CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES
http://doi.org/10.5281/zenodo.4459009

Available online at: http://www.iajps.com *Research Article*

COMPARATIVE ANALYSIS OF PRACTICES, ATTITUDE AND KNOWLEDGE AMONG ANTENATAL CARE FACILITIES UTILIZING AND NON-UTILIZING WOMEN

[1]Dr Nausheen Akhtar, [2]Dr Ayesha Iqbal, [3]Dr Muhammad Khan
[1]Medical Officer Obstetrics and Gynaecology, Social Welfare Society Hospital Lahore
[2]Sarghodha Medical College, Sarghodha University of Health Sciences
[3]Federal Medical and Dental College Islamabad

Article Received: May 2020 **Accepted:** June 2020 **Published:** July 2020

Abstract:
Objective: *To compare the knowledge, attitude and practices among antenatal care facilities utilizing and no utilizing women, aged 15-49 years.*
Place and Duration: *In the Obstetric and Gynecology department of Services Hospital Lahore for one-year duration from April 2019 to April 2020.*
Methods: *A cross-sectional study of 200 married women aged 15–49 was performed. The knowledge, attitude and practices of women using and not having antenatal care during their previous pregnancy were compared by calculating the odds ratios and 95% confidence intervals. P values were obtained by performing a chi-square test.*
Results: *Pallor was significantly lower among women receiving antenatal care (57%) compared to those who were not (77.6%), (O.R 0.38 95% CI (0.18-0.81) p-value 0.02). Tetanus toxoid coverage was higher among women receiving antenatal care (92%) compared to those who were not (59.2%), (OR 10.8 95% CI (4.5-26.2). A healthy diet during pregnancy was significantly higher among women receiving antenatal care.*
Conclusion: *A lower incidence of anemia and better range of tetanus toxoid was observed among women attending antenatal care facilities. Identification of warning signals in pregnancy and recognition of pregnancy nutritional requirements are better understood by women using antenatal care*
Keywords: *antenatal care, Tetanus toxoid, anemia, nutritional requirements.*

Corresponding author:
Dr Nausheen Akhtar,
Medical Officer Obstetrics and Gynaecology,
Social Welfare Society Hospital Lahore

QR code

Please cite this article in press Nausheen Akhtar et al, ***Comparative Analysis Of Practices, Attitude And Knowledge Among Antenatal Care Facilities Utilizing And Non-Utilizing Women .,*** *Indo Am. J. P. Sci, 2020; 07(07).*

INTRODUCTION:

The link between availability and the use of prenatal services has been demonstrated in various epidemiological studies. Confidential studies on a series of hospital cases and the causes of maternal deaths often identify the lack of prenatal care as a risk factor. Maternal mortality control studies in developing countries also show a lack of link in prenatal care. About 90% of maternal deaths occur in developing countries. When many women die because they do not receive adequate medical care, percentages die because they do not receive care quickly enough. In most cases, this is due to the fact that pregnant women do not know the symptoms and symptoms of danger that can occur during pregnancy, childbirth or puerperium in general. The four pillars of the WHO's safe motherhood initiative include the provision of prenatal care facilities, clean and safe care, family planning and contraception, and emergency maternity care. The purpose of this study is to compare information, attitudes and practices (KAP) among women who apply for a specific reference to the diagnosis of symptoms of danger during pregnancy and do not go to prenatal care clinics.

METHODS:

A cross-sectional study was conducted in the Obstetrics and Gynecology department of Services Hospital Lahore for one-year duration from April 2019 to April 2020 including 200 married women (100 from each section) aged 15 to 49. The study included married women (aged 15-49 years) who had at least one pregnancy. The sample size is calculated using epi-info 6.0. Women were considered dependent variables, tetanus toxoid vaccinations, nutritional practices with symptoms and symptoms of danger during pregnancy, presence or absence of pallor. Prenatal care, socio-economic status, the level of education of the spouse and husband, access to prenatal health centers that were taken or received during a previous pregnancy were treated as arguments. Pallor has been altered of the state of hemoglobin, examining the conjunctiva of the eye and hand. Although we did not find studies based solely on a physical examination to determine anemia. A physical examination and pallor can be considered a gross estimate of anemia among study participants. The study was conducted using a premeditated survey, which was duly trained by medical students in the technique of interviews. All surveys are verified daily by research consultants in terms of accuracy and integrity. If data is missing, the interviewers have returned home for information if possible. All data entered in SPSS (Statistical Package for Social Sciences) version 18.0 (SPSS, Chicago, Illinois, USA). The data was then written and analyzed Cross tabulations were obtained in order to compare women receiving and not receiving antenatal care with respect to the various variables under study and chi-square statistics and odds ratios with 95% confidence intervals were obtained.

RESULTS:

The average age of women in our study was 29.57 ± 7.1 years. The average monthly family income was 3438 ± 1591 Pakistani rupees (or 57.3 ± 26.5 USD), and 69.5% of women were illiterate and the majority (81.5%) were housewives. Antenatal care used in any of the previous pregnancies concerned 151 (75.5%) women.

Table 1. Presence of pallor and tetanus toxoid immunization: comparison.

	Received ANC (n=151)	Did not receive ANC (n=49)	Odds ratio (95% CI)	p value*
Pallor present	86 (57%)	38 (77.6%)	0.38 (0.18-0.81)	0.02
Received Tetanus Toxoid injection	142 (92%)	29 (59.2%)	10.8 (4.5-26.2)	0.000

Table 1 shows that pallor was significantly lower among women using antenatal care (57%) compared to those who were not (77.6%) (p-value 0.02). Tetanus toxoid coverage was higher among women using antenatal care (92%) compared to those not receiving antenatal care (59.2%) (p-value 0.01). We examined two areas of urban slums, both of which have a free church medicine cabinet. There was no significant difference between the two areas in the use of the antenatal care facility during current or previous pregnancies, and the level of awareness regarding the importance of antenatal care. The comparison of women who received and did not receive antenatal care in their previous pregnancy was based on knowledge of signs of danger during pregnancy (Table 2).

Table 2. Comparison of women who received and did not receive antenatal care in their previous pregnancy by knowledge about danger signs in pregnancy.

Signs and Symptoms	Received ANC (n=151	Did not receive ANC (n=49)	Odds ratio (95%CI)	p value *
Fever in pregnancy	114 (76%)	26 (53.1%)	2.8 (1.4-5.5)	0.004
Persistent vomiting	113 (75.8%)	28 (57.1%)	2.35 (1.19-4.64)	0.02
Severe abdominal pain	112 (74.7%)	33 (67.3%)	1.43 (0.71-2.88)	0.42
Haemorrhage	112 (74.7%)	35 (71.4%)	1.18 (0.57-2.42)	0.79
Dizziness & fainting	114 (76%)	29 (59.2%)	2.18 (1.1-4.32)	0.03

A statistically significant difference was found among women who received antenatal care compared to women who did not recognize fever (OR = 2.8, 95% CI 1.4-5.5), persistent vomiting (OR = 2.35, 95% CI 1.19-4.64) and dizziness and fainting (OR = 1.18, 95 CI 0.57-2.42) as signs of danger during pregnancy. There was no significant difference between the two groups in the diagnosis of severe abdominal pain and hemorrhage as a sign of danger in pregnancy. The knowledge and practices of women who received and those who did not receive antenatal care were compared in relation to nutritional practices during pregnancy. (Table 3).

Table 3. Comparison of women who received and did not receive antenatal care in their previous pregnancy by knowledge and practices.

Factor	Received ANC (n=151)	Did not receive ANC (n=49)	Odds ratio (95%CI)	p value *
Increased intake of diet	100 (62.2%)	17 (34.7%)	3.69 (1.87-7.21)	0.000
Increased intake of proteins	95 (63%)	20 (40.8%)	2.46 (1.27-4.75)	0.01
Increased intake of fruits	98 (65%)	17 (34.7%)	3.48 (1.77-6.84)	0.000
Increased intake of vegetables	104 (68.9%)	22 (44.9%)	2.72 (1.40-5.25)	0.004
Increased intake of milk	98 (65%)	23 (47%)	2.09 (1.08-4.01)	0.04
↑ intake of meat prevents anemia	110 (72.8%)	19 (38.8%)	4.23 (2.15-8.34)	0.000
↑ intake of green leafy vegetables prevents anemia	114 (75.5%)	26 (53.1%)	2.72 (1.39-5.34)	0.005
Used Iron supplementation	117 (77.5%)	23 (47%)	3.89 (1.97-7.66)	0.000
Used Vitamin supplementation	11 (73.5%)	23 (46.9%)	3.13 (1.61-6.11)	0.001

DISCUSSION:

The results of the lack of good maternal and perinatal care are visualized on the basis of worrying statistics on maternal and neonatal morbidity and mortality in developing countries. Among all health statistics overseen by the World Health Organization (W.H.O.), maternal mortality shows the greatest inconsistency among developed and developing countries. About 90% of maternal deaths occur in developing countries. Every year, more than 50 million women suffer from acute and chronic maternal morbidity. More than 500,000 women die each year from complications of pregnancy and motherhood, most of them in Asia. In addition, 8 million newborns each year and deaths from stillbirths occur largely as a result of the same factors that cause the death and disability of the mother. Most of these mothers and perinatal mortality and illnesses can be prevented. In this study, the tetanus range was 85.5% of the tetanus range in this study. The range was much higher in prenatal facilities used against unused women (p.0.001). Tetanus toxoid among pregnant women in Pakistan is about 30%. In this study population, the incidence of pallor is 62%, significantly higher in prenatal care facilities that do not benefit women (p. 0.02). Iron, folic acid and vitamin supplements are routinely given to women who participate in prenatal care centers along with advice on appropriate dietary practices to reduce anemia. In one recent study of pregnant women in Pakistan, the incidence of anemia (Hb<11gm/dl) was 96%. The same study found that 64% of women had never used hematinic. The incidence of anemia was higher in rural urban areas, and in older women than in older women. The importance of prenatal counselling is underlined in these findings. Women receiving prenatal care found a statistically

significant difference compared to women who had not been diagnosed with fever, continuous vomiting and dizziness, and fainting as signs of danger in pregnancy. The diagnosis of signs of danger in pregnancy and subsequent medical assistance can significantly affect the morbidity and mortality of mothers and newborns. In one study conducted in rural Hyderabad, Pakistan, only 40% of women were able to identify symptoms of risk of obstetric complications. It is necessary to improve prenatal care services and to raise general awareness of maternal health in society. The use of prenatal care was largely associated with the level of awareness of the amount of food during pregnancy. Women receiving prenatal care knew about the importance of eating protein, vegetables, fruits and milk during pregnancy. He also knew that green leafy vegetables and organ meat were useful in preventing anemia. This is in line with another study of the urban slum settlement of Karachi. Maternal deaths are undoubtedly an important public health problem in developing countries. For some of the least important pathogenic causes of maternal death, such as anemia, infections and increased blood pressure, it is possible to determine precursors, early findings or risk factors. This can be achieved by means of an appropriate prenatal testing program. Memory bias may be reduced by the inclusion of pregnant women at the moment, as in this study. These studies have shown a link between the use of prenatal care and awareness of signs of danger in pregnancy. This can lead to a decrease in maternal morbidity and mortality. Pregnant women should be encouraged to seek prenatal care as soon as possible.

REFERENCES:

1. Emam EA, Abd El Rheem AH, Ghanem NM, Hassan HE. Knowledge and Attitude of Women and Nurses regarding Pre-Conception Care: A Comparative Study. American Research Journal of Nursing. 2019;5(1):1-5.
2. Abebe L, Aman M, Asfaw S, Gebreyesus H, Teweldemedhin M, Mamo A. Formula-feeding practice and associated factors among urban and rural mothers with infants 0–6 months of age: a comparative study in Jimma zone Western Ethiopia. BMC pediatrics. 2019 Dec 1;19(1):408.
3. Damireddy AR, Musali SR. Breastfeeding: Current knowledge, attitude, and practices among mothers in Mahbubnagar. Indian Journal of Child Health. 2020:40-4.
4. Letose F, Admassu B, Tura G. Birth preparedness, complication readiness and associated factors among pregnant women in Agnuak zone, Southwest Ethiopia: a community based comparative cross-sectional study. BMC pregnancy and childbirth. 2020 Dec 1;20(1):72.
5. Tarar MA, Khan YN, Ullah MZ, Salik MH, Akhtar S, Sultan T. Knowledge and attitude; pregnancy and antenatal care among young agrarian & non-agrarian females in Faisalabad District, Pakistan. Pakistan Journal of Agricultural Sciences. 2019 Jan 1;56(1).
6. Fatima A, Ashlesha P. Knowledge, Attitude and Practices of Expectant Mothers on Physical Activity-A Comparative Study. International Journal of Trend in Scientific Research and Development. 2019 Jul 20;3(4).
7. Hassan Tawfik E. Knowledge, Practice and Quality Of Life (QOL) of pregnant women: A comparison between urban and rural populations. Practice and Quality of Life (QOL) of Pregnant Women: A Comparison Between Urban and Rural Populations (April 22, 2020). 2020 Apr 22.
8. Patel RR. A STUDY OF AWARENESS AND PRACTICES REGARDING ANTENATAL INTRANATAL AND POSTNATAL CARE OF MOTHER OF MARRIED WOMEN OF GUJARAT.
9. Fatima A, Ali I, Yousaf A, Munir TA. KNOWLEDGE, ATTITUDE, AND PRACTICES TOWARDS EXCLUSIVE BREAST FEEDING IN POST NATAL MOTHERS AND ITS COMPARISON BETWEEN LOW VERSUS HIGH EDUCATIONAL STATUS MOTHERS ATTENDING TERTIARY CARE HOSPITAL AT MIRPUR AZAD KASHMIR. A COMPARATIVE CROSS SECTIONAL STUDY. Pakistan Armed Forces Medical Journal. 2020 Apr 30;70(2):485-92.
10. Gebremariam AD, Tiruneh SA, Abate BA, Engidaw MT, Asnakew DT. Adherence to iron with folic acid supplementation and its associated factors among pregnant women attending antenatal care follow up at Debre Tabor General Hospital, Ethiopia, 2017. PloS one. 2019 Jan 7;14(1):e0210086.
11. Oguntunde O, Nyenwa J, Yusuf FM, Dauda DS, Salihu A, Sinai I. The experience of men who participated in interventions to improve demand for and utilization of maternal and child health services in northern Nigeria: a qualitative comparative study. Reproductive Health. 2019 Dec;16(1):104.
12. Rudrappa S, Raju HN, Kavya MY. To study the knowledge, attitude and practice of breastfeeding among postnatal mothers in a tertiary care center of South India. Indian Journal of Child Health. 2020:113-6.
13. Marsland H, Meza G, de Wildt G, Jones L. A qualitative exploration of women's experiences of antenatal and intrapartum care: The need for a woman-centred approach in the

Peruvian Amazon. PloS one. 2019 Jan 7;14(1):e0209736.
14. Gabriel-Job N, Azubogu US. Breast Feeding among Mothers Attending Immunization Clinic at Health Centresin Rivers State Nigeria: An Institutional-based Survey. Archives of Current Research International. 2020 Apr 4:22-9.
15. Nsubuga S, Meadway J, Olupot-Olupot P. A study using knowledge, attitude and practices on the prevention of HIV-1 vertical transmission with outcomes in early infant HIV-1 diagnosis in Eastern Uganda. Journal of virus eradication. 2019 Apr;5(2):102.
16. Kamau M, Mirie W, Kimani S, Mugoya I. Effect of community based health education on knowledge and attitude towards iron and folic acid supplementation among pregnant women in Kiambu County, Kenya: A quasi experimental study. Plos one. 2019 Nov 25;14(11):e0224361.
17. Vu GV, Ngo CQ, Phan PT, Doan LP, Nguyen TT, Nguyen MH, Nguyen DN, Nguyen NT, Nguyen HL, Hoang CL, Vu LG. Inadequate Knowledge, Attitude and Practices about Second-Hand Smoke among Non-Smoking Pregnant Women in Urban Vietnam: The Need for Health Literacy Reinforcement. International Journal of Environmental Research and Public Health. 2020 Jan;17(10):3744.