



KNOWLEDGE ATTITUDE AND PRACTICE STUDY ON ANTENATAL CARE DURING PREGNANCY IN PREGNANT FEMALES OF RURAL AREA OF HINGNA, MAHARASHTRA.

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ABSTRACT

Introduction: Antenatal care is the backbone of mother and child's good health. Pregnant females should be well aware about the components of antenatal care and how it will shape her and her baby's future in the best possible way. **Methods:** A cross sectional study was done on rural population of Hingna at Shalini tai meghe hospital and Datta Meghe Medical College to study the level of knowledge, attitude and practise of antenatal care among pregnant females. Total 217 patients were included in the study, they were given predesigned questionnaire. **Results:** Out of 217, maximum patients 159(73.27%) were between 19- 30 years of age, maximum number of patients, 101 (46.54%) had taken primary schooling, more number of patients 118, (54.37%) had per month income between 5000-15000 rupee, 145 females (66.82%) were multigravida and 67 females (30.87%) were primigravida, 29 patients(19.33%) had previous home delivery, 189,(87.09%) were aware about the need and the importance of visiting hospital during anc period, 176 (81.10%) were knowing the importance of taking iron and folic acid medicines during pregnancy. 132 patients (60.82%) and 112 patients (51.61%) were aware about the significance of measurement of weight/height and blood pressure in pregnancy respectively. 193 patients (88.94%) were willing to have proper anc care. Only (58.06%), 126 patients were willing for some family planning methods and 91 patients (41.93%) denied. 98.61%, 214 were ready to deliver in the hospital. 87.09% knew about the importance of regular anc check up but in practice only 67.74% i.e 147 patients registered before 12 weeks and 44.23% i.e 96 females had minimum 4 anc visits. 93.08% patients knew about the significance of ultrasonography, but only 74.65%, i.e 162 females had done minimum 3 ultrasonography. While 81.10% had fair attitude regarding intake of folic acid and iron tablets, in reality only 56.68% i.e 123 patients had been taking iron and folic acid regularly. 50.23%, 109 females had planned delivery with use of contraceptives. **Conclusion:** Though the knowledge was substantial about the antenatal care services among pregnant women, the level of attitude and practise needs to improve. Family support and good level of education is needed to improve the knowledge and adopt good antenatal practices.

KEYWORDS : Antenatal care, knowledge, attitude, practise, pregnant women

INTRODUCTION

The development of any country rests on the health of its people and the seeds of good health are sown in the mother's womb. The nourishment of the baby should start in utero itself. The antenatal mothers should be cared the most, helping her to deliver a healthy child. The responsibility for antenatal care rests not only on the society, the government, healthcare workers, relatives but also on the mother. The mother should be equally aware about the need for good antenatal care, various facilities available and various government schemes. The aim is not only healthy baby but also healthy mother. Neglected antenatal care can lead to increased maternal morbidity and mortality as well.

Antenatal care is defined as a comprehensive antepartum care programme that involves co-ordinated approach to medical care and psychosocial support that optimally begins before conception and extends throughout antepartum period.(1) In 1987, with a goal to lessen the mortality related to pregnancy and childbirth, World Health organization established a global programme, The Safe Motherhood Initiative.

Maternal mortality is still high in developing country like India. Antenatal care helps in stratifying low risk and high risk mothers and specific intervention according to the need of the mother can be provided. A combined and targeted approach is must to alleviate the problems associated with maternal health. Though it is a multimodal approach towards antenatal care but the pregnant lady herself is the first person to be educated about antenatal care.

This study is carried out with the aim to assess the level of knowledge, attitude and practice levels among pregnant females of rural area.

METHODOLOGY

This cross sectional study was carried out on rural population of hingna area at Shalinitai Meghe Hospital and research centre and Datta Meghe Medical College. Knowledge, attitude and practice about antenatal care was assessed on the rural pregnant females attending opd at the hospital for a period of 6 months between July 2021 till December 2021. After taking consent and explaining the nature of study, all females willing to participate, between 15- 40 years of age were included in the study. A predesigned questionnaire was given to the patients. Total 217 pregnant female patients were studied.

Objectives of the Study

1. To study the general awareness about antenatal care in pregnant women
2. To assess the level of knowledge, attitude and practice about antenatal care in pregnant women

RESULTS

Table 1 Demographic Factors

FACTORS	NUMBER(217)	PERCENTAGE
AGE GROUP		
<18 YEARS	02	0.92%
19- 30 YEARS	159	73.27%
>30 YEARS	56	25.80%
EDUCATIONAL STATUS		
ILLITERATE	8	3.68%
PRIMARY SCHOOL	101	46.54%
SECONDARY SCHOOL	73	33.64%
HIGHER SECONDARY SCHOOL	20	9.21%
GRADUATION AND ABOVE	15	6.91%
OCCUPATIONAL STATUS		

HOUSEWIFE	120	55.29%
LABOURER/UNSKILLED WORK	45	20.73%
SKILLED WORK	49	22.58%
OTHER	3	1.38%
MARITAL STATUS		
UNMARRIED	2	0.92%
MARRIED	204	94%
WIDOWED/DIVORSED	11	5.06%
MONTHLY INCOME(FAMILY) IN RUPPES		
<5000/-	17	7.83%
5000-15000/-	118	54.37%
15000-30000/-	51	23.50%
>30000	31	14.28%

Out of 217 , maximum patients 159(73.27%) were between 19-30 years of age. 56 patients (25.80%) were more than 30 years of age and 2 patients were teenage pregnancies , with age 16 and 17 years respectively. Maximum number of patients , 101 (46.54%) had taken primary schooling, 73 (33.64%) females had done secondary schooling, 20 (9.21%) attended higher secondary school. While only 15 (6.91%) females were graduate and above, 8 (3.68%) female patients were illiterate. Both the teenage pregnant females were illiterate.

Large percentage of females 120 (55.29%) were housewife. 45 (20.73%) patients were labourer or unskilled worker and 49 patients (22.58%) were skilled worker. Maximum patients, 204 (94%) were married, 11 patients (5.06%) were divorcee/widowed and 2 patients were unmarried. More number of patients 118, (54.37%) had per month income between 5000-15000 rupees , followed by 51 patients (23.5%) with income between 15000-30000 rupees. 17 (7.83%) had income less than 5000 rupees per month while 31 patients (14.28%) had more than 30000 rupees per month.

Table 2 Obstetric History Of The Study Participants

	NUMBER	PERCENTAGE
PARITY		
PRIMI	67	30.87%
MULTI(P2 , P3, P4)	145	66.82%
GRANDMULTI (P5 n above)	5	2.30%
PLACE OF DELIVERY FOR PREVIOUS PREGNANCY(n= 150)		
HOME DELIVERY(ATLEAST1)	29	19.33%
HOSPITAL DELIVERY	121	80.66%

145 females (66.82%) were multigravida and 67 females (30.87%) were primigravida. 5 patients (2.30%) were grandmultigravida. Out of total patients , 29 patients (19.33%) had previous home delivery while 121 patients (80.66%) had hospital delivery.

Table 3 Knowledge Regarding Antenatal Care In Pregnant Females

DO U KNOW THE NEED AND IMPORTANCE OF	YES		NO	
	Number	Percentage	Number	Percentage
VISITING HOSPITAL DURING PREGNANCY	189	87.09%	28	12.90%
MINIMUM 4 ANTENATL VISITS ARE REQUIRED	18	8.29%	199	91.70%
TAKING MEDICINE FOLIC ACID/IRON /CALCIUM	176	81.10%	41	18.89%

TETANUS TOXOID INJECTION IN PREGNANCY	159	73.27%	58	26.72%
WEIGHT/HEIGHT MEASUREMENT	132	60.82%	85	39.17%
MEASUREMENT OF BP	112	51.61%	105	48.38%
NEED FOR BLOOD TEST (Hb, BLOOD GROUP, SICKLING, HIV, URINE TEST)	139	64.05%	78	35.94%
ULTRASONOGRAPHY IN PREGNANCY	202	93.08%	15	6.91%
WARNING SIGNS/SYMPTOMS				
SEVERE PAIN IN ABDOMEN	215	99.07%	2	0.009%
BLEEDING PV/ LEAKING PV	202	93.08%	15	6.91%
VOMITING/BLURRING	36	16.58%	181	83.41%
CONVULSIONS	29	13.36%	188	86.63%
ABSENT/DECREASE FETAL MOVEMENTS	163	75.11%	54	24.88%
IDEA ABOUT GOVT SCHEMES FOR HOSPITAL DELIVERY AND FAMILY PLANNING METHODS	87	40.09%	130	59.90%

By a pretested questionnaire, knowledge regarding antenatal care was assessed among the rural population. Though a big number of patients ,189,(87.09%) were aware about the need and the importance of visiting hospital during anc period , but only 18 patients (8.29%) were aware that minimum four antenatal visits are required. A good number of patients ,176 (81.10%) were knowing the importance of taking iron and folic acid medicines during pregnancy and 159 patients (73.27%) were aware about the need for 2 tetanus toxoid injection during pregnancy.

A little less number of patients were knowing about the importance of measurement of weight/height and blood pressure. 132 patients (60.82%) and 112 patients (51.61%) were aware about the significance of measurement of weight/height and blood pressure in pregnancy respectively. 139 patients (64.05%) were aware about the need for blood test like (haemoglobin, blood group sickling, HIV, urine test). Surprisingly , 202 patients (93.08%) were well aware about ultrasonography in antenatal period .

When asked about some warning signs or complaints, though good number of patients 215 (99.07%) and 202 (93.08%) respectively were aware that severe abdominal pain and bleeding/leaking pv should not be taken seriously , only 36 (16.58%) and 29 (13.36%)patients had knowledge that blurring of vision and convulsions were alarming signs respectively. 163 patients (75.11%) knew to report to the hospital in case of decreased or absent fetal movements. Only 87 females (40.09%) knew about various government schemes for hospital delivery and various family planning methods

Table 4 Attitude Regarding Antenatal Care In Pregnant Females

Variable	YES		NO	
	Number	Percentage	Number	Percentage

WILLING TO HAVE REGULAR FOLLOW UP(WEEKLY IN LAST TRIMESTER)	193	88.94%	24	11.05%
WILLING TO BE COMPLIANT WITH IRON/FOLIC ACID MEDICINES	176	81.10%	41	18.89%
WILLING FOR MONITORING OF Wt/BP	206	94.93%	11	5.06%
WILLING FOR USE TEMPORARY/PERMANENT FAMILY PLANNING METHOD	126	58.06%	91	41.93%
READY FOR HOSPITAL DELIVERY	214	98.61%	3	1.38%

Just to have knowledge is not important, it is necessary to have apt attitude to avail the services. Some questions were asked to know about the attitude of the females regarding antenatal care. While 193 patients (88.94%) were willing to have proper anc care, especially during last trimester 24 patients (11.05%) denied for the same. 176 patients (81.10%) were willing to take iron and folic acid tablets regularly. while (18.89%), 41 patients denied to take medicines citing reason as nausea and discomfort after taking medicines. While only 50-60% females had knowledge regarding monitoring of weight /height and blood pressure but their attitude was good i.e 94.93% females 206 were willing to regularly check for weight/height and blood pressure. Not only the knowledge (40.09%) about government schemes for anc care and family planning but the attitude of the rural females towards use of any family planning method post delivery was not good. Only (58.06%), 126 patients were willing for some family planning methods and 91 patients (41.93%) denied. Social issues like husband's consent, pressure from in laws for male child were the possible reasons for the same. Out of 150 multigravidas, 19.33%, had home delivery but 98.61% , 214 were ready to deliver in the hospital. This implies that though patients wants to deliver in the hospital, familial issues, financial issues and sometimes transport issues create obstacle in the reaching timely to the hospital for the delivery.

Table 5 Practice Regarding Antenatal Care In Pregnant Females

	YES		NO	
	Number	Percentage	Number	Percentage
REGISTERED BEFORE 12 WEEKS	147	67.74%	70	32.25%
MINIMUM 4 OR MORE ANC VISITS TILL NOW	96	44.23%	121	55.76%
COMPLIANT WITH IRON FOLIC ACID	123	56.68%	94	43.31%
PLANNED PREGNANCY WITH USE OF CONTRACEPTIVES	109	50.23%	108	49.76%
MINIMUM 3 USG DONE	162	74.65%	55	25.34%

87.09% knew about the importance of regular anc check up but in practice only 67.74% i.e 147 patients registered before 12 weeks and 44.23% i.e 96 females had minimum 4 anc visits. 93.08% patients knew about the significance of ultrasonography, but only 74.65% , i.e 162 females had done minimum 3 ultrasonography. Financial reasons and waiting list for sonography can be the possible explanation for the discrepancy. While 81.10% had fair attitude regarding intake of folic acid and iron tablets, in reality only 56.68% i.e 123 patients had been taking iron and folic acid regularly. 50.23%, 109 females had planned delivery with use of contraceptives.

Ignorance about temporary family planning methods for females, unwillingness to take hormonal pills and reliance on husband for barrier contraceptives were some of the reasons for 49.76% females not using any contraceptives before delivery. At the antenatal check ups it is necessary to stress the need for registering before 12 weeks, first trimester ultrasonography, compliance for iron and folic acid tablets so that the message is passed to relatives and neighbours as well.

DISCUSSION

In this study the maximum patients 73.27% were in the age group of 19-30 years, which was comparable to the study done by Garg P et al (65.3%) (1) and Rozliza et al (46.2%) (2), where maximum patients were in the age group of 20-30 years. Results showed that maximum of 46.54% patients had taken primary education which is comparable to study done by Garg P et al (1). Here, 55.29% patients were housewife while in study done by Sameer et al, (3) 55.38% were housewives. 54.37% had income between 5000/- and 15000/- per month in this study very much similar to the study done by Anupama Arya et al (4), where 33.33% had family income between 5000/- and 10000/- rupees per month. Among multigravidas the percentage of previous home delivery was 19.33% whereas 12.00% of the females had home delivery in study done by Anupama Arya et al (4).

When the level of knowledge about anc care was assessed it came to our notice that 87.09% knew about importance of visiting hospital , 8.29% knew about minimum 4 anc visits, 81.10% knew about significance of taking iron and folic acid in pregnancy. While in study done by Garg p et al(1) 62.7% knew about need for hospital visits , 14% knew about need for 4 anc visits and 62.7% knew about iron and folic acid tablets. Anupama arya et al (4) found out that 100% agreed that hospital visit is necessary and 62.22% agreed to minimum 4 anc visits. This level of education and orientation by social workers in local area definitely can make 100% know the correct nature of antenatal care.

The attitude of the patients plays a role in implementing the knowledge acquired and setting an example for others through good practice. While 88.94% were willing for regular follow up in this study ,81.10% were ready for taking iron and folic acid ., in practice only 67.74% registered before 12 weeks , 44.23% had 4 anc visits and 56.68% were compliant with iron and folic acid tablets. In study done by anupama arya et al (4) 48.88% were regular in anc check up and 80% take iron and folic acid tablets.in a study done by Rosliza AM et al (2) 48.1% had registered before 1 2weeks . Strong motivation is definitely needed to boost females for iron and folic acid tablets. 58.06% were willing for use of family planning methods but 50.23% had actually used and planned their pregnancies. Only 3.2 % females did not use contraception in study done in Tanzania by Athanase G et al (5). The differences in the cultural practices can be responsible for the differences in the usage of family planning methods in different countries.

CONCLUSION

Caring for the pregnant lady is a responsibility to be shouldered by all, including the lady herself , her husband , family members, community workers, the society and government. Asha workers and aganwadi workers are the cornstone in educating the females at the grass root level. Being knowledgeable is not just enough, knowledge should make a change in the attitude of the patients and it should project in their practices. There is still lack of adequate and good knowledge, attitude and practice in rural area. Along with community workers, mass media, local newspaper and radio and television should be used to the fullest to create awareness about antenatal care. Special community level programmes are important for reaching local population,

special targeted approach for the husbands and in laws should sought for. There should be some sort of tie ups or public private partnership to solve the financial problems and the transport issues of the rural population.

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