



## Original Article

# IMPACT OF SAFE MOTHERHOOD AS PERCEIVED BY EXPECTANT MOTHERS

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### ABSTRACT

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**Background:** Various services are being rendered to take care of mother and child health. The purpose of this study was to view various aspects that play in availing health services for expectant mothers. **Aim/Objective:** The aim of the study was to ascertain the reasons detrimental to availing health care services for expectant mothers. **Methods:** Surveys were conducted in form of questionnaire at Jinnah Hospital, Karachi. Expectant ladies being three and half month pregnant participated in the study. **Results:** Among the 500 registered child bearing women, those who used greater visits 250 (60%), followed by normal scheduled 124 (29%) and sub normal were 126 (30%). **Conclusion:** It is seen that availing services for the wellbeing during their tumultuous physiological phase depend upon various factors viz incapacitation, ignorance, priorities, geo- economic and cultural positions. Comprehensive awareness for effective application of these health services are required.

**Key words:** MCH services, Miscarriage, Expecting women  
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### INTRODUCTION

Prenatal health services are basically meant to assure a safe passage to the ultimate relief from agony of period of gestation. Various anomalies and health problems are detected due to these services and health risks are identified<sup>1</sup>. Many aspects play part in utilizing antenatal services. Among them are social, cultural and economical<sup>2</sup>. By avoiding preventable morbidity and mortality, these mother and child welfare services also help in achieving millennium development goals<sup>3</sup>. As per policy in vogue adopted by most of the countries the number of visits advised during the period of gestation are for those women who are without health risk or low in healthwise<sup>4</sup>. Exact number of visits every normal healthy pregnant woman has to go during the period of their gestation is yet to be established

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globally<sup>5</sup>. A uniform policy in this issue is important, so as regularization of number of visits definitely help in health and outcome of mother and foetus<sup>6</sup>.

Within four and half month of pregnancy (twelve weeks) is the proper period for registering for mother and child health services<sup>7</sup>. Every nation has its own guidelines on the initiation/schedule of first visit a healthy normal pregnant woman has to perform. Mostly the countries have census on four and half month<sup>8</sup>. However, the issue with under developed countries is that they fail to have country guidelines on this topic. Before this period is commenced, it focuses on complication of pregnancy <sup>9</sup>. The manpower of our nation is being greatly affected due to mother and child (under one year) health issue. Though the causes are preventable, we have to look and figure them out cautiously<sup>10</sup>. The purpose of this study is to know the reason of lack of use of services meant for mother and child during the course of gestation.

#### METHODOLOGY

Pregnant ladies between the ages of fifteen and forty-five who visited Jinnah Hospital in Karachi for their pregnancy related checkup were participants in the study. They were chosen using the sampling procedure. They were interviewed for their views regarding their experiences of prenatal services offered by the hospital. Formalities like observance of medical ethics were ensured. Exclusion criteria were laid down that

comprised of missed abortion, record of their registry and any other loss of essential information about conception. Total number of participants who fulfilled the prescribed criteria were 500 women. Various variables were incorporated in the study like area of their residences, the education level, financial position in form of income generation, age variation, and medical and obstetrical record (present and past). Data was then compiled and put further into software for statistical data having 17 version of statistical package of social sciences SPSS.

#### RESULTS

Results are demonstrated in the table mentioned below (Tables 1 and 2 respectively). Table 1 shows variable that depict the social, economic and demographical picture.

The age of child bearing women differ in developed and developing countries. In our study, the childbearing age ranged between 19 and 28, whereas the factual situation is different in developed countries where the highest child bearing age for women is beyond the age bracket in our study. Reason of having greater number of children may correspond to early marriage in our area.

#### DISCUSSION

Our study shows the age of expectant women is different

**TABLE-1:**  
**Variables showing significance of Motherhood factor [Socio-Economical-Demographical picture]**

VARIABLES	PERCENTAGE
<b>Age Group</b>	
Below 19	70(14)
19-28	260(52)
29-38	160(32)
>38	10(2)
<b>Level of Income</b>	
Low	240 (48)
High	260 (52)
<b>Residential status</b>	
Urban area	280 (66)
Rural area	220 (44)
<b>level of education</b>	
Graduate	160 (32)
Under Matriculation	340(8)

**TABLE 2:**  
Variables signifying motherhood [Socio-Economic-Demographical picture]

Variables (%)	Visits for Pre-natal Care		
	Lesser 126 (30%)	Standard 124 (29%)	Higher 250 (60%)
<b>Demographic:</b>			
<b>a) Residential Status</b>			
1. Rural area 220 (44)	120 (55)	60 (27)	40 (18)
2. Urban 280(56)	70 (25)	150 (54)	60 (21)
<b>b) Level of Education</b>			
1. Low 340(68)	10 (6)	100 (63)	50 (31)
2. High 160(32)	160 (47)	120 (35)	60 (18)
<b>Medically Related:</b>			
<b>a) State of motherhood</b>			
1. Parity(Primy) 200 (40)	20 (10)	100 (50)	80 (40)
2. Parity(Multiple) 300(60)	100(33)	180(60)	20(7)
<b>b) Diagnosis</b>			
1. Not established 360(72)	200(56)	90 (25)	70 (19)
2. Established 140(28)	16(11)	64(46)	60(43)
<b>c) Past birth experience</b>			
1. None 100(20)			
2. Present 400(80)	12(12)	36(38)	50(50)
	180(45)	140(35)	80(20)

in different areas. In our study age of expectant women ranges from 19 to 28 years, whereas the situation is different in Indian Bengal and Bangladesh where child-bearing age of females is between 15 and 25 years<sup>11</sup>. This situation might be due to early marriages in their area. In urban areas like Karachi, due to acquisition of education for girls, the age of child bearing female is higher as compared to the range of ages described earlier<sup>12, 13</sup>. Parents seem to be inclined towards having education of their daughters before they get marry. While this is not the case in rural areas due to conservativeness of the society and lack of educational institutions.

This study also reveals linkages between medical and obstetrical condition of would-be-mother and the number of prenatal visits paid by them. Those having first experience of pregnancy are paying more antenatal visits<sup>14</sup>. Likewise study shows women having bad experience during course of pregnancy (before term

deliveries or abortions) pay more prenatal visits. Same criterion was found in other studies.

Demographical, economic and social factors have direct effect on usage of antenatal services by the expectant mothers provided in their area. The situation is almost similar all over the world, irrespective to develop or developing countries. Same scenario we will find in countries belonging to our region also i.e south-east asia<sup>15</sup>. Our study also found that number of prenatal visits are also associated with medical/obstetrical problem during the course of pregnancy and any other such problem in previous pregnancies<sup>16</sup>.

Attainment of educational level, residential status and having experience of pregnancies have direct effect on the volume of visits of maternal and child health care centers during the course of pregnancy<sup>16</sup>. In our study education level and residential status of the participants correlated with observance of schedule and protocol of antenatal visits by pregnant women

under study. This scenario may be due to being more aware and more health consciousness<sup>17</sup>. The results of our study are closest to the study conducted by South East Asia association of obstetricians and gynaecologists<sup>18, 19</sup>.

### CONCLUSION

It is concluded that the main hurdle in the maintenance of health of pregnant women are the geographical and socioeconomic conditions. They are the basis of the wellbeing of mother and child health in our set up. Mortality and morbidity of expectant females are preventable owing to the comprehensive knowledge provided to them for the upkeep of their health. Likewise, basic health facilities close to the door also need to be facilitated by health functionaries.

### AUTHORS INPUT

**AA:** Principal investigator, writing of manuscript, Collection of Data, **SS:** Interpretation of Data, **JA:** Data analysis and citation,

**Conflict of interes:** Author declare that there is no conflact of interes

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