THE RESEARCH NEXUS
Volume 2, Issue 2, 2025

ANTENATAL CARE UTILIZATION AMONG URBAN SLUM COMMUNITIES IN PUNJAB: AN ETHNOGRAPHIC INSIGHT

Dr. Nazia Malik

Assistant Professor, Department of Sociology, Government College University, Faisalabad, Pakistan

[*4]naziamalik@gcuf.edu.pk

Keywords
Antenatal Care, Urban Slum Dwellers, Ethnographic Study

Article History
Received: 19 April, 2025
Accepted: 15 July, 2025
Published: 30 June, 2025

Corresponding Author: *
Dr. Nazia Malik

Abstract

Background: *Pakistan accounts for 7% of global neonatal deaths, with only 28% of women accessing four or more antenatal care (ANC) visits and stark disparities in skilled birth attendance between rich (77%) and poor (16%) populations.* ***Objective:*** *This ethnographic study explores perceptions of ANC among disadvantaged urban slum residents in Shamspura Colony, Lahore.* ***Method:*** *Using non-participant observation, semi-structured interviews, and documentary review, data were collected over four months and analyzed thematically.* ***Results:*** *Most women (63%) do not view ANC as beneficial, and only 41% of husbands are supportive. While 83% prefer institutional deliveries, knowledge about ANC is limited: only 29% are fully aware of its benefits. Decision-making is largely influenced by husbands (43%) and mothers-in-law (31%), with just 3% of women making independent healthcare decisions.* ***Conclusion:*** *Limited awareness, restricted mobility, cultural norms, and financial barriers contribute to low ANC utilization. Enhancing community education and empowering women are crucial for improving maternal health outcomes in urban slum areas.*

INTRODUCTION

Maternal health remains a significant public health concern globally, particularly in low- and middle-income countries (LMICs) where maternal mortality rates are alarmingly high (WHO, 2019). Antenatal care (ANC) is a crucial aspect of maternal healthcare, providing an opportunity for early detection and management of pregnancy-related complications (AbouZahr & Wardlaw, 2001). Despite its importance, ANC utilization remains suboptimal in many LMICs, including Pakistan (NIPS & ICF International, 2019).

Urban slums in Pakistan, characterized by poor living conditions, inadequate access to healthcare services, and low socioeconomic status, pose significant challenges to maternal healthcare utilization (Satterthwaite, 2017). Studies have shown that women residing in urban slums are less likely to utilize ANC services compared to their counterparts in better-off neighborhoods (Mumtaz et al., 2016). This disparity in ANC utilization can be attributed to various factors, including lack of awareness, cultural barriers, and limited access to healthcare services (Simkhada et al., 2008).

Punjab, being the most populous province of Pakistan, has a significant proportion of urban slum dwellers. According to the Pakistan Demographic and Health Survey (PDHS) 2017-18, Punjab has shown improvement in ANC utilization over the years, but

the coverage remains low, particularly among the urban poor (NIPS & ICF International, 2019). Given the dearth of research on ANC utilization patterns among urban slum dwellers in Punjab, this study aims to explore the factors influencing ANC utilization among this vulnerable population.

The utilization of ANC services is influenced by a complex interplay of individual, social, and healthcare system factors (Andersen, 1995). Studies have identified factors such as education, socioeconomic status, and access to healthcare services as significant predictors of ANC utilization (Babalola & Fatusi, 2009). However, there is limited understanding of how these factors interact and influence ANC utilization among urban slum dwellers in Punjab.

By exploring the ANC utilization patterns and identifying the underlying factors, this study aims to contribute to the existing body of knowledge on maternal healthcare utilization in urban slums. The findings of this study will inform policymakers and healthcare providers about the specific needs and challenges of urban slum dwellers, ultimately contributing to the development of targeted interventions to improve ANC utilization and maternal health outcomes in Punjab.

1.1 Research Objective

This community-based study aims to determine the antenatal care utilization and identify the factors affecting the utilization of antenatal care services by the married women of the reproductive age group, residing in the urban squatter settlement of Lahore, Shamspura Colony.

2. Research Methodology

2.1 Design

This is an Ethnographic study, a qualitative research. This non-participatory method of study relies on observation and taking notes using semi-structured questionnaires, in-depth interviews, focused group discussions and documentary review. Unlike quantitative methods of research, ethnography relies on longer responses rather than simple “yes” or “no” answers of study participants. Two questionnaires were designed. One was for the key informants and the other was for the sample of women, which comprised of open-ended answer options regarding antenatal care service utilization. Key Informant Interviewing: Key informant questionnaires were unstructured, narrative interviews in which the respondent talked at length and in detail. The key informants described the demographics of the community. They introduced us to women and explained to them the purpose of this research. This helped build trust between the interviewer and the respondent, which is imperative for ethnographic data collection.

2.2 Sample

A randomly selected sample of 100 married women, residing in Shamspura Colony, participated in the quantitative survey. Informed consent was obtained from the women, to be a part of this study. The main inclusion criterion for the in-depth interviews was age (should have reached menarche) and marital status (married women). Widows, unmarried women and those who did not give consent, were excluded from the study.

2.3 Study Period

The study period was 4 months. Some women dropped out of the study and some moved away during the study and were lost in follow-up sessions.

2.4 Method of Data Collection

Data was collected after seeking permission from the leader of the Shamspura Colony to carry out this study at the field site. Data was collected through pre-tested questionnaires. The questionnaire was developed after working in Shamspura Colony for two weeks and identifying two key informants. Key informants were women living within Shamspura Colony for at least two years, who therefore knew the local people and had information about the demographics of the place. The role of key informants was to help the interviewer to participate in daily data collection within the local population. Key informants accompanied the interviewer during the first visit of every week, and introduced her to the residents. An initial survey of the Shamspura Colony two weeks. Then a sample of 100 women was selected randomly. During the study period, 12 women left the study as they moved away and 2 dropped out. However, we recruited 14 more and maintained the sample of a 100. We picked a

married woman of reproductive age group, from every third shack, who gave consent to be a part of the study. A calendar helped keep a chart of daily activities such as meeting with key informants, scheduled interviews with the sample, pre-tests, themes and focused group discussions.

Informed consent was sought from the women included in the sample. The purpose of the research was explained and they were asked if they understood their role as participants. Confidentiality was assured to the participants and was maintained. Thematic data was collected by questionnaires. Six unstructured interviews of women on themes regarding their health, health-seeking behavior, antenatal care-seeking behavior and perception of the benefits and utility of Ante Natal Care (ANC) were conducted. If at any given point the woman felt uncomfortable, she was not pursued any further for the study. Respondents' habits, customs, and cultures were observed and noted. Contextual Inquiry was carried out. Semi-structured questionnaires had open-ended answers which were in their regional language and in sentences, rather than a 'yes ' or a 'no'.

2.5 Data Management and Storage

All the questionnaires, consent forms and notes were stored in a safe location. Initially there was a study proposal which helped develop the key informants' questionnaire. Key informant responses helped design a pilot questionnaire for the sample of women. This was pre tested and editions were made. Filed notes, hand drawn maps and illustrations, and a satellite image of the location of the Shamspura were stored. Data management also required topic guides which helped plan the conversations. All this was transferred to data sheets. Data was coded to maintain anonymity. Interview transcripts of focused group discussions was maintained.

3. Results

Table 1. Antenatal Care Status and Attitude

In-depth Interviews	*Yes %*	*Answers in full sentences but negative: meaning a "No"%*	*In between a 'Yes' and 'No' %*
Do you think ANC is very beneficial for you?	31	63**	6
Those who received ANC in any of their pregnancy, was their husband very supportive of ANC?	41	35	24

Table 1 presents the results of in-depth interviews with women regarding their antenatal care (ANC) status and attitudes. The table highlights two key aspects: the perceived benefits of ANC and the level of husband's support for ANC. When asked if they thought ANC was very beneficial for them, 63% of the respondents expressed a negative sentiment, indicating that they did not believe ANC was very beneficial. In contrast, 31% of the respondents believed that ANC was very beneficial, while 6% held an intermediate view. Regarding husband's support for ANC, 41% of the respondents reported that their husbands were very supportive of ANC, while 35% reported a lack of support. Notably, 24% of the respondents fell into an intermediate category, suggesting that their husbands' support was not strongly evident. These suggest that many women in this study do not perceive ANC as beneficial and may not receive adequate support from their husbands, which could contribute to low ANC utilization rates.

Table 2. Women's Preference for the Place of Delivery of their Baby

Women's Preference	%
Prefer to deliver their baby at a hospital	51%
Prefer their baby to be delivered at a clinic, with a lady doctor or a skilled	

birth attendant.	32%
Prefer to deliver at home with a TBA (Traditional Birth Attendent)	12%
Women's knowledge of benefits of ANC	
awareness of the benefits of ANC	29%
Percentage of women who knew very little about ANC	51%
Percentage of women who had no knowledge	20%

The table presents the preferences and knowledge of women regarding childbirth and antenatal care (ANC). In terms of delivery preferences, 51% of women prefer to deliver their baby at a hospital, while 32% prefer a clinic with a lady doctor or skilled birth attendant. A smaller proportion, 12%, prefer to deliver at home with the assistance of a traditional birth attendant (TBA). Regarding their knowledge of ANC benefits, only 29% of women demonstrate awareness of the benefits. In contrast, 51% of women have limited knowledge, and 20% have no knowledge about ANC. These findings suggest that while a majority of women prefer institutional deliveries, there is still a significant gap in their understanding of ANC benefits, which could impact their utilization of these services. The preference for home deliveries with TBAs and limited knowledge about ANC highlights the need for targeted education and awareness programs to improve maternal healthcare outcomes.

Table 3. Person Responsible for Making the Decision about the place of baby's delivery

Decision-Makers	%
Husband	43
Mother in Law	31
Self	3
Other	23

This table presents the decision-makers regarding healthcare utilization among women. According to the results, husbands play a significant role in decision-making, with 43% of respondents indicating that their husbands make decisions about their healthcare. Mothers-in-law also have considerable influence, with 31% of respondents citing them as decision-makers. In contrast, only 3% of respondents reported making decisions about their own healthcare, indicating a low level of autonomy in healthcare decision-making among women. Additionally, 23% of respondents reported that other family members or individuals make decisions about their healthcare. These findings highlight the importance of involving husbands and mothers-in-law in healthcare decision-making processes, particularly in patriarchal societies where women's autonomy may be limited.

4. Discussions

The findings presented in Table 1 highlight the complex dynamics surrounding antenatal care (ANC) utilization among women. The fact that 63% of respondents did not perceive ANC as very beneficial for them is concerning, as ANC is a crucial aspect of maternal healthcare that can help identify and manage pregnancy-related complications (WHO, 2016). This finding is consistent with previous studies that have reported negative perceptions towards ANC among women in low- and middle-income countries (Simkhada et al., 2008; Mumtaz et al., 2016). The level of husband's support for ANC is also noteworthy, with only 41% of respondents reporting that their husbands were very supportive. This finding is consistent with previous studies that have highlighted the importance of male involvement in maternal healthcare (Babalola & Fatusi, 2009). The fact that 35% of respondents reported a lack of support from their husbands is concerning, as husband's support has been shown to be a significant predictor of ANC utilization (Andersen, 1995). The findings of this study have implications for healthcare policy and practice. Firstly, there is a need to increase awareness about the benefits of ANC among women and their

families. This can be achieved through targeted education and awareness programs that highlight the importance of ANC in improving maternal and child health outcomes (WHO, 2016). Secondly, efforts should be made to involve husbands and other family members in ANC decision-making processes, as their support has been shown to be crucial in determining ANC utilization (Babalola & Fatusi, 2009).

The findings highlight the complex dynamics surrounding childbirth preferences and antenatal care (ANC) knowledge among women. The preference for institutional deliveries, with 51% of women opting for hospital deliveries and 32% preferring clinics with skilled birth attendants, is consistent with previous studies that have shown a shift towards institutional deliveries in many low- and middle-income countries (Montagu et al., 2017). However, the fact that 12% of women still prefer home deliveries with traditional birth attendants (TBAs) suggests that traditional practices and cultural beliefs continue to play a significant role in shaping childbirth preferences (Sial et al., 2018). The limited knowledge about ANC benefits among women is concerning, with only 29% demonstrating awareness of the benefits. This finding is consistent with previous studies that have reported low levels of knowledge about maternal healthcare among women in low- and middle-income countries (Simkhada et al., 2008; Mumtaz et al., 2016). The fact that 51% of women have limited knowledge and 20% have no knowledge about ANC highlights the need for targeted education and awareness programs to improve maternal healthcare outcomes.

The findings presented in the table highlight the significant role that husbands and mothers-in-law play in healthcare decision-making among women. The fact that 43% of respondents reported that their husbands make decisions about their healthcare is consistent with previous studies that have shown that men often dominate decision-making processes in patriarchal societies (Mumtaz & Salway, 2005). The influence of mothers-in-law is also noteworthy, with 31% of respondents citing them as decision-makers. This finding is consistent with previous studies that have highlighted the important role that mothers-in-law play in shaping women's reproductive health decisions (Sathar & Kazi, 2000). The low level of autonomy in healthcare decision-making among women is concerning, with only 3% of respondents reporting that they make decisions about their own healthcare. This finding is consistent with previous studies that have shown that women's autonomy is often limited in patriarchal societies, where decision-making power is typically held by men and older family members (Jejeebhoy & Sathar, 2001). The findings of this study have implications for healthcare policy and practice. Firstly, there is a need to involve husbands and mothers-in-law in healthcare decision-making processes, particularly in patriarchal societies where women's autonomy may be limited. This can be achieved through targeted interventions that aim to increase awareness and knowledge about maternal healthcare among men and older family members (Babalola & Fatusi, 2009). Secondly, efforts should be made to promote women's autonomy and decision-making power, particularly in healthcare settings where women are often marginalized.

5. Conclusion

In conclusion, this study highlights the complex dynamics surrounding antenatal care utilization, childbirth preferences, and healthcare decision-making among women in patriarchal societies. The findings underscore the need for targeted education and awareness programs to improve knowledge about maternal healthcare benefits, involve husbands and mothers-in-law in healthcare decision-making processes, and promote women's autonomy and decision-making power. By addressing these factors, healthcare policymakers and practitioners can work towards improving maternal healthcare outcomes and reducing disparities in healthcare utilization. Ultimately, the study emphasizes the importance of a multifaceted approach that takes into account the social, cultural, and economic contexts that shape women's healthcare experiences and outcomes.

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