

CHAPTER V

DISCUSSION



1. Introduction

In this study a total of 110 women in the post partum ward of Regional Health Promotion Center 1, Bangkok, Thailand was interviewed. A set of pre-tested questionnaire was administered after confirming inclusion criteria. The respondents were asked about their recent pregnancy. It took about 6 weeks to collect data during January 2003 to February 2003. This chapter will be composed of the discussion regarding the research finding, as follows:

2. Status of Antenatal Care Visits

The result presented in the previous chapter showed that, among 110 respondent only one case was found with no ANC visit at all. ANC visit was ranged between 3-11 times among the rests. The mean visit was 8.82 times. Only one woman had ANC visit less than 4 times, otherwise almost all had completed at least 4 times ANC attendants. More than 97% women who attended ANC have completed at least 4 times.

This figure is somehow contradicted to the national data of ANC attendants (more than 4 times) of Thailand. According to this, there were 78.49% women who visited ANC more than 4 times in 2001. In the central part of Thailand this rate was 81%. This figure might be even higher in the case of Bangkok City.

There was a similar study done by Pa Pa Win in 2000 at Lerdsin Hospital, Bangkok, Thailand. According to her study, there were 83% women with at least 4 ANC visits.

The range of ANC visit was between 1-14 times with the mean of 7.84 times. But, in this study, the range is between 3-11 times with mean of 8.82. This study found a narrow range with a highest mean.

In the context of Nepal, the National Demographic and Health Survey (NDHS), 2001 found out that only one of two pregnant women received antenatal care. This figure was even low when considering the ANC checkup by trained personnel. It was at 24% in 1996, National Family Health Survey (NFHS), and 28% in 2001. There were large differences in the use of antenatal care service between urban and rural areas in Nepal. Overall 82% of women from urban areas utilized antenatal care services. So that, it is most likely to have urban women to be completed at least 4 ANC visits.

3. Socio Demographic Characteristics

General characteristics like socio-demographic, socio-economic and other characteristics of women are always considered as an influential factor in utilization of antenatal care. This study has also focussed on the respondents' characteristics. The examined general characteristics were age, occupation, education, husband's occupation and education, family income, parity and information exposure.

Age: Among 109 cases who attended ANC, 83% women were aged between 20-35. This is physically appropriate age of women being pregnant. There were 6% women whose age was less than 20 years, this aged pregnancy is also called teenage pregnancy, and rests 11 % were more than 35 years age. Both the later category aged pregnancies may have risk of complications.

Parity: In the present study, there were 77% women with their first parity. Only 7% were three parities and interestingly, no mothers were with parity more than 3. There was no difference determined in parity between frequency of antenatal care visits.

This supports the study by Win (2001), there were majority women with first parity and there was no association between parity and frequency of ANC.

But, in contrast, the order of birth was an important determinant for the use of maternal health care services in the study of Navaneetham, K. et.al. (2001). Their study, which had covered 4 states of South India, found that higher order births decreased the services. In that study, there were about 25% women with four or more parity. NDHS (2001) also supports this finding. Younger women and low parity women are more likely to receive information about pregnancy complication and other components of antenatal care than older and high parity. Thus, they tend more to use ANC.

Education: This study has shown no association between women's education and utilization of antenatal care. Although there were only 15% women with primary education that visited more than 8 times compared with 30% who did not.

In contrast to this study, many previous studies have shown that the utilization of antenatal care service is positively associated with mother's level of education. These studies have shown this as a strong determinant of antenatal services utilization. In Nepal (NDHS, 2001) it was found that 95% of women with at least high school and above education received ANC, compared with 39% of women with lower or no education. Like in the study by Wandaningsih (1986) (cited in Win, 2000) there was an association determined between ANC and mother's education. It was concluded that the higher the level of education, the more the attendance of ANC clinic. Similar

kind of finding was drawn in the study in urban Bangladesh that women with higher education (secondary level) were nearly seven times more likely to use antenatal care than women with less or no education.

The study about maternal health services utilization in Nepal (Mastumura, M. et. al. 2001) had also indicated that education of women is the most important factor in determining increased maternal health services, even after controlling for the availability factors. Similarly, the study carried out by Navaneethem, et. al.(2001) has also been found that the women's education is an important predictor for the use of maternal health care services.

Those all studies were conducted outside Thailand. There was a supporting study by Win, which was conducted in Bangkok, had found no effect of education on antenatal care utilization.

The possible explains of this might be that in the context of urban areas like Bangkok, women literacy is very good, and exposure to the media such as televisions is higher. It might help women to be aware of their health. It is often claimed that the relationship between female education and health seeking behavior may not be due to education per se, but due to women's childhood background for which education may serves as a proxy (Behrman & Wolfe, 1987, cited in Navaneethem, et.al. 2001). Probably this explanation is true in the case of women from Bangkok. Another finding by Raghupathy (1996) also supports that woman with primary schooling did not differ from the women with no schooling in receiving pregnancy supports in Bangladesh and Thailand.

Occupation: Occupation is another variables to be studied in most study. Quoting the study of Oratai, R. et. al., Win mentioned that the occupation and family income are

the influential factors for the use of ANC services by mothers. But, there were no association found in between occupation and ANC utilization. The study in Bangladesh also showed no relation between women's working status and ANC utilization. Win's study at the Lerdsin Hospital, Bangkok, Thailand had also found no statistical significant relation between women's occupation and ANC utilization. Similarly, the study of Mastsumura, et. al. had also found no effect of occupation on utilization of health care services. Rather they have found it negatively associated.

This study also supports all of above-mentioned study that there was no difference in women's education between frequencies of antenatal care visits. Majority of the women (52%) who visited to ANC was working women at the private sectors followed by housewives (33%). It was interesting that women working for the government office were the least.

Husband's Education: Husband has always a very influential and vital role on the women's decision. Therefore, we take husband's education and occupation into account while studying utilization of health services by women. Many studies have shown the effect of husband's status on the wife's health and decision about her health. This is even truer in the context of Nepal where the senior male, who is often husband, heads family.

In this study, as like in the study by Win, there was no significant association found between husband's education and women's use of antenatal care. However, many husband's education status was higher than their wives.

Husband's Occupation: Regarding the occupation, it was found that most of the women's husbands worked in the private sectors. This study has shown a statistical significant difference between frequencies of antenatal care visit in husband's

occupation. Women's husband working in the private sectors have visited ANC more times than women's husband working for government, trade and any other sectors. Eighty percent of women who visited ANC more than 8 times, their husbands worked in the private sectors than only 53% of women in 8 or fewer times visited. This difference was significant (p-value 0.012).

Information Exposure: Information exposure also an important factor for a person to be convinced and feel the importance of essential services. In this study, although 88% women responded that they watch health information on TV less than 2 times in a week, there was no difference in the use of antenatal services. This figure is interesting that almost all families have television set available, but only 12% watch health information more than 2 times per week.

This finding is contrasted with the finding of Mondal, K,(2001). In his study it was found that women exposed to mass media tended to utilize antenatal services more. But, in the same study he has further discussed that women living in urban areas were more likely to get exposure and opt for antenatal service and institutional delivery. So, the explanation for the finding of the present study can be that almost urban women are most likely to get mass media exposure. That is why there was no difference between observed.

4. Socio-economic characteristics

The economic status of the family had effect on ANC utilization. In this study, 97% of women's family income was more than 5000 Baht per month, but only 17% of them could save from that money. Sixteen percent had to face the shortage of money. There was a statistical significant difference found in family income level between frequencies of antenatal visits with the significant level of 0.021. This might be

because of women from the lower income family has to involve in the work during the pregnancy period or they couldn't afford all kind of indirect cost while making antenatal care visits.

This finding supports the findings of Mondal, SK (1997) and Win (2000). Mondal's study results indicated that the utilization of antenatal services differed significant with respect to the woman's standard living and was more than five times higher among economically well off women as compared to women belonging to lower economic strata. Win had also found the differences at p -value $< .001$. Her study had also found significant difference between antenatal utilization in saving patterns of income.

5. Status of Pregnancy and Social Support

Acceptance of women's role in the family is associated to with the good practice during pregnancy and type of birth attendances. The status of pregnancy, whether it was planned or not, can have influence on antenatal care services utilization. Although there were almost 20% women who did not have a plan to be pregnant, there was no any statistical significant difference identified between planned and unplanned pregnancy and antenatal care utilization.

This finding is contrasted with the finding by Win (2000), in which, it was found that the status of pregnancy and complete utilization of antenatal care had significant association ($p < .001$)

Regarding the social support received by the women during pregnancy period, most of the women included in this study reported that their husbands supported them. In all components of social support, more than 60% of women received support from

husbands. The explanation of this finding could be that the family structure here is mostly nuclear family (75%) and majority of them had first parity (77%).

6. Satisfaction with Antenatal Care Services

Satisfaction with the health services is another crucial determinant for woman to be complying with the antenatal care visits.

In this study, 95% women were satisfied with the antenatal care clinic they have visited during their recent pregnancy. However, when the relationship between satisfaction and frequency of antenatal visit was examined the result was contradictory. There was a negative weak correlation between these two variables ($r=0.179$, $p=0.31$). Among the 8 items of satisfaction, relatively low satisfaction was observed in waiting time (67%), adequate time in examination (86%), and clinic hours (93%).

In Nepal of the women visiting the health facilities just over one third (36%) of them reported full satisfaction with the service they received. The causes of dissatisfaction with the health care received were perceived inaccurate diagnosis, inadequate supply of medicines, and absence of skilled service providers (World Bank, 2001)

7. Knowledge about Antenatal Care and Pregnancy

Knowledge about antenatal care has always a great influence on the utilization of antenatal care. This study had also examined the relationship between knowledge and frequency of antenatal care visits. It was found that women with relatively higher knowledge tend to use antenatal services more than women with relatively lower knowledge. There was a weak positive relationship determined with $r=0.159$,

$p=0.049$. It means the higher the knowledge the higher the frequency of antenatal care visits.

This finding is in the same line with the World Bank (2001) study finding in Nepal. The lack of knowledge or low level of knowledge contributed to women's delay in seeking care. Mother with complete antenatal care had higher knowledge about antenatal care and pregnancy than those with incomplete ones. Knowledge was also related with the birth attendance by the skilled persons.

Although 90% women had high or average knowledge about antenatal care and pregnancy, item wise knowledge was varied. There were 14 statements asked. Among them, women's response was drastically poor in the item no 12, in which they were asked that women must report doctor if she gets cold. The incorrect response was 94%. This might be because they are highly worried about their health. In the item no 6, which was about the timing of second antenatal care visit, 65% of them responded incorrectly. This finding is contrary with their frequency of antenatal care visits, because the average antenatal care visit is 8.82 times, which is very good in fact. Likewise, another most incorrectly responded and most shocking response was in item no 9, in which they were asked, "A pregnant woman should not eat a lot of food, because it can cause the delivery of a big baby." Only 60% responded that this statement is false. It is difficult to explain that why many women thought in that way.

8. Attitudes toward Antenatal Care

Regarding attitudes, it was observed that all women had positive attitudes toward antenatal care. No one had found to be neutral or negative in her attitudes. Nevertheless, there were some items, in which some women's attitudes found to be negative. Like in the item no. 14, in which there were asked, "I wish female health

workers were always being available in antenatal clinic.” Majority of them responded (mean 2.41) that they want female health workers always be available in the clinic. However, the overall mean of attitudes was 4.09.

There was no relationship found between attitude toward ANC and frequency of antenatal care. This result is contrary with the finding of Win’s, where she had found an association between attitudes and use of antenatal care with p-value 0.004.

8. Relationship between other variables

Besides the relationship and differences between frequency of antenatal care visits and other variables, the results between other variables were also examined. Interestingly, it was found that there were negative relationships between some variables, such as parity and satisfaction with health services. Parity and knowledge of antenatal care had also negative relationship. Number of family members and attitude toward antenatal care and knowledge of antenatal care had also negative correlation. Satisfaction and knowledge had also a negative correlation. However, there were no strong relationships determined among those variables ($r < 0.2$).

9. Discussion on other findings

In addition to the above mentioned correlation and chi-square test. There was some more information revealed from the results of the study. It would also be a noteworthy finding to mention here.

In spite of the availability of all different sorts of private and other health facilities, almost all (98%) women used public health facility for their antenatal care visits. Similar percentage of women had received blood, urine and abdominal examination.

Only 9% had received per vaginal examination. As an additional examination, 66% of women had received ultrasound.

This result is far better comparing to Nepal, where urine and blood tests were each done for about three in ten women who received antenatal care. Only three in five women received blood pressure. The relatively low coverage for these tests may indicate a lack of testing facilities in most of the health institution. So that, the result of present study suggests an explanation that- if facilities were available, women would obviously utilize them.

Another better findings in this study are that the prevalence of tetanus toxoid immunization and iron supplement among the women was cent percent. While in the context of Nepal, about one in five women received iron/folate supplement and nearly one in two women received at least one TT during their pregnancy. Normally, it is recommended that a pregnant woman should receive at least two doses of tetanus toxoid immunization during her first pregnancy to prevent tetanus, especially neonatal tetanus. In contrast to here, the tetanus toxoid shots coverage among urban women in Nepal were lower than the rural women (81% versus 53%).

The most noteworthy difference in the finding between this study and NDHS, 2001 were frequency of antenatal care visits and times of first visits. Most Nepalese women who received antenatal care get it at a relatively late stage in their pregnancy and do not make the minimum recommended number of antenatal visits. Only one in seven (14%) women make four or more visits during their entire pregnancy. Urban women are four times more likely than rural women to have made four or more antenatal visits. In Bangkok, more than 97% women found to be completed minimum four

times antenatal visits. In Nepal the median duration of pregnancy at first visit was five months. Here it was found to be second months of pregnancy.

Interestingly, more than two third (68.5%) women here in Bangkok completed their fourth time antenatal care visit by the sixth month of pregnancy. Generally women here have visited antenatal care in a monthly basis. The reason for this might be the regulation in the health facility.

The National Safe Motherhood Programme guidelines in Nepal recommended at least four visits during pregnancy. The first visit should be made soon after the woman realizes she is pregnant. The second visit should be made between the fifth and the seventh month of pregnancy. The third visit should be made at the beginning of the ninth month, and the last visit should be made the same week that the baby is due. Additional visits should be made if any problems or danger signs arise.