



The Attitude of the Pregnant Women Attending Ahsania Mission Cancer and General Hospital regarding Antenatal Care

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Abstract: This cross sectional descriptive study was conducted with 100 mothers regarding attitude of the pregnant women who attending in the Ahsania Mission Cancer and general Hospital, Dhaka-1230. The key objectives were to find out the knowledge level regarding danger signs during pregnancy, to explore the current attitude towards seeking maternal services, to measure the ANC, natal and PNC rate among the women who ever got pregnant, to explore the barriers to seek maternal health services, to examine the relation between socio-demographic indicators and seeking services. Result after analyzing the collected data it was found that one third of the study women do not know any health risks of a pregnant mother. Forty six percent of the respondents mentioned prolonged labor as a major health risk followed by risk to life of mother (26%), eclampsia (19%), obstructed labor (13%) and risk to life of baby (8%). 45% of the respondents identified public hospitals and 37% health and family welfare centers for pregnancy care, 46% qualified doctors and 9% of the respondents mentioned about NGO clinic or hospital. One fourth of the respondents said they heard from qualified service providers and 28% mentioned about relatives. 98% of the women think women should go for ANC and 54% think it should be in case of complications. Only 17% said women should go at one to three months of pregnancy duration. Among them 60% visit 2 or 3 times and 26% more than three times. 66% of the respondents said they visited when they were less than six month of pregnant. Those who did not ANC they mentioned not perceived as necessary (16.7%), too far (33%), religious bindings (16.7%) and don't know about the service (33.3%). Respondents were asked from whom they took the ANC. 60% of the respondents sought treatment from Family Welfare visitor (FWV) and 28% from a qualified doctor. The recommendation are as: A wider study should be undertaken to generalize the findings; Awareness raising program should be undertaken by the government as well as private or NGO to increase awareness on mental health; Family planning and health worker should more initiatives for increase awareness of mothers; and IEC materials should be distributed among the mothers as well as in the community.

Keywords: NGO, ANC, Who, Cancer, Empowerment.

1. Introduction

Appropriate antenatal care is one of the pillars of Safe Motherhood Initiatives, a worldwide effort Launched by the World Health Organization (WHO) and other collaborating agencies in 1987 aimed to reduce the number of deaths associated with pregnancy and childbirths. Lit highlights the care of antenatal mother as an important element in maternal healthcare as appropriate care will lead to successful pregnancy outcome and healthy babies all pregnant ladies are recommended to go for their first antenatal check-up in the first trimester to identify and manage any medical complication as to screen them for any risk factors that may affect the progress and outcome of their pregnancy. According to the Prenatal Care Manual recently edited by the Ministry of Health Malaysia, primigravida women are advised to go for a total of ten visits during their pregnancy and for multi-gravida women, the total recommended antenatal visit is seven sessions.

Different studies show that utilization of antenatal care (ANC) and delivery care can reduce maternal mortality and

morbidity significantly. However, the utilization of maternity care provided by trained professionals during and after delivery is alarmingly low in Bangladesh. While there has been some improvement in the recent years. About half of the pregnant women still do not seek any ANC. The World Health Organization (WHO) and the government of Bangladesh recommend a minimum of three ANC visits, with one visit every three months. Only one the three pregnant women made three or more ANC visits. Among those who receive ANC, 31 percent receive services during the first trimester and 24 percent delay seeking care until the third trimester. The frequency of ANC visits and early initiation of ANC is higher among women with first births, women in urban areas, those who have completed secondary school, and those from among the wealthiest households.

2. Objectives of the study

The objectives of the study are as follows:

- ❖ To examine the relation between socio-demographic indicators and seeking services.
- ❖ To measure the ANC and PNC rate among the women who has got pregnant.
- ❖ To find out the knowledge level regarding danger signs during pregnancy.
- ❖ To explore the current attitude towards seeking maternal services.
- ❖ To explore the barriers to seek maternal health services.

3. Literature Review

In Bangladesh, pregnancy and delivery-related deaths account for 20 percent of the deaths in women of reproductive age (NIPORT et al. 2003). Ten percent death occurs during delivery, and the one in five occurs before delivery and remaining death after delivery. The leading causes of maternal deaths are hemorrhage (29 percent) and eclampsia (24 percent). Other direct major causes of maternal deaths are prolonged/obstructed labor and puerperal sepsis. The lack of knowledge of maternal health and negative attitude towards seeking delivery care from qualified providers contribute largely to the rate of maternal deaths in Bangladesh.

Information was collected from married women of reproductive age. Findings indicate than 19% of women are aged below 20, 39% of respondents are aged between 20-24 years and 32% are between 25 to 29 years old. The educational status of women reflected that 10% women are illiterate, 68% have primary education, 12% have secondary and 10% have completed higher secondary and higher education. There are often delays in actually receiving the treatment and the costs involved are yet another deterrent for many people in a country where 36 percent of the population live on less than US\$1 a day (SOWC 2007).

With regard to mass media exposure, 83% of the women do not listen to the radio. The proportion of women who listening to the radio only 17% In terms of watching television, 24% of the respondents watch television every day. In case of reading newspapers or magazine only 2% reads newspaper every day. Only 20% of women have any affiliation with any club. About 60% of the respondent's husbands have completed primary and 15% have completed secondary and 17% have completed higher secondary education. Forty seven percent of the husbands are gainfully employed in skilled or unskilled manual labor and 32% in service and only 21% of the husbands are involved with small or large business. Community is an important factor that affects safe delivery practice in all settings (Rahman *et al.* 1997).

Sixty nine percent of the respondents do stay in their own homestead and only 31% of the respondents have any cultivable land in their position. Education, exposure to media, and work participation are some of the means by which women gain status and autonomy, both important aspects of their empowerment. Only 16% of women say that they go alone to the health center and rest of others either with their husband or with neighbors go to the health centers. All the participants mentioned they need to take permission before go to the health center. 85% of the women need to take permission from their husband's and 15% from their parents in law. In case of final decision majority have mentioned that husband decide to go to health center. The percentage of postnatal checkups is lower among women in rural areas, in those from lower socio-economic status, and in those who are illiterate (Mitra associates and ORC Macro 2009).

Findings show that more than half of the respondents have two children, and only 8% have more than two children. Thirty-four percent of the respondents have a history of child death. The report shows that virtually all the respondents know about family planning methods. The pill (82%), injection (73%), condoms (56%), Norplant (16%), and female sterilization (4%), are the most commonly known family planning methods among women. Sixty-two percent of the respondents mentioned they first heard about FP from their relatives or friends. More than half (69%) of the respondents have ever used any family planning methods, and among them, the majority (65.2%) have taken oral pills to avoid pregnancy.

One-third of the study women were unaware of any pregnancy-related health risks. Forty-six percent of the respondents mentioned prolonged labor as a major health risk, followed by risk to the life of the mother (26%), eclampsia (19%),

obstructed labor (13%), and risk to the life of the baby (8%). Respondents were asked from where one can get pregnancy care and the table shows that 45% of the respondents identified public hospitals and 37% health and family welfare centers for pregnancy care, 46% qualified doctors, and 9% of the respondents mentioned NGO clinics or hospitals. One fourth of the respondents said they heard from qualified service providers and 28% mentioned relatives. Ninety-eight percent of women believe women should have ANC, and 54% believe it should be done only if complications arise. Only 17% said women should go at one to three months' pregnancy duration. 60% of them return two or three times, with 26% returning more than three times. Sixty six percent of the respondents said they mentioned not perceived as necessary (16.7%), too far (33%), religious bindings (16.7%) and don't know about the service (33.3%). Respondents were asked from whom they took the ANC. Sixty percent of the respondents sought treatment from a Family Welfare Visitor (FWV) and 28% from a qualified doctor.

Findings suggest that weight was measured (81.9%), height was measured (58%), blood pressure was checked (93.6%), urine was tested (44.7%), and an ultrasonogram was conducted (27.7%) of the respondents. Almost 98% of the respondents received TT injection, and out of them, 72.3% received it two times. 88% of respondents mentioned having taken iron intake during pregnancy. Fifty-four percent of respondents said they spend up to Taka 500 on ANC.

Children delivered with the assistance of qualified doctors are 20%, and the majorities are delivered by TBA (57%). Seventy-seven percent of births occur at home. Twenty percent of all deliveries are made in public hospitals, with the remaining 3% made in private health care facilities. Findings suggest all the participants know the health center near their home, and all the participants know the field worker in their locality. Sixty-two percent of the respondents mentioned that a health worker visited their home in the last six months. Findings show that only one-fourth of the respondents visited any health center in the last year to seek any services. Fifty-two percent of the respondents visited for general disease treatment, 36% for FP service, and 24% for ANC. All of them said they were satisfied with the service provided to them, and 72% said they did not need to pay any money for the service.

4. Methodology

This was a descriptive type of cross-sectional study and will be carried out to assess the attitudes of the pregnant women in Ahsania Mission Cancer and General Hospital. It was a quantitative social survey method.

4.1 Area of the study

Ahsania Mission Cancer and General Hospital was chosen as gynae patients from Ahsania Mission Cancer and General Hospital for proper treatment.

4.2 Study Population and unite Analysis

The study populations were the pregnant women attending in the gynae OPD of Ahsania Mission Cancer and General Hospital to see maternal service care.

- ❖ Selection criteria
- ❖ Inclusion criteria

-Women who attended Ahsania Mission Cancer and General Hospital

-Women with any degree of glucose intolerance with onset or first recognized during pregnancy the unit of Analysis was individual respondent.

4.3 Sample and Sampling

The sample size of 100. the study utilized random sampling techniques to identify the women of reproductive age who visit health center for any services. Whenever the expected number of the respondents interviewed, survey was completed.

4.4 Techniques of Data Collection

- a. Questionnaires
- b. Checklist

5. Result and Discussion

5.1 Socio demographic characteristics

Table 1: Percent distribution of Women of reproductive age background

Socio demographic characteristics	Frequency	Percent
Age of the respondents		
Less than 20 years	10	19.0
20- 24 years	39	39.0
25- 29 years	32	32.0
30 and above years	10	10.0
Total	100	100.0
Education of the respondents		
No Education	10	10.0
Primary Complete	68	68.0
SSC complete	12	12.0
HSC and Above	10	10.0
Total	100	100.0
Marital Status		
Married	100	100.0
Total	100	100.0
Occupation of the Respondents		
Housewife	96	96.0
Teacher	4	4.0
Total	100	100.0

Information was collected from married women of reproductive age. The distribution of women of reproductive age according to age, education, marital status is presented in Table 1. Findings indicate that 19% of women are aged below 20, 39% of respondents are aged between 20-24 years and 32% are between 25 to 29 years old. The educational status of women reflected that 10% women are illiterate, 68% have primary education, 12% have Secondary and 10% have completed higher secondary and higher education. It is customary in Bangladesh that women in rural areas tend not to work outside.

Table 2: Percent distribution of Women of reproductive age by media exposure

Media & other Exposure	Frequency	Percent
Listen to Radio		
Everyday	6	6.0
Frequently	2	2.0
Not often	9	9.0
Never	83	83.0
Total	100	100.0
Watch Television		
Everyday	24	24.0
Frequently	19	19.0
Not often	39	39.0
Never	18	18.0
Total	100	100.0
Read newspaper/magazines		
Frequently	2	2.0
Not often	19	19.0
Never	79	79.0
Total	100	100.0
Affiliation with any club		
Social club	2	2.0
Mother's club	18	18.0
None	80	80.0
Total	100	100.0

Exposure to mass media has presented in Table 2. With regard to mass media exposure, 83% of the women do not listen to the radio. The proportion of women who listening to the radio only 17%. In terms of watching television, 24% of the respondents watch television every day. In case of reading newspaper or magazine only 2% reads newspaper every day. Only 20% of women have any affiliation with any club.

Table 3: Percent distribution of Women of reproductive Husband's education & Occupation

	Frequency	Percent
Husband's education	3	3.0
No education	59	59.0
Primary complete	15	15.0
SSC complete	17	17.0
HSC complete	6	6.0
Total	100	100.0
Husband's occupation		
Farmer	16	16.0
Day Labor	26	26.0
Small Business	17	17.0
Service	24	24.0
School Teacher	3	3.0
Business	4	4.0
Foreign service	5	5.0
Driver	5	5.0
Total	100	100.0

The distribution of woman according to their husband's information is present in table 3. About 60% of the respondent's husbands have completed primary and 15% have completed secondary and 17% have completed higher secondary education. Most of the respondent husband's are day labor showed in the table 3.

Table 4 : Percent distribution of women of reproductive age by their economic status

	Frequency	Percent
Have own homestead		
Yes	69	69.0
No	31	31.0
Total		
Have any own land other than homestead		
Yes	31	31
No	69	69
Total	100	100.0
Household food consumption all the year		
Deficit in whole year	27	27.0
Sometimes deficit	28	28.0
Neither deficit nor surplus	37	37.0
Surplus	08	8.0
Total	100	100.0

Economic status of the respondent’s household is described in Table 4. Sixty nine percent of the respondents do stay in their own homestead and only 31% of the respondents have any cultivable land in their position. Respondents were asked whether they thought their household was a surplus or deficit household in terms of food consumption. Only 8% of the respondents indicated that they have a surplus of food, while 37% of the respondents mentioned that they have neither a deficit nor a surplus of food and 27% of the respondents always have sometimes deficit.

Table 5 : Percent distribute of women of reproductive age by visit health center

	Frequency	Percent
With whom go to health center		
Alone	16	16.0
With husband	45	45.0
With relatives/neighbor	39	39.0
Total	100	100.0
Whom Need permission to go to health center		
Husband	85	85.0
Parents in Law	15	15.0
Total	100	100.0
Who decide to go to health center		
Myself	20	20.0
Husband	75	75.0
Parents in Law	5	5.0
Total	100	100.0

Education exposure to media, and work participation are some of the means by which women gain status and autonomy, both important aspects of their empowerment. To measure women's autonomy and freedom of movement respondents were asked whether they go alone to the health center which has presented in table 5. Only 16% of women say that they go to the health center and rest of others either with their husband or with neighbors go to the health center. 85% of the women need to take permission from their husband's and 15% from their parents in law. In case of final decision majority have mentioned that husband decide to go to health center.

Table 6: Percent distribution of women of reproductive age by the number of child they have at present

	Frequency	Percent
Number of children at present		
1	35	35.0
2	57	57.0
3	8	8.0
Total	100	100
Given birth to a child who born alive but died later		
Yes	34	34.0
No	66	66.0
Total	100	100.0

The distribution of all women by number of children is presented in Table 6. The table shows that more than half of the respondents have two child and only 8% have more than two children. Thirty four percent of the respondents have a history of child death.

Table 7: Percent distribution of women of reproductive age by knowledge of FP methods

	Frequency	Percent
Heard about FP methods		
Yes	100	100.0
Total	100	100.0
Whom/where first heard about FP methods		
Satellite clinic	2	2.0
Field workers	4	4.0
Relatives/Friends	62	62.0
Reading materials	30	30.0
Radio/TV	2	2.0
Total	100	100.0
Name of FP methods ever heard*		
Oral pill	82	82.0
Injection	73	73.0
IUD/Copper T	9	9.0
Norplant/Implant	16	16.0
Condom	56	56.0
Female sterilization	4	4.0
Total		
Use FP method to avoid pregnancy		
Yes	69	69.0
No	31	31.0
Total	100	100.0
Use FP method to avoid pregnancy		
Oral pill	45	65.2
Injection	15	21.7
Norplant/Implant	3	4.3
Condom	6	8.7
Total	69	100.0

Knowledge of family planning methods is presented in Table 7. Findings show that virtually all the respondents know about family planning methods. The most commonly known family planning methods among women are the pill (82%) and injection (73%), followed by condom (56%), Norplant (16%), female sterilization (4%). Sixty two percent of the respondents mentioned they have heard about FP first from their form their relatives or friends. More than half (69%) of the

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respondents have ever used any family planning methods and among and among them majority (65.2%) has taken oral pill to avoid pregnancy.

Table 8: Percent of women of reproductive age by pregnancy risk

	Frequency	percent
Aware of health risk of pregnant women		
Yes	98	98.0
No	2	2.0
Total	100	100.0
Potential health risks of a pregnant women		
Prolonged labor	46	46.0
Risk to life of mother	26	26.0
Eclampsia	19	19.0
Obstructed labor	13	13.0
Severe bleeding	2	2.0
Risk to life of baby	8	8.0
Don't know	33	33.0
Total	100	100.0

To assess the knowledge about the health risk of pregnant women respondents were asked whether they can identify the potential health risk of a pregnant woman. Finding has presented in Table 8. One third of the women do not know any health risks of a pregnant mother. Forty six percent of the respondents mentioned prolonged labor as a major health risk followers by risk followed by Risk to life of mother (26%), Eclampsia (19%), Obstructed labor (13%), and Risk to life of baby (8%).

Table 9 : percent distribution of women of reproductive age by knowledge of ANC

	Frequency	Percent
From where pregnant women can get ANC, PNC & delivery care		
District hospital	37	37.0
Maternal and child welfare center	2	2.0
Upazila health complex	6	6.0
Health and Family welfare center	37	37.0
Satellite clinic / EPI outreach	8	8.0
Doctors/service providers	46	46.0
Fields workers	10	10.0
NGO clinic	2	2.0
Private clinic or Hospital	7	7.0
Total	100	100.00

*more than one answer was possible

Table 9 and 10 shows the health seeking behavior of women during pregnancy. Respondents were one asked form where one can get pregnancy care and table shows that 45% of the respondents identified public hospitals and 37% health and family welfare centers for pregnancy care, 46% qualified doctors and 9% of the respondents mentioned about NGO clinic or hospital. Respondents were asked whom they have heard about pregnancy care and half of the respondents mentioned about field workers. One fourth of the respondents said they heard from qualified service provides and 28% mentioned about relatives. Ninety eight percent of the women think women should go for ANC and 54% think it should be in case of complications. Only 17% said women should go at one to three months of pregnancy duration.

Table 10: percent distribution of women of reproductive age by knowledge of ANC

	Frequency	Percent
Whom you heard about ANC , PNC & delivery care*		
Upazila health complex	2	2.0
Health and family welfare center	6	6.0
Doctors/service providers	25	25.0
Field workers	50	50.0
Relatives	28	28.0
Reading materia Is	4	4.0
Total	100	100.0
Pregnant women should go for medical check up		
Yes	98	98.0
Don't know	2	2.0
Total	100	100.0
When pregnant women should go for medical checkup		
In case of complications	54	54.0
1-3 months of pregnancy	17	17.0
Don't know	29	29.0
Total	100	100.0

* More than One answer was possible

Table 11 : percent distribution of women of reproductive age by ANC visit

	Frequency	Percent
Take ANC during last pregnancy		
Yes	94	94.0
No	6	6.0
Total	100	100.0
Number of ANC visit		
No antenatal care	6	6.0
On time	8	8.0
Two or three times	60	60.0
More than three times	26	26.0
Total	100	100.0
Number of months pregnant at the time of first visit		
Less than, six months	66	70.2
OFF Six to seven months	4	4.3
More than seven months	2	2.1
Don't know	22	23.4
Total	94	100.0
Reasons for not taking ANC		
Not perceive as necessary	1	16.7
Too far	2	33.3
Religious reason	1	16.7
Did not know about the service	2	33.3
Total	6	100.0

Respondents were asked whether they went for ANC in their last pregnancy and it is found that 94% of the women had ANC. Among them 60% visit two or three times and 26% more than three times. Sixty six percent of the respondents said, they visited when they were less than six months of pregnant. Those who did not take ANC they mentioned not perceived as necessary (16.7%), too far (33%), religious buildings (16.7%) and don't know about the service (33.3%).

Table 12: Percent distribution of women of reproductive age by service provider for ANC

	Frequency	Percent
From whom seek ANC during last pregnancy*		
Qualified Doctor	28	29.8
Nurse/Midwife/Paramedic	17	18.1
Family welfare visitor	60	63.8
HA/F WA	7	7.4
Village Doctor	3	3.2

*More than one answer was possible

Then table number 12 shows that, respondents were asked from whom they took the ANC. Sixty percent of the respondent from Family Welfare Visitor (FWV) and 28% from a qualified doctor.

Table 13: Percent distribution of women of reproductive age by ANC services

	Frequency	Percent
Services provided during ANC*		
Weight measured	77	81.9
Height measured	55	58.5
Check blood pressure	88	93.6
Test urine	42	44.7
Test blood	26	27.7
Exam eye for anemia	10	10.6
Ultrasonography	26	27.7
Total	94	

*Multiple response

Table 14: Percent distribution of women of reproductive age by ANC services

	Frequency	Percent
TT injection was given during ANC visit		
Yes	92	97.9
Don't know	2	2.1
Total	94	100.0
Number of TT injection given		
One	10	10.6
Two	68	72.3
Three	8	8.5
More than three	6	6.3
Don't know	2	2.1
Total	94	100.0
Take iron tablet or syrup in this pregnancy period		
Yes	88	88.0
No	10	10.0
Don't know	2	2.0

The services respondents received during ANC were presented in the Table 13 and 14. Findings suggest that weight measured (81.9%), height measured (58%), blood pressure was checked (93.6%), urine was tested (44.7%) and ultrasonogram was conducted (27.7%) of the respondents. Almost 98% of the respondents received TT injection and out of them 72.3% received it two times. 88% respondents mentioned they have taken iron intake during pregnancy. Fifty four percent of the respondents spend up to taka 500 for ANC.

Table 15: Percent distribution of women of reproductive age by delivery care

	Frequency	Percent
Last delivery was assisted by		
Qualified doctor	20	20.0
Nurse/Midwife/Paramedic	3	3.0
Family Welfare Visitor	6	6.0
TBA	57	57.0
Village doctor	2	2.0
Relatives/Neighbor/Friend	12	12.0
Total	100	100.0
Place give birth of last child		
District hospital	17	17.0
Maternal and child welfare center	2	2.0
Upazila and child welfare center	1	1.0
Private clinic/hospital	3	3.0
Home	77	77.0

Table 15 presents the distribution of births by place of delivery and whom last delivery was assisted. Children delivered with the assistance from qualified doctors are 20%, and majority is delivered by TBA (57%). Seventy seven percent of the births occur at home. Twenty percent of the delivery occurs in public hospital and another 3% in private health care centers. Thirty two percent of the respondents mentioned they did not spend any money for delivery, 38% spend up to taka 1000 and another 13% spend about 15000 taka for delivery care.

Table 16: Percent distribution of women of reproductive age by knowledge of health centers

	Frequency	Percent
Know the nearest health facility center		
Yes	100	100.0
Total	100	100.0
Know the service providers located in nearest health facility*		
Qualified service provider	96	96.0
Govt. of NGO field worker	100	100.0
Total	100	
Health workers visited home in the last six months		
Yes	100	62
No	100	38
Total	Total	100

Respondents were asked whether they know the nearest health center in her locality (Table 16). Findings suggest all the participants know the health center near by their home and all the participants know the field worker in her locality. Sixty two percent of the respondents mentioned health worker visited her home in the last six months.

Table 17: Percent distribution of women of reproductive age by quality of health services

	Frequency	Percent
Visited any health center in the last 12 months		
Yes	25	25.0
No	75	75.0
Total	100	100.0
Reasons for visit*		
Treatment for general diseases	13	52.0
Receive RH service	2	8.0
Receive FP service	9	36.0
Receive ANC	6	24.0
Receive PNC	2	8.0
Total	25	
Satisfaction level for the service		
Satisfied	25	100.0
Total	25	100.0

**More than one answer was possible

Respondent's health seeking behavior was access in the survey. Table 17 shows that only one fourth of the respondents visited any health center in the last one year for seeking any services. Fifty two percent of the respondents visited for general diseases treatment, 36% for FP service and 24% for ANC. All of them said they were satisfied with the service provided to them and 72% said they did not need to pay any money for the service.

6. Recommendations

Although the study was a cross sectional study although there are some limitations and recommendations for the study to improve service utilization by the women in Bangladesh. The recommendations are as follows.

- ❖ Awareness raising program should be undertaken by the government as well as private or NGO to increase awareness on maternal health.
- ❖ Family planning and health worker should more for increase awareness of mothers.
- ❖ IFC materials should be distributed among the mothers as well as in the community.
- ❖ Creation opportunity for education and employment for women could increase utilization maternal service by the women.

8. Conclusion

The maternal mortality ratio (MMR) is not merely an indicator of maternal health but is also considered to be an important indicator of the health status and well being of a nation. Bangladesh has made a significant improvement in several health indicators. There has been a substantial decline in the infant mortality rate from 110 per 1000 live births in the mid-eighties to 65 per 1000 live births in 2004. The neonatal mortality rate too declined from 52 in 1993 to 41 in 2004, which is largely attributed to the success of the vaccination program.

One third of the study women do not know any health risks of a pregnant mother. Forty six percent of the respondents mentioned prolonged labor as a major health risk followed by risk to life of mother (26%), eclampsia (19%), obstructed labor (13%), and risk to life of baby (8%). 45% of the respondents identified public hospitals and 37% health and family welfare centers for pregnancy care, 46% qualified doctors and 9% of the respondents mentioned NGO clinic or hospital. One fourth of the respondents said they heard from qualified service providers and 28% mentioned about relatives. Ninety eight percent of the women think women should go for ANC and 54% think it should be in case of complications. Only 17% said women should go at one to three months of pregnancy duration. Among them 60% visit two or three times and 26% more than three times. Sixty six percent of the respondents said they visited when they were less than six months of

pregnant. Those who did not take ANC they mentioned not perceived as necessary (16.7%), too far (33%), religious bindings (16.7%) and don't know about the service (33.3%). Respondents were asked from whom they took the ANC. Sixty percent of the respondents sought treatment from Family Welfare Visitor (FWV) and 28% from a qualified doctor.

The study was an appropriate study which was conducted timely to know the service seeking behavior of the women in Dhaka. It was found that still there is lack of knowledge of maternal health components and service seeking behavior. Study findings revealed that due to lack of correct knowledge of maternal health is one of the barriers for seeking services from qualified providers and health centers.

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