

Social Barriers Obstructing Early Antenatal Care

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Sumaira Jamil, Tayyaba Majeed and Tehmina Zafar

ABSTRACT

Objective: To identify and analyze social barriers that obstruct access to and utilization of antenatal care services in Pakistan.

Study Design: A cross-sectional Study

Place and Duration of Study: This study was conducted at the Obstetrics and Gynecology Department at Central Park Teaching Hospital from May 2023 to November 2023.

Methods: A total of two hundred and eighty (280) people participated in this qualitative research. Specifically, one-hundred and twenty-five (125) in-depth interviews were conducted with pregnant women aged 18 to 45 to gain insights into their experiences and perspectives on social barriers encountered during antenatal care. Additionally, a series of focus group discussions involving one hundred and fifty-five (155) participants, including pregnant women, their family members and healthcare providers, were organized to collectively explore the social barriers.

Results: The research revealed that cultural norms, limited social support, financial constraints, and gender inequalities were significant social barriers to accessing antenatal care. Participants highlighted issues such as traditional practices, lack of awareness, transportation challenges, and experiences of stigma and discrimination as major social barriers obstructing antenatal care.

Conclusion: The influence of cultural norms, limited social support, financial constraints, and gender inequalities on women's access to antenatal care services. By eliminating these barriers, it is possible to improve access to antenatal care, enhance maternal and child health outcomes, and promote equitable healthcare access for all women in Pakistan.

Key Words: Social barriers, antenatal care, cultural norms, lack of awareness, reforms.

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INTRODUCTION

Early prenatal care must be provided if mother and child health are to be improved. It facilitates the early detection and treatment of any pregnancy issues, encourages healthful lifestyle choices, and offers vital health information and assistance. Nonetheless, a lot of pregnant women encounter societal obstacles that prevent them from receiving early prenatal care. Globally, and especially in underdeveloped nations, maternal mortality, problems during pregnancy, delivery, and the postnatal period are serious concerns¹. Millions of women in these areas lack access to quality prenatal care, which has a negative impact on their general health.

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One important health intervention that can lower mother and newborn mortality is antenatal care (ANC)^{2,3}. For women who are not experiencing any difficulties during their pregnancy, the World Health Organization (WHO) suggests seeing a doctor for at least four appointments. In order to enhance pregnancy outcomes, the WHO 2016 ANC model has replaced the outdated four-visit focused approach with new guidelines that call for a least of eight healthcare provider contacts (up to 12 weeks, at 20 and 26 weeks of gestation, and at 30, 34, 36, 38, and 40 weeks)². Pregnant women benefit from ANC visits by learning about warning signs and symptoms, which improves both their own and their unborn child's health throughout the pregnancy, birth, and postpartum period.^{2,4} However, due to issues including poverty, low educational attainment, and restricted access to healthcare facilities, ANC usage is still low in low- and middle-income nations.

In Pakistan, the primary healthcare system's maternity and child health (MCH) facilities include antenatal care. The attendance of four or more ANC appointments and the early beginning of ANC during the first trimester are very low, despite the fact that a considerable number of women make at least one ANC visit and get treatment from qualified clinicians. These percentages change according to residential location, region/

province, educational attainment, and household wealth index, among other variables.

Despite government’s efforts to improve maternal and child healthcare in Pakistan, progress in reducing maternal and newborn mortality has been slow. Challenges include policy barriers, cultural norms, limited social support, financial constraints, gender inequalities, traditional practices, lack of awareness, transportation difficulties, and experiences of stigma and discrimination. These factors contribute to a preference for home deliveries and delays in seeking antenatal care, compromising the quality of care and leading to adverse pregnancy outcomes. Addressing these challenges requires comprehensive strategies targeting policy reform, cultural change, increased social support, financial assistance, improved transportation, and reducing stigma and discrimination in healthcare settings.

The provision of early antenatal care is crucial for promoting maternal and child health, but social barriers, along with other challenges in the healthcare system, hinder its effective utilization in many low- and middle-income countries like Pakistan. By addressing these barriers, policymakers and healthcare providers can improve maternal and child health outcomes and work towards achieving global health goals.

METHODS

A cross sectional study was conducted at department of gynecology and obstetrics of Central Park Teaching Hospital Lahore from May 2023 to November 2023 for assessment of social barriers in antenatal care after obtaining ethical letter (CPMC/IRB-No/1400) from institutional review board under guidelines of Helsinki declaration. Sample size of 280 was calculated as per WHO sample size calculator and patients were recruited for the study after obtaining prior written informed consent. Out of these 280, 177 were pregnant and those were considered and were taken for in depth interviews and focus group discussions for assessment of social barriers. While women who had miscarriages and those who were eclampsia and gestational diabetes mellitus were excluded from the study.

Data collection was carried out using two primary methods: in-depth interviews and focus group discussions. In-depth interviews were conducted with 125 pregnant women (Group 1), enabling to gain profound insights into their experiences and perceptions regarding ANC access. On the other hand, focus group discussions were organized for Group 2, comprising 52 pregnant women, 77 family members of patients, and 26 healthcare staff members. These discussions facilitated interactive exchanges and provided diverse perspectives on the social challenges involved in accessing ANC. To ensure consistency and comprehensiveness, a structured interview guide was employed for both in-depth interviews and focus group discussions. The interview guide covered various

aspects associated with ANC access, including awareness, education, social support, traditional practices, financial constraints, and transportation challenges.

Statistical Analysis: Data was entered into Microsoft Excel, and meticulous counter-checking was performed to ensure accuracy and identify any errors or omissions. After conducting a thorough data assessment, the information was exported into SPSS version 26 for further statistical analysis. Frequency analysis revealed the prevalence of social barriers faced by the 177 pregnant women, encompassing financial constraints, cultural norms, and gender inequalities. Cross-tabulations explored the relationships between demographic factors and reported social barriers.

RESULTS

The qualitative research comprised 280 participants, categorized into two groups. Group 1 comprised 125 pregnant women who participated in in-depth interviews, providing valuable insights into their experiences and perspectives. Group 2 involved 155 individuals who engaged in focus group discussions. Group 2 was diverse and included 52 patients, 77 family members of patients, and 26 healthcare staff members, fostering interactive discussions and collective exploration of the research topic (see Table 1 below).

Table No. 1: Participants & Interviews

Group	Participants	Type of Interview
Group 1	125 pregnant women	In-depth Interviews
Group 2	52 patients, 77 family members of patients, 26 healthcare staff members	Focus Group Discussions

Moreover, out of the total 280 participants in the study, 177 were pregnant women. Among the pregnant women 62.71% (111 individuals) were between the ages of 18 to 25 years, while 37.29% (66 individuals) were aged between 26 to 35 years (see Table 2 below). This distribution highlights a significant representation of relatively young pregnant women in the research. Understanding the age profile of the pregnant participants is valuable for developing targeted interventions to address the specific needs and challenges related to maternal and child health in different age groups.

Table No. 2: Age Distribution (n=280)

Age (in years)	Number of Patients	Percentage
18-25	111	62.71%
26-35	66	37.29%

Furthermore, during the research, various social barriers impeding access to Antenatal Care (ANC) were discovered. The prevalence of each barrier among the participants shows that 28% (n=78) had lack of awareness towards ANC, 24% (n=67) had limited education, 9% (n=25) had limited social support, 12% (n=34) went through traditional practices I.e. Dai system, 16% (n=45) had financial constraints and 11% (n=31) had to face transportation challenges when it comes to taking ANC services (see Table 3 below).

Table 3: Social Barriers Obstructing Access to Antenatal Care

Social Barriers	Number of Patients	Percentage
Lack of Awareness towards ANC	78	28%
Limited Education	67	24%
Limited Social Support	25	9%
Traditional Practices (Dai system)	34	12%
Financial Constraints	45	16%
Transportation Challenges	31	11%

These findings shed light on the key social challenges faced by pregnant women in accessing ANC services. Lack of awareness about ANC, limited education, and financial constraints emerged as significant barriers affecting ANC utilization. Additionally, traditional practices, limited social support, and transportation challenges were also identified as contributing factors to hinder access to ANC services. These results highlight the need for targeted interventions and strategies to address the identified barriers and improve access to early antenatal care. Addressing these challenges can play a crucial role in promoting maternal and child health, reducing maternal and neonatal mortality, and ultimately improving overall maternal and child health outcomes.

DISCUSSION

Ensuring timely access to early antenatal care is crucial in fostering the well-being of both mothers and children. This facilitates the prompt detection and handling of possible pregnancy complications, encourages healthy practices, and offers vital health information and assistance. Despite its significance, numerous pregnant women face social obstacles that impede their ability to receive early antenatal care. After controlling all independent factors, it was evident that obstacles to achieving adequate ANC utilization (i.e., attending at least four ANC visits) were significantly associated with lack of awareness, limited education, lack of social support, adherence to traditional practices such as the Dai system, financial

constraints, and transportation challenges. Each of these barriers plays a crucial role in obstructing pregnant women from accessing and utilizing early antenatal care services. The lack of knowledge among women on the significance of early prenatal care is one of the main issues noted. It's possible that many Pakistani pregnant women are unaware of all the advantages of early pregnancy counseling, such as its ability to identify and treat certain issues early on.

In addition, pregnant women who have less knowledge find it difficult to comprehend the significance of prenatal care and to successfully navigate the healthcare system. Women with less education may find it difficult to comprehend health-related information, to make wise decisions, and to speak out for their own medical needs. These educational gaps can also contribute to the spread of untruths and misunderstandings about pregnancy and medicine, which makes it harder for women to use antenatal care (ANC) facilities. Various international scholars, including M. Mazharul Islam and Mohammad Shahed Masud from Bangladesh, Mamata Sherpa Awasthi, Kiran Raj Awasthi, Harish Singh Thapa, Bhuvan Saud, Sarita Pradhan, and Roshani Agrawal Khatry from Nepal, and Yasir Bin Nisar, Michael J Dibley, from Pakistan and other scholars, have conducted studies demonstrating the association between education and ANC utilization. Their research confirms that higher levels of education positively influence ANC utilization, with more educated women being more likely to attend at least four ANC visits.⁵⁻¹³. The impact of education extends beyond ANC, as demonstrated in the research conducted by Matsumura, Masaki; Gubhaju, Bina, where highly educated individuals tend to engage in a variety of healthy behaviors more frequently than those with lower education levels^{14,15}. Similarly, Dr. Pallikadavath et al. argue that education plays a crucial role in promoting adequate utilization of ANC services¹⁶. This issue is particularly critical for Pakistan, where only a small proportion of women (11%) have completed secondary or higher education. Moreover, in our study, the limited utilization of ANC services may indeed be attributed to the low education levels among the participating women.

Additionally, limited social support is another significant contributing factor. Social support plays a crucial role during pregnancy, but many women in Pakistan encounter insufficient or inadequate support systems. The absence of emotional, financial, and practical support from family members or the community can discourage pregnant women from seeking antenatal care. This lack of adequate support may leave them feeling disheartened or unable to prioritize their own health needs during pregnancy. Consequently, addressing these social support challenges becomes essential to enhance maternal healthcare and promote better pregnancy outcomes. By

establishing stronger support networks and community-based programs, pregnant women can receive the encouragement and assistance they need to access timely and appropriate antenatal care services. Compared to women in the lowest income quintile, women in the greatest wealth quintile were around six times more likely to attend the required number of ANC visits. This result is in line with other research^{5-9, 11, 17-19}, which similarly found a relationship between household affluence and ANC usage.

Interestingly, compared to women from low-income homes, women from wealthier households are more likely to be able to afford regular health treatments, like ANC, and the related expenditures, such as transportation¹⁸. Furthermore, compared to public healthcare facilities, a greater percentage of women obtained ANC in private healthcare facilities. This discovery might be explained by the fact that women in metropolitan regions with higher household wealth tend to use private health care facilities for antenatal care (ANC). In addition to the above factors, transportation difficulties pose another significant barrier to accessing antenatal care, especially in rural and remote areas. Limited or unreliable transportation options may prevent pregnant women from reaching healthcare facilities in a timely manner. This can result in missed ANC appointments, delayed care-seeking during emergencies, and overall reduced access to antenatal care services. Addressing these social barriers requires a comprehensive approach involving various stakeholders, including policymakers, healthcare providers, community leaders, and NGOs. Efforts should focus on raising awareness about the importance of ANC, providing targeted health education, and dispelling myths and misconceptions. Improving educational opportunities for women can empower them to make informed decisions about their health and enhance healthcare-seeking behavior. Strengthening social support networks and engaging communities can play a vital role in encouraging pregnant women to prioritize their health and access ANC services.

CONCLUSION

The influence of cultural norms, limited social support, financial constraints, and gender inequalities on women's access to antenatal care services. By eliminating these barriers, it is possible to improve access to antenatal care, enhance maternal and child health outcomes, and promote equitable healthcare access for all women in Pakistan.

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