

How does Women's Empowerment Affect the Coverage of Antenatal Care Visits? : A Literature Review

Bintang Petralina^{a,b}, Wahiduddin^a

ABSTRACT

Background: Insufficient women's empowerment is associated with lower coverage of antenatal care visits, potentially leading to adverse maternal and child health outcomes. Women's empowerment positively influences the coverage of antenatal care visits. The aim of narrative research is to regulate the impact of the training of preschool or women's care centers. **Methodology:** The Medline and Scopus database count was reviewed among 2014 and 2021. As part of this review, we used data from people in sub-Saharan African and Asian nations in the Demographic and Health Survey (DHS) program. "The keywords used were women's empowerment, preschool care, childbirth, family protection, pregnancy and synonyms. Of the 48 tests identified in the search phase, eight were selected to enter the search. **Results:** According to the results of eight studies, indicators of family decision-making capacity are the most studied area of women's empowerment. Most studies (seven out of eight) state that women's empowerment has a direct and indirect affiliation with other aspects of women's lives, such as preschool visits and job chances, family norms, labor force participation, denial of national violence, partner protection, decision-making, levels of knowledge, and socioeconomic status. **Conclusion:** The study concluded that the number of prenatal care (ANC) visits was positively related to women's empowerment, although studies using coverage of four to eight visits during pregnancy show limited quality. In addition, the priority of the first prenatal visit and place of birth was also positively related to women's empowerment. Further studies looking at appropriate policies to increase women's access to labor force and health information in each country may be needed to increase the use of ANCs.

Keywords: Women's empowerment, Antenatal Care Visit, Pregnant

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Introduction

One of the key objectives of the United Nations Sustainable Development Goals (SDGs) is to promote well-being and prosperity for people of all ages worldwide [1,2]. A critical aspect of ensuring such well-being is tackling the issue of maternal mortality ratio (MMR) [3,4]. In 2015, the global count of maternal deaths stood at 303,000, with a significant concentration in developing nations [4]. In these developing regions, MMR is alarmingly high at 239 maternal deaths per 100,000 population, which is approximately 20 times greater than the rate in advanced countries (only 12 per 100,000 population). While Indonesia made progress in reducing maternal mortality from 390 to 305 per 100,000 live births between 1991 and 2015, it still falls short of achieving the SDG targets. Therefore, it is imperative to identify and implement additional measures to address this challenge [5-6]. Notably, in 2019, a significant proportion of maternal deaths in Indonesia and overseas were attributed to factors such as hemorrhages, hypertension, and infections during pregnancy [5,7]. Reducing maternal mortality requires a multifaceted approach that includes ensuring

comprehensive access to reproductive healthcare, addressing disparities in the quality and availability of reproductive health services, mitigating the root causes of maternal mortality, and strengthening healthcare systems to adequately meet the needs of women facing health challenges [7-9].

The improvement of health services to reduce maternal mortality has to do with the evolution of antenatal care facilities. These are pregnancy services that improve the physical and mental health of pregnant women to cope with the birth process, post-school care, exclusive breastfeeding and improved reproductive health after childbirth. However, factors such as women's freedom to define the environment and attitudes play an important role. The objective is the participation and empowerment of women in the planning, implementation, evaluation and analysis of women's impact on development [10].

Women's empowerment can help improve several programs, and one of them is increased health care [11]. Given the significance of women's empowerment, the aim of the SDGs and the Indonesian National Development Plan 2015-2019 (RPJMN) are one of the answers to increase the quality of pre-national care services. The

empowerment of women in relation to improving women's knowledge, especially in the fields of reproduction, motherhood and health care and associated areas [12]. In addition, women can define their attitudes, life chances or decisions and control existing resources [13,14]. Several studies show the affiliation between women's empowerment and prior care, but these studies display dissimilar and varied outcomes. The objective of this study is to analyze the affiliation between women's empowerment and preschool care for pregnant women.

Methods

This narrative assessment was examined following the guidelines of the favorite PRISMA report (systematic and meta-analytic review) (Figure 1). This review includes five stages, i.e. identification of research questions, categorization of similar studies, important literary selection (without assessing quality), mapping of data from homogeneous literatures and dissemination of results.

We searched two databases called Medline and Scopus. The principles for the introduction of the studies are those published in sub-Saharan Africa and Asian regions in the years 2014-2021. Among the keywords used are "Women's Empowerment," "Early Custody," "Childbirth," "Family Support" and "Pregnancy." Of the 48 research articles recognized, 8 met the conditions for this narrative analysis.

Results

Table 1 shows the characteristics of the investigations. There are eight selection articles from the Asian and African region that analyze the affiliation among factors related to women's empowerment and preschool attention.

Based on eight articles, events of females' authorization and empowerment have a direct or indirect affiliation, with transnational care visits (Table 1). Women's empowerment improves socioeconomic status and has a positive impact on the ability to make antenatal visits and decisions during pregnancy, as it is related to where childbirth is based.

Discussions

Based on several aspects of this evaluation, the reviewed articles show the existence of an affiliation among women's empowerment and preventive care. Factors related to women's empowerment are: employment chances, family habits, national violence, partner support, decision-making, knowledge/educational attainment and economic status. In addition, features linked to preschool care are the number of visits, the "status" of the early visit, distribution services, admissible examinations and contraceptive usage.

It is known that the empowerment of women with job chances has to do with quick care visits. Results from a review of an article showed that those who worked more than four times in Indonesia, Myanmar, kambos and the Philippines and those who made antenatal visits had better outcomes than those who did not. This coincides with the "Astute" study, as "operational females are 1.7 times more likely to take benefit of early attention." Also, females who participate in choices are 1.3 times more likely to use care arrogantly. Women's empowerment can be measured, above all, through their role in family decision-making. Women with freedom of choice can be more valuable and reliable [23].

Women with education or "knowledge" choose a better birthing place than health workers [24]. "Women's higher educational attainment can improve reproductive health practices, increase contraceptive use, and reduce infertility [25,26]. Contraceptive use was also mentioned in one of the articles reviewed for this study. With a high level of empowerment, with sufficient economic factors, women prefer to give birth in health centers and participate in the use of contraceptives.

Higher educational attainment of women can improve reproductive health practices, increase contraceptive use, and reduce infertility [26].

In addition, he has warned that family violence affects pre-school visits, later ferocity is linked to a person's mental state. A woman victim of violence may have problems with her mental health. In these stressful situations, babies of pregnant women may have an

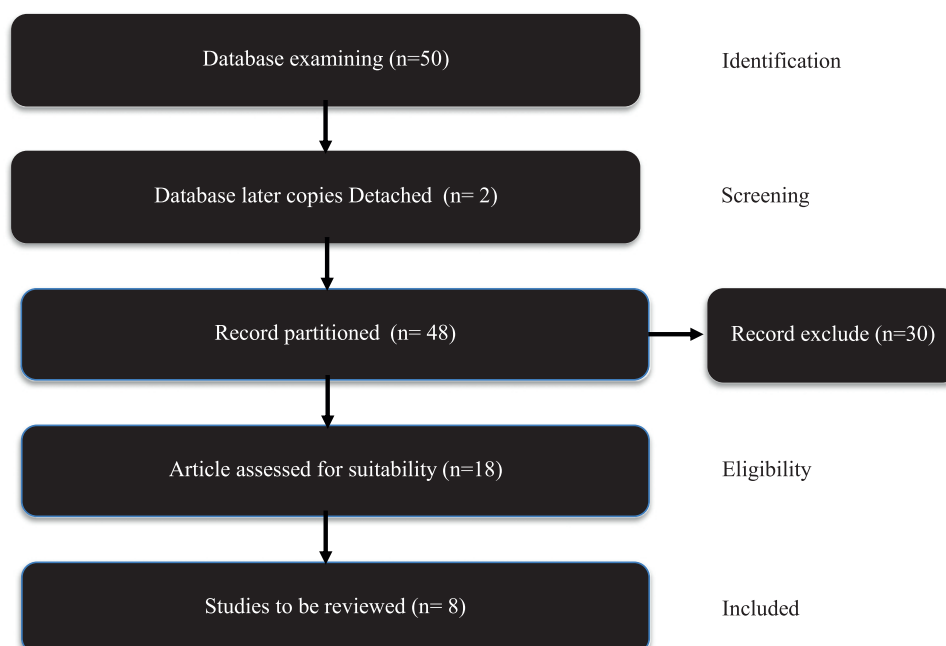


Figure 1: PRISMA Flow Diagram for the literature review: Empowerment affect the coverage antenatal care visits.

Table 1: Results of the research review.”

Authors	Journal and year	Research design and sample	Site of the study	Outcomes	Appraisal
Susy Katikana Sebayang et al. [15]	Women and Health, 2019	Survey, 29,444 females and their offspring	Cambodia, Indonesia, Myanmar, Philippines, Timor-Leste.	The occurrence of ANC visits showed optimistic affiliation, participating in the workforce in Southeast Asia. Women's empowerment was demonstrated by stating that she disagreed with national violence and females' level of knowledge in the region.	Through the level of higher education related to employment chances, females' participation may be accredited through a level of higher education related to the rejection of national violence, freedom of decision-making and the occurrence of pre-school care visits.
Heather Sipsma et al. [16]	BMC Pregnancy and Childbirth, 2014	Cross sectional. 418 females	Ghana	females with no proper knowledge obtain inadequate pre-school care. Women victims of physical violence as a result of their sociodemographic characteristics did not receive inadequate care. In difference, females who received proper knowledge tend to get acceptable preschool attention.	Respondents who were victims of physical abuse had fewer visits, which was more frequent among those with no formal education. females with some formal education fared better at physical abuse and preschool visits.
Larissa Jennings et al. [17]	BMC Pregnancy and Childbirth, 2014	Survey. 7,902 females years 15-49 gave birth to their offspring in the two years previous to the examination.	Africa	Affiliation was optimistic, along with Burkina Faso and Uganda, among antenatal care studies. Meanwhile, the wedding trip had a negative affiliation in the ANC's visits to Malawi, Burundi, Mozambique, Rwanda, Senegal and Zimbabwe.	The " great stage " of females' authorization has a positive affiliation with financial, normative and collective features in family decision-making. Females with higher levels of care empowerment in preschool care.
Crystal L. Patil et al. [18]	BMC Pregnancy and Childbirth, 2017	Controlled pilot survey with a sample of 222 pregnant females	Malawi and Tanzania.	The socio-demographic situation in Tanzania shows that religion greatly influences the care of pregnant women. Pregnant Muslim women were, above all, more peak than pregnant women, but that difference was not seen in pregnant female, who were Christians.	With regard to females' empowerment, sociological factors, such as religion and educational standing, highly influenced the number of pre-school visits. In adding, social rank, financial status, number of births and married status increased in the numerous previous visits to the corruption.
Fatimah Oluwakemi Belloa et al. [19]	females and Health, 2019	Transverse. This research is composed of 137 pregnant women and 96 spouses.	Kenya	Females' empowerment was higher among pregnant women, and on more than one occasion they were pregnant women. However, women's empowerment has a negative affiliation, with the participation of husbands and the participation of husbands in previous visits.	Female with high levels of empowerment often receive preschool care, but visit deprived of a spouse.
Yusuf Olushola Kareem et al. [20]	BMC Pregnancy and Childbirth, 2021	Survey. The research is comprised of 11,815 mothers who have given birth in the past 12 months.	Sub-Saharan Africa	Females' contribution was related to pregnancy care and initial pregnancy visit in the primary trimester.	Females' empowerment maintained a positive relationship with frequency of visits during pregnancy (more than eightfold) and with initial visits in the first trimester.
Elizabeth J. Anderson et al. [21]	Atlantis Press, 2020	Transverse. In entire, 836 women were involved in this research. The principles of the study have been women who have given birth in the last five years.	Kenya	The economic level of the family is a vital issue in defining the place of delivery. Defendants had the highest empowerment councils and decided to put children in health centers. They also decided to use contraceptives.	Females' strong empowerment positively influenced the usage of healthiness services and contraceptive use.
Bishwajit Ghose et al. [22]	BMJ, 2017	Survey. The example of this research was that of females among 15 and 49 ages who were not pregnant, a total of 4309.	Bangladesh	The family's financial situation had an important effect on the mother's dividers.	a. To make decisions together with the partners, the delivery facilities were used a lot and there was a control of up to a month. b. Independent decisions around kid attention linked to the chosen of birthing site and post-duck custody. Though, verdict - creation was not linked to the occurrence of previous visits. c. They had to make the decision to visit relatives or family members, but it had nothing to do with pre-death visits and delivery facilities.

early birth and little birth weight [27]. Disruptive mental health can affect the attention of antenatal females, particularly when it comes to analyzing their health status.

Conclusion

The review displays the significance of authorizing women in the use of pregnancy attention to solve the fight against maternal mortality. Increasing the mother's knowledge, providing job chances, preventing cruelty at home, and assisting fathers in preschool care visits can improve the mother's health and ensure flat birth. Future study needs standard guidance to measure women's empowerment.

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References

- United Nations Department of Economic and Social Affairs. *Good practices, success stories and lessons learned in SDG implementation*. Sustain Dev Knowl Platf. 2019;1-3.
- Morton S, Pencheon D, Squires N. *Sustainable Development Goals (SDGs), and their implementation*. Br Med Bull. 2017;124:81-90.
- World Health Organization. *Trends in maternal mortality: 1990-2013. Estimates by WHO, UNICEF, UNFPA, The world bank and the United Nations Population Division*. 2014;56.
- World Health Organization. *Maternal mortality evidence brief. Matern Mortal [Internet]*. 2019;1-4. Available at: <https://apps.who.int/iris/bitstream/handle/10665/329886/WHO-RHR-19.20-eng.pdf?ua=1>
- UNFPA (United Nations Fund for Population Activities), *Maternal Health*. [Internet] available at: <https://indonesia.unfpa.org/en/topics/maternal-health-6>
- Kementerian Kesehatan RI. *Profil kesehatan Indonesia 2019*. In: *Short Textbook of Preventive and Social Medicine*. Jakarta; 2010. p. 28-28.
- Strategies toward ending preventable maternal mortality (EPMM)*. Available at www.who.int/reproductivehealth/topics/maternal_perinatal/epmm/en/
- World Health Organization. *World health statistics 2021 monitoring health for the SDGs*. Vol. 3. 2021. 6 p.
- Say L, Chou D, Gemmill A, et al. *Global causes of maternal death: A WHO systematic analysis*. Lancet Glob Heal. 2014;2:323-33.
- Kameda Y, Shimada K. *Development of an empowerment scale for pregnant women*. J Tsuruma Heal Sci Soc Kanazawa Univ. 2008;32:39-48.
- Wulandari RD, Laksono AD. *Determinants of knowledge of pregnancy danger signs in Indonesia*. PLoS One. 2020;15:1-11.
- Sida Studies. *Discussing Women's Empowerment. Theory and Practice [Internet]*. SIDA Studies. Stockholm; 2001. 1-136 p. Available at: www.sida.se
- Nikbakhsh Nasrabadi A, Sabzevari S, Negahban Bonabi T. *Women Empowerment through Health Information Seeking: A Qualitative Study*. Int J Community Based Nurs Midwifery. 2015 Apr;3(2):105-15.
- Terefe AN, Gelaw AB. *Determinants of antenatal care visit utilization of child-bearing mothers in kaffa, sheka, and bench maji zones of SNNPR, Southwestern Ethiopia*. Heal Serv Res Manag Epidemiol. 2019;6:233339281986662
- Sebayang SK, Efendi F, Astutik E. *Women's empowerment and the use of antenatal care services: analysis of demographic health surveys in five Southeast Asian countries*. Women Health. 2019;59(10):1155-1171.
- Sipsma, H., Ofori-Atta, A., Canavan, M. et al. *Empowerment and use of antenatal care among women in Ghana: a cross-sectional study*. BMC Pregnancy Childbirth 2014;14:364.
- Jennings, L., Na, M., Cherewick, M. et al. *Women's empowerment and male involvement in antenatal care: analyses of Demographic and Health Surveys (DHS) in selected African countries*. BMC Pregnancy Childbirth 2014;14:297.
- Patil CL, Klima CS, Leshabari SC et al. *Randomized controlled pilot of a group antenatal care model and the sociodemographic factors associated with pregnancy-related empowerment in sub-Saharan Africa*. BMC Pregnancy Childbirth 2017;17 (Suppl 2), 336.
- Bello FO, Musoke P, Kwena Z, Owino GO, Bukusi EA, Darbes L et al. *The role of women's empowerment and male engagement in pregnancy healthcare seeking behaviors in western Kenya*. Women & health, 2019;59(8):892-906.
- Kareem YO, Morhason-Bello IO, Ola Olorun FM et al. *Temporal relationship between Women's empowerment and utilization of antenatal care services: lessons from four National Surveys in sub-Saharan Africa*. BMC Pregnancy Childbirth 2021;21:198.
- Anderson EJ, Chebet JJ, Asaolu IO, Bell ML, Ehiri J. *Influence of Women's Empowerment on Place of Delivery in North Eastern and Western Kenya: A Cross-sectional Analysis of the Kenya Demographic Health Survey*. Journal of Epidemiology and Global Health 2020;10(1):65-73.
- Ghose B, Feng D, Tang S, et al *Women's decision-making autonomy and utilisation of maternal healthcare services: results from the Bangladesh Demographic and Health Survey* BMJ Open 2017;7:e017142.
- Mahmud S, Shah NM, Becker S. *Measurement of women's empowerment in rural Bangladesh*. World Dev.2012;40:610-9.
- Gitimu A, Herr C, Oruko H, et al. *Determinants of use of skilled birth attendant at delivery in Makueni, Kenya: A cross sectional study*. BMC Pregnancy Childbirth. 2015;15:1-7.
- Samarakoon S, Parinduri RA. *Does education empower women? Evidence from Indonesia*. World Dev. 2015;66:428-42.
- Prata N, Fraser A, Huchko MJ, et al. *Women's empowerment and family planning: A review of the literature*. J Biosoc Sci. 2017;49:713-43.
- Hill A, Pallitto C, McCleary-Sills J, et al. *A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes*. Int J Gynecol Obstet. 2016;133:269-76.

