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RESEARCH ARTICLE

**S TO DETERMINE THE PROPORTION VISIT FOR ANC & SUBSEQUENCE VISITS OF 10 ARCS
 CLINICS AT NORTH REGION OF AFGHANISTAN.**

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Key words:-

Antenatal care, Delivery care, 10 ARCS clinic, North region Afghanistan.

Abstract

Background: In developing countries a large number of women are dying due to factors related to pregnancy and child birth. Implementing and assuring utilization of maternal health care services is potentially one of the most effective health interventions for preventing maternal morbidity and mortality. However, in Afghanistan the utilization of maternal health care is low.

Methods: A cross-sectional retrospective study was conducted from July to December 2016 in North region, Afghanistan, to assess to determine the proportion visit for ANC & subsequence visits of mentioned ARCS clinics. The data were collected through their monthly HMIS report and use as secondary data collection. Data were collected from a sample of 10 clinics

Results: The study revealed that 82% of the women had at least one antenatal visit during their last pregnancy. Among the antenatal service users, 41% had less than four antenatal visits. More than half of the antenatal care (ANC) attendants made their first visit during their second and third trimester of pregnancy although WHO recommended ANC should be started at the first trimester of the pregnancy. Attitude towards pregnancy, knowledge on danger signs of pregnancy and presence of husband approval on ANC. The study also revealed that about 3.07% of the women had given birth in the health institutions. Parity, literacy status of women, average monthly family income, media exposure, decision where to give birth, perception of distance to health institutions (HI) and ANC attendance were found to be significantly associated with delivery care (DC) attendance.

Conclusions: The utilization of ANC and DC service is inadequate in the catchment area. The utilization of ANC and DC were influenced by demographic, socio-economic and health related factors. Improving the status of women by expanding educational opportunities, strengthening promotion of antenatal and delivery care by enhancing community awareness about the importance of ANC and DC are recommended.

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Rational and Background:-

Afghanistan has once again been labelled “the worst country in which to be a mom” in Save the Children’s World’s Mothers’ Report. This study investigated how pregnant women and health care providers experience the existing antenatal and obstetric health care situation in northern region of Afghanistan. Methods Data were obtained through HMIS data of 10 ARCS clinics during first six months of 2016. Ten doctors, ten midwives, and some traditional birth attendants. The study was carried out in five northern region provinces. Studies were taped, transcribed, and analysed according to the principles of cross sectional retrospective designee. Results Antenatal care was reported to be underused, even when available. Several obstacles were identified, including a lack of knowledge regarding the importance of antenatal care among the women and their families, financial difficulties, and transportation problems. The women also reported significant dissatisfaction with the attitudes and behaviour of health personnel, which included instances of verbal and physical abuse. According to the health professionals, poor working conditions, low salaries, and high stress levels contributed to this matter. Personal contacts inside the health facilities were considered necessary for receiving high quality care, and bribery was customary. Despite these serious concerns, the women expressed gratitude for having even limited access to health care, especially treatment provided by a female doctor. Health professionals were proud of their work and enjoyed the opportunity to help their community. Conclusion this study identified several obstacles which must be addressed to improve reproductive health in ARCS clinics. There was limited understanding of the importance of antenatal care and a lack of family support. Financial and transportation problems led to underuse of available care, especially by poorly educated rural women. Patients frequently complained of being treated disrespectfully, and health care providers correspondingly complained about poor working conditions leading to exhaustion and a lack of compassion. Widespread corruption, was also emphasized as an obstacle to equitable antenatal and obstetric health care

- Approximately one in every 50 Afghan women dies of pregnancy-related causes (AMS, 2010)
- The total fertility rate is 5.3 per 1,000 (DHS 2015)
- Use of modern birth spacing method is 23% (DHS, 2015)
- Institutional delivery is 48% (DHS 2015)
- There are more than 8000 midwives in Afghanistan (Jhpiego, 2015).
- Home Delivery is 52%. (DHS, 2015)
- Maternal Mortality Ratio (MMR) estimated 327/100,000 live births

Although maternal mortality in Afghanistan has declined from around 1000 to 327 per 100 000 live births between 2000 and 2015, the lifetime risk of dying in childbirth is still one in 32, comparable to conditions in Sub-Saharan Africa. In addition, for each woman who dies, 20 others are expected to endure long-term ill health. According to Save the Children’s World’s Mothers’ Report, Afghanistan is the “the worst country in which to be a mom” and one out of five children die before their fifth birthday.

According to the WHO, skilled health personnel attend approximately 34% of births in Afghanistan, and 60% of pregnant women attend at least one antenatal visit. Only 16% attend the recommended number of four antenatal visits and conditions are far worse in remote districts compared to Kabul and other main cities. A survey from 2006 showed that more than half of women in Kabul had access to midwifery care, compared to less than 2% of women in remote areas.

Development in Afghanistan is complicated by an unstable political system, poor economy, and ongoing violence. These factors severely influence health care provision and the quality of health care. The governmental guidelines for reproductive health care recommend four antenatal visits which are free of charge in public clinics, in an attempt to increase skilled attendance at birth, while improving quality and utilization of emergency obstetric care. Despite these good intentions, such guidelines are unrealistic given the low density of physicians (2.1 per 10 000 inhabitants) and nursing and midwifery personnel (5.0 per 10 000 inhabitants), with a strong urban–rural disaggregation of health worker density.

The aim of the present study was to explore how pregnant women and health care providers experience the existing antenatal and obstetric health care situation in Afghanistan. Rather than further compile poor statistics on reproductive health and health care in Afghanistan, we opted for a qualitative approach to explore the perspectives of patients and health professionals. The first author was born in Afghanistan and is a medical student in Norway – “the world’s best country in which to be a mom”. A PubMed search using the keywords “antenatal care” or “obstetric care” or “reproductive health” and “Afghanistan” (May 2010) identified a paucity of research, with only a handful of relevant studies. A survey carried out in 2004 found reproductive health indicators to be poor among

women living in Kabul, a group often considered to be the most privileged. The women's schooling was significantly associated with antenatal care attendance, skilled attendance at birth and use of family planning, although almost all the women needed permission from their husband or a male relative before seeking professional health care.

Literature Review:-

A cross-sectional study covering almost 5000 women in the Herat province found that human rights factors contributed to the high maternal mortality rate, particularly among rural women. Another survey from Kabul revealed that fear of own death or of losing the baby were important reasons for choosing skilled birth attendance. A 2003 observational study from a maternal and infant hospital in Kabul concluded that profound changes were needed in the hospital's health care delivery system in order to make the hospital a safe and effective health care facility. To expand upon this literature and improve our knowledge regarding obstacles to care, we chose to carry out the present study.

- What is already known about the research problem?
High mortality rates of pregnant women 321 per 100000 live births.
- What are the gaps in the present body of knowledge?
The gaps of this high mortality rate are like 4 time ANC consultation and delivery with skilled person.
- Where and how does the proposed research fit into this picture?
The study focus of ANC consultation whose they attended to the ARCS clinic among total of all pregnant women are living on catchment are population.
- What contribution will the proposed research make to the existing knowledge base and how will it enrich current practices?
After this study find out to determine the Proportion visit for ANC & subsequence visits of the 10 ARCS clinics at North region of Afghanistan and percentage of delivery with skilled attendant births.

Objectives:-

Main Objective:-

To determine causes the proportion of pregnant women who attending ANC and subsequence visits.

Specific objective:-

- To determine the causes for not attending 4 time ANC care.
- The MCH unit will be standardized for regular monitoring.

Research Questions/ Hypothesis:-

All first ANC visits come for follow up visits.

Study Design:-

Cross sectional retrospective study design is analytical study and the research population are **95780** population.

Cross-sectional studies measure the prevalence of disease and thus are often called prevalence studies. In a cross-sectional study the measurements of exposure and effect are made at the same time. It is not easy to assess the reasons for associations shown in cross-sectional studies. The key question to be asked is whether the exposure precedes or follows the effect. If the exposure data are known to represent exposure before any effect occurred, the data from a cross-sectional study can be treated like data generated from a cohort study.

Cross-sectional studies are relatively easy and inexpensive to conduct and are useful for investigating exposures that are fixed characteristics of individuals, such as ethnicity or blood group. In sudden outbreaks of disease, a cross-sectional study to measure several exposures can be the most convenient first step in investigating the cause.

Data from cross-sectional studies are helpful in assessing the health care needs of populations. Data from repeated cross-sectional surveys using independent random samples with standardized definitions and survey methods provide useful indications of trends. Each survey should have a clear purpose. Valid surveys need well-designed questionnaires, an appropriate sample of sufficient size, and a good response rate.

Many countries conduct regular cross-sectional surveys on representative samples of their populations focusing on personal and demographic characteristics, illnesses and health-related habits. Frequency of disease and risk factors can then be examined in relation to age, sex and ethnicity. Cross-sectional studies of risk factors for chronic diseases have been done in a wide range of countries

The expected duration of study is about three month and the data is from July to December of 2016. The study is also describe as observational analytical cross sectional retrospective and controlled study.

Table I:- study work plan.

	First week	Second week	Third week	Fourth week
Sept 2016	Start collection of information from field and Web	Discussed the topic research proposal with owner of health facilities	Debit and discussion was start with supervisor regarding this research	Continue discussion
Oct 2016	Conducting meeting with ARCS regional director and health field officer regarding the approval of my research on their health facilities	Approved the research and this study with mentioned topic for all 10 HFs at north region of Afghanistan	Collecting the data and information from their HMIS monthly reports	Drafting the research proposal and submitted to my supervisor for cross reading and approving
Nov 2016	Submitted the research project proposal to the university	Drafting the discussion on preparing the research presentation with supervisor	Continue the discussion with supervisor	Drafting the first copy of presentation
Dec 2016	The first copy of draft presentation submitted to my supervisor for cross checking proof reading.	Start initial analysis and finding six month clinics statistics	Did first correction of the presentation	I received the first approved copy of my presentation
Continue				

Research Methodology:-

All pregnant women should be strongly encouraged to have a minimum of four antenatal visits as follows:

- First visit – In the first trimester, preferably before 12 weeks of pregnancy.
- Second visit – Should be close to 26 weeks
- Third visit – In or around 32 weeks.
- Fourth visit – Between 36 and 38 weeks.

This study utilized a qualitative design based on semi-structured, cross sectional retrospective study, The data collectors or researcher (Dr Abdul wahed Taher) spent several days in each clinic, closely observing the work of the health personnel and the facilities and services available to patients.

The Purpose of Study:-

The mean purpose of this study to determine the Proportion visit for ANC & subsequence visits of the 10 ARCS clinics at North region of Afghanistan and the proportion of delivery attended with in health facilities and with skilled birth attendance.

AFGHANISTAN



Study Area:-

North region of Afghanistan has five provinces. It is bordered north side to Uzbekistan and Turkmenistan, south to Bamyan and Ghore provinces of Afghanistan, west to Badghis province and east to Baghlan and Kunduz provinces of Afghanistan. Total are 10 ARCS basic health centre that all of them provides ANC, delivery and PNC services and the update general population these 10 health facilities are 95780 people with annual population growth of 2.3%.

For more details see table 1.

Table 1:- Annual population of all ten ARCS clinics for year of 2016.

Annual Targets for north region health facilities 2016												
Region	No	Indicators		OPD	Nutrition Status	DPT3	TT2<	ANC	Deliveries	PNC	Family Planning	
		Target Groups/population		All CAP	Children <5	Children <1	Pregnant women	Pregnant women	Pregnant women	Delivered women	CBAs	
		Proportion of TP in total population (%)		100	20	4	4	4	4	4	4	16
		Overall Target		100%=100%	20%=100%	4%=100%	4%=100%	4%=100%	4%=100%	4%=100%	4%=100%	20%=100%
		Clinic Name	Code of clinic	Catchments. A.P	% of provincial sub targets (should be checked with provincial health departments and added in the below cells)							
1	Samangan	529	21781	21781	4356,2	871,24	871,24	871,24	871,24	871,24	4356,2	
2	Aryana	541	22000	22000	4400	880	880	880	880	880	4400	
3	Ibn Sina	544	15297	15297	3059,4	611,88	611,88	611,88	611,88	611,88	3059,4	
4	Charsang	555	22175	22175	4435	887	887	887	887	887	4435	
5	Sar-e-Asiab	572	22025	22025	4405	881	881	881	881	881	4405	
6	Shibirghan	578	26755	26755	5351	1070,2	1070,2	1070,2	1070,2	1070,2	5351	
7	Sar-e-Pul	852	15306	15306	3061,2	612,24	612,24	612,24	612,24	612,24	3061,2	
8	Faryab	1553	15470	15470	3094	618,8	618,8	618,8	618,8	618,8	3094	

	9	MCH Mazar	3384	16000	16000	3200	640	640	640	640	640	3200
	1 0	Pashtu n Kot	2490	10927	10927	2185,4	437,08	437,08	437,08	437,08	437,08	2185,4
9 HFs in North region				187736	187736	37547,2	7509,44	7509,44	7509,44	7509,44	7509,44	37547,2

Sample size and sampling technique:-

The study consist of two steps , which cover 6 month activities of HFs , data will be extracted from Health Management information system (HMIS) sample size is covering the 10 Health facilities under coverage of ARCS in (Samangan 1 health facility, Balkh 5 HFs, Jawzjan 1 HF, Saripul 1 HF and Faryab 2 HFs).Table 1

Data Analysis:-

After the secondary data collection is completed, the data were entered and processed by using epi info version7 and excel software. Descriptive analysis like percentage, mean, standard deviations were used to describe the study population in relation to demographic and other relevant variables. Bivariate and multivariate logistic regression analyses were done to identify the association between the independent and outcome variables. Further, multivariate analysis carried out to explore the net effect (relative risk) of all independent variables on the dependent variable by controlling possible intervening variables.

Antenatal care was defined as if the women had received antenatal care check-up at least once during their pregnancy from formal sources. Similarly, delivery care defined as if the delivery took place at formal public and private facilities by health professionals. For the qualitative study, thematic content analysis was done. The rest all analytical analysis done by Excel software.

Ethical Consideration:-

Overall ethics clearance was obtained from the Regional Health directorate of north regional Director. And local ethics clearance was obtained from regional health director. Oral rather than written informed consent was obtained because the study procedures posed minimal risk to study participants and to avoid the possible negative influence of a written consent on rapport between researchers and respondents. With the agreement of participants, verbal consent was voice recorded prior to each interview or focus group discussion.

Limitations of the study:-

The limitation of this study are the following:-

- Budget limitation did not permit to visits all these health facilities during the mentioned time for collecting the data.
- This study was design to fine out to determine the Proportion visit for ANC & subsequence visits of the 10 ARCS clinics at North region of Afghanistan.
- This study was design to find out the proportion visit for ANC & subsequence visits, thus we chose to use secondary data for unavailability of women for face to face interview to fill the questioner that they came to the clinics for this services.

Result with tables and Figures:-

This article reflects of antenatal care in 10 ARCS clinic of North Region of Afghanistan. Resulting from complex interacting factors including persistent lack of skilled human and material resources as well as irresponsive leadership in the health sector. Findings from this audit program suggest substantial adverse impact on maternal wellbeing resulting from poor quality of ANC. These results suggest urgent response from those in control of the health system to invest more resources in antenatal care to avert the situation and enhance maternal health in Afghanistan.

Table and Figures:-

Maternal health care utilization:-

Out of all the respondents included in the study, 82% had at least one antenatal visit during their last pregnancy. Nearly 41% of the women made their first antenatal visit in their first trimester of pregnancy. Among the antenatal service users had less than four antenatal visits during their last pregnancy.

Concerning place of last delivery, 30.32% of the deliveries took place at home and 3.07% at health institutions. Among the home deliveries most were attended by TTBAs, untrained TBAs, relatives and/or neighbors. Knowledge of danger signs of pregnancy was also assessed. Accordingly (Table 2).

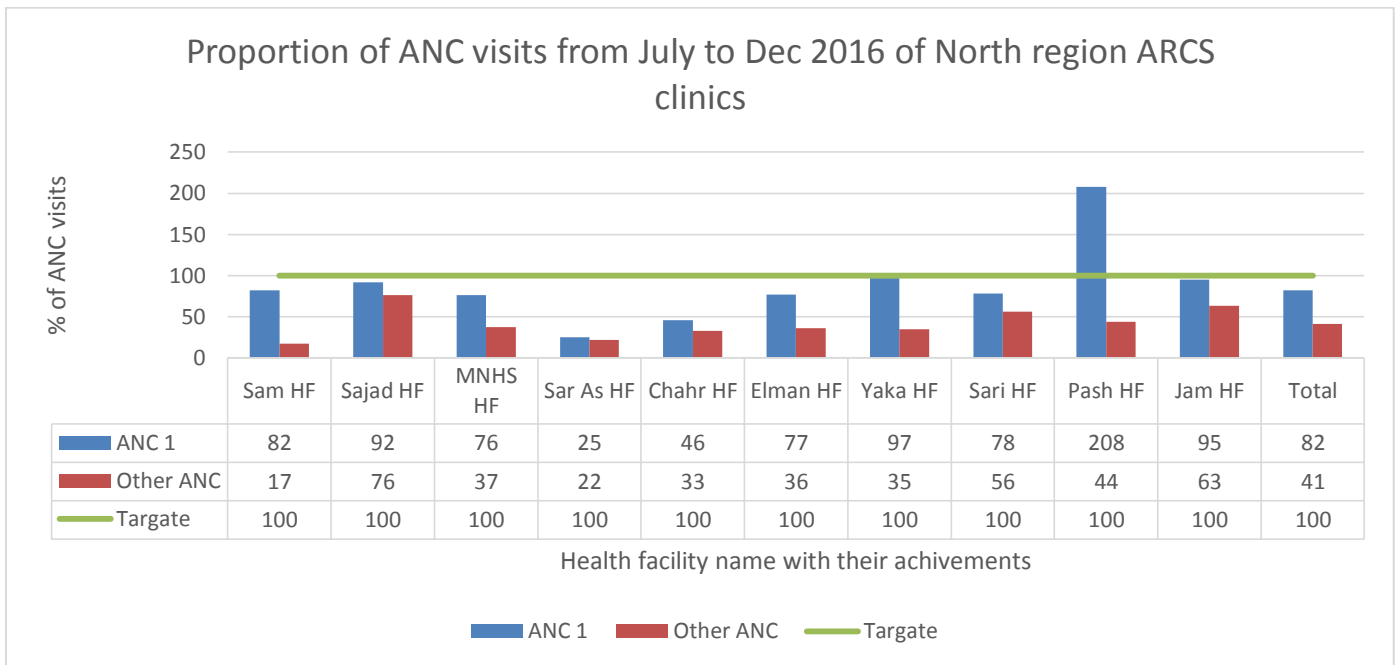


Table 2:- Proportion of ANC visit from July to December 2016 of North region ARCS clinics

Determinants of ANC utilization:-

Although, 10 out of 10 health facilities have providing MNCH services, for those health facilities that they located at suburban area like(Jamshidi, Pashtonkot, Yakabagh and Elman health facilities) somehow they achieved their target for ANC 1st and the rest due to lest working hours’ time at clinics and early leave of clinics they did not event their 75% target.

In general, about 82% (81, 70%) of pregnant women came at clinic for their first ANC visit and 41% of pregnant women attendant clinics for other ANC visits.

Table 3:- Means of ANC visit

Means											
Main variable: ANC visit											
ANC visit											
	Obs	Total	Mean	Var	Std Dev	Min	25%	Median	75%	Max	Mode
ANC visit	10	3130	313	16338,8889	127,8237	114	242	274,5	412	531	114

Multivariate Epi info analysis results of respondents in ANC attendance, at north region ARCS clinics, July to December 2016, (Means=313, Variate = 16338, 8889, Min=114, Median=274, 5 Max=531 and Mode 114)

Determinants of delivery care utilization:-

Most of the delivery took place at home due to un available health service for 24 hours at clinic level and as normal most of the delivery occurred during the night and would attendant at home by support local TBA or in some case asked midwife to support delivery at home, and in this case this kind of delivery will be costly.

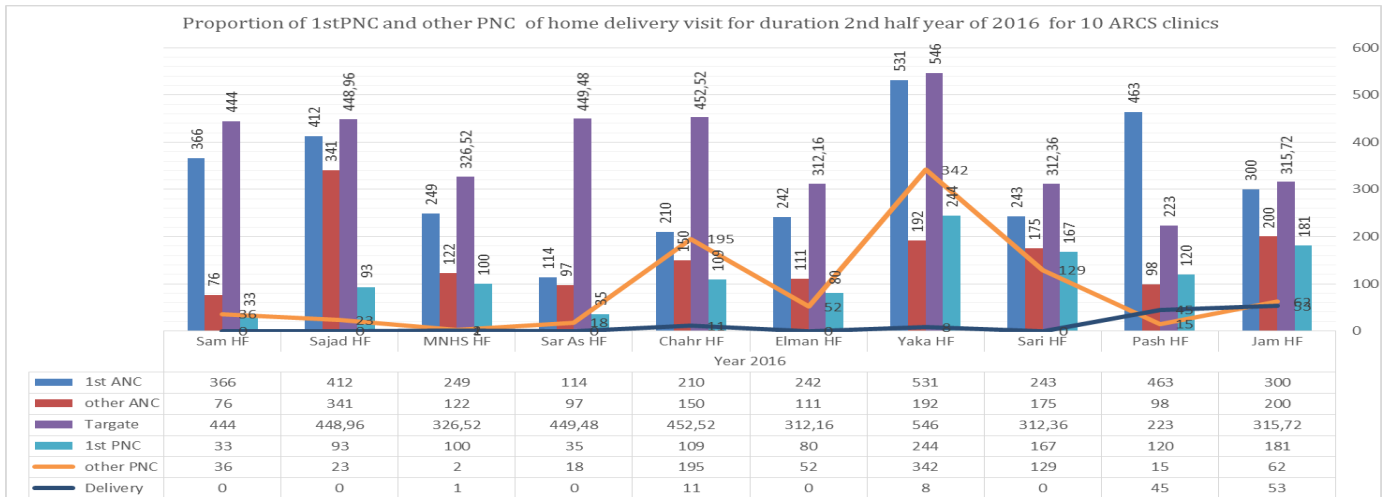


Table 4:- Proportion of PNC1 and other PNC of as home delivery and institution delivery of ARCS clinics

Among the total delivery care that expected at clinic level. Just 3, 07% of total pregnant women attendant for delivery care at all mentioned clinics. And the rest about 96% of the delivery was conducted at home. According to the geographical location of clinics, about 40% of the clinic located at suburban area and the time for working and presence of midwife is 40 hours per week and the rest about 60% of the clinics are located at urbane area their working time or functioning time is 6 day per week from 09:00 am to 12:00pm.

Table 5:- Means of delivery care attendance at clinics

Means											
Main variable: Delivery attendance at clinic											
Delivery attendance at clinic											
	Obs	Total	Mean	Var	Std Dev	Min	25 %	Median	75 %	Max	Mode
Delivery attendance at clinic	10	126	12,6	476,4889	21,8286	0	0	0,5	11	59	0

Multivariate Epi info analysis results of respondents of delivery care attendance, at north region ARCS clinics, July to December 2016, (Means=12, 6, Variate = 476, 4889, Min=0, Median=0, 5 Max=59 and Mode 0)

Table 6:- Means of PNC visit attendance at clinics

Means											
Main variable: PNCvisit1											
PNCvisit1											
	Obs	Total	Mean	Var	Std Dev	Min	25 %	Median	75 %	Max	Mode
PNCvisit1	10	1162	116,2	4311,7333	65,6638	33	80	104,5	167	244	33

Discussion:-

The study assessed factors that determine the utilization of maternal healthcare services in North region ARCS clinics. The revealed that 82% women sought at least one ANC from modern health care providers. However, a considerable number do not make the minimal number of visits (four) as recommended by the WHO. In the study, the primary reasons given for not attending ANC services include being in a state of good health, no or little knowledge about ANC, being too busy, too long waiting time, poor quality of services, husband disapproval and far distance from home to health services etc. Other studies also reported similar reasons.

Antenatal care is more effective in preventing adverse pregnancy outcomes when it is sought early in pregnancy and is continued throughout pregnancy. More than half (82%) of women in this study area made their first antenatal visits in their second and third trimester of pregnancy. This indicates that, a considerable number of women in the study area start ANC at relatively late stage of pregnancy.

In the health facilities level, the midwives of clinics pointed out that the barriers to the utilization of antenatal care services were lack of awareness, apparently being healthy, work overload either in the household or in the other daily activities, long waiting time, financial constraint, and confidence on local TBAs.

Home delivery is still a norm in many parts of Afghanistan. In this study, more than 90% of births had taken place at home from that about 30.32% of them followed with first PNC visit at the clinics.

Delivery care is an important component of efforts to reduce the health risks of mothers and children and increase the proportion of babies delivered under the supervision of health professionals in different health institution.

Several studies found out that women's age plays a significant role in the utilization of maternal health care. This might be due to the fact that younger women are more cautious about their pregnancies and sought trained professionals but older women tend to believe that modern health care is not necessary due to experiences and accumulated knowledge from previous pregnancies and births.

The findings of this study revealed that education is strong predictor of maternal health care utilization for both ANC and delivery care services. The result is similar with other results which revealed that education has a positive relationship with maternal health care utilization. It is because that educated mothers are considered to have a greater awareness of the existence of maternal health care services and benefited in using such services. They are most likely to have better knowledge and information on modern medical treatment. Education is an opportunity to empower women; and empowered women have greater confidence and capability to make decision to use modern health care services for themselves and for their children.

Quality is also important in maternal health programs and can increase the likelihood that women facing obstetric emergencies will go to health facilities for life-saving care. These factors will act as inhibitors of future utilization, thus affecting the decision to seek care. As most of the clinic director indicated in their opinion, there is a problem in the quality of care with some health institutes with low quality and mistreatment from some health professionals, which made some women not to seek the service on both ANC and delivery care services. (4 out of 10 delivery room are out order.)

Delivery care utilization may also be affected by the person(s) who make the decision on the place where to give birth. From the result of this study, women for whom the decision on place of birth made by themselves or jointly with their husbands were two times more likely to utilize DC than women whom decision where to give birth made by others.

Conclusion:-

Underuse of available antenatal and obstetric health care was attributable to a variety of factors, including a limited understanding of its importance to maternal and infant health, lack of family support, financial problems, and transportation difficulties, especially for poorly educated rural women.

Patients frequently complained of being treated disrespectfully, and health care providers correspondingly complained about poor working conditions leading to exhaustion and lack of compassion. Widespread corruption, including the importance of personal contacts, was also emphasized as an obstacle to equitable antenatal and obstetric health care in Afghanistan.

Recommendation:-

According to the senior health professionals, poor working conditions, low salaries, and high stress levels contributed to this matter.

All pregnant women should be strongly encouraged to have a minimum of four antenatal visits as follows:-

- First visit – In the first trimester, preferably before 12 weeks of pregnancy.
- Second visit – Should be close to 26 weeks
- Third visit – In or around 32 weeks.
- Fourth visit – Between 36 and 38 weeks.

The pregnant women expressed gratitude for having even limited access to health care, especially treatment provided by a female doctor.

This study will identified several obstacles which must be addressed to improve reproductive health indicators in ARCS clinics

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