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Research Article

Obstacles Affecting Antenatal Care Attendance: Results from a Cross Sectional Study in Jeddah, Saudi Arabia

Nouf Atia Alsahafi[2]*, Ayman Abdullah Bukhari[1], Sondos Abdualmalik Abokashabah[2], Zina Abdulkareem Al-zahidy[2], Esraa Ahmad Alshareef[2] and Osama Sadek Bajouh[1]

[1]Department of Obstetrics and Gynecology, King Abdullah University Hospital, Saudi Arabia

[2]Fculty of Medicine, Ibn Sina National collage , Saudi Arabia

***Corresponding Author:** Nouf Atia Alsahafi, Fculty of Medicine, Ibn Sina National collage , Saudi Arabia.

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Abstract

Background: Antenatal care is a key strategy to improve maternal and infant health. However, survey data from Jeddah Saudi Arabia indicate that women often only initiate antenatal care after the first trimester and do not achieve the recommended number of antenatal care visits and some of them don't seek antenatal care at all. Drawing on qualitative data, this article comparatively explores the obstacles that influence antenatal care attendance across hospitals in Jeddah Saudi Arabia with varying levels of antenatal care attendance.

Methods: Data were collected as part of a program of qualitative and quantitative research investigating the social and cultural obstacles that disallowed pregnant women from seeking antenatal care. A cross sectional study was done with written and online questionnaires. Our target group was all pregnant women visiting health facilities in Jeddah- Saudi Arabia.

Results: Across the targeted sites, women attended antenatal care at least once. However, their descriptions of obstacles of antenatal carewere often vague. General ideas about pregnancy care-Maternal booking early or monitoring their babies' progress wasn't that important to them. Women's timing of antenatal care initiation was influenced by reproductive concerns and pregnancy uncertainties, particularly during the first trimester, and how antenatal care services responded to this uncertainty; age, parity and the associated implications for pregnancy disclosure, particularly messages about timing of antenatal care and the cost of antenatal care, including charges levied for antenatal care procedures in spite of policies of free antenatal care–combined with ideas about the compulsory nature of follow-up appointments.

Conclusion: In this study, the findings suggest that 'obstacles' side factors have an important influence on antenatal care attendance and there for it affects the health of the mother and her baby.

Keywords: *Antenatal care; ANC; Pregnancy Care; Maternal Booking*

Introduction

Antenatal care (ANC) for pregnant women maintains women's health during pregnancy and increases pregnancy outcomes by recognizing and managing pregnancy related complications [1,2,3]. Promotion of maternal and fetal health requires proper (ANC) that contains health education, such as parenthood and family life education, counseling, screening and treatment [4,5].

Over recent years, developing as well as developed countries have undergone iterative cycles of reform in their healthcare areas. Across many different local situations, the generic goals of health reforms have considerable similarity and include improving healthcare quality, containing cost and increase the equity. In many of these alterations, primary care has been central to achieving these three goals [6]. The World Health Organization (WHO) began supporting a new model of ANC for low-income countries, moving away from the traditional model, developed largely in the West. The updated model is based on 'reduced but goal-orientated clinic visits' [7]. The World

Health Organization recommends all women with uncomplicated pregnancies to attend four or more ANC (ANC4+) visits/services at fourth, sixth, seventh, eighth, and ninth month of pregnancy [8]. Using of maternal health services is associated with enhanced pregnancy outcomes [9], including reduced maternal and perinatal death [10,11,12,13]. Utilization of antenatal care (ANC) services in developing countries are affected by a number of factors these factors like demographic, education, culture, and economic factors and geographic barriers [14]. This study aimed at giving information about the prevalence of ANC visit with a focus on possible obstacles that can be faced during ANC period.

Methodology

The study was an institution based cross-sectional survey conducted from October 1 to October 20, 2015. Our target was pregnant women who were visiting healthcare facilities. A total of 500 women in the productive period responded to the survey after an informed consent was taken explaining to the participants the aim of the study and that all of their information will be confidential making the response rate 70% .The study received ethical approval from the biomedical ethics department of King Abdulaziz University Hospital (KAUH). After we finished the paper questionnaire, we also made an online questionnaire. Piloting was done .Each questionnaire was designed to take from 3 to 5 minutes.

The target of our questionnaire was to know the level of awareness of women about the antenatal care. The questionnaire consisted of questions about the personal data, social data, the obstetric history of the woman and how much they know about antenatal care. All of the questions were clear and has been answered without any difficulties except one question that most of women didn't understand the exact meaning of it which is : (When was your last planned pregnancy) so we decided to cancel this question from the survey.

Results

Of all the women in reproductive age in our study (73.1%) of them were Saudi and (1%) Non-Saudi. (26.9) with college degree (1%) not educated. (55.6%) unemployed, (27.7%) unhealthy employee and (5%) health sector employee. (26.6%) with average income. The obstacles of non attendance of ANC during pregnancy varied significantly with wealth status, educational level, residence, marital status and transportation. Most of non users (34.4%) reported having problem with the long waiting in the hospital , while (20%) claimed they did not find an appropriate appointment and (8.7%) was due to no availability of transportation. So the three leading obstacles of not seeking ANC were the long waiting in the hospital, no appropriate appointment available, and unavailability of transport. Elimination of these three problems could increase ANC overage.

Variables	Mean	Present	Number
Age	32.12		
nationality	1.27		
Saudi		73.1	380
Non Saudi	5.16	26.9	140
Level of education			
Non education		1	5
Only reads and write		.4	2
Elementary school		1.7	9
Middle school		2.9	15
High school		26	135
Collage degree		62.9	327
Higher study		5	26
Job	2.74		
Health sector employee		5	26
Unhealthy sector employees		27.7	144

unemployed		55.6	289
student		11.7	61
Living area			
north of Jeddah		38	197
west of Jeddah		23.7	123
east of Jeddah		13.9	72
south of Jeddah		8.3	43
center of Jeddah		16.2	84
House			
traditional random house		6	31
villa		22.3	116
apartment		71.7	373
Income			
Less than 2000		8.5	44
2001-5000		26.6	138
5001-10000		33.2	172
10001-20000		23.2	120
More than 20000		8.5	44

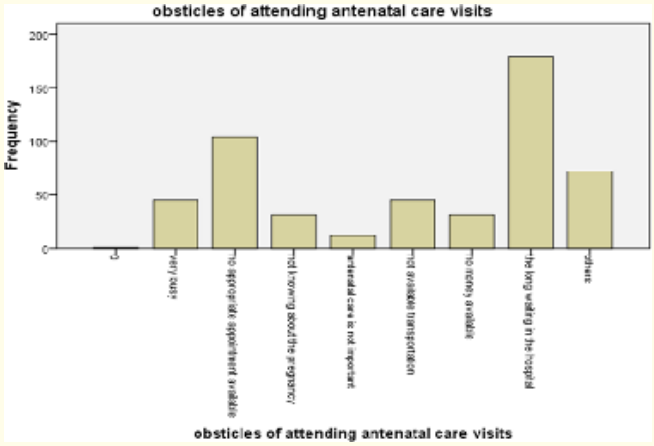
Table 1

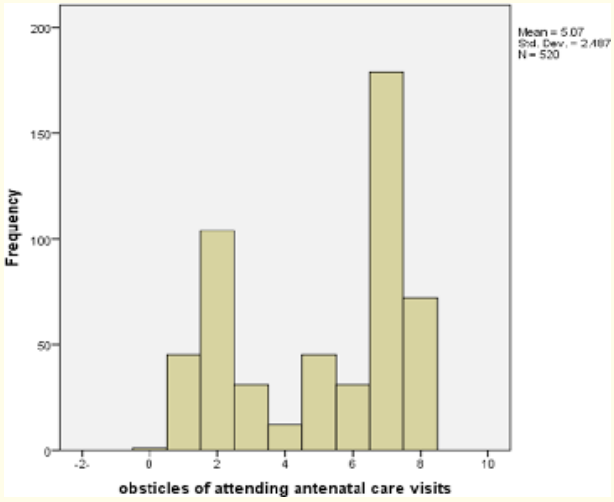
Obstacles	Frequency	Valid Percent
Very busy	45	8.7
No appropriate appointment available	104	20
Not knowing about the pregnancy	31	6
Antenatal care is not important	12	2.3
Not available transportation	45	8.7
No money available	31	6
The long waiting in the hospital	179	34.4
Others	72	13.8
Total number	520	100.0

Table 2

Discussion

We did a cross sectional study about the obstacles of antenatal care and it showed that 8.8% of pregnant women didn't seek antenatal care because they were busy. In a study similar to ours was done for the American Indian women in the Northern Plains showed that most of pregnant women didn't seek antenatal care because they or their husbands were too busy and had no time [15]. Our study also showed that 28.8% of women weren't able to find appropriate appointments available. Another study was done in Ghana, Kenya and Malawi showed that most of pregnant women weren't booked because there were no appropriate appointments available [16]. Also 34.8% of women I our study didn't seek antenatal care because they didn't know that they were pregnant early. In a study was done in Geor-gina L Jones, USA showed that Many of the women interviewed had said they had not known they were pregnant for weeks or sometimes months, which had delayed them accessing care. These were divided into women who either had not noticed any of the 'cardinal' symptoms of pregnancy (e.g. nausea, vomiting and amenorrhea), or those who had symptoms but did not recognize them as pregnancy [17].





Another obstacle was that that 37.1% of women didn't seek antenatal care because they thought that it's not important and it doesn't affect their pregnancy specially in the first trimester. A study similar to ours was done in Niger, Delta, Nigeria showed that most women don't book or book late because of a belief that there are no advantages in booking for antenatal care in the first three months of pregnancy. This seems to be because antenatal care is viewed primarily as curative rather than preventive in the study population [18]. 45.8% of women in our study said that non availability of transportation was a major obstacle in seeking antenatal care. A study was done in Regional Institute for population Studies, University of Ghana showed that physical or geographical access to health care as a major barrier affecting health care seeking behaviours of patients generally, and women's reproductive health care seeking specifically (Kasolo., et al. 2000; MoH, 2004; GMOH, 1999). In developing countries including Uganda, several factors impede accessibility, including cost of services, distance to health services, lack of available transportation, high transportation costs [19]. We also found that 51.7 % of the women in our study have no money available to attend ANC visits. In other study was done in Indonesia showed that there was a strong association between family income and preference of TBAs and preference for midwives. This finding supports several other studies that confirmed family income is one of the factors influencing whether women decide to seek ANC [20]. In Indonesia pregnant

women with higher family incomes had the highest percentage of adequate ANC utilization [21]. Cost was one of the main reasons women stated for using the services of TBA [22]. Poor women are most at risk of maternal mortality due to their lack of access to skilled care.

The results showed that 86.2% women COMPLAINING OF LONG WAITING TIME IN THE HOUSPITAL. In Nigeria, a study of an outpatient department showed that the majority of pregnant women were dissatisfied with services, due mostly to long waiting times. Despite nearly 80% of patients reporting that they felt wait times should not exceed 30 minutes, a majority of patients waited far longer, with those waiting more than 60 minutes expressing higher levels of dissatisfaction [23].

At the primary care level, where patient adherence is an ongoing concern, longer waits are associated with lower levels of patient satisfaction, reduced willingness to return, more missed appointments, poorer ratings of clinical providers, and inappropriate self referral to higher level facilities [24-25-26].

Limitations

Regarding this study's limitations, we are reflecting only Jeddah which is considered one of the largest cities in Saudi and so the populations living in rural areas were not included. Women living in smaller cities might have different type of obstacles and further study to include them should be suggested. The number of the study is not large enough to reflect the whole population of Saudi Arabia and so further multicenter study is recommended to reach more accurate results. Furthermore, in this study, we included women whom already being visiting a health facility and so we did not include women who did not and are not willing to visit a health facility for whatever reason.

Conclusion

This paper has explored obstacles affecting ANC attendance across hospitals of Jeddah, Saudi Arabia. Unambiguous recommendations about the timing of ANC and messages that identify ANC as a service that deals with health concerns during early pregnancy; and the perceived normality of ANC initiation in early pregnancy. Furthermore, a perceived lack of flexibility regarding follow-up appointments increased the total cost of ANC, which can result in delayed ANC, particularly, amongst women with limited resources and who face high transport costs. Young non educated women were at particular risk of delaying ANC initiation and further research should focus on this group. To ensure appropriate design and effective delivery of ANC, attention should be paid to the on-the-ground implementation of ANC and women's understanding of these local forms of ANC at health facilities, how women deal with reproductive uncertainty and the efforts that women make to care for themselves and their pregnancies. We recommend that an evidence based intervention should be carried out which include identification and management of obstetric complications , infections during pregnancy including their vaccines and the skills after delivery such as breastfeeding , early postnatal care and planning for optimal pregnancy spacing.

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