

KNOWLEDGE REGARDING ANTENATAL CARE AMONG EXPECTED MOTHERS IN GOVERNMENT HOSPITALS OF PESHAWAR

Sameena Naz¹, Nasim Begum², Sajjad Muhammad³, Amir Muhammad⁴, Muhammad Ayaz Khan⁵

ABSTRACT:

OBJECTIVES:

Antenatal care focuses on the complication of obstetric conditions and to provide information about lifestyle, pregnancy, and delivery. The aim of this study was to evaluate the knowledge of pregnant females regarding the antenatal care in government hospitals, Peshawar.

METHODOLOGY:

A cross-sectional descriptive study was carried out in tertiary care government hospitals of Peshawar. A convenient sampling technique was used to select participants from gynecology outpatients departments. Sample size was calculated using Riosoft sample size calculator. Two eighty participants responded to the antenatal care questionnaire. The study was approved from ethical review board of Khyber Medical University. Data was analyzed using SPSS version 22.

RESULTS:

The mean age of the participants were 28.7 years. Most of the pregnant mothers had limited understanding regarding the antenatal care. The study provided significant association of knowledge regarding antenatal care with husband support, parity of the women and participant education level ($p < 0.001$).

CONCLUSION:

The study concluded that the mothers exhibit low level of knowledge regarding antenatal care. Education of women, family and husband support and multiple deliveries play an important role in enhancing the knowledge of mothers regarding antenatal care.

KEYWORDS: Nutrition, Knowledge, Antenatal Care, Expected Mothers, Pregnant Mothers

How to cite this article:

Naz S, Begum N, Muhammad S, Muhammad A, Khan MA. Knowledge Regarding Antenatal Care among Expected Mothers in Government Hospitals of Peshawar. J Farkhanda Inst Nurs Pub Health. 2021; 1(2): 3-8

Correspondence

¹Samena Naz, Coordinator, Govt College of Nursig, LRH, Peshawar

☎: +92-342-84564448

✉: Saminanaz069@gmail.com

²Lecturer, Govt College of Nursig, LRH, Peshawar

³Associate Professor Physiology, Jinnah Medical College, Peshawar

⁴Professor Microbiology, Khyber Girls Medical College, Peshawar

⁵Lecturer, Premier Institute of Nursing, Peshawar

INTRODUCTION:

Antenatal care is the routine health care provided to an expected woman, which not only highlight the health of mother but also assess the ongoing health of fetus. Antenatal care focuses in the complication of obstetric conditions and to provide information about lifestyle, pregnancy and delivery¹. Early observation in antenatal period is very effective in reducing the labour and delivery complication in mothers and also leads to a healthy baby². Antenatal care covers broad aspects of women health. It focuses on the nutrition needs and nutrition status of the mother,

treatment and prevention of anemia, treatment and management of other diseases such as malaria, tuberculosis and sexually transmitted diseases³. Maternal health services in antenatal period are potentially a very critical role in reduction of complications and improving the health of both mother and baby. Good antenatal care also improves the quality of life of mothers. Antenatal care has a vital role in decreasing maternal and child mortality and improving pregnancy outcomes^{4,5}. Pakistan is ranked one of the worst with infant mortality of 74 and under-five mortality 89 per 1000 live births. Besides, 73% women receiving antenatal care with skilled health care providers. Births were assisted by a skilled healthcare worker in 52% cases whereas only 48% of the births were delivered at a health facility⁶. Due to soft targets like improving ANC utilization, Pakistan has defaulted on fulfilling global commitments. Health care services in Pakistan has missed all the targets for maternal care that included reduction of maternal mortality ratio, total fertility rate, infant mortality rate, enhancement of contraceptives prevalence and ensuring that 100% of women in age group 15-49 years of age who have given birth in last two years have paid a least one antenatal visit⁷. Pakistan has a three tier healthcare system with a network of community health workers at the bases of the tiers" system. Lady health workers (LHWs) according to 2014 figures were 33,687 whereas there were 15,325 lady health visitors (LHVs) in the country⁸. The LHWs and LHVs have a special provider, facilitator and liaison role in healthcare system of Pakistan. They are vital for ensuring more antenatal visits, which in turn will ensure good outcomes of pregnancies. Till date, this liaison is suboptimal⁹. According to a research study, 14.4% mothers reported better knowledge regarding antenatal care and reported statistically significant association with husband support and negatively associated with number of children¹⁰. Similarly, a study from Aga Khan University shows that children are less likely to be stunted if their mothers knew about the importance of vaccination, did exclusive breast feeding, availed regular antenatal visits and who regularly washed hands before cooking and serving meals¹¹. Antenatal care plays a very important role in the healthy outcome of the mother and the baby. The current study is therefore designed to estimate the knowledge of mothers regarding antenatal care.

METHODOLOGY:

A cross-sectional descriptive study was carried out in Peshawar, Khyber Pakhtunkhwa, Pakistan. Data was collected in three main tertiary care hospitals of Peshawar, including Lady Reading Hospital, Hayatabad Medical Complex and Khyber Teaching Hospital. These hospitals provide health care services to the huge population of Khyber Pakhtunkhwa. The study was conducted in January-June 2020. The women were recruited conveniently from gynecology outpatients departments. Sample size was calculated using Riosoft sample size calculator. Overall, data was collected from 280 women presented to the obstetric and gynecology department. Women presented with complications and women with chronic disease were excluded from the study. Data was collected using a validated questionnaire (Cronbach's Alpha=0.87). The questionnaire consists of two sections; Section "A" consisting socio-demographic profile of the participants while section "B" consisting knowledge of women regarding antenatal care. The knowledge of mothers regarding antenatal care was categorized as "Poor Knowledge" (score less than 50%), "Average Knowledge" (score between 50 to 75%) and "Good Knowledge" (score more than 75%). Ethical approval for the study was granted from ethical review board of Khyber Medical University, Peshawar. Data was analyzed using SPSS version 22. Frequencies and percentages were calculated for all variables and data is displayed in tables and figures. Chi-square test was applied to estimate association between knowledge and socio-demographic variables.

RESULTS:

Overall, 280 participants were included in the study. The mean age of study participants was 28 years with standard deviation (SD) of ± 7 Years.

Table 1: Socio-Demographic Profile of the Participants

	Frequency	Percentage
Age		
Less than 20 Years	48	17.1
20 to 30 Years	185	66.1
More than 30 Years	47	18.2
Education Status		
Illiterate	122	43.6
Primary	57	20.4
Secondary	54	19.3
College	30	10.7
University	17	6.1
Occupation		
Employed	88	31.4
House Wife	192	68.6
Type of Family		
Joint Family	251	89.6
Nuclear Family	29	10.4
Residence		
Rural	73	26.1
Urban	207	73.9
Family Income		
Adequate	110	39.2
Inadequate	170	60.8
Total	280	100

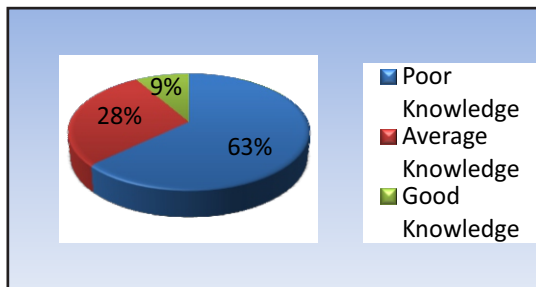


Figure 1: Knowledge Level of Mothers Regarding Antenatal Care

Table 2: Understanding of Participants Regarding the Importance of Antenatal Care

	Frequency	Percentage
Gestational Age		
Less than 32 Weeks	213	76%
More than 32 weeks	67	24%
Parity		
Primipara	112	40%
Multipara	168	60%
Do you get the honorarium announced by this government for antenatal visits?		
Yes	62	22%
No	218	78%
Do you make antenatal visits on schedule given by healthcare workers?		
Yes	180	64%
No	100	36%
Do you follow the advice given to you during your antenatal visits?		
Yes	163	58%
No	117	42%
Do you think antenatal visits are useful?		
Yes	218	78%
No	62	22%
Antenatal visits decrease the chances of bad outcomes in pregnancy.		
Yes	218	78%
No	62	22%
Antenatal care can be used to assess and prevent neonatal jaundice in newborn.		
Yes	62	22%
No	218	78%
Antenatal care can decrease the risk of anemia weakness in mothers.		
Yes	185	66%
No	95	34%

Astonishingly 51% participants believe that antenatal visits can only prevent small problems and not serious ones. Also, only 18% participants believed that antenatal visits are good chance to have more information about family planning; the majority i.e., 60% participants disagreed. 68% of the participants

believed that antenatal visits should only be done to tertiary care hospitals as compared to basic health units. Majority (86%) of the participants reported no exercise during pregnancy. 21% mothers were not aware about the exact number and schedule of antenatal visits. The study provided significant association of knowledge regarding antenatal care with husband support ($P=0.03$), parity of the women ($P=0.000$) and participant education level ($P=0.001$).

DISCUSSION:

In the present study overall, 63% mothers exhibit poor knowledge regarding antenatal care, 28% women were having average knowledge while only 9% women exhibit good knowledge regarding antenatal care. The study provided significant association of knowledge regarding antenatal care with husband support ($P=0.03$), parity of the women ($P=0.000$) and participant education level ($P=0.001$). The findings of the current study was supported by a study conducted by Shahnaz et al, and revealed that majority (67%) of the women exhibit poor knowledge, 23% exhibit average knowledge regarding antenatal care while only 105 participants reported good knowledge regarding antenatal care¹². Reported by a study, 22% mothers had poor knowledge, 45.6% and 32.4% mothers reported average and good knowledge regarding antenatal care. Besides, age and educational state of the mothers were significantly associated with mother knowledge regarding antenatal care¹³. Antenatal visits are dependent on predisposing, enabling and reinforcing factors. There is positive association between support from husband and frequency of antenatal visits¹⁰. In the current study we found that the mother in law was less supportive than the husband regarding the antenatal visits. Another study that focused on the sociocultural influences on antenatal care behavior termed it as "Autonomy Paradigm". According to the study, this discretion of autonomy vests more with the in-laws" elderly women than the married couple¹⁴. A study from rural Sindh shows that mothers belonging to families with adequate income significantly associated with good knowledge of mothers regarding antenatal care¹⁵. In the same context, a study

reported that mothers had inadequate knowledge regarding attending antenatal care and mothers exhibit low knowledge about the danger signs in pregnancy¹⁶. It is not conformal with our study because most of our respondents reported they lack knowledge of danger signs in pregnancy. Participants in our study reported that antenatal visits should be done to tertiary care hospitals. It complicates things, load on tertiary hospitals increase and unnecessary delay and exertion occurs to the community. It is due to simple lack of knowledge, which was also reported in a study from Punjab in a mixed method study, which identified gaps both in services delivery and seeking behaviors¹⁷. Our study also identified a similar finding with the Punjab study that those with rich knowledge of antenatal care seek care more often than those with knowledge deficiency. Antenatal care has shown promising results in areas extending to Africa. In Africa, antenatal care has been focused on provision of essential services called the focused intervention¹⁸. That includes examination, screening and managing for all leading causes of mortality in pregnancy including eclampsia¹⁹. One of the grey areas of knowledge in our study was the lack of information about blood pressure variations during pregnancy. A study from Bahawalpur, Pakistan concluded that both the public sector and private are not following the WHO guidelines on share information, education and counseling protocols. Their study found that 83% versus 53% received dietary advice in private and public sector respectively. Similarly, only 13% and 7% women received any counseling on family planning²⁰. It is due to this poor adherence to IEC guidelines that participant like in our study believe that ANC are not meant to be or at least not working on seizing the opportunity of antenatal care visits for enhancing the family planning coverage.

CONCLUSION:

Education of women, family and husband support and multiple deliveries play an important role in enhancing the knowledge of mothers regarding antenatal care. To actively deal with the complications during antenatal period and delivery, enough knowledge is needed for the mothers regarding antenatal care.

CONFLICT OF INTEREST: None

FUNDING SOURCES: None

REFERENCES:

1. Abalos E, Chamillard M, Diaz V, Tuncalp O, Gülmezoglu AM. Antenatal care for healthy pregnant women: a mapping of interventions from existing guidelines to inform the development of new WHO guidance on antenatal care. *Int J Obstet Gynaecol.* 2016;123(4):519-28.
2. Teketo Kassaw GM, Aychiluhim M. Antenatal care service utilization and its associated factors among mothers who gave live birth in the past one year in Womberma Woreda, North West Ethiopia. *Epidemiol Open Access.* 2015;s2(1):123-33.
3. Zeleke EA. Food insecurity associated with attendance to antenatal care among pregnant women: findings from a community-based cross-sectional study in southern Ethiopia. *J Multidiscip Healthcare.* 2020;13:1415.
4. Das A. Does antenatal care reduce maternal mortality?. *Mediscope.* 2015;4(1):1-3.
5. Msemo OA, Bygbjerg IC, Møller SL, Nielsen BB, Ødum L, Perslev K, et al. Prevalence and risk factors of preconception anemia: a community based cross sectional study of rural women of reproductive age in northeastern Tanzania. *PLOS ONE.* 2018;13(12):e0208413.
6. Iqbal S, Maqsood S, Zafar A, Zakar R, Zakar MZ, Fischer F. Determinants of overall knowledge of and attitudes towards HIV/AIDS transmission among ever-married women in Pakistan: evidence from the demographic and health survey 2012-13. *BMC Public Health.* 2019;19(1):1-4.
7. Bhutta ZA, Hafeez A. What can Pakistan do to address maternal and child health over the next decade?. *Health Res Policy Syst.* 2015;13(1):13-6.
8. Dar S, Afzal U. Education and maternal health in Pakistan: the pathways of influence. *Lahore J Econ.* 2015;20(2):1-34.
9. Salam RA, Qureshi RN, Sheikh S, Khowaja AR, Sawchuck D, Vidler M, et al. Potential for task-sharing to lady health workers for identification and emergency management of pre-eclampsia at community level in Pakistan. *Reprod Health.* 2016;13(Suppl 2):100-5.
10. Ghaffar A, Pongpanich S, Ghaffar N, Chapman RS, Mureed S. Expediting support for the pregnant mothers to obtain antenatal care at public health facilities in rural areas of Balochistan province, Pakistan. *Pak J Med Sci.* 2015;31(3):678-82.
11. Abdalrazeq AM. Knowledge, attitude and practice of mothers of under 5 years children regarding integrated management of childhood illness in Salamat Health Center, Omdurman, Sudan [dissertation]. Sudan: University of Gezira; 2016.
12. Akhtar S, Hussain M, Majeed I, Afzal M. Knowledge attitude and practice regarding antenatal care among pregnant women in rural area of Lahore. *Int J Soc Sci Manag.* 2015;5(3):155-62.
13. Kaur A, Kaur H, Devgun P. Knowledge regarding diarrhoea and its management among mothers of under-five children in an urban area of Amritsar, Punjab. *Int J Community Med Public Health.* 2018.
14. 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. *Pak J Agric Sci.* 2019;56(1).
15. Sahito A, Fatmi Z. Inequities in antenatal care, and individual and environmental determinants of utilization at national and sub-national level in Pakistan: a multilevel analysis. *Int J Health Policy Manage.* 2018;7(8):699.
16. Rabbani U, Huda M, Zahidie A,

- Rabbani F. Status of maternal and child health in an urban squatter settlement of Karachi, Pakistan: results from a round of surveillance. *Pak J Public Health*. 2019;9(1):7-11.
17. Iqbal S, Ali I, Ekmekcioglu C, Kundi M. Increasing frequency of antenatal care visits may improve tetanus toxoid vaccination coverage in pregnant women in Pakistan. *Hum Vaccines Immunother*. 2020;16(7):1529-32.
18. Hameed W, Avan BI. Women's experiences of mistreatment during childbirth: a comparative view of home-and facility-based births in Pakistan. *PLOS ONE*. 2018;13(3):e0194601.
19. Shah M. Assessing knowledge of married women regarding antenatal care. *Nurs Care Open Access J*. 2015;5(4):238-42.
20. Lungu GG. Assessing the quality of information, education and communication during antenatal care at Chiradzulu District Hospital [thesis]. Malawi: University of Malawi; 2017. 106 p.

CONTRIBUTORS

1. **Sameena Naz** - Concept & Design; Critical Revision; Final Approval
2. **Nasim Begum** - Data Acquisition
3. **Sajjad Muhammad** - Drafting Manuscript
4. **Amir Muhammad** - Supervision
5. **Muhammad Ayaz Khan** - Data Analysis/Interpretation