



Analyzing The Barriers And Facilitators Of Antenatal Care Service Use In The Cuttack District Of Odisha

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ABSTRACT:

Antenatal care (ANC) is an essential component of maternal healthcare that significantly contributes to the prevention of problems and the promotion of healthy pregnancies. Notwithstanding its significance, the utilization of ANC services remains irregular, especially in rural and neglected regions of India, including the Cuttack district of Odisha. This study seeks to examine the obstacles and enablers affecting ANC utilization in Cuttack. The research finds major determinants influencing women's access to antenatal care services through an examination of socioeconomic, cultural, healthcare system, and community aspects. Socioeconomic characteristics, including income, education, and employment position, substantially influence ANC utilization, with women from lower socioeconomic backgrounds encountering larger obstacles in receiving care. Cultural views and traditional traditions, such as preferences for home births or dependence on traditional medicine, significantly influence women's decisions. Furthermore, although government initiatives such as Janani Suraksha Yojana (JSY) and the National Rural Health Mission (NRHM) have enhanced healthcare accessibility, challenges pertaining to infrastructure, budgetary limitations, and gender norms persist in obstructing antenatal care (ANC) utilization. The research underscores the significance of familial and communal support in promoting or hindering antenatal care usage. The findings indicate that overcoming these obstacles necessitates comprehensive initiatives, including the enhancement of healthcare infrastructure, the promotion of awareness, and the facilitation of community engagement to achieve improved maternal health outcomes in the region.

Keywords: Janani Suraksha Yojana, Antenatal Care, Cuttack District, Odisha, Income, Education

INTRODUCTION:

Antenatal care (ANC) is a vital part of maternal healthcare because it gives pregnant women the medical attention they need and makes sure that

problems that could harm both the mother and the fetus are identified and prevented early. It is essential for lowering rates of mother and newborn death, encouraging safe pregnancies,

and enhancing general health outcomes. In order to monitor the health of the woman and the fetus, the World Health Organization (WHO) advises at least four ANC visits during pregnancy. But even with its acknowledged significance, many women still have a difficult time getting access to high-quality ANC services, especially in rural and underserved areas of India.

The eastern state of Odisha's Cuttack serves as a microcosm of these difficulties. The neighborhood provides important insights into the challenges of maternal healthcare because of its diverse population and range of socioeconomic development levels. Even though the Indian government has made progress in advancing maternal health services through programs like the Janani Suraksha Yojana (JSY) and the National Rural Health Mission (NRHM), the acceptance of ANC treatments varies by Cuttack region. The widespread use of ANC services is still hampered by a number of factors, including socioeconomic inequality, cultural views, ignorance, and a lack of proper healthcare infrastructure.

Analyzing the factors that affect the use of prenatal care services in the Cuttack area is the goal of this study. By comprehending these elements, the study hopes to pinpoint the underlying reasons for the poor use of ANC services and offer suggestions for focused interventions that may enhance maternal health outcomes in the area. Additionally, it will investigate how

women's decisions to seek and maintain ANC services are influenced by regional healthcare systems, cultural norms, and social support networks. Future policies and initiatives aimed at improving the efficacy and accessibility of maternal healthcare services in Odisha and comparable settings will be greatly influenced by the findings of this investigation.

LITERATURE REVIEW:

Belayneh, T et al., (2014) an investigation was conducted with the purpose of determining the timing of antenatal care (ANC) bookings and the factors that are linked with them among pregnant women who visited ANC clinics at the University of Gondar Hospital in 2013. In order to collect data, a cross-sectional study design was utilised, and bivariate and multivariate analysis were utilised in order to determine the factors that contributed to early ANC visits. There was a strong association between early ANC visits and mothers who were younger in age, had formal education, had previous early ANC visits, and perceived ANC visits per pregnancy of four or more. The results showed that 47.4% of the 369 women who were questioned were timely scheduled. Despite the fact that late booking was an issue, the study came to the conclusion that past early use of ANC visits favoured current timely booking. This suggests that the significance of early booking was adequately addressed from previous

visits. A stronger emphasis should be placed on counselling for prompt booking during ANC visits, and it is also recommended that education be used to empower individuals.

Prusty et al. (2015) the factors that influence the utilisation of prenatal care (ANC) services in Cambodia were investigated using this study. It was discovered that there was a favourable correlation between increasing ANC visits and socio-demographic characteristics such as maternal age, education level, and parity. There were also economic elements that played a role, such as the income of the household and employment status. There were a number of important elements that determined the health system, including the availability and accessibility of healthcare facilities, the quality of care, and the availability of qualified healthcare personnel. A number of cultural practices and beliefs, including conventional standards and gender roles, played a part in women's decisions over whether or not to seek medical attention. The authors also emphasised the significance of the support of spouses and the influence of the community in the process of encouraging the utilisation of ANC. As a result of the study, it became clear that focused interventions are required in order to increase the coverage of ANC and the outcomes of maternal health in the region.

Gebremeskel, F., Dibaba, Y., & Admassu, B. (2015) in the town of

Arba Minch and the district of Arba Minch in Ethiopia, the purpose of this study was to investigate the timing of the first prenatal care attendance seen among pregnant women. Four hundred nine women who were visiting antenatal care clinics at nine different public health facilities provided the data for this study. At the time of the first antenatal care appointment, the average gestational age of the respondents was 5 ± 1.5 months, and the mean age of the respondents was 26 years and 5.5 months. According to the findings of the study, pregnant women who had a low monthly income, who did not receive advice on when to begin prenatal care, who had household food insecurity, and who had unexpected pregnancies had a higher likelihood of attending antenatal care later than expected. According to the findings of the study, it is essential to provide pregnant women in the region with health education regarding the timing of antenatal care in order to improve their overall health.

Gupta et al., (2015) the purpose of this study was to determine the extent to which pregnant women are aware of antenatal care (ANC) services and how often they make use of them. Between the months of October and November 2013, a cross-sectional survey was carried out in the village of Krishna Nagar, which is located in the Miran Sahib zone. According to the findings, 89.6% of respondents had already registered for ANC, with 64.5% of mothers registering during the

second trimester and 9.9% of mothers registering during the first trimester. Institutional births accounted for 79.1% of all births. There were substantial connections seen between the utilisation of ANC services and factors such as age, literacy status, socioeconomic status, and family type. The level of literacy of the mother was revealed to be a significant determinant in improved utilisation of ANC. In addition, the study underlined the significance of health workers in terms of their role in educating mothers about the significance of intrauterine contraception (ANC) and the warning symptoms of pregnancy. It is clear from these data that there is a pressing requirement for enhanced antenatal care services, as well as the role that health personnel play in encouraging its utilisation.

SOCIO-ECONOMIC AND CULTURAL DETERMINANTS OF ANC USE:

Cultural and Socioeconomic Factors Affecting ANC Use has a big impact on women's decisions to get prenatal care. Due to financial limitations, a lack of mobility, or inadequate healthcare infrastructure, those with lower socioeconomic class frequently have less access to healthcare. Education is important because educated women are more likely to recognize the value of ANC and seek care when needed. The use of formal healthcare services during pregnancy can be facilitated or hindered

by cultural beliefs and practices, such as the usage of home births and traditional medicine.

1. Influence of Socioeconomic Status, Education, and Employment:

One of the most important factors influencing the use of antenatal care (ANC) is socioeconomic status. Access to ANC services is frequently severely hampered for women from poor socioeconomic backgrounds in several areas, including the Cuttack district of Odisha. Income level is one of the most important factors. Women from lower-income families could find it difficult to pay for medical expenses including prescription drugs, diagnostic testing, and transportation. Even in the case of government programs like JSY, this financial burden may cause people to postpone or completely eliminate ANC visits, particularly if the services are located distance from their homes or if they must pay out-of-pocket.

When it comes to using ANC services, education is essential. The significance of routine prenatal checkups is typically more well-known to women with greater education levels. Because they are typically more aware about the dangers of pregnancy issues and the advantages of receiving professional care, educated women are more likely to seek medical help in a timely manner. On the other hand, a woman's ability to comprehend the health information and services that are accessible to her may be impeded by illiteracy or low levels of education,

which lowers the possibility that she will effectively use ANC services.

ANC use is also influenced by employment position. Although working women could have easier access to financial resources and health-related information, their job schedules may make it more difficult for them to attend routine ANC appointments. This is especially true for women working in low-wage or informal jobs, where policies providing for flexible work schedules or maternity leave may be scarce. However, due to time or financial limits, women without jobs or those working in agricultural-related fields could find it challenging to prioritize healthcare. Long commutes to medical facilities and a lack of mobility may make it more difficult for women in rural areas, where agricultural labor is frequently the main occupation, to obtain healthcare services.

2. Cultural Beliefs and Practices Affecting ANC Access:

A woman's decision to seek and use ANC services might be greatly influenced by her cultural beliefs and customs. Pregnancy-related cultural practices and regional conventions may deter women in many Odisha communities from seeking out contemporary medical care. For instance, ANC may be viewed as unneeded or even hazardous in certain communities where traditional medicine or folk cures are thought to be adequate for a safe pregnancy and delivery. In certain situations, family

elders or traditional birth attendants (TBAs) may be preferred above medical experts for guidance.

Gender conventions and roles might limit women's freedom and mobility in many rural communities. Women may require consent from male family members or husbands in traditional communities in order to obtain medical care outside the home. Women's access to healthcare facilities for ANC may be delayed or prevented by this patriarchal structure, particularly if they are expected to put family responsibilities ahead of their own health requirements.

Pregnant women may sometimes choose not to seek ANC because they are afraid of or stigmatized by pregnancy issues or past experiences. For example, if a woman has previously experienced a miscarriage or a challenging pregnancy, she may be reluctant to seek medical attention out of concern that her condition may worsen or that medical professionals will judge her.

The frequency and timing of ANC visits may be influenced by religious convictions. Pregnancy-related early and frequent visits may be delayed in some cultures because people would rather wait for specific auspicious days to seek medical attention. In addition, cultural beliefs or superstitions about the "evil eye" may discourage women from getting timely prenatal treatment.

In general, women's access to ANC services in the Cuttack district is

influenced by a combination of social position, education, and cultural attitudes. Comprehensive approaches are needed to address these issues, concentrating not only on enhancing the healthcare system but also on community involvement and education to dispel harmful customs and false beliefs about contemporary maternal healthcare.

HEALTHCARE SYSTEM AND POLICY INFLUENCES ON ANC UTILIZATION:

Access to and the caliber of prenatal care services are significantly shaped by the healthcare system and policy influences on ANC utilization. Women's capacity to routinely attend ANC appointments is impacted by the infrastructure and accessibility of healthcare facilities, as well as factors like distance. In order to promote the use of ANC, government initiatives such as the National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY) seek to enhance healthcare facilities and offer financial assistance. However, the efficacy of these programs in rural areas may be impacted by implementation and resource distribution issues.

1. Availability and Accessibility of Healthcare Facilities:

The accessibility and availability of medical facilities have a significant impact on how often antenatal care (ANC) services are used. Access to ANC services is significantly hampered by the distance to medical facilities in many

underserved and rural locations, such as the Cuttack district. Primary health clinics (PHCs), community health centers (CHCs), or district hospitals are frequently far away for women living in rural areas. Poor road infrastructure and a lack of dependable transportation choices can deter women from getting appropriate medical attention. Women from low-income households are particularly affected by this issue since they might not have the money to take time off from their regular jobs or to pay for transportation.

ANC utilization is impacted not just by geographic distance but also by the accessibility of medical personnel and resources. It's possible that medical institutions are understaffed or lack necessary supplies, such medications, diagnostic equipment, or specialized treatment for high-risk pregnancies. Inadequate care and a decline in confidence in official healthcare systems can result from healthcare centers' limited ability to provide high-quality services, even when they are available. For instance, lengthy wait times in overcrowded government health facilities may deter women from routinely attending ANC checkups.

Another factor is the standard of medical care. Women who have had bad experiences with healthcare practitioners in the past or who believe that ANC services are insufficient may be reluctant to use them. Women may be deterred from receiving care by unwelcoming staff behavior, lengthy

wait periods, and inadequate patient attention. On the other hand, women are more likely to use ANC services when there are well-equipped healthcare facilities with qualified medical staff, good patient-provider relationships, and prompt services.

2. Role of Government Programs and Policies in Promoting ANC:

The availability and use of ANC services are significantly influenced by government policies and initiatives. The Indian government has run a number of programs to promote the use of ANC treatments and enhance mother health over the years. ANC use has been greatly increased by initiatives like the National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY), particularly for low-income and rural women.

A flagship initiative called Janani Suraksha Yojana (JSY) encourages institutional deliveries and offers financial incentives to expectant mothers who seek ANC and delivery services in medical facilities. Cash incentives are available to mothers from Below Poverty Line (BPL) families under JSY to help with travel expenses and other incidental costs related to ANC visits and deliveries. Especially in rural and isolated locations like Cuttack, this financial aid has encouraged women to seek health care and lessened their financial burden.

Through the establishment and renovation of health centers, the provision of mobile health units, and the

hiring of more healthcare personnel, the National Rural Health Mission (NRHM) has attempted to enhance the infrastructure for healthcare in rural areas. In order to help with ANC services, the NRHM has worked to guarantee that qualified midwives and other medical experts are available. Women now have easier access to care thanks to these advancements, which have expanded service availability, especially in underserved and rural areas.

Pregnant women can receive free or discounted healthcare through other programs including the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) and the Maternity Benefit Programme (MBP). These initiatives seek to increase access to maternal healthcare services, especially for underserved groups. In order to guarantee that women receive adequate and superior ANC services, the government has also been attempting to raise the standard of care by educating medical professionals on the most recent advancements in maternal healthcare techniques.

However, problems like women's ignorance of the services that are available, poor grassroots implementation, and logistical difficulties frequently restrict the efficacy of these programs. Notwithstanding these government efforts, obstacles pertaining to local implementation gaps, like delays in incentive payments or a lack of medical

personnel, may compromise the goals of these policies.

Furthermore, state and district healthcare policies need to guarantee that healthcare systems are properly functional and handle local issues. Increasing ANC utilization in Odisha requires tackling problems including infrastructure improvement, hiring skilled medical personnel, and guaranteeing the supply of necessary medications and equipment.

COMMUNITY AND SOCIAL SUPPORT IN ANTENATAL CARE:

Women's decisions to seek and maintain antenatal care services are significantly influenced by their community and social support. A woman's inclination to use ANC services is frequently greatly influenced by her family, especially her husband and in-laws, who may encourage or discourage visits. Friends and neighbors are examples of peer support networks that can offer helpful information and emotional support, highlighting the significance of receiving expert care. Furthermore, local health professionals and community leaders can promote a favorable view of ANC, assisting in the removal of logistical and cultural obstacles to maternal healthcare.

1. The Role of Family, Community, and Peer Support:

The use of antenatal care (ANC) services is significantly influenced by peer, family, and community support. The decision to seek ANC services is

frequently affected by the support and permission of family members, especially the husband, in-laws, and elder family members, in many rural and traditional communities, like those in Odisha's Cuttack district. Before seeking medical attention, women may need approval or support from their husbands or other male family members in patriarchal cultures where males frequently make decisions. Even if a woman knows the value of ANC visits, she may put off or forego receiving care if her husband or in-laws do not share her view.

Traditional birth attendants (TBAs) or senior family members (like mothers-in-law) may have a big say in a pregnant woman's care decisions in some communities, especially in rural areas. These family members may favor home births or traditional treatments over official medical care, particularly if they have a strong connection to the community or have had good experiences with traditional methods. Even when current ANC services are easily accessible, such attitudes may cause reluctance.

Support from the community and family, however, can also positively affect the use of ANC. Women are more likely to attend ANC visits on a regular basis when their family members, particularly their husbands, support them. Additionally, family support in the form of childcare, housework, and financial aid can facilitate pregnant women's access to healthcare facilities

without causing them to disregard their domestic responsibilities. By urging expectant mothers to use healthcare services and stressing the need of expert care for maternal and child health, community leaders and esteemed individuals—such as local health professionals or religious leaders—can also significantly contribute to the promotion of ANC.

ANC use is also influenced by peer support from other women in the community, such as friends or neighbors. The experiences and recommendations of their peers, particularly those who have had favorable encounters with healthcare services, can have a significant impact on expectant mothers. Women who have previously received ANC treatments or given birth in a medical facility are more likely to tell others about their experiences, which may inspire new moms to seek out similar care. Peer support groups can also offer emotional support, which can help dispel misconceptions or anxieties about getting medical aid from a specialist.

2. Impact of Social Networks on Decision-making for ANC:

Social networks, including family, friends, neighbors, and community groups, play an essential role in shaping health-related decisions, including the decision to seek ANC. Social networks provide a **platform for information sharing**, where women learn about the benefits of ANC and the risks of

pregnancy complications from others in their circles. Positive experiences shared by family members, friends, and peers can **normalize the use of ANC** services and reduce stigma or fear associated with institutional care.

In addition to the flow of information, **social networks** can influence the **attitudes and beliefs** about maternal health. For example, if a woman's social circle values modern medical practices and believes that ANC is essential for the health of both the mother and the child, she is more likely to adopt these beliefs and seek care. Conversely, if a woman is surrounded by a network that favors traditional medicine and home births, she may be less likely to trust or seek formal healthcare services, even if they are available.

The influence of **social networks** can also extend to the **logistical support** for ANC. In communities where collective responsibilities are emphasized, social networks can help provide practical assistance such as accompanying a pregnant woman to healthcare facilities, helping with household chores, or providing financial support for transportation costs. This social cohesion can be especially beneficial for women in rural areas, where the lack of infrastructure or the burden of household work can be significant barriers to accessing ANC.

Social networks can impact the **timing and frequency** of ANC visits.

Women who are part of supportive networks are more likely to prioritize their health and adhere to recommended schedules for ANC check-ups. In contrast, women with limited social support may delay or miss appointments due to lack of encouragement or assistance in overcoming barriers like transportation or childcare.

In some cases, social networks may even provide information about **government programs and healthcare schemes** that offer financial incentives or other support for pregnant women. For example, if a woman hears from her peers that a particular healthcare facility offers financial incentives for ANC visits, she may be more likely to seek care.

CONCLUSION:

In summary, the examination of the factors that encourage and hinder the use of prenatal care (ANC) in the Cuttack region reveals the intricate interactions between community, healthcare system, socioeconomic, and cultural elements. Even while government initiatives like the National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY) have greatly improved access to ANC, issues like lack of funding, poor infrastructure, and cultural norms still prevent the best possible use. Women who are educated and financially secure are more likely to seek care, and socioeconomic characteristics such as education and

work position have a significant impact on ANC utilization. Women's choices to use formal healthcare are also influenced by cultural norms, gender roles, and customs, which frequently restrict their freedom to seek ANC. Peer and family support is crucial in overcoming logistical and cultural barriers, and strong family and community support networks can either help or hinder access to healthcare. Comprehensive approaches that address these complex obstacles—like strengthening healthcare infrastructure, raising awareness, and encouraging community involvement—are necessary to enhance maternal health outcomes and increase ANC utilization in Cuttack.

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