

Knowledge, attitude and practices of antenatal care among pregnant women attending antenatal clinic at SMS Medical College Jaipur

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Abstract

Maternal mortality ratio is one of the most important indicator of development of a nation. It denotes the health care services. Target global maternal mortality ratio for sustainable development goal 2030 is <70/100,000. Antenatal care services are the most important factor to achieve this target. Although multiple programmes have been implemented by Indian government to improve antenatal care, utilization is very low. We conducted this study to assess the level of knowledge and attitude of pregnant women regarding antenatal care, their regularity at antenatal clinic and factors affecting them. A cross sectional study was conducted including 153 pregnant females attending antenatal clinic at a tertiary hospital in Jaipur, Rajasthan. Predesigned questionnaire were asked and results analysed. It was found that 86% females had adequate knowledge, 100% had positive attitude towards the services but only 68% full utilized the services.

Keywords: Antenatal care, sustainable development goal, maternal mortality ratio, knowledge

Introduction

Safe Motherhood Initiatives, a worldwide effort was launched by the World Health Organization in 1987 which aimed to reduce the number of deaths associated with pregnancy and childbirth. Appropriate antenatal care (ANC) is one of the pillars of this initiative. It also represents an important entry point for multiple different programmes runned by health care agencies. According to WHO , to achieve full life saving potential that ANC promises for women and babies , minimum 4 visits providing essential evidence based interventions a package often called FOCUSSED ANC are required¹.

As per sample registration system maternal mortality ratio in 2011-2013,

MMR

India : 167 per 1,00,000 live birth

Rajasthan: 255 per 1,00,000 live birth

NMR

India: 29.20 per 1,000 live birth

Rajasthan: 37 per 1,000 live birth.

According to annual health survey (2012-2013)

Mothers who received any Antenatal Check-up: 88.8%

Pregnant Women registered for any antenatal care: 72.2%

But only 19.7% of pregnant women receive full antenatal care. According to 2013-14, rapid survey on children (RSOC) institutional delivery utilization is 78.7%.

To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.

Aim and Objective

To assess the level of knowledge and attitude of pregnant women regarding antenatal care, their regularity at antenatal clinic and factors affecting them.

Material and Method –This was a cross sectional study conducted in the Department of Obstetrics and Gynaecology, S.M.S. Medical College and attached hospitals, Jaipur from 1st November 2016 till 28th November 2016. Institutional Review Board Clearance and Ethical committee approval was taken prior to the study. 153 pregnant women attending antenatal clinical at their first trimester, belonging to low risk group were enrolled in this study. Data collected was entered in MS Excel sheet. Predesigned questionnaire were asked to the patients in the local language, answers were recorded and analysis of results was done.

Results

In our study, age of the study group ranges from 18-35years. 42 (27.4%) females were of <20years of age and 111(72.5%) were >20years of age with the mean age of 22.4±1.2 years. 43.7% women were primipara and 56.2% were multipara. 90.8% were literate. 64.05% belonged to upper/middle socioeconomic status (Table 1). 10 questions to assess knowledge about antenatal care were asked. Questions included ideal time of first visit, minimum number of antenatal visits, tetanus toxoid immunization, iron folic acid intake, harmful effect of smoking, alcohol, self medication and infections, importance of ultrasonography, blood, urine investigations

and importance of blood pressure monitoring (figure 1). Right answer was given one mark and wrong answer zero. Knowledge score of >6 was considered adequate and 86% of females had adequate knowledge of overall antenatal care (figure 2). Knowledge was significantly better among younger patients (p value=0.03), literate and working females (p value=0.001, 0.04 respectively). No significant difference was found based on parity, family type and socioeconomic status (Table 1). Since the patients registered early in pregnancy, reasons for early registration were asked (Table 3). 26.7% females came for detection of pregnancy and registered eventually. 24.8% females recited health workers as their source. None of the patient informed mass media as the source (Table 2). Attitude was assessed regarding antenatal care and services provided by government using linkert scale. 100% of the patient had positive attitude regarding antenatal care. Practices of antenatal care were assessed by the number of antenatal visits made by the patients. 68% of patients had >4visits, but 23 % were irregular in antenatal clinic, and 9% never visited the hospital again (figure 3). Patients with irregular visits were further questioned for the reason of irregularity (Table 3).

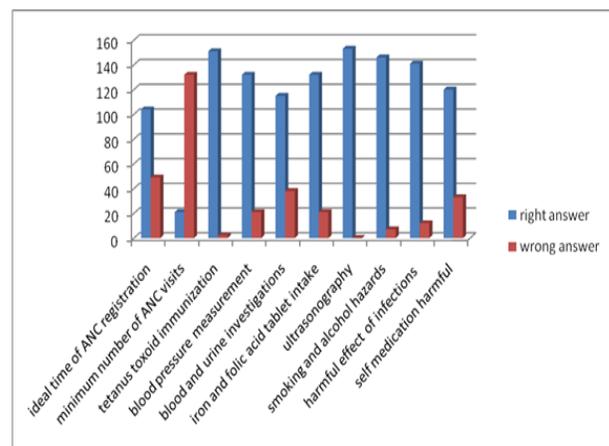


Figure 1: Knowledge regarding antenatal care.

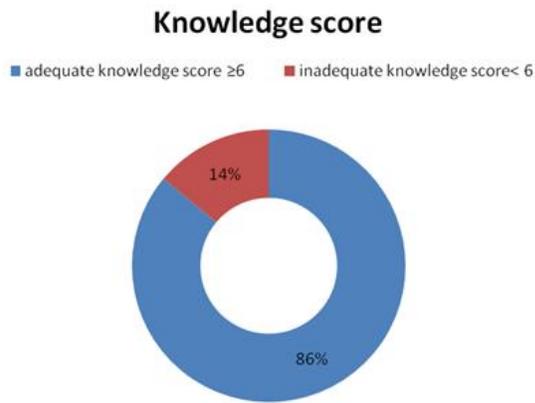


Figure 2: Knowledge score.

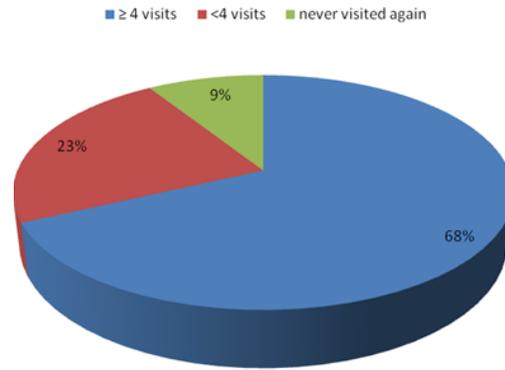


Figure 3: Antenatal visits.

Table 1: Association of knowledge with sociodemographic factors.

Factors	N	Adequate Knowledge	Inadequate Knowledge	P Value
Age <20 years	42	32	10	0.03(s)
>20 years	111	99	12	
Joint family	96	81	15	0.37(ns)
Nuclear family	57	50	7	
Multipara	86	73	15	0.175(ns)
Primipara	67	60	7	
Education				0.04(s)
<10 th std	54	49	5	
>10 th std	85	72	13	
Illiterate	14	10	4	
Working	40	38	2	0.04(s)
Notworking	113	93	20	
Middle/upper socioeconomic status	98	84	14	0.485(ns)
Lower socioeconomic status	55	47	8	

Table 2: Reasons for early registration /Source of knowledge.

Reasons	N=153(%)
Came for confirmation of pregnancy and registered eventually	41(26.7%)
Experience from previous pregnancy	20(13%)
Troublesome symptoms of pregnancy	08(5.2%)
Family and neighbours	26(16.9%)
Healthcare workers	38(2.8%)
Read in internet	4(2.6%)
Being careful	16(10.4%)

Table 3: Reasons given by pregnant women for not attending regular antenatal clinic.

Reasons	N=29(%)
Dependency on family/no support from family	8(27.5%)
Got tired from past ANC visit	6(20.6%)
Transport problem/long distance	6(20.6%)
Monetary loss	5(17.2%)
Unsatisfied care at hospital	2(6.8%)
Got registered at another hospital	2(6.8%)

Discussion

In our study, age range of the study group ranges from 18-35years. 42 (27.4%) females were of <20years of age and 111(72.5%) were >20years of age with the mean age of 22.4±1.2 years. 86% had adequate knowledge, 100% had positive attitude regarding the services about antenatal care but only 68% got full antenatal care. Knowledge was significantly associated with younger age group, education status but not improved significantly with parity and socioeconomic status.

In a similar study done by Jalina Laishram et al (2013)², 80.9% of females had adequate knowledge and 42.6% received full antenatal care. The knowledge was significantly associated with education status (p value<0.05). Similar association with education status were shown by Aggrawal et al (2007) and Patel et al(2016). In the study done by Patel et al (2016)³, Aggrawal et al (2007)⁴ and Laishram et al(2013)², females with upper and middle socioeconomic status were more aware of the antenatal services. This result was inconsistent with our result, probably due to smaller sample size in our study.

In the study conducted by Laishram et al (2013)² reasons for not attending antenatal check-up were that it is not necessary (54.5%), financial reasons (27.2%) and unaware about ANC (18.3%). This finding is consistent with the findings of Sanjel S et al⁵. In our study reasons included

dependency on family members (26.5%), transport problems (20.6%) and tiring process of ANC (20.6%).

Conclusions

Large number of population had adequate knowledge and positive attitude but many fail to practice the same. Healthcare workers play an important role, motivation of ANM, anganwadi workers, and healthcare providers. Involvement of media sources can help in increasing the utilization. Literacy remains very important factor. Husband/in laws should be included during antenatal session and should be sensitised regarding the importance of anc. hospital staff should be increased to facilitate the antenatal care process.

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