

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

1. Conclusions

As the main objective of this cross-sectional study was to determine the factors related to the utilization of antenatal care among mothers delivered at the Regional Health Promotion Centre 1, Bangkok, Thailand. A total of 109 mothers in the postpartum ward of the center were interviewed about their recent pregnancy using a structured questionnaire. According to the finding presented in the chapter IV and discussion in the chapter V, here are some conclusions made:

1.1 The study shows the early and widespread use of antenatal care among the mothers delivered at the post partum ward of the Regional Health Promotion Center 1, Bangkok, Thailand. It is also revealed that the components of antenatal care, timing of the visits and minimum standard of that care are also met.

1.2 Frequency of antenatal care visits is very high among the women in Bangkok. Women here make average 9 times antenatal visits during their entire pregnancy. Almost all are examined covering all components of antenatal care such as blood pressure, height, and weight measurements, blood, urine and abdominal examination. As well as two third of them receives ultrasound facilities. Most of the mothers make their first antenatal care visit by the second month of pregnancy.

- 1.3 The prevalence of tetanus toxoid immunization and iron/folate supplements is very appreciable here. All women receive these components of antenatal care.
- 1.4 Women's age, parity, education level, occupation, husband's education, and information exposure had no effect on utilization of antenatal care visits in this study, but husband's occupation have had an effect on the utilization of antenatal care visits among the mothers in Bangkok. Women their husbands working for private sector use antenatal care visit more frequently than whose husbands working for other sectors (p-value 0.012).
- 1.5 The overall satisfaction rate with the antenatal care clinic is 95%. However, in certain aspect, the satisfaction rate is not satisfactory. Thirty-three percent of women are dissatisfied with the time that they have to spend during waiting for the service, 14% of them dissatisfied with the time during examination, and sometime few of them dissatisfied with the clinic hours.
- 1.6 This study was intended to determine the mother's knowledge about antenatal care, attitude toward antenatal care, and satisfaction with antenatal care services. From the finding in the previous chapters, the conclusion is made that all of women have had positive attitude toward antenatal care (100%), they have high level of knowledge about antenatal care (59%), and are highly satisfied with the services they have received during their recent pregnancy (95%). These results also reflect in their higher frequency of antenatal care visit.
- 1.7 In spite of the good result in overall assessment, there are certain percentages of women whose knowledge and attitudes part needs to be improved. Such as in the case of knowledge on timing of first and second visits, 65% answered

incorrectly. Regarding self-care for minor ailments, 94% were incorrect. In eating habits during pregnancy period, 40% were incorrect. In attitudes, home based antenatal care and female antenatal care provider preferences.

1.8 Regarding the test of relationship between antenatal care utilization and variables of interest, there are some relationships determined. A weak positive relationship was determined between knowledge and frequency of antenatal visits, and a weak negative relationship between satisfaction and frequency of antenatal visits. Besides these, there were some weak relationships between knowledge and number of family members, parity, and satisfaction. Attitude and number of family members; and satisfaction and parity.

1.9 There are significant differences in husband's occupation, and family income between the groups of frequency of antenatal care visits (3-8 times and 9+ times). Women, their husband working for private sector, visit 9+ times antenatal care than other categories of husband's occupation (p-value 0.012). Women with higher family income use more frequent antenatal visits than women with lower (p-value 0.021).

2. Recommendations

Based on the study finding and discussion, the following recommendations have been made in order to further enhance antenatal care utilization at the Regional Health Promotion Center 1, Bangkok, Thailand as well as other similar places.

2.1 Recommendations to the Regional Health Promotion Centre 1

2.1.1 As the study finding has revealed, despite its higher percentage of satisfaction rate, there were notable percentages of women dissatisfied with

the time during examination and during waiting for the services. Especially, a woman who visits antenatal services more frequently is likely to have dissatisfied with some components of antenatal care. So, to make the service more effective and more acceptable among the clients, it would be important to increase work efficiency in the clinic. Assigning additional examiner or train and manage the existing manpower job can do this effectively. Women's waiting time for the service can be utilized in health education, entertainment, and awareness creating program. It can help them thinking that their time has been utilized in a purposeful way.

2.1.2 Health education and awareness raising program is necessary in each section of antenatal clinic. The education program should include message to prevents some traditional misunderstandings such as pregnant woman should not eat much food, a pregnant must see the doctor even she has got cold, the second visit after the first can be anytime when a woman get sick, a light exercise during pregnancy is inappropriate etc.

2.1.3 The role of a husband is seemed to be crucial in many aspect of a woman's pregnancy related matters. If husbands are aware about pregnancy and related complications, it will support for the health of mother and better pregnancy outcomes. So, the awareness-raising program should also be always focused on them.

2.1.4 Since the recommended minimum visits for antenatal care for normal pregnancy is only four times, the frequency of visits among the women in the Regional Health Promotion Centre 1 is much higher than this. In general, this figure is extremely nice, but unless pregnant woman's

condition is normal, the extra number of visits can be terminated. This will help to further increase the efficiency and effectiveness of the clinic, manpower, and time; and hence, the dissatisfaction level in certain points can be further reduced.

2.2 Recommendations for maternal health programme in Nepal

2.2.1 In the context of Nepal, as has been mentioned frequently in the literature, promotion of maternal education is the must before thinking of a better utilization of antenatal care. The policy regarding maternal health should always be focused on raising awareness and improving general literacy among women. Sri Lanka could be a better example of women literacy and better maternal health indicators, where the drastic decrease of MMR is considered as the result of women education.

2.2.2 The health facilities in the rural areas need to be fulfilled with necessary instruments and materials related to the antenatal care. The finding of the present study has shown that women always use all available services once they attend in the antenatal clinic.

2.2.3 Last but not least, as Nepal is vastly diversified in terms of its geographic structure and cultural variation, situation and determinants of antenatal care utilization might be vary across the places and people. An extensive study concerning mainly on the factors related to the antenatal care utilization is necessary in order to identify why only a few percentage of woman make enough antenatal visits. This study, using a large sample, should examine the different level of socio cultural strata of the community.

2.3 Recommendations for the future research

2.3.1 Particularly, this type of study with a small sample size and short time period are better in the context of rural settings, where the problem of non-utilization is more prevalent. It will be even better if the case-control study is carried out using larger sample size. In the next study the outcome of antenatal care visit should be included.

2.3.2 There were some limitations in this study, eg time constraint, smaller sample size, selection of study type and study sites, and most possible information biases due to women's exposure to the health services during delivery etc. Therefore, the result of this study might not be helpful for all kinds of situation to the fullest extent. However, it will definitely help to understand the pattern and characteristics of antenatal care service utilization by the women in urban areas like Bangkok.