur

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Original Research Article

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Article History
Received: 02.03.2018
Accepted: 10.03.2018
Published: 20.03.2018

DOI:
10.36347/sjams.2018.v06i03.020

Abstract: The aim of this study to analyse the factors responsible for late first antenatal visit in pregnant women. This was a questionnaire based cross-sectional study carried out at the Department of Obstetrics and Gynaecology, S.M.S. Medical College, Jaipur. 53.7% women lived at a distance of more than 5 kilometres. Decision for antenatal visit was taken by husband in 19.9% cases. Benefits of JSSK were the most important factor for antenatal visit. Steps are needed for more and early antenatal coverage.
Keywords: Antenatal visit, JSSK, Decision-making, pregnant women.

INTRODUCTION

Good antenatal care is an important factor affecting the outcome of pregnancies. It links the pregnant women to the health system and increases the number of deliveries by skilled birth attendants. It improves the health of the mother before childbirth and immediately after childbirth, thus improving both maternal and neonatal outcomes. Antenatal care acts as a conduit for various national programmes and the provision of integrated care. Early identification of conditions such as anaemia, pre-eclampsia, gestational diabetes etc reduces maternal mortality and morbidity. It also promotes breastfeeding, postnatal care and spacing between pregnancies.

WHO has recommended minimum 4 antenatal visits in uncomplicated pregnancies; at 8-12 weeks, 24-26weeks, 32 weeks and 36-38 weeks? [1] In India, 43.9% women had antenatal check-up in the first trimester while 37% received four antenatal visits. Only 11.6% women received full antenatal care [2].

Rajasthan is a Low Performing State under the Janani Shishu Suraksha Karyakram [3], a national government health scheme. Women and new-born are given monetary and other benefits during antenatal and postnatal period. Despite the money and efforts being put at various levels, the utilisation of resources is very poor.

Late first antenatal visits prevent the clinicians from catching maternal diseases and complications in early pregnancy and the women presents late with a more severe version of the disease. Most women attribute this to family problems especially lack of support from the husband.

The aim of this study was to analyse the factors which are responsible for late antenatal visits in pregnant women and how much JSSK affects the same.

MATERIALS AND METHODS

This questionnaire-based cross-sectional study was conducted among 800 antenatal women attending the outpatient department at a tertiary-care government hospital attached to S.M.S. Medical College, Jaipur between January 2017 to December 2017. Women who consented to be a part of the study and who reported to the antenatal outpatient department after 20 weeks of gestation were studied. The results were analysed using SPSS programme, Version 16.

RESULTS

Table-1: Sociodemographic characteristics of study population

Characteristic	Number (n=800)	Percentage %
Age (in years)		
<20	124	15.5
20-24	205	25.6
25-29	222	27.7
30-34	158	19.7
>35 years	91	11.4
Religion		
Hindu	438	54.7
Muslim	342	42.7
Other	20	2.5
Address		
Less than 3km	106	13.2
3-5km	267	33.7
>5 km	427	53.7
Level of education of women		
Illiterate	92	11.5
Primary	182	22.7
Secondary	385	48.1
Graduate	92	11.5
Post-Graduate	49	6.1
Level of education of husband		
Illiterate	64	8.0
Primary	217	27.1
Secondary	301	37.6
Graduate	158	19.8
Post-Graduate	60	7.5
Occupation of women		
Housewife	459	57.3
Government Job	122	15.2
Private Job	84	10.5
Student	135	16.9
Occupation of husband		
Unemployed	98	12.2
Government Job	176	22
Private Job	444	55.6
Student	82	10.2
Total	800	100

Table 1 shows the sociodemographic distribution of the subjects. Majority (27.7%) women belonged to 25-29 years age group and 54.7% were Hindu. 53.7% women resided more than 5km from the hospital while 33.7% resided at a distance between 3 to 5 kilometres. Most women (48.1%) attended secondary school and only 11.5% were graduate. On the other hand, 19.8% partners were graduate and 37.6% had secondary education. 57.3% women were housewives. 55.6% partners had private jobs and only 12.2% were unemployed.

Table-2: Decision making of timing of first antenatal visit

Decision by	Number	Percentage
Woman alone	68	8.5
Husband alone	159	19.9
Woman and husband	104	13
In-laws alone	158	19.8
In-laws and husband	204	25.5
In-laws, husband and woman	107	13.4

The decision for the first antenatal visit was made by the In-laws and husband in major number (25.5%) of cases, in 19.9% by the husband alone and in 19.8% by the In-laws alone. (Table2)

Table-3: Characteristics of subjects

Characteristic	Number (n=800)	Percentage %
Last Menstrual Period		
Not sure	172	21.5
Sure	628	78.5
Gestational age on first visit (weeks)		
20-28	598	74.7
29-36	342	42.8
Greater than 36	60	7.5
Gravidity		
Primigravida	186	23.2
Multigravida	491	61.4
Grand multigravida	123	15.4
History of abortion		
Yes	194	24.2
No	606	75.8
History of atleast one problem in current or previous pregnancy		
Yes	398	49.8
No	402	50.2

78.5% women were sure of dates. 74.7% women had a period of gestation 20 to 28weeks while 7.5% women presented after 36 weeks. 61.4% were multigravida, 23.2% were primigravida and 15.4% were grand multipara. 24.2% had a history of abortion. 49.8% women complained of having atleast one problem in current or previous pregnancies (Table 3).

Table-4: Reasons for late first antenatal visit by pregnant women

Reason	Number (n=800)	Percentage %
Was getting ANC somewhere else	186	23.3
Was busy	56	7.0
Developed a problem	49	6.1
Was far away	27	3.4
Was lazy	18	2.3
Pregnancy had grown	33	4.1
Wants to get booked for benefit of JSSK	196	24.5
Was told by ANM/ASHA	40	5.0
Was referred because of high risk factors	90	11.3
Taking care of previous children	41	5.1
Got tired of ANC in last pregnancy	18	2.3
Doctors don't pay attention in early pregnancy	5	0.6
Did not have transport/ money for transportation	15	1.9
Thought it was right time to come	8	1.0
No family support	12	1.5
Other factors	6	0.8
Total	800	100

Most women presented to the OPD (24.5%) only so that they could later get the benefit of JSSK. 23.3% women were taking their visits in a local government or private hospital. 11.3% were referred cases from the periphery as they had high risk factors. Some women attributed their late visit to being busy (7%) and 6.1% reported because they had developed a problem. Others were told by the ANM or ASHA (5%). Taking care of previous children (5.1%), lack of transport or money for transport (1.9%), getting tired of antenatal visits (2.3%) were other important factors.

DISCUSSION

In our study majority of women (53.7%) lived at a distance of more than 5 kilometres from the centre. Distance was, therefore, an important factor. Majority of women as well as their partners were educated up to secondary school or less. Education plays a major role as educated people are more aware and alert.

It was an interesting observation that the In-laws, specially, the mother-in-law, play an important role in decision to take antenatal visit. The decision to take antenatal visit was taken either by the husband (19.9%) or the mother-in-law (19.8%) alone. Only few women participated in decision making.

Majority pregnant women presented at gestational age of 20 to 28 weeks and most of them were multigravida (61.4%). Despite 24.2% women having a history of abortion and 49.8% having a problem in present or previous pregnancy, they reported late. This shows a casual attitude of Indian population towards childbirth.

In our study the most important factor for antenatal visit (24.5%) was to get booked at the hospital for getting benefit of JSSK. In the absence of this scheme, most women would have non-institutional deliveries. The other important factor was getting antenatal visits from local private hospitals (23.3%). Again, most of these women wanted to have free institutional deliveries under JSSK. These two factors show the role of JSSK in promoting institutional deliveries.

Lack of transport or money for transport was an important reason. Some women attributed their late visit to being busy, being lazy or taking care of other children. This shows the casual attitude of women towards antenatal care and delivery. Other factors for late antenatal visit were not knowing the right time to come and getting tired of antenatal visits in present or previous pregnancies.

Our study is contrary to studies done by Feleke Gebremeskel *et al*. in Ethiopia [4], Girmatsion Fisseha *et al*. in North Ethiopia [5] Ivan Kisuule in Uganda [6] Nyambe Sinyange in Zambia [7] Maria Victoria Gueverra in Australia [8]. This is probably because of difference in social, cultural and demographic patterns in these countries.

CONCLUSION

Steps are needed for more and early antenatal coverage.

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