

Unseen Obstacles: The Neglect of Antenatal and Postnatal Care in Bangladesh and the Underlying Factors

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ABSTRACT: *Background:* In Bangladesh, women face challenges in accessing antenatal and postnatal care due to social norms, limited awareness, poor infrastructure, and economic hardship. Despite improvements in maternal health, this study explores factors affecting health-seeking behavior and identifies ongoing barriers to care. *Methods:* A hospital-based cross-sectional study in 2023 recruited 575 pregnant and postpartum women from Rajshahi Medical College Hospital. Data were collected via face-to-face interviews using a semi-structured questionnaire and analyzed using IBM SPSS Statistics, with significance at $P \leq 0.05$. *Results:* The study reveals that the average monthly income of participants is 18,117.4 Taka, with most respondents aged 18-25 years and predominantly Muslim. Most respondents (66.2%) seek antenatal care at government hospitals, while 80.9% opt for government facilities for postnatal care. Key barriers to accessing antenatal care include inadequate provider attention (30.8%), long waiting times (19.9%), and financial constraints (11.0%). For postnatal care, barriers include inadequate provider attention (32%), long waiting times (26%), and cleanliness concerns (16%). Factors preventing antenatal and postnatal care include high costs, lack of awareness, and insufficient family support. These findings underscore the need for targeted interventions to improve maternal healthcare access in rural Bangladesh. *Conclusion:* This study highlights challenges in antenatal and postnatal care in Bangladesh, including reliance on government facilities, financial barriers, and inadequate provider support. It calls for targeted interventions to improve maternal healthcare access.

Keywords: Antenatal Care, Postnatal Care, Healthcare Barriers, Maternal Health, Healthcare Access.

Article at a glance:

Study Purpose: The study explored health-seeking behaviors of women in Bangladesh during pregnancy and postpartum, highlighting challenges like financial constraints, lack of awareness, and cultural barriers to maternal healthcare.

Key findings: The study found that financial constraints were the most significant barrier to accessing both ANC (59.4%) and PNC (43.9%), followed by inadequate provider attention and long waiting times.

Newer findings: The study found geographic location, financial constraints, and cultural beliefs impacted ANC and PNC access, with education influencing utilization.

Abbreviations: ANC: Antenatal Care, PNC: Postnatal Care.

INTRODUCTION

In Bangladesh, women's access to healthcare, especially during pregnancy, is challenged by social, economic, and cultural factors. Healthcare choices depend on needs, social pressures, and provider qualifications. Age, education, and economic status also impact care. Maternal mortality decreased from 322 to 196 deaths per 100,000 live births between 2010

and 2016, but more efforts are needed to meet the Millennium Development Goal.¹ Maternal and child mortality can be effectively prevented by implementing appropriate life-saving interventions to manage and prevent complications during the birth period.² Proper use of maternal healthcare services reduces maternal and newborn mortality, covering prenatal, postpartum, and related services.³ Regular

prenatal care (ANC), accessible medical assistance during delivery (PoD), and effective postnatal care (PNC) promote safe motherhood. ANC helps identify and treat pregnancy-related conditions, offering vital health information for families.^{4, 5} Obstetric emergencies can be effectively handled by the delivery care provided by medical facilities. The importance of postpartum care in identifying and treating infections, various disorders, including postpartum depression, and in offering family planning guidance.⁶ ANC, PoD, and PNC lower maternal and infant mortality, but political, economic, cultural, and social factors influence health-seeking behavior, with self-care and traditional healing often practiced.⁷ Age, marital status, education, income, and family wealth influence healthcare decisions, with women delaying care due to limited resources and cultural beliefs.⁸⁻¹⁰ Elderly women help make health decisions in many households, but prompt medical care is frequently impeded by sociocultural barriers.¹¹⁻¹⁴ Bangladesh improved reproductive health, reducing newborn mortality and increasing contraceptive use, but high maternal mortality persists due to limited knowledge, healthcare access, and inadequate infrastructure and professionals.¹⁵ Access to postpartum care is hindered by cultural and financial barriers, contributing to nearly 500,000 maternal deaths annually.¹⁶ Even though the World Health Organization recommends four postnatal visits, access to care is impacted by age, income, and education. Obstacles that many women encounter

cause postpartum care to be delayed, which raises maternal and neonatal mortality.¹⁷ Bangladesh wants to lower the maternal mortality ratio (MMR), which measures the quality of healthcare, to 70 deaths per 100,000 live births by 2030.¹⁸ Healthcare service utilization is still low despite government initiatives because of barriers to access and treatment delays.¹⁹ Reducing maternal fatalities requires enhancing access to healthcare and cutting down on care delays.²⁰ Efforts to improve health outcomes are hindered by poor maternal health-seeking behavior. Barriers to ANC and PNC include financial constraints, lack of awareness, and cultural beliefs. This study explores these factors in Bangladesh.

MATERIALS AND METHODS

A hospital-based cross-sectional study in 2023 at Rajshahi Medical College Hospital included 575 pregnant and postpartum women. Due to incomplete data, 515 patients were analyzed. Data was collected via interviews and analyzed with IBM SPSS Statistics (Version 24).

RESULTS

This study explored the health-seeking behavior of women in Bangladesh during pregnancy and postpartum, focusing on antenatal and postnatal care. A total of 515 participants took part. The findings are presented below:

Table 1: Socio-demographic Characteristics of the Respondents (n=515)

Variables	Categories	Frequency	Percentage (%)
Age	18 to 25 years	315	61.2
	26 to 35 years	193	37.5
	($\bar{x} \pm SD$) = (24.81 \pm 4.81) years,	7	1.4
	36 to 49 years	7	1.4
Religion	Muslim	480	93.2
	Hinduism	27	5.2
	Christianity	8	1.6
Education	Illiterate	25	4.9
	Primary	156	30.3
	Secondary	302	58.6
	Higher secondary	32	6.2
Education of Husband	Illiterate	64	12.4
	Primary	98	19.0
	Secondary	262	50.9
	Higher secondary	91	17.7
Occupation of the respondents	Service holder	21	4.1
	Housewife	438	85.0
	Student	56	10.9

Number of present pregnancies	First	130	25.2
	Second	230	44.7
	Third	155	30.1
Family type	Nuclear	284	55.1
	Joint/Extended	231	44.9
Monthly family income	Less than 10,000	154	29.9
	11000 to 20,000	246	47.8
	21,000 to 30,000	66	12.8
	31,000 and over	49	9.5

Mean monthly income ($\bar{x} \pm SD$) = (18,117.4 \pm 9858.25 tk)

Most of the participants are aged 18-25 live in nuclear families (55.1%), with 47.8% earning (61.2%), Muslim (93.2%), with 58.6% having 11,000-20,000 BDT monthly. secondary education. Most are housewives (85%) and

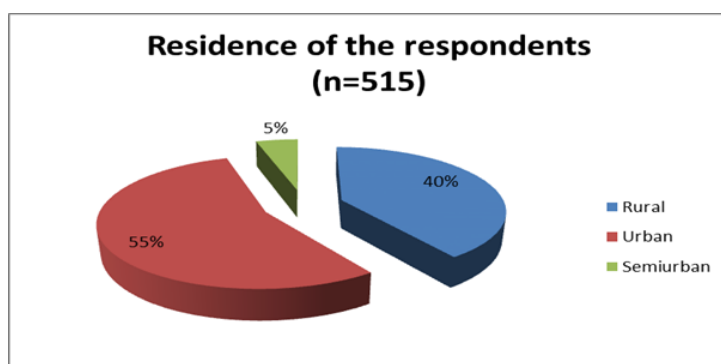


Figure 1: Distribution of the respondents according to residence

Figure 1 shows the distribution of respondents by residence: 55% urban, 40.2% rural, and 4.9% semi-urban, providing a clear overview of the study population's geographic diversity.

Table 2: Antenatal Care Providers and Facilities: Respondents' Preferences and Utilization (n=453)

Location of Antenatal Care Services Received	Frequency	Percentage(%)
Government Hospital	300	66.2
Private Hospital/Clinic	107	23.6
NGO-run health care facility	30	6.6
Traditional birth attendeants	12	2.6
Others	4	0.9
Total	453	100%

Table 2 enumerates that 66.2% preferred government hospitals for antenatal care, followed by private clinics (23.6%) and other sources.

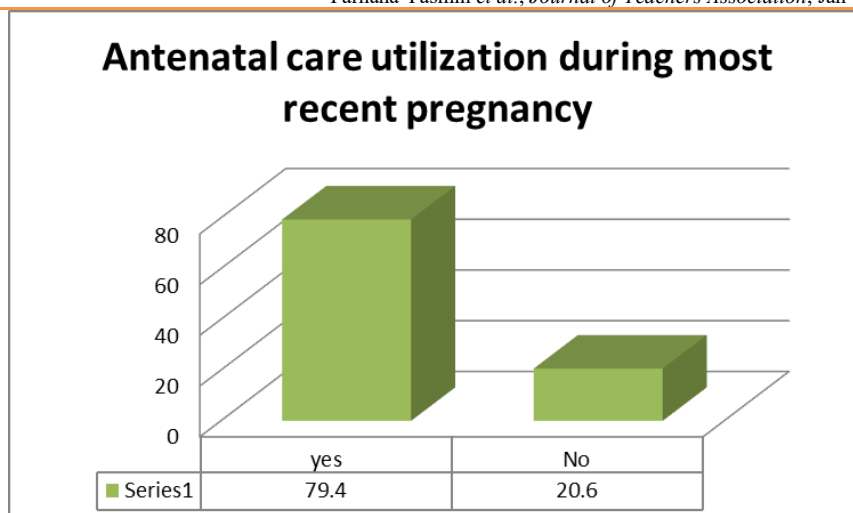


Figure 2: Distribution of the Respondents According to Antenatal Care Utilization During Most Recent Pregnancy

This figure shows 88% received antenatal care, while 12% did not, highlighting overall utilization prevalence.

Table 3: Antenatal Care Utilization Related Information (n=453)

Variables	Categories	Frequency	Percentage (%)
Childbirth Location	Hospital	222	76.0
	NGO-run /private clinic	55	18.8
	Home	15	5.1
	Total	292	100
Antenatal Care and Birth Location: Same Facility?	Yes	157	53.8
	No	135	46.2
	Total	292	100
Delivery Complication	Yes	80	27.4
	No	212	72.6
	Total	292	100
Who faces the complication during delivery?	Mother	50	62.5
	Bay	30	37.5
	Total	80	100
Number of ANC visits	Below minimum (less than 4)	282	62.3
	Minimum (Exactly 4 visits)	105	23.2
	5 to 13 visits	63	13.9
	Standard (14 and more visits)	3	0.7
	Total	453	100

The data shows 76% gave birth in hospitals, 53.8% received combined care, 27.4% had complications, and 62.3% had fewer than 4 antenatal visits.

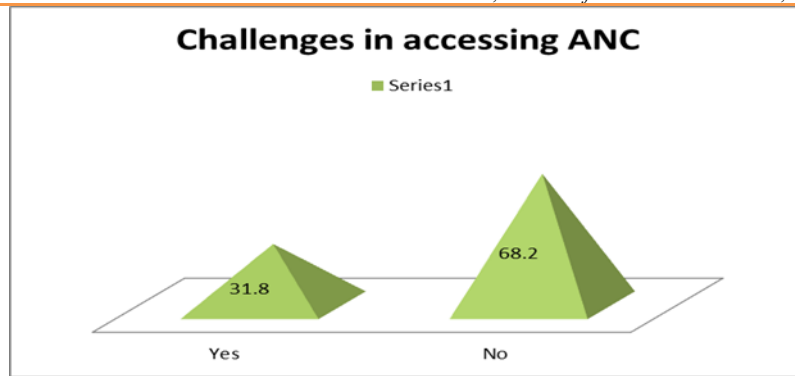


Figure 3: Challenges in Accessing Antenatal Care

Figure 3 shows 31.8% faced antenatal care challenges, highlighting barriers to healthcare access needing improvement.

Table 4: Barriers and Challenges Faced by Respondents in Accessing Antenatal Care (N=146)

Barriers and Challenges	Frequency	Percentage(%)
Inadequate Healthcare Provider Attention	45	30.8
long waiting time	29	19.9
Facility Cleanliness Concerns	19	13.0
Financial constraints or high costs	16	11.0
Communication Gaps: Healthcare Providers and Patients	13	8.9
Distance to healthcare facilities	12	8.2
Lack of decision-making capacity	5	3.4
Limited Breastfeeding and Infant Care Support	2	1.4
Inadequate privacy	2	1.4
Lack of transportation	2	1.4
Lack of emotional support	1	0.7
Total	146	100%

Key antenatal care barriers include Financial constraints (11.0%), communication gaps inadequate provider attention (30.8%), long waiting (8.9%), and distance (8.2%) were also significant times (19.9%), and cleanliness issues (13.0%). challenges.

Table 5: Factors Responsible for Non-receiving Antenatal Care (n=62)

Factors	Frequency	Percentage(%)
Financial constraints or high costs	37	59.4
Healthcare Facility Unawareness	15	24.2
Insufficient support from family	4	6.5
Limited availability of healthcare facilities in the local area	2	3.2
Lack of transportation	2	3.2
Preference for alternative or traditional methods	3	4.8
Total	62	100%

The main barriers to antenatal care are (24.2%). Other challenges include insufficient family financial constraints (59.4%) and lack of awareness support and transportation issues.

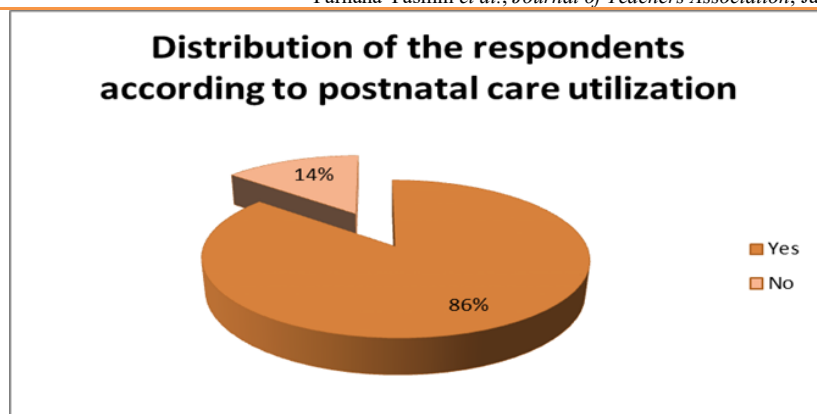


Figure 4: Postnatal Care Utilization: A Survey Inquiry

Figure 4 shows that 86% of respondents received postnatal care, while 14% did not, highlighting the prevalence and gaps in postnatal care utilization.

Table 6: Barriers and Challenges Faced by Respondents in Accessing Postnatal Care (n=50)

Barriers and Challenges	Frequency	Percentage(%)
Inadequate Healthcare Provider Attention	16	32.0
long waiting time	13	26.0
Lack of decision-making capacity	2	4.0
Facility Cleanliness Concerns	8	16.0
Financial constraints or high costs	3	6.0
Distance to healthcare facilities	8	16.0
Total	50	100%

Key barriers to postnatal care include inadequate provider attention (32%), long waiting times (26%), cleanliness concerns (16%), financial constraints (6%), and distance (16%), with 4% citing lack of decision-making capacity.

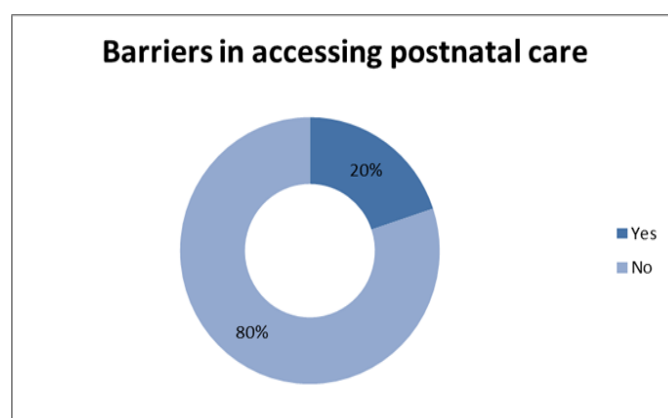


Figure 5: Barriers or Challenges in Accessing Postnatal Care

Figure 5 shows that 19.9% of respondents faced barriers to postnatal care, while 80.1% did not.

Table 7: Factors Responsible for Non-receiving Postnatal Care (n=41)

Factors	Frequency	Percentage (%)
Limited availability of healthcare facilities in the local area	5	12.2
Lack of transportation	5	12.2
Lack of awareness	8	19.5

High cost	18	43.9
Culture and traditional beliefs as barrier	2	4.9
Insufficient support from family	3	7.3
Total	41	100%

Table 7 shows factors for not receiving post-natal care: high cost (43.9%), lack of awareness (19.5%), and limited healthcare availability (12.2%) were most common.

DISCUSSION

Every year, maternal complications caused 303,000 deaths, with over 90% of those deaths occurring in developing nations.²¹⁻²² The study's young participants (mean age 24.81) highlight the importance of maternal health for achieving SDG 3.²³ Healthcare procedures are influenced by the cultural background of the 93.2% of respondents who are Muslim. Access to healthcare is also impacted by participants' urban concentration (55%).²⁴⁻²⁶ Antenatal care trends show the need for better knowledge and compliance, while 86% use postnatal care. Families are shrinking, reflecting global trends.²⁷ Postnatal care is influenced by a number of factors, such as service quality, cost, and location.²⁸ ANC is hampered by financial limitations, which highlights the necessity of focused initiatives.²⁹⁻³¹ Even with increased government hospital delivery rates, private healthcare use is still substantial.³² The report emphasizes areas for development by highlighting patient dissatisfaction with healthcare encounters.³³⁻³⁴ ANC use is strongly impacted by respondents' and their husbands' educational attainment, while postnatal care is unaffected.³⁵ Postnatal care is not significantly influenced by residence or wealth, suggesting that other factors may impact healthcare choices.³⁶ Tailored interventions targeting education and family dynamics are essential for improving maternal healthcare.

CONCLUSION

This study emphasizes the critical role of education in antenatal care utilization, with less influence from income and residence. Targeted interventions, addressing economic barriers and awareness, are essential for improving maternal healthcare access and outcomes in Bangladesh.

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