**Table 1: Missing identification in the dataset**

|  |  |  |
| --- | --- | --- |
| **Characteristics** | **Valid Frequency (Percentage)** | **Missing Frequency (Percentage)** |
| Age | 37 (100%) | 0 (0%) |
| Address | 37 (100%) | 0 (0%) |
| Education | 37 (100%) | 0 (0%) |
| Chief compliance | 37 (100%) | 0 (0%) |
| Pregnancy Week | 37 (100%) | 0 (0%) |
| No of visit | 37 (100%) | 0 (0%) |

Table 1 represents the valid frequency and percentage (without missing) of each variables of the data. In this study we used seven variables and each of the variables didn’t show any missing values.

**Table 2: Distribution of respondents based on age (n=37)**

|  |  |  |
| --- | --- | --- |
| **Age of pregnant women** | **Frequency** | **Percentage (%)** |
| 16 | 1 | 2.7 |
| 17 | 2 | 5.4 |
| 18 | 5 | 13.5 |
| 19 | 9 | 24.3 |
| 20 | 10 | 27.0 |
| 21 | 3 | 8.1 |
| 22 | 5 | 13.5 |
| 23 | 1 | 2.7 |
| 25 | 1 | 2.7 |
| Total | 37 | 100.0 |
| Mean (SD) | 19.78 (1.81) |  |

Table 2 represents the percentage of age of the 37 pregnant women came to visit UHFWCs to take antenatal care. Among them, a significant number of pregnant women 27.0% (n=10) were in age of 20 and smaller percentage of pregnant women 2.7% (n=1) were 16, 23 and 25 years old that they came to visit UHFWCs for take antenatal care.

**Table 3: Distribution of respondents based on education (n=37)**

|  |  |  |
| --- | --- | --- |
| **Education (in class)** | **Frequency** | **Percentage (%)** |
| 2 | 1 | 2.7 |
| 3 | 5 | 13.5 |
| 4 | 4 | 10.8 |
| 5 | 21 | 56.8 |
| 6 | 3 | 8.1 |
| 8 | 3 | 8.1 |
| Total | 37 | 100.0 |

Table 3 represents the percentage of education by individual highest level of education (class) of the 37 pregnant women who came to visit UHFWs to take antenatal care. Among all pregnant women, highest number of women 56.8% (n=21) were studied class five (primary level) and smaller percentage of women 2.7% (n=1) were studied class 2 only.

**Table 4: Distribution of respondents based on chief compliance (n=37)**

|  |  |  |
| --- | --- | --- |
| **Chief compliance** | **Frequency** | **Percentage (%)** |
| Chest pain | 3 | 8.1 |
| Diarrhea | 1 | 2.7 |
| Edema | 1 | 2.7 |
| False pain | 1 | 2.7 |
| Lower abdomen pain | 6 | 16.2 |
| Weakness | 1 | 2.7 |
| Leg pain | 1 | 2.7 |
| Missed period | 1 | 2.7 |
| No complain | 1 | 2.7 |
| PUD | 3 | 8.1 |
| Vomit | 3 | 8.1 |
| Vomit &WK | 1 | 2.7 |
| Weakness | 11 | 29.7 |
| Weakness | 2 | 5.4 |
| WKSLBP | 1 | 2.7 |
| Total | 37 | 100.0 |

Table 4 represents the percentage of chief compliance of the 37 pregnant women that the reason for visit UHFWCs Among all compliance, a large number of pregnant women 29.7% (n=11) were complaint that they feel weak and then 16.2% (n=6) were complaint that they feel lower abdomen pain.

**Table 5: Distribution of respondents based on pregnancy week (n=37)**

|  |  |  |
| --- | --- | --- |
| **Pregnancy week** | **Frequency** | **Percentage (%)** |
| 2 | 1 | 2.7 |
| 3 | 1 | 2.7 |
| 4 | 2 | 5.4 |
| 6 | 1 | 2.7 |
| 7 | 1 | 2.7 |
| 8 | 6 | 16.2 |
| 9 | 12 | 32.4 |
| 18 | 1 | 2.7 |
| 29 | 1 | 2.7 |
| 31 | 1 | 2.7 |
| 32 | 4 | 10.8 |
| 34 | 1 | 2.7 |
| 36 | 5 | 13.5 |
| Total | 37 | 100.0 |

Table 5 represents the percentage of 37 pregnant women with pregnancy week. Among them, a large number of pregnant women 32.4% (n=12) were came in UHFWC with 9 weeks of pregnancy and 16.2% (n=6) were came in UFFWC with 8 weeks of pregnancy.

**Table 6: Distribution of respondents based on number of visit (n=37)**

|  |  |  |
| --- | --- | --- |
| **Number of visits in UHFWCs** | **Frequency** | **Percentage (%)** |
| 1 | 10 | 27.0 |
| 2 | 2 | 5.4 |
| 3 | 24 | 64.9 |
| 4 | 1 | 2.7 |
| Total | 37 | 100.0 |

Table 6 represents the percentage of number of visits in UHFWCs of the 37 pregnant women. Among 37 women, a large number of pregnant women 64.9% (n=24) were visit 3 times in UHFWCs for antenatal care and a small number of pregnant women 2.7% (n=1) were visit highest 4 times in UHFWCs for antenatal care.

**Table 7: Distribution of the centres by availability of instruments, investigations materials and accessories**

|  |  |  |
| --- | --- | --- |
|  | **Frequency** | **Percentage (%)** |
| **Services taken** | 37 | 100 |
| **Check BP Machine** | 37 | 100 |
| **Check Thermometer** | 37 | 100 |
| **Check stetho** | 37 | 100 |
| **Check measuring tape** | 37 | 100 |
| **Check test tube** | 37 | 100 |
| **Check Weight machine** | 37 | 100 |
| **Data recording reg for mom & baby** | 37 | 100 |
| **Check urine strips** | 37 | 100 |
| **Check Telquist for Hb estim** | 37 | 100 |
| **Check tab folic & Iron** | 37 | 100 |
| **Check ANC Card** | 37 | 100 |
| **Check patient examination bed** | 37 | 100 |
| **Check flip chart for counselling** | 37 | 100 |
| **check Doppler for taking fetal heart rate** | 37 | 100 |

Table 7 represents the percentage of available facilities used in UHFWCs of the 37 pregnant women. All pregnant women get the above facilities in UHFWCs.

**Discussion:**

The objectives of this study were to assess the satisfaction among women on the quality of antenatal care they are receiving from UHFWCs, to assess the communication between service providers and pregnant woman and to assess the physical facilities are available for service delivery in order to ensure the quality of antenatal care. Pregnant women came to receive ANC at 5 UHFWCs under Golapganj upazila. Altogether, 37 respondents were interviewed. The mean age of the respondents was 19.78 years. Most respondents (27.0%) were within age range of 20 years followed by 19 years (24.3%). This finding is consistent with Mansur et al., a study done at three upazila health complexes, Bangladesh in 2014 (Mansur et al. 2014). In their study, they found the mean age of the ANC seekers was 24.6 years, while minimum and maximum ages were 21 and 25 years, respectively.

In our study, it seems to be that ANC service seekers are in group of young age mothers. We found that more than half of the women (56.8%) have highest education level was primary school and 8.1% had highest education level grade 6 and 8. On the other hand, Ikenna showed only 10% the women had not been educated (Ikenna 2015). Out of 37 pregnant women, highest 11 (29.7%) compliance weakness in UHFWCs visit followed by lower abdomen pain 6 (16.2%).The study found that a greater proportion of women visited UHFWCs in 9 weeks for seeking care at the facility settings. In terms of service contents, other studies, including a study based on a large and nationally representative dataset (i.e., Bangladesh Health and Demographic Survey 2014) show similar trends (Jo et al. 2019). The latest WHO guidelines for a positive pregnancy experience suggests a minimum of eight contacts to improve the utilization and quality of ANC (WHO 2013), our study findings identify a number of critical health systems constraints which affect the quality of service and care-seeking behaviors to achieve this goal. Some women (12 out of 36) made their first ANC visits as late as 27 to 32 weeks of gestation, a major deviation from the standard guideline.

We found that distribution of the centres by availability of instruments, investigations materials and accessories are 100% present in UHFWCs, qualified providers are enough, so one provider had to cover all patients. Advanced diagnostic equipment is available their, which not needed effective referrals to the clinic for those identified with danger signs. While ANC consists of several subcomponents of services varying with pregnancy stages, major service content was identified in the areas of some physical examinations (e.g. edema or ultrasonogram), routine tests (e.g. blood grouping or urine test), and counselling on high risk pregnancy such as prior pregnancy history, danger signs of current pregnancy and preparation for delivery. Our results indicate that the UHFWCs plays an important role in the provision of ANC services. We found that some of the indicators related to the content of ANC contacts were better in the UHFWCs, especially in terms of performing physical examinations, ultrasound and danger sign counselling.

**Recommendations:**

Overall, our findings suggest that both ANC coverage and content in UHFWCs are satisfactory. Based on this, we recommend future research to understand more fully the factors which prevent women from seeking ANC, both early in pregnancy and the recommended times between conception and birth. It is critical to understand these factors so that the national programs can take course corrective measures to address them appropriately and support more to visit UHFWCs frequently.

**References:**

Ikenna, Ezeamah Franklin. 2015. “Health Care-Seeking Behaviour During Pregnancy Among Women of Akinyele Local Government Area , Oyo State , Nigeria.” *Journal of NOvel Applied Sciences* 4(1966):1180–86.

Jo, Youngji, Kelsey Alland, Hasmot Ali, Sucheta Mehra, Amnesty E. Lefevre, Semee Pak, Saijuddin Shaikh, Parul Christian, and Alain B. Labrique. 2019. “Antenatal Care in Rural Bangladesh: Current State of Costs, Content and Recommendations for Effective Service Delivery.” *BMC Health Services Research* 19(1):861.

Mansur, Ahmed M. S. A., Karim M. Rezaul, Hoque M. Mahmudul, and Chowdhury S. 2014. “Quality of Antenatal Care in Primary Health Care Centers of Bangladesh.” *Journal of Family & Reproductive Health* 8(4):175–81.

WHO. 2013. “WHO Recommendations on Antenatal Care for a Positive Pregnancy Experience.” *Ultrasound in Obstetrics and Gynecology* 41(1):102–13.