ORIGINAL RESEARCH PAPER
Volume-8 | Issue-11 | November - 2019 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES OF ANTENATAL CARE AND, DETERMINANTS OF UTILIZATION OF ITS SERVICES IN PATHANKOT, PUNJAB.

Gynaecology

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ABSTRACT

Background: The maternal mortality is still higher than developed countries and is a reason of concern. With continuous effort of Govt of India MMR has reduced substantially however still far away from MDG. Safe motherhood by providing good antenatal care (ANC) is very important to reduce maternal mortality ratio.
Objectives: This study aimed to determine the level of knowledge, attitude, and practice on ANC among pregnant women attending the antenatal clinic at a Govt Hospital in Pathankot.
Materials and Methods: A cross-sectional study was carried out among 400 pregnant women at antenatal clinic in at a Govt Hospital in Pathankot during March to Sept 2019.
Results: Study reveals that about 90% women had adequate knowledge regarding ANC. 100%women were having a positive attitude toward ANC.99 % were regular in their visit for ANC. 90% women had 5 or more visits. TT coverage is 86% complete immunization and rest were still due for their second dose. 97.3% were consuming Iron and Folic Acid tablets.
Conclusion: These findings can be used to plan a Health Intervention Program aiming to improve the maternal health practices and eventually improve the health status of the women.

KEYWORDS

Antenatal Care, Pathankot, Pregnant Women

INTRODUCTION:

Reduction of mortality of women is an area of concern for the Governments across the globe. The International Conference on Population and Development in 1994 had recommended reduction in maternal mortality by at least 50 percent of the 1990 levels by the year 2000 and further one half by the year 2015. As per SRS 2014-16 registrar general of India maternal mortality in India is 130 per lakh live birth. (1)

The care of women during pregnancy is called Antenatal care. It includes pregnant woman's visit to antenatal clinic, examination, investigations, immunization, supplements (iron, folic acid, calcium), and the required interventions. This is a comprehensive approach to medical care and psychological support to the family that ideally begins at conception and ends with onset of labor. It envisages on-going assessment of risk, identifying and managing problems through education, counseling and medical interventions. The goal of ANC is to have a healthy mother and healthy baby at the end of pregnancy. (2)

Appropriate antenatal care (ANC) is one of the pillars of this initiative. It highlights the care of antenatal mothers as an important element in maternal healthcare as appropriate care will lead to successful pregnancy outcome and healthy babies. (3)

Although the health status of women has improved over the years due to concentrated efforts of Government of India, it is still not at par with the international benchmark and is unacceptably high. Health outcome goals established in the 12th 5-year plan are to reduce infant mortality rate to 25 per 1000 live births, to reduce maternal mortality ratio to 100 per 100,000 live births by 2017. (4)However MMR in India is still 130 per 100,000 live births.

Improving maternal health is one of the eight-millennium development goals (MDGs). Under MDG5, countries committed to reducing maternal mortality by three-quarters between 1990 and 2015. Since 1990, maternal Deaths worldwide have dropped by 47%. (5)

To improve maternal health, promote healthy habits and prevent any complication thus reducing maternal morbidity and mortality, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system. Knowledge about preventive and promotive aspect of antenatal care is an important element to enable women to be aware of their health status and the importance of appropriate ANC. This study was conducted to determine the level of knowledge, attitude, and practice related to ANC among these pregnant women and to assess the awareness about their own health during pregnancy.

METHODOLOGY:

A cross-sectional study was undertaken to assess the knowledge, attitude, and practices regarding ANC among pregnant women attending the antenatal clinic in a govt hospital Pathankot between March to September 2019. For the purpose of sample size estimation, prevalence was taken as 50%, confidence level as 95% and absolute error of margin (d) was set at 05% (i.e., a = 0.05). The minimum sample size was estimated to be 384. Therefore 400 study populations were selected for study. The study population comprised of all pregnant women in their 3rd trimester attending the antenatal clinic. Ethical approval for conducting the study was obtained from Institutional Ethics Committee of the Hospital. Written informed consent was obtained from each subject. The data were collected by interviewing all the eligible subjects willing to participate in the study. Predesigned, pretested questionnaire was used as study tool. Study subjects were selected by systematic random sampling technique. Approximately, 2000 pregnant women come every year to this health center for ANC checkup. "K" was determined by using formula "N/n," and "K" 5. The first subject was randomly selected between 1 and 5 women and thereafter every 5th pregnant women was included in the study and this procedure was carried out until the completion of required sample size. Knowledge was assessed about ANC care, visits, tetanus immunization and investigations carried out during ANC care and Iron and Folic acid tablets. Variables to assess attitude were an opinion on the place, attitude towards availing ANC care ANC registration, visits, motivation, investigations,

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Questions were asked to assess the practices with regards to ANC visit, IFA tablets taken. Tetanus immunization during pregnancy and Iron Folic acid intake were also obtained. Demographic characteristics namely age, parity, type of family, education and occupation were selected for studying association with knowledge and practices regarding ANC. Families were divided into two categories namely joint family and other. Occupation was divided as unemployed and employed. SPSS version 20.0 and Epi info 7 were used for analysis of collected data and appropriate statistical test applied as per need of the study. Consent was obtained from each subject and confidentiality of data was maintained.

RESULTS:

In our study, the age range of study subjects ranges from 19 to 36 years with mean age of 26.88 years, mean age of husband was 30.7 yrs (sd-3.80. Mean age of menarche of respondents was 13.76 yrs (sd-1.84), mean age of marriage was 22.90 yrs (sd-2.78) and mean age at first child was 24.6 (sd-2.92). There were 209 primi and 191 were multigravida among study subjects. The mean difference between age of marriage and age at first child was 1.71 yrs (sd-1.061).

Majority of study subjects (99.3%) were having pucca house presently and only 0.8% were having katcha house. Various demographic details are mentioned in table. 82.8% were belonged to joint family and 17.3% were in single family, majority of women (71.5%) were educated upto graduation/post graduation, 25.5% were intermediate and 3 % were studied upto high school level. Majority of women (96.5%) were housewives and only 3 % were working mothers. 31.5% husbands of study subjects were educated upto graduation/post graduation and majority (61.5%) were studied upto intermediate and 7% were upto high school.

All multi gravida females (191) had delivered in hospital during their previous delivery. 95.3 % women cited safe delivery as reason for hospital delivery, 92.1 % also considered delivery of healthy child, 88.5 % gave free service, 84.8 % good care and service at hospital, 62.3 % were encouraged by family members and 72.7 % gave health facility in nearby as a reason for hospital delivery during previous pregnancy. Among them 37.7% said that they were motivated by health care workers for hospital delivery.

Knowledge about ANC care is mentioned in Table 4.

Table1: Knowledge about ANC

Variables	Frequency	Percent	95% Confidence Interval	
			Lower	Upper
Understanding of ANC				
Regular medical and nursing care	375	93.8	91	96
Prevent potential health problems	368	92	89.3	94.8
Promoting healthy lifestyles that benefit both mother and child	360	90	87	92.8
Necessity of ANC				
To know the condition of baby	379	94.8	92.5	96.8
To know the health of the mother	364	91	88	93.8
To avoid complication	351	87.8	84.5	90.8
For safe delivery	358	89.5	86.8	92.5
Motivating person				
Self	122	30.5	25.8	35.3
Family Members	51	12.8	9.5	16.0
HCW	2	.5	.0	1.3
Others	225	56.3	51.0	61.5
Requirement of 5 visit	**362**	**90.5**	**87.8**	**93.3**
Why are iron and folic acid tablets given to pregnant women				
To increase blood	158	39.5	34.5	44.0
To allay weakness	41	10.3	7.5	13.5
Both	184	46.0	41.0	50.7
Inj TT is given to protect child & mother from Tetanus.	**229**	**57.3**	**50.5**	**59.8**
2 dosage of inj TT	**344**	**86.0**	**82.8**	**89.5**

Knowledge about various investigations during ANC is depicted in Fig1.

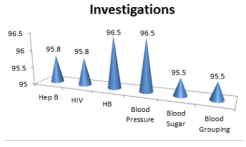

Fig1: Response on Does a pregnant woman need to undergo the following test during her antenatal check-up?

Knowledge about various danger signs of pregnancy is depicted in Fig 2.

Fig 2: response of respondent on danger signs of pregnancy.

Table 2 shows the general perception and attitude about ante natal care of respondents.

Table 2: Response of respondents on attitude about ANC care

variables	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Antenatal booking should be in first trimester	71.7	21.5	0.8		
Antenatal follow up is good to monitor mother's and foetus's health	56.5	43.5			
Antenatal check up is necessary for women after becoming pregnant.	61.2	36	2.8		
Pregnant women should undergo USG as advised by doctor to monitor foetal growth	75.7	24.3			
Pregnant women should change dietary habit as advised by doctor	64.8	33.5	1.3	0.5	
Supplementation of Iron and Folic acid are good for the mother and foetus	67.5	30.3	2.3		
Home delivery is better than Hospital delivery	13.5	4	9.5	49.5	23.5

Practices of antenatal care are mentioned in table6. All routine as well as specific investigations were carried out for the entire respondent as part of policy of the hospital. This includes Height, weight monitoring, screening for Infections, anemia and fetal anomalies. Majority of study subjects (90%) had made 5 or more antenatal visit (mean 5.61, sd-1.06) only 10 % respondent had paid less than 5 antenatal visits.

Table 3: Practice of ANC care by respondent

variables	Frequency	Percent	95% Confidence Interval	
			Lower	Upper
Regularity in ANC VISIT	**397**	**99.3**	**98.3**	**100.0**
First visit made during.				
Between 1st -2nd month	315	78.8	74.5	82.8
2nd -3rd month	83	20.8	16.8	24.8
3rd -4th month	2	.5	.0	1.3
2 dosage of TT received	344	86.0	82.8	89.5
Iron and folic acid consumption (mean-90, sd- 22.8)	389	97.3	95.5	98.8
Hours of rest				
5-6 hrs	6	1.5	.5	2.8
7-8 hrs	269	67.3	62.7	72.0
> 8 hrs	125	31.3	26.5	35.8

DISCUSSION:

In our study, the age range of study subjects ranges from 19 to 36 years with mean age of 26.88 years age, 52.2 % were primi and 47.8 % multi gravid, finding of which is similar to study carried out by **Patel BB et al and** in which age range was 18-37 years and mean was 24.02 years, primi were 50.3 % and 49.7 were multi. (3), in Study by ***Anupama Arya et al*** 44.44 % were primi and 55.6 % were multi. (6).In our study 82.8 % respondents belonged to joint family which was higher than study by **Rekha Shekhawat et al. (7)**

In this study majority of women (71.5%) were educated upto graduation/post graduation, 25.5% were intermediate and 3 % were studied upto high school level which is higher than similar study in Punjab carried out by **Kaur A et** al where 44.6% were studied up to matric and 16.5% were illiterate. 89% of the respondents were housewives while 11% were employed. However in both the studies working profile of the women was similar. (8)

In our study all multi gravid ladies had delivered in Hospital during previous pregnancy which is higher than the study by ***Anupama Arya et al. (6) and similar to study by*** **Rekha Shekhawat et al. (7).** In our

study 99.5 % women were registered their pregnancy in first trimester which was higher than study by **Rekha Shekhawat et al and *Anupama Arya et al. (6).*** In our study around 90% women understand about ANC care, visits and check up which was higher than other studies by **Dhavalshankh AG et al (9)** but is similar to study by ***Anupama Arya et al. (6). In our study*** Majority of study subjects (90%) had made 5 or more antenatal visit which is higher than other studies. 86% women were fully immunized with 2 dosage of TT which was similar as study by **Dhavalshankh AG et al (9) and Rekha Shekhawat et al (7).** In our study 97.3% women were consuming Iron and Folic Acid tablets among them 50.5 % women had consumed more than 100 tablets while 49.5 % had consumed less than 100 tablets which were higher than the study by **Rekha Shekhawat et al (7) and study by Kaur A et (9).**

CONCLUSION:

Higher education, improved socio economical status and outreach activities by health care systems have found positive effects on awareness and utilization of ante natal care. A continuous effort and outreach activities are required to sustain the coverage of antenatal care which in long term will reduce the maternal mortality and morbidity

Ethical approval:
The study was approved by the Institutional Ethics Committee

Conflict of Interest: None

REFERENCES:

1. Special bulletin on Maternal mortality in india 2014-16. Sample registration system .Office of registrar general, India. (available online on http://www.censusindia.gov.in/vital_statistics/SRS_Bulletins/MMR%20Bulletin-2014-16.pdf, accessed on 18 Oct 2019)
2. Bhalwar R, Dudeja P, Jindal AK. Health care of the mothers. Textbook of Community Medicine. 2nd edition. 2018: 327
3. Patel BB, Gurmeet P, Sinalkar DR, Pandya KH, Mahen A, Singh N. A study on knowledge and practices of antenatal care among pregnant women attending antenatal clinic at a Tertiary Care Hospital of Pune, Maharashtra. Med J DY Patil Univ 2016;9:354-62.
4. Planning Commission, Government of India. Twelfth Five Year Plan (2012–2017). New Delhi. SAGE Publications, India Pvt Ltd. 2013.
5. United Nations. The Millennium Development Goals Report 2011. New York: United Nations; 2011.
6. Anupama Arya, Namita Mehra, Jagmohan Singh Mehra. To Study the Knowledge, Attitude and Practices Regarding Antenatal Care among Pregnant Women in Haldwani Block, District Naintal (Uttarakhand),India. MSCR Vol||05||Issue||04||Page 20093-20102||April 2017: 2455-0450.
7. Shekhawat R, Sharma N, Kashyap A, Sodha VS. Utilization of Antenatal Care Services and Its Determinants in Rural Field Practice Area of Jaipur, India. Natl J Community Med 2018; 9 (12):875-878.
8. Kaur A, Singh J, Kaur H, Kaur H, Devgun P, Gupta VK. Knowledge and practices regarding antenatal care among mothers of infants in an urban area of Amritsar, Punjab. Int J Community Med Public Health 2018;5:1-5
9. Dhavalshankh AG, Dhavalshankh GP, Dixit A. Knowledge, awareness and attitude regarding WHO recommended ANC visits among pregnant women attending antenatal clinic at D.Y. Patil hospital, Kolhapur, Maharashtra, India. Int J Basic Clin Pharmacol 2019;8:689-92.