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Prenatal Care: A Women Empowerment Perspective

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Abstract:
Women empowerment is a process by which the previously disempowered women are able to increase their self-efficacy, make life-enhancing decisions, and obtain control over resources. It is multi-dimensional, whereby a woman may be empowered in one dimension (such as financial) but not in another (such as in sexual and reproductive decision-making). This paper is a narrative reviwe of prenatal care especially in developing countires. The aim of the review was to explore the concept of prenatal care including its attributes such as coverage, challenges of uptake and possible starategies to enhance uptake. was a narrative review. This narrative review focused on prenatal care. Literature was narratively synthesised and findings were presented under various topics relating to prenatal care namely; description of the concept prenatal care, highlight its importance in preventing mortality and morbidity, discuss challenges of access to prenatal care and to suggest possible strategies to promote its provision and uptake. The data bases used were mainly Google Scholar and PubMed. Grey literature such as policy documents and newspaper articles were also used. Search terms were 'preconception care', 'antenatal care', 'prenatal care', 'preconception care', 'perinatal care' and women 'empowerment'. Data was presented narratively in terms of the predefined themes according to the objectives of the review. Generally, uptake of prenal care has improved in developing countries but there still exists a burden of adverse maternal and neonatal outcomes. Barriers of uptake and utilisation of prenal care include lack of empowerment, lack of resources and lack of social support. Health education will go a long way in empowering women to take up and utilise prenatal care services as well as promote psychosocial support of women in need of prenatal care.

Key Word:prenatal care; preconception care; perinatal care; women empowerment

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I. Introduction

Women empowerment is a process by which the previously disempowered women are able to increase their self-efficacy, make life-enhancing decisions, and obtain control over resources (James-Hawkins et al., 2019). It is multi-dimensional, whereby a woman may be empowered in one dimension (such as financial) but not in another (such as in sexual and reproductive decision-making) (Prata, Tavrow, & Upadhyay, 2017). Reproductive health of women is very important to a nation. The association between women's empowerment and reproductive health has been widely studied and seems to be mostly positive. It should be highlighted, however, that empowerment also encompasses psychological, social, political, economic and legal (Shimamoto & Gipson, 2015).

The cornerstone to a populations' health is the health of its women during pregnancy and childbirth (World Health Organization (WHO), 2015). This is because health care is continuous care from childhood to adulthood and prenatal care is one of the care chains (World Health Organisation, 2017). Most countries now recognize the importance for girls and women to become more empowered, both as a goal in itself, as well as to achieve a more gender equitable society (Klugman et al., 2014). Prenatal care is paramount for every pregnant woman with the health of the unborn and that of the mother depending entirely on prenatal care (Roozbeh, Nahidi, &Hajiyan, 2016). Prenatal care is a strategy to improve pregnancy outcomes. Women who skip prenatal care are at risk of maternal deaths and other complications while their babies are at risk of a host of short term and long-term complications (Liu et al., 2017).

Worldwide, an estimated 139 million births take place per year with a maternal mortality of 216 maternal deaths per 100,000 live births in 2015 and a greater percentage of women will experience the death of her child through perinatal or neonatal death (United Nations Population Fund (UNFPA), 2015). In Zimbabwe, our maternal mortality ratio was 716 per 100000 live births which stands among the highest in the region. These figures demonstrate the serious health issues for women and infants during this period, further underlined by the devastation of acute and chronic physical and psychological morbidity. Studies conducted in Zimbabwe have revealed that a one-unit increase in the quality of prenatal care lowers the prospect of neonatal, infant and

under-five mortality by approximately 42.33, 30.86 and 28.65%, respectively (Makate&Makate, 2017). There is need for policy makers in Zimbabwe to focus on ensuring high-quality prenatal care to promote good quality of life for infants (Makate&Makate, 2017). Getting early and regular prenatal care improves the chances of a healthy pregnancy. It is even better is it is started before one becomes pregnant (Torres, 2016).

Prenatal care varies greatly in format, content, location, and provider (Gregory, Johnson, Johnson, &Entman, 2006; Ickovics et al., 2007; Walker, McCully, & Vest, 2001) but early presentation is always beneficial. The purpose of this narrative review is to provide an in-depth description of the concept prenatal care, highlight its importance in preventing mortality and morbidity and importance to the society, discuss challenges of access to prenatal care and to suggest possible strategies to promote its provision and uptake.

II. Material And Methods

This narrative review focused on prenatal care. Literature was narratively synthesised and findings were presented under various topics relating to prenatal care namely; description of the concept prenatal care, highlight its importance in preventing mortality and morbidity, discuss challenges of access to prenatal care and to suggest possible strategies to promote its provision and uptake. The data bases used were mainly Google Scholar and PubMed. Grey literature such as policy documents and newspaper articles were also used. Search terms were 'preconception care', 'antenatal care', 'prenatal care', 'preconception care', 'perinatal care' and women 'empowerment'. Data was presented narratively in terms of the predefined themes according to the objectives of the review.

III. Result

A number of articles were retrieved that focused on prenatal care. Results are presented in terms of the predetermined sub-headings generated from the objectives of the review. The results, therefore, are presented under the following sub- headings: definition of prenatal care, highlight its importance in preventing mortality and morbidity and importance to the society, challenges of access to prenatal care and possible strategies to promote its provision and uptake.

IV. Discussion

This section presents the discussion of findings. A summary of the findings is presented at the end.

Definition

There are various definitions of prenatal care with the most lay being medical care of women during pregnancy (Collins online dictionary, 2016). While, some authors specify that it is care received from an obstetrician or a midwife (Med terms online dictionary, 2016), prenatal care is multifaceted in nature, including care from spouses and family, cultural and religious aspects and even occupational and employment issues. It is a holistic type of care that views a pregnant woman as a bio-psych-social being. It involves screening for diseases such as hypertension and diabetes mellitus, customising HIV/AIDS care, health education on self-care and involvement of spouses and family in care (Siraha, Mukona, Zvinavashe, &Dodzo, 2020). More recent definitions include the care given to a woman even before conception. The content and format vary from place to place and with times of onset. However, prenatal care remains a key population wide public health intervention to prevent adverse pregnancy outcomes (Alibekova, Huang, & Chen, 2013). Prenatal care is the care provided by skilled health-care professionals to pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy (Berhan&Berhan, 2014; World Health Organisation, 2016). Yet others define prenatal care as the holistic approach care given to a woman before she becomes pregnant and during pregnancy (Di Mario et al., 2015).

The proposed definition for prenatal care, according to this narrative review, is the holistic medical and psychosocial care rendered to women either in preparation for or during pregnancy to prevent or control perinatal morbidity and mortality associated with pregnancy (World Health Organization (WHO), 2015). This enables a woman to make informed decisions based on her needs after discussing matters fully with her support structure. Statistics have shown that some poor birth outcomes are related to problems which occurred before someone got pregnant.

Importance of prenatal care

Prenatal care includes several integrated approaches to medical care, psychological and social support and its optimal conditions start before pregnancy and continue after birth. This comprehensive program includes: early detection of pregnancy, the first visit for prenatal care and follow-up visits during pregnancy (World Health Organization (WHO), 2015). It facilitates a healthy pregnancy and safe delivery without harm to the mother's health. Perinatal care results in reduction of maternal complications, reduction of maternal mortality, reduction of prenatal mortality and viable pair of mother and child with good quality of life (Johnson, Call, &Blewett, 2010; Siraha et al., 2020; World Health Organisation, 2016). There have been gains of prenatal

care, such as significant reduction in malnutrition and stunted growth in children (Roozbeh et al., 2016). Mothers, through prenatal care, get the right information on infant feeding and nutrition (Roozbeh et al., 2016). There has been a significant decrease in rates of mother to child transmission of HIV as HIV positive pregnant women are prescribed the necessary antiretroviral drugs, tests, feeding options, self-care and care of the baby after birth (Momplaisir et al., 2015). There are medical, nutritional, and educational interventions to reduce the risk of low birth weight. schedule of visits as the pregnancy progresses and the content of this care usually includes screening for a variety of medical conditions, physical exams, and educational or counselling services (Roozbeh et al., 2016).

Women are warned about danger signs and symptoms of pregnancy and the risks of labour and delivery, and this promotes choice of institutional deliveries by skilled health care provider. Even information such as birth spacing is given during prenatal care (Siraha et al., 2020). Some complications such as low birth weight and neonatal difficulties in breathing can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (malaria, STIs) during pregnancy and before she becomes pregnant (Lassi, Mansoor, Salam, Das, &Bhutta, 2014). Perinatal care positively influences infant and child health outcomes, by discouraging unhealthy behaviours such as smoking and drinking alcohol during pregnancy, promoting health dietary habits and by facilitating safe transition to motherhood (Makate&Makate, 2017).

However, in common language the term prenatal care is generally used when referring to the care given when the woman is pregnant. It is very important to highlight the importance of starting prenatal care before one conceives. Preconception care is not very common especially in low resource settings and there is need for policy makers to integrate it into the mainstream perinatal care (Siraha et al., 2020). Several studies have reported the benefits of prenatal care (Bertens, Rosman, &Steegers; Goossens, Beeckman, Van Hecke, Delbaere, & Verhaeghe, 2018; Sijpkens, Lagendijk, et al., 2019; Sijpkens, van Voorst, et al., 2019; van Voorst et al., 2017).

Coverage for prenatal care

Globally, while 86% of pregnant women access prenatal care with skilled health personnel at least once. Only three in five (62%) receive the recommended four antenatal visits (World Health Organisation, 2016). In regions with the highest rates of maternal mortality, such as sub-Saharan Africa and South Asia, few women receive four antenatal visits which is 52% and 46%, respectively (UNICEF, 2018). In Zimbabwe, nearly 90% or more of pregnant women receive some form of prenatal care during pregnancy, and yet the country continues to witness unacceptably high and worsening child mortality rates (ZIMSTAT, 2012).

Consequences of lack of prenatal care

Approximately 800 women in the world die daily due to complications of pregnancy and childbirth (World Health Organisation, 2016). The risk of women's death in a developing country due to complications of pregnancy and birth is 23 times higher than a developed country (Roozbeh et al., 2016). At a global rate, 83% of pregnant women who are living in the developing countries have received prenatal care only once (Gajate-Garrido, 2013). Women living in developed countries receive more prenatal care than those who are living in the developing countries. Nearly 13 000 Zimbabwean infants died within the first 28 days of life in 2015, representing a fairly high neonatal mortality rate of 24 deaths per 1,000 live births (UNICEF, 2015).

Challenges of uptake and utilisation of prenatal care

Challenges of access to prenatal care are well documented. Some studies conducted in developing countries have reported lack of knowledge of prenatal care and its importance among women. This still boils down to lack of empowerment due to lack of education. Although some women might be aware of prenatal care, distances to health care centres, especially in the rural areas are so long. The problem is compounded by unreliable transport and bad roads. Some women have reported unfriendly attitudes of health care workers, especially nurses and midwives. Some women have cited disrespect, lack of management support, and rudeness to patients among nurses (Haskins et al., 2016). Moreover, the health care system, in recent years, has been hit by incessant strikes by health care workers with scores of pregnant women being left stranded without medical help. Prenatal care services are hindered by a lack of resources in healthcare facilities (Goossens, De Roose, et al., 2018).

In our African culture, prenatal care is often stigmatized by its close proximity to sexuality and motherhood. To need prenatal care is to disclose non-virginal status, which may ostracize some women (Price & Hawkins, 2007). Pregnant teen women report fear of pregnancy disclosure as a barrier, even if they desire to obtain care (Malabarey, Balayla, Klam, Shrim, &Abenhaim, 2012; Vieira et al., 2012; Winetrobe et al., 2013).

Lack of readiness to transition into motherhood also results in delayed seeking or non-thereof of prenatal care (Bałanda-Bałdyga, Pilewska-Kozak, Łepecka-Klusek, Stadnicka, &Dobrowolska, 2020). These

issues are embedded in deep economic and political issues that are otherwise beyond control of some women (Transparency International, 2015). There have been issues of corruption in health institutions whereby health workers demand payment for services that are otherwise offered for free (Transparency International, 2015). The dire economic crisis in Zimbabwe has led to a significant number of women, some very young, turning to prostitution for a living (Chazireni&Chidzawo, 2017; Chirozva, 2016; Marisa & Marisa, 2018). When they fall pregnant, they lack all forms of support including financial and social (Mangeya, 2018). Resultant pregnancies are usually unplanned and the women are not ready for motherhood. Even some married women might not have the adequate support to seek perinatal care in time. In most Sub-Saharan African countries, men consider pregnancy as women's responsibility (Bick, 2012).

In some cultures, pregnancy is regarded as sacred and women might not be free to announce the intention to get pregnancy or even early pregnancy (Hlatshwayo, 2017; Poels, Koster, Boeije, Franx, & van Stel, 2016). It should be regarded as a closed secret and should only be known when the abdomen balloons. Even expected dates of delivery are kept secrets as some people believe in with-craft and the vulnerability of pregnant women to it. Some, like the apostolic sect believers, do not even believe in going to hospitals (Makuve, 2020; Munyaradzi Kenneth, Marvellous, Stanzia, & Memory, 2016). They trust their religious birth attendants to conduct deliveries in unsafe homes. Unfortunately, some women develop complications, in the absence of proper medical help and this results in unnecessary and preventable mortality and morbidity.

Possible solutions

There should be deliberate efforts to abolish patriarchal gender norms that inhibit uptake and utilisation of prenatal care. Women should be empowered to tactfully delay childbearing. Women who start childbearing later are more likely to show more gender equitable attitudes. Generally, higher rates of expressed empowerment are correlated with safe sexual practices and lower levels of mistreatment by male counterparts (Prata et al., 2017). Maternal education, cultural or religious beliefs, maternal employment status, location, and pregnancy desire also determine uptake and utilisation of prenatal care services (Habibov, 2011).

Group prenatal care increases communication and learning among a peer group. This also empowers women as they learn better coping skills prior to pregnancy and birth (Prata et al., 2017). Women who are more empowered are more likely to use skilled birth attendants, which could be expected to lower maternal mortality.

Efficient health systems will go a long way in promoting uptake of prenatal care. In Africa, women's empowerment may not lead to changes in maternal mortality rates because health systems are generally corrupt. There should be transparency in funding of health care. Mobile health clinics will help to ease geographical access. Adequate remuneration of health care workers will motivate the workforce, and eliminate mass job actions. Litigation can be an empowering strategy globally if it reframes maternal mortality as discriminatory and changes public norms (Prata et al., 2017). Health education is very vital in promoting uptake of prenatal care (van Voorst et al., 2017). Health education addresses negative cultural norms regarding pregnancy and care seeking, fosters psychosocial support for the pregnant women and promotes good self-care to optimise pregnancy outcomes.

V. Conclusion

Prenatal care means healthy mother, healthy baby, good birth outcomes, quality care, parental and child bonding, family involvement, stable vital signs, fetal wellbeing, good antenatal attendance, emotional, spiritual, physical psychological and socially stable woman (Gajate-Garrido, 2013). Though there are a number of barriers to uptake and utilisation of prenatal care, some of the solutions are relatively cheap and cost effective. It does not cost anything to promote social support from husbands and families. Health education can be offered using various platforms, such as social and print media, that have a wide coverage in short spaces of time and relatively low costs. Better still, awareness campaigns can begin as early as primary level education as part of various curricula.

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