

## KNOWLEDGE OF ANTENATAL CARE IN WOMEN OF REPRODUCTIVE AGE RESIDING IN SUB-URBAN AREAS OF LAHORE

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### ABSTRACT

**Background:** The mother and child health has been a major issue both at national and international level. For this purpose ante-natal care practices have been established aiming to have healthy child and mother. **Objective:** To assess how much a women of reproductive age is aware of antenatal care practices in order to ensure her and her child's health. **Methods:** A descriptive cross-sectional study was conducted in May to July 2015 in a urban community Ali Raza Abad. A self-constructed questionnaire containing both open and close ended questions was administered to assess the level of knowledge about different aspects of antenatal care. **Results:** It was found that majority of women (99.1%) recognize the need of ANC visits of a pregnant

lady, however only 76% were aware that when should they make the first visit to the doctor. Need of extra food by pregnant ladies was well appreciated and smoking was recognized as harmful for the fetus. A low response was seen in warning signs during pregnancy and about the fetal developmental anomalies. **Conclusion:** Majority of the females from this community is not academically sound but they do have the basic information regarding the importance of antenatal care services for the future health of the mother and the child. They are not hesitant to the fact of being empowered and bestowed with knowledge regarding the ANC the government needs to ensure the delivery of this information in great depth to the

females and the family members along with the hazardous complication that may arise if not properly followed.

**KEYWORDS:** Antenatal practices.

## INTRODUCTION

Today we live in a world which believes in the motto “**education for all**”.

Whatever the world may believe in but in our country illiteracy is playing a major role in determining how we stand for our personal health and for the health of our community. One such posed threat that our community faces today is related to the maternal and child health. In 2015, the maternal mortality ratio (MMR) – defined as the number of maternal deaths per 100 000 live births – was estimated at 216 globally.<sup>[1]</sup> This translates into approximately 830 women dying every single day due to the complications of pregnancy and childbirth.<sup>[2]</sup> These are most important factors which need to be addressed during gestational period. Preventive health care for pregnant women is typically provided through antenatal care (ANC) services in order to detect and treat potential health problems throughout the course of the pregnancy. ANC also offers the opportunity to develop a strong provider-client relationship and the exchange of important information that can result in improved obstetric outcomes.<sup>[3,4]</sup> According to a study conducted in Indiana USA the maternal mortality among the women received no prenatal care was astonishingly ninety-twofold higher than the rest of the population.<sup>[5]</sup> Before, during and after birth these various and multiple factors play essential part in defining the future problems both the mother and the newborn can be an effete of. The problems faced are not purely medical but involve social and financial well basis of the family.

Antenatal care(ANC) refers to the care of mother during pregnancy which is aimed at achieving a healthy mother and child at the termination of the pregnancy.<sup>[6]</sup> A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child.<sup>[7]</sup> Good knowledge of women regarding ANC is associated with better use of ANC services and improved health of mother. It has been shown that approximately 80% of maternal mortality could be prevented if the affected mother had a timely access to the essential maternity and basic health-care services.<sup>[8]</sup> ANC has not only reduced maternal mortality but have also have made significant contribution on better prognostic results in different morbidities.<sup>[9]</sup> ANC act as a vehicle to

multiple programs and interventions scheduled to improve maternal health and provision of various diagnostic elements, earlier screening and regular checkups provide protection against several diseases.<sup>[10]</sup>

To find out the significance of having and exhibiting adequate level of information by the mothers a study was carried out. This study looks at females of the reproductive age of the nearby local population of residential area Ali Razabad. The purpose of the study is to assess the level of knowledge about different components of antenatal care of mother to prolong the health of the baby and herself.

## METHODS

A descriptive cross-sectional study was conducted in May to July 2015 in a urban community Ali Raza Abad. A total of 106 women were enrolled in the study to measure their level of knowledge about different aspects of antenatal care. Inclusion criteria were set to enroll all married women of reproductive age group.

A self-constructed questionnaire containing both open and close ended questions was administered to assess the level of knowledge about different aspects of antenatal care. The questionnaire was developed by extensive literature review, discussion with experts and considering local contextual information. The questionnaire was translated in Urdu and re-translated into English and was piloted on 15 eligible women and finally questionnaire was modified in the light of results of piloting. Questionnaire was administered by researchers. Human subject protection guidelines of Helsinki's were considered while conducting the research.

The area was self sufficient as it had its own school, hospital, shops and even a LHV worker. It had small houses most of which had more than one family living in them. The population of the area is estimated to be half a million.

There was 4+3 surveyors who went from house to house along with one of the local lady health worker and in each house followed a researcher's administrated questionnaire and filled it with ticks and short answers as per need. The questions were communicated in the language of the local residents. Of the surveyors; the females conducted face to face interviews. Data was collected from individual women by the female cartographers using a semi structured questionnaire.

Prior to the data collection women were informed of the aims of the study and assured that their identity and information they provided would be treated as confidential and they would remain anonymous.

Data entry and analysis was done by using IBM SPSS 21. Descriptive statistics like mean and percentage were used.

Technical and ethical approval was obtained for the study.

## RESULTS

### Socio-demographic profile of participants

A total of 106 valid respondents were considered the mean age of the participants was 32 years majority of the participants aged between 26 to 35 years and about 82% were house wives: 10.4% were self employed at homes and only 7.5 were employed in government or private sector. 61% of the respondents were living in a joint family system the mean monthly income of the house hold was Rs 22025 but the monthly income lied between a range of Rs 5000-100000. only 29% of the respondents were those who haven't received any formal schooling rest of the participants were schooled up to primary and above. Table 1 provides details of the socio-demographic profile of the participants.

### Knowledge of ANC

Table 2 shows knowledge of the participants regarding ANC. It was found that majority of women (99.1%) recognize the need of ANC visits of a pregnant lady, however only 87% knew about minimum number of ANC visits and even lesser (76%) were aware that when should they make the first visit to the doctor. The public was well aware in order of how to confirm the pregnancy as only 3.8% said don't know and a correct response was seen in 85.6% of the cases. 90% of the women knew that a pregnant lady must receive vaccination during pregnancy but only 3.8% knew that it should be tetanus toxic. need of extra food by pregnant ladies was appreciated by 85.6% and 81% recognized smoking as harmful for the fetus. A low response was seen in regarding warning signs during pregnancy and about the fetal developmental anomalies only 1% of the women were able to give at least 3 warning signs during pregnancy majority (37%) gave only one answer either pain or high blood pressure as warning sign. Similarly 73% did not know what anomalies may arise in the fetus.

Table 1: Socio demographic profile of respondents.

Variables	N (%)
<b>Ages</b>	
18-25	26(24.5)
26-35	51(48.1)
36-45	17(16.0)
>45	12(11.3)
<b>Educational status</b>	
No schooling	30(28.3)
primary	40(37.7)
higher secondary	19(17.9)
graduation	17(16.0)
<b>Employment</b>	
house wife	87(82.1)
self employed	11(10.4)
private/government employ	8(7.5)
<b>Age at type of marriage</b>	
<18	31(29.2)
18-25	63(59.4)
26-30	11(10.4)
>30	1(0.9)
<b>Type of family</b>	
nuclear	41(38.7)
Joint	65(61.3)
<b>Parity</b>	
<2	17(16.0)
>2	89(84.0)
<b>Monthly income</b>	
<15000	42(39.6)
15000-25000	19(17.9)
25000-35000	4(3.8)
35000-45000	5(4.7)
>45000	9(8.5)

Table 2					
Knowledge about ANC of respondents					
Question	N	%	Question	N	%
Does pregnant lady require ANC visit?			How often shall a pregnant lady take bath?		
Yes	105.0	99.1	Correct answer	55.0	51.9
No	0.0	0.0	Incorrect answer	32.0	30.2
Don't know	1.0	0.9	Don't know	19.0	17.9
What is minimum number of ANC visits?			What supplement should pregnant lady receive?		
Correct answer	87.0	82.1	Iron/Folic acid	63.0	59.4
Incorrect answer	17.0	16.0	Lipid/Protiens	0.0	0.0
Don't know	2.0	1.9	Don't know	43.0	40.6
When Should be 1st ANC visit?			Which vitamins should be taken during pregnancy?		
Correct answer	76.0	71.7	Vitamin A and D	11.0	10.4
Incorrect answer	16.0	15.1	Vitamin E and K	0.0	0.0
Don't know	14.0	13.2	Don't know	95.0	89.6
How pregnancy should be confirmed?			How many hours does a pregnant lady need to sleep during 24 hours?		
Correct answer	91.0	85.8	Correct answer	52.0	49.1
Incorrect answer	11.0	10.4	Incorrect answer	36.0	34.0
Don't know	4.0	3.8	Don't know	18.0	17.0
Does pregnant lady require vaccination?If yes which one?			What is Ideal weight gain during pregnancy at 6 months?		
Yes only	95.0	89.6	Correct answer	2.0	1.9
Yes and Tetnus	4.0	3.8	Incorrect answer	34.0	32.1
No	4.0	3.8	Don't know	70.0	66.0
Don't know	3.0	2.8	Is it safe to have sexual intercourse during pregnancy? If not for how long?		
Do pregnant lady need extra food as compare to nonpregnant state?			No throughout the pregnancy	54.0	50.9
Yes	91.0	85.8	No should be restricted in last trimester only	22.0	20.8
No	8.0	7.5	Yes	9.0	8.5
Don't know	7.0	6.6	Don't know	21.0	19.8
Is smoking harmful for fetus?			All medicines taken during non pregnant state are safe to use in pregnancy		
Yes	86.0	81.1	Yes	11.0	10.4
No	18.0	17.0	No	89.0	84.0
Don't know	2.0	1.9	Don't know	6.0	5.7
What are warning signs during pregnancy			What abnormalities may arise in fetus		
identified 3 or more warning signs correctly	1.0	0.9	identified 3 or more abnormalities correctly	1.0	0.9
identified 2 warning signs correctly	6.0	5.7	identified 2 abnormalities correctly	1.0	0.9
identified 1 warning signs correctly	40.0	37.7	identified 1 abnormality correctly	8.0	7.5
Incorrect answer	20.0	18.9	Incorrect answer	18.0	17.0
Don't know	39.0	36.8	Don't know	78.0	73.6
			What is the ideal site for delivery of baby		
			hospital	96.0	90.6
			Other than hospital	8.0	7.5
			Don't know	2.0	1.9

## DISCUSSION

Our study found that the need of ANC visits is well appreciated by all women regardless of their educational status but maternal educational level is a significant factor in determining the knowledge of other components of ANC. This finding is consistent with other studies conducted in the past.(7, 11-14). Number of missing responses was also higher in women who didn't have any formal schooling. A study conducted in India showed those respondents

who got married after 18 years had more knowledge than those who got married earlier<sup>[7]</sup> but our study concluded no such relation similar to a study conducted in Jordan.<sup>[12]</sup> Women whose monthly income was less than 15000 per month were highest in number to give wrong answers regarding personal hygiene measures like bathing and sleeping practices on the other hand higher monthly income women showed better response. Multipara women were better aware about sexual intercourse practice and answered it to be restricted in last trimester only whereas most of primipara women considered it to be unsafe throughout the pregnancy.

Warning signs and fetal abnormalities were poorly appreciated by women. most of the women didn't know or were able to comment only a single fetal abnormality. Congenital heart defect was most commonly answered abnormality. Pre eclapsia, vaginal discharge and pain were the most numerously named warning signs during pregnancy, no specific relation of better understanding of warning signs/fetal abnormalities with socio demographic characteristics was seen.

## CONCLUSION

Majority of the females from this community are not academically sound but they do have the basic information regarding the importance of antenatal care services for the future health of the mother and the child. They are not hesitant to the fact of being empowered and bestowed with knowledge regarding the necessities of the process of birth and totally understand how antenatal medical care can be a life changing experience. However the government needs to ensure the delivery of this information in great depth to the females and the family members along with the hazardous complication that may arise if not properly followed. Sessions of proper appropriate level consultations should also be arranged for them so as to avoid problems and risks associated with issues in pregnancy and thereafter due to lack of knowledge.

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