Original Article

Antenatal Care

# To Asses the Knowledge of Women in Regards to Antenatal Care

**1. Farhana Anjum 2. Nasreen Noor 3. Saeeda Bano**

1. Asstt. Prof. Gynae and Obst. Isra University Hospital Hyderabad 2. Senior Registrar, Gynae and Obs., LUH, Hyderabad 3. PG student, Gynae and Obs., LUH, Hyderabad

## ABSTRACT

**Objective:** To evaluate the awareness of women associated to antenatal care at Asian Institute of Medical Sciences Hyderabad.

**Study Design:** Observational study

**Place and Duration of Study:** This study was conducted at Gynae/Obs Outpatient Department of Asian Institute of Medical Sciences Hyderabad and LUMHS Hyderabad from 1st January 2014 to June 30th, 2014.

**Materials and Methods:** Total 150 women were selected in the study. All the awareness regarding antenatal care of the women was documented on Performa.

**Results**: Total 150 women were selected in the study, mostly cases 53.3% were more than 31 years of the age. Majority of the women 64.4% were uneducated. 69% chose doctors as primary provider for antenatal care, 11% nurses, 19% trained birth attendants. 52% women wished to receive care at home while 47% said at hospital. 70% responded yes to understanding what antenatal care was while 30% had no awareness. 89% of women responded yes it is necessary to have antenatal care while 11% responded that no it is not necessary.

**Conclusion**: Awareness regarding antenatal is very rare in the women. Women seek antenatal care only when they are symptomatic and not as a preventive or screening measure. The time of pregnancy is a necessary time period during which the promotion of healthy behaviours is imperative. Participation of the family members and the community can perform a very important role for healthy women during pregnancy.

**Key Words:** Pregnancy, awareness, antenatal care.

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## INTRODUCTION

WHO characterizes antenatal care as a dichotomous variable, having had one or more visits to a prepared individual amid the pregnancy.[1] It incorporates routine checkups gave to all pregnant ladies at essential consideration level from screening to escalated life backing along with pregnancy and up to the delivery.[2]

Routine antenatal consideration incorporates medicinal intercessions and guidance that a lady gets amid pregnancy and is a key indicator that pregnant ladies get an expansive scope of wellbeing advancement and preventive wellbeing services,[3] including learning about solid works on amid pregnancy, dietary help, aversion and treatment of sickliness, conclusion and treatment of different ailments and tetanus toxoid immunization..[4,5] Furthermore, routine antenatal care can be given at both the family unit and essential social insurance level and serves to guarantee a connection to larger amounts of consideration when required.[6,7] The World Health Organization suggests that a lady without intricacies ought to have no less than four antenatal care visits beginning from the first trimester to get sufficient pre-birth consideration to minimize and the complications of the pregnancy.[8,9]

**Correspondence: Dr. Farhana Anjum,**
Assistant professor of Gynae and Obst.,
Isra University Hospital Hyderabad
**Cell No.: 0333-2700192, 0300-3013807**
**Email: dr.sajidarain@yahoo.com**

Pakistan is one of the 11 nations that represented 65% of worldwide maternal mortality in 2008. These nations, which likewise included India and Bangladesh, have a significant experience in maternal deaths worldwide.[10] In Pakistan, the Maternal Mortality Rate (MMR) is elevated in country zones and in less developed provinces.[11] The circumstances in Balochistan are particularly serious. In Balochistan, the MMR remains at 750 maternal deaths every 100,000 live births, as contrasted with 227, 314, and 275 in alternate regions of Punjab, Sindh and Khayber Pakhtoon Khwa, respectively.[12] Utilization of routine antenatal consideration at government wellbeing offices in Pakistan for the most part is low. Antenatal care Administration in country zones is lower at around 10%. The District Health Information System in Balochistan reported just 15% of pregnant ladies enlisted for antenatal care in 2010-11.[13]

The Government of Pakistan has been giving maternal wellbeing administrations amid the most recent two decades through essential, auxiliary, and tertiary wellbeing offices, increased by the Lady Health Workers (LHW) Program.[13] Around 100,000 LHWs are the foundation of the essential social insurance framework. Sufficient antenatal care having great association with the negative birth outcomes like as low birth weight, premature birth. Accessing AC in a

appropriate manner facilitate women to get knowledge starting in their pregnancies along with complete screening tests.[14] Absence of antenatal consideration, particularly in rustic ranges of Pakistan, is a main reason for maternal and foetal mortality in pregnant women. The quantity of ladies having antenatal consideration is low in many regions and needs to be enhanced for the wellbeing of the people.[2] Therefore the purpose behind the study to focus the consciousness of ladies with respect to antenatal consideration convenience partner to the ladies amid pregnancy.

## MATERIALS AND METHODS

This prospective observational study was completed at Gynae/Obs OPD branch of Asian Institute of Medical Sciences, and Liaquat college clinic Hyderabad from January first, 2014 to June 30th, 2014. 150 ladies were chosen in the study. All ladies of reproductive age with past history of equality were incorporated in this study. All unmarried women and nulliparous women were barred from this study. An aggregate of 150 ladies was randomly chosen over duration of six months for this study. The information was gathered through a semi-organized poll made out of five questions. All the knowledge with respect to antenatal consideration was recorded. All the information was investigated by utilizing the SPSS version 16.0.

## RESULTS

Total 150 women were included in the study, majority of the cases 53.3% were above 31 years of the age, while 46.6% women were under 30 years of the age. 56.6% women having low parity (<4 children), while 43.3% women were found with high parity (>4 children). Majority of the women 64.4% were uneducated, while 36.6% were educated. **Table 1.**

**Table No. 1. Basic characteristics of the women. N=150**

| Characteristics | Frequency/( %) |
|---|---|
| **Age** | |
| <30 years | 70/(46.6%) |
| >31 Years | 80/(53.3%) |
| **Parity** | |
| <4 children (low) | 85/(56.6%) |
| >4 children (high) | 65/(43.3%) |
| **Educational status** | |
| Educated | 55/(36.6%) |
| Uneducated | 95/(64.4%) |

From a total of 150 women, 69% (n=104) chose doctor as primary provider for antenatal care, 11% (n=16) nurse, 19% (n=29) trained birth attendant, and .006% (n=1) did not know. **Figure 1.**

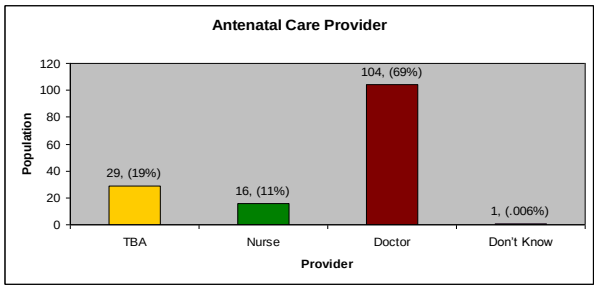


**Figure No. 1. Distribution of the antenatal care provider. N=150**

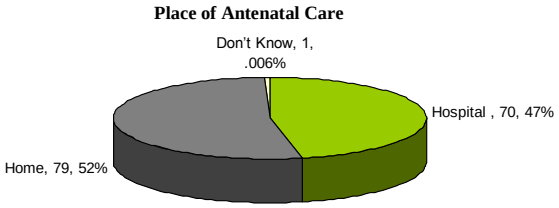


**Figure No. 2: Distribution of the places for antenatal care provider. N=150**

**Table No.2: Distribution of women regarding knowledge of antenatal care. N=150**

| Characteristics | Frequency/( %) |
|---|---|
| **Knowledge/understanding of antenatal care** | |
| Yes | 105/(70.0%) |
| No | 45/(30.0%) |
| **Necessary of antenatal care** | |
| Yes | |
| No | 134/(89.3%) |
| **Knowledge regarding component of antenatal care** | 16/(10.6%) |
| Investigations | 82/(55%) |
| diet | 81/(54%) |
| exercise | 12/(0.8%) |
| medicine | 40(26.0%) |
| don't know | 16(11.0%) |

From a total of 150 women, 52% (n=79) of women wished to receive care at home while 47% (n=70) said at hospital. About .006% (n=1) did not know. **Figure 2.** From a total of 150 women, 70% (n=105) responded yes to understanding what antenatal care was while 30% (n=45) did not understand. 89% (n=134) of women responded that yes it is necessary to have antenatal care while 11% (n=16) responded no it is not necessary. Investigations 55% (n=82) and diet 54% (n=81) were major concerns during antenatal care. **Table 2.**

## DISCUSSION

In Pakistan, wellbeing administrations are poor by and large; however they are especially inadequate for maternal wellbeing prompting antagonistic results for both ladies and infants. Antenatal care is named as one of the four pillars of the safe motherhood initiative:

although its relative contribution to maternal health care has been under debate, its importance cannot be denied. In the present series a total of 150 women from a reproductive age group were selected randomly for study and majority of the cases 53.3% were above 31 years of the age, while 46.6% women were under 30 years of the age. 56.6% women having low parity (<4 children), while 43.3% women were found with high parity (>4 children). Nisar N, et al [15] reported mean age 29±3.95 years.

Educational status is important effectible factor on early AC. Long et al.[16] Mentioned that ladies of western China those having less educational status were less likely to get AC. Nisar N, et al [15] mentioned 40% women were illiterate, 47% educated up to primary education and 9% secondary level. Advanced educational status tend to positively concern Health-seeking behaviours, and the educational status also can play important role in the birth control.[17] There are various clarifications for why instruction is a key determinant of demand. Education is likely to enhance female autonomy: women thereby develop greater confidence and capabilities to make decisions regarding their own health, as well as their children's health. It is likely that more instructed ladies look for higher quality administrations and have more noteworthy capacity to utilize medicinal services and inputs to deliver better wellbeing. This study also found majority of the women 64.4% uneducated.

In this study 52% of women wished to receive care at home while 47% said at hospital and .006% did not know. The reasons were primarily due to low income sources, they believed home provided a more aseptic environment as compared to hospitals, there was no tradition of antenatal care due to lack of doctors in villages, spouses did not agree with the concept, a family member was a trained birth attendant, antenatal care facilities should only be taken when symptoms or illnesses arise during pregnancy. Similarly in a study of Karachi, mentioned , among the women who did not receive antenatal care, 28% reported that they did not know it was required, 10% were not advised by anyone, 8% said that they did not have permission from home, 10% found the facility to be far away, 7% reported that transport was not available and 37% did not have any reason.[18]

Ghafar A, et al[19] reported that majority of women 57.7% had a negative attitude towards the antenatal care of pregnancy, and 42.3% had a positive attitude. While in this study 70% responded yes to understanding what antenatal care was 30% (n=45) did not understand. On other hand 89% of women responded that yes it is necessary to have antenatal care while 11% responded no it is not necessary. From all of the women 55% had knowledge that, Investigations are essential during pregnancy and 54% women suggested that diet is a major concern during antenatal care.

## CONCLUSION

The idea of antenatal consideration is not clear till now in the minds of numerous ladies. Ladies are confronting numerous troubles to go to the clinic in view of transportation issues, or that authorization by the spouse is not given, an individual is not accessible to go with the lady to a health centre, and that the expense of antenatal consideration is in large quantity of their base wages. Family and community should participate amid pregnancy. Their backing can give support and inevitably enhance the wellbeing of mother and the unborn tyke. Antenatal consideration can go about as a vehicle for various intercession projects, for example, administration of iron deficiency, jungle fever, sick health, immunizations, and sexually transmitted illness. Training is exceptionally vital, it is likely that more instructed ladies look for higher quality administrations and have more notable capacity to utilize medicinal services inputs to create better health.

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