



## Research Article

# Knowledge Attitude and Practice Regarding Antenatal Care among Pregnant Women in Rural Area of Lahore

Shahnaz Akhtar<sup>1\*</sup>, Muhammad Hussain<sup>1</sup>, Iram Majeed<sup>1</sup>, Muhammad Afzal<sup>1</sup>

<sup>1</sup>Lahore School of Nursing, The University of Lahore, Pakistan

### Abstract

**Background:** Prenatal care is medical valuation of mother and fetus, for the duration of gestation used for getting best possible result for the mother and child. Early observation and ongoing care during pregnancy provided more favorable births compared to no prenatal observation. **Methodology:** The quantitative cross-sectional study design was used with convenient sampling (n=133) from community of Hussain Abad Lahore. Pregnant women between the ages of 20 to 45 years of age. Data was analyzed on SPSS 21 version and application of chi-square test ( $p < 0.05$ ). **Result:** The respondents 69.1% (n=94) were identified that pregnant women require to go for their checkup. This study reveals that (n=31) 21.4% participants were agree, (n=98) 71.1% participants were disagreed, (n=06) 4.4% were neutral that they have Seek antenatal care regularly during pregnancy. 83.1% women believe that antenatal checkup is worthy to monitor mother & fetus' well-being. **Conclusion:** 64.7% pregnant women response in yes regarding knowledge about antenatal care. The attitude was shown positive somewhere as 69.6% women were agree and as well as negative, also as 30.1% respondents were disagreed and therefore 61% participants have positive practices towards antenatal care. There was significant association between qualification and knowledge of expectant women about prenatal care, significant association in qualification and attitude and there was insignificant association in qualification and practices.

**Keywords:** Pregnant women; Antenatal; Knowledge; Attitude; Practice

### Introduction

Antenatal care is the clinical assessment of mother and fetus, during the period of pregnancy used for getting the best possible result for the mother and child. Early observation and ongoing care during pregnancy provided more favorable births compared to no prenatal observation. It is a key entry point for pregnant women to receive multiple range of health services such as nutritional maintenance, prevention or treatment of anemia,

prevention, detection and treatment of malaria, tuberculosis and sexually transmitted infections. (Berhe *et al.*, 2014)

Every year about 6 million women become pregnant; 5 million of these pregnancies lead to the birth of the child. An adequate use of antenatal health services is associated with improved maternal and neonatal health status. Pregnancy care expected to affect the development of the fetus and the baby as well as the mother. Early booking and

### Cite this article as:

S. Akhtar *et al.* (2018) Int. J. Soc. Sc. Manage. Vol. 5, Issue-3: 155-162. DOI: [10.3126/ijssm.v5i3.20604](https://doi.org/10.3126/ijssm.v5i3.20604)

<sup>1\*</sup>Corresponding author

Shahnaz Akhtar,

Lahore School of Nursing, The University of Lahore, Pakistan

Email: [shahnazakhtarasl@gmail.com](mailto:shahnazakhtarasl@gmail.com)

Peer reviewed under authority of IJSSM

© 2018 International Journal of Social Sciences and Management



This is an open access article & it is licensed under a Creative Commons Attribution 4.0 International License (<https://creativecommons.org/licenses/by/4.0/>)

regular visitation of antenatal care can only achieve this. (WHO, 2007).

Maternal health services have a potentially critical role in the improvement of reproductive health. The use of health service related to availability, quality and cost of services as well as the social structures, health beliefs and personal characteristics of the users. Over half a million women die each year from complications of pregnancy or childbirth. Most maternal deaths occur during childbirth and the presence of trained medical staff could greatly reduce this number. (UNICEF, 2008).

Antenatal Care is an opportunity to promote the benefits of skilled attendance at birth and to encourage women to seek postpartum care for themselves and their newborn. It is also an ideal time to counsel women about the benefits of child spacing. (Reynolds, Wong *et al.* 2014).

The ANC provides an estimate of essential health issues, including health promotion, disease prevention, screening, and diagnosis. All struggles commenced to preserve the physical and mental well-being of the mothers, to prevent premature labor, to predict difficulties and complications at birth. Ensures decrease number of maternal mortality and morbidity (Organization, 2016). Knowledge of pregnant mothers may be major factor in determining the extent of antenatal services use. Reports from various parts of the world have shown that increased levels of pregnant mothers in terms of antenatal care have an impact on their utilization.(Okafor, 2016).

Attitude refers to the affective feelings of the expectant mother who like and dislike prenatal services. Thus, the personal experience of pregnant women in prenatal services can be positive or negative. (Onasoga, Afolayan *et al.* 2012) Reason experienced in the developing countries is almost

parallel such as hemorrhage, followed by eclampsia, infections, abortion complications and disabilities. (Igbokwe, 2012)

**Aim of the Study**

The aim of the study is to assess the knowledge, attitudes and practice of pregnant women regarding antenatal care in the community of Hussain Abad Lahore.

**Objectives**

To identify the knowledge of women regarding Antenatal care in the community.

To identify the attitude of women regarding the Antenatal care in the community.

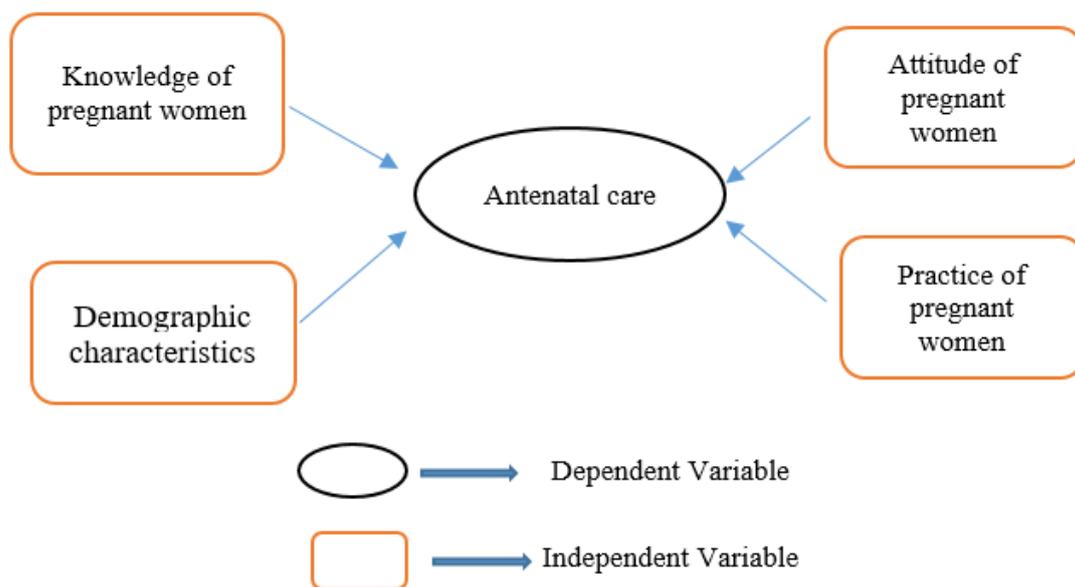
To assess practice of pregnant women regarding Antenatal care in the community.

**Conceptual Framework**

Conceptual framework is shown in Fig. 1.

**Significance of the Study**

This study identify the gap between knowledge, attitude and practices of community people regarding antenatal care. Study enable the community administration to evaluate the knowledge, attitude and practice of pregnant women towards the antenatal care. After conducting the study, the findings will be shared to the community people and the results will be presented to the higher authorities and policy makers. Study will be an ingredient for decision maker, stalk holder, and policy maker to refine or develop certain policies for managing the maternal mortality and morbidity rate with in the community. The study will helpful for the participants they should be aware about the importance of antenatal care and understand how its lack is effecting their health.



**Fig. 1:** Conceptual framework (Source: Rosenstock, 1974)

## Literature Review

Every minute, at least one woman dies from the pregnancy related complication or childbirth, or 529,000 women a year. Moreover, about 20 more people suffer from injuries, infections or illnesses that affect about 10 million women every year, for every woman who dies at birth. Studies show that the cause of maternal mortality in developing countries is mainly due to poor access to maternal health care. Because of poor antenatal and maternity ward, as well as inadequacies in available care. (Igbokwe, 2012).

Expectant mothers indicated that 49% received no antenatal care, even in the presence of no cost and low cost public health sector ANC services. It is reported that out of 900 pregnant women, 811 (90%) had at least one visit. Only 11% of the women had  $\geq$  four antenatal visits. Pakistan Demographic and Health Survey confirms that maternal deaths are not merely a result of treatment failure; rather they are the final outcome of a complex interplay between a myriad of social, cultural and economic factors (Majrooh et al., 2014).

Half of the women were satisfied with the overall care provided to them. The routine antenatal investigations provided to majority of women like urine, blood, antenatal examination and blood pressure. About 86.2% women said that they have to wait for more than two hours for checkups. Regarding satisfaction with getting medicine 63% found dissatisfied, 75% of women did not have complete tetanus vaccine. Only 31% received instructions about antenatal care, 46% received information about exercise and 36% were reassured about discussing fear and anxiety (Sutan et al., 2016).

The state of women's health in Pakistan is unsatisfactory, with the majority suffering from preventable and treatable risks and diseases associated with child bearing. According to the Demographic Health Survey in Pakistan, 70% of pregnant women have not received antenatal care, 23% receive preventive care by a physician, 3% by a nurse, medical health care or family caregiver, and 4% by trained or untrained traditional obstetricians (TBAs). There are several factors, which affect the use of antenatal facilities, such as educational level, awareness of the importance of antenatal care (Birmeta, Dibaba et al. 2013).

Most of the women 85% knew about the benefits in terms of antenatal care and had sufficient knowledge about the importance of antenatal care. Majority of pregnant women visited 58% regularly antenatal care 56% booked in the first trimester for provision (Onasoga et al., 2012).

In a survey 85.5%, beneficiaries received at least three antenatal nursing services from any healthcare institution. Community Health Center was the most common source of such care. Significant differences found between beneficiaries who had used three antenatal visits and did not

exist in terms of age, socioeconomic status and time of registration (Roy et al., 2013).

Knowledge revealed that majority of women knows that, woman needs at least five visits of antenatal follow up throughout her pregnancy 92.2%. However, only 52.8% interviewed women know that the important of using contraceptives methods. About 7.8% of the women did not know that pregnancy women needs at least five visits of antenatal follow up throughout her pregnancy. About 39.8% of the women did not know the complication, which may arise with hypertension, that women with high blood pressure will affect the fetus growth in pregnancy (Getachew et al., 2015).

Results of a study showed that women who had received antenatal care, 54.5% did not have sufficient knowledge of the service, Only 45.5% had good knowledge (Kawungezi, AkiiBua et al. 2015). Attitude towards antenatal care is becoming positive due to better outcomes in health of the baby and the mother, though some still consider home deliveries as status quo. Some considered antenatal care as administration policy so they attended in order to achieve their requirement. Some of them considered it a waste of time due to protocol and delays at antenatal care clinics (Kawungezi et al., 2015).

Use of the antenatal care service was inadequate in accordance with the WHO recommendation, but better than the use of the antenatal services of the Amhara region in Ethiopia, which governs the study area. Low level of education of the mothers, poor decision-making, low economic status of the mother, poor perception of the affected women. On the other hand, the mother's experience of abortion and stillbirth increased the probability of using antenatal care (Dulla et al., 2017).

Use of antenatal care was associated with the degree of awareness regarding the level of nutritional use during pregnancy. Women receiving antenatal care pointed to the importance of acceptable intake of protein, vegetables, fruits and milk during pregnancy. They also knew that green leafy vegetables and organ meat were helpful in preventing anemia (Faye et al., 2011).

The practice of home delivery is still common act as added risk if they ever want to conceive again. About half of the women did not know the complications that might arise among women delivery at home. These high-risk women need specific antenatal care and recommended for hospital delivery. However, home delivery is still a preferred practice among women seen in this study where about 20.8% of the women reported having experience of home delivery in their previous pregnancies opposing to the good attitude revealed regarding hospital delivery.

Antenatal Care have such attractive benefits and strategies, every year, at least half a million women and girls die

because of complications during pregnancy, childbirth or the six weeks following delivery. Almost all (99%) of these deaths occur in developing countries. This shows that the Antenatal care activity is very weak in developing country (Dulla et al. 2017).

## Methodology of the Study

### Setting

Hussain Abad

### Study Design

Cross sectional

### Population

The target populations were the pregnant women living in the Hussain Abad rural area of Lahore aged from 20 to 45.

### Sampling

Non-Probability Convenient sampling Respondents' selection was.

### Research Instrument

Questioner adopted from published research article included four sections Demographic data, Knowledge, Attitude and Practice. Used to collect the information.

### Data Gathering Procedure

Data was gathered by distributing the questioner among community pregnant women. Questionnaire was converted into Urdu, for easy interpretation of participants.

### Analysis Plan

The primary investigator completed data entry. Data was analyzed by using the Statistical Package for the social science (SPSS) 21, descriptive statistics such as frequencies, means, SD- Deviation and percentages. The association between knowledge attitude and practice was drawn through Chi-square

### Study Timeline

The data was collected from October 2017 and ends on December 2017

### Ethical Consideration

The study was conducted in the community after the permission letter from institutional review board committee of university of Lahore. After taking the permission from the stalk holder of the community. The rules and regulations of community people not violated. Each participant in this study was deal in respective way. All information kept confidential.

## Results

This section presents the outcomes of the study.

### Profile of the Respondents

Respondents were pregnant women from rural area of Lahore.

### Research Question

What is the knowledge, attitude and practice of pregnant women regarding antenatal care?

### Demographic Data

The questioners were distributed in 130 participants. By using the convenient sampling technique to collect data, Participants were women of community (Table 1).

### Knowledge Regarding Antenatal Care

In the Table 2, the questions about knowledge regarding Antenatal care pregnant women regarding Antenatal care.

### Attitude Regarding Antenatal Care

In the Table 3, the questions about attitude of community pregnant women regarding Antenatal care.

### Antenatal Care Practices

In the Table 4, the questions about practice of antenatal care among community pregnant women.

**Table 1:** Demographic Information of Participants.

Participants	n = 133 (F)%	
Age Group of respondents	1=20-24 (46) 34.6%	2= 25-29 (20) 15%
	3= 30-34 (53)39.8%	4= 35-above (14) 10.5%
Education level of respondents	1= Primary (19)14.3%	2=Middle (50) 37.6%
	3=Matric (51) 38.3%	4= Intermediate (0)0%
	5=illiterate (13) 9.8%	
Education level of respondents husbands	1= Primary (20)15.0%	2=Middle (18)13.5%
	3=Matric (70) 52.6%	4=Intermediate (07)5.3%
	5=illiterate (18)13.5%	

**Table 2:** Pregnant women's Knowledge Regarding Antenatal care

Variable	Yes(F)%	No(F) %	Cumulative frequency (F)%
Do pregnant women need to go for antenatal check-up?	(n=94)69.1%	(n=39)28.7%	(133)100%
If yes, is it required to go for ANC even if there is no complication during pregnancy?	(n=93)69.9%	(n=40)30.1%	(133)100%
Should first antenatal check-up be done in the first 3 months?	(89)66.9%	(44)33.1%	(133)100%
Is it necessary to give inj. TT during pregnancy?	(68)51.1%	(64)48.1%	(133)100%
Does pregnant woman need vitamin supplement and iron folic acid tablet during pregnancy?	(118)88.7%	(15)11.3%	(133)100%
Regular Blood pressure examination is necessary during pregnancy.	(112) 82.4%	(21)15.4%	(133)100%
Can high blood pressure affect the foetus growth?	(70)51.5%	(63)46.3%	(133)100%

**Table 3:** Pregnant women's Attitude Regarding Antenatal care

Variables	Disagree (F)%	Neutral (F)%	Agree (F)%	Cumulative frequency (F)%
Early antenatal booking is good for my pregnancy	(08) 5.9%	(02)1.5%	(123)91.5%	(133)100%
I will go for antenatal booking before the third month of my pregnancy.	(56) 38.9%	(26) 19.1%	(54) 39.7%	(133)100%
I believe that vitamin supplement and iron folic acid tablet is good for the foetus.	(29) 21.3%	(02) 1.5%	(102)75%	(133)100%
Antenatal follow up is good to monitor mother's and foetus' health	(07) 5.1%	(13)9.6%	(113)83.1%	(133)100%
I will allow the doctor to check my blood pressure	(31) 22.8%	(0) 0%	(102)75%	(133)100%

**Table 4:** Community Pregnant women's Practice Regarding Antenatal care

Variables	Disagree (F)%	Neutral (F)%	Agree (F)%	Cumulative frequency
Seek antenatal care regularly during pregnancy.	(96)69.6%	(06)4.4%	(36)22.8%	(133)100%
Current pregnancy is unplanned.	(40)33.1%	(0)0%	(88)74.7%	(133)100%
Waiting for the foetus (baby) to move before going for antenatal care.	(111)81.6%	(07)5.1%	(15)11%	(133)100%
Unable to meet the transport costs to the healthcare facility.	(20)14.7%	(06)4.4%	(20)14.7%	(133)100%
Feeling well and not having any serious problems, which need the nurse or doctor's attention.	(05)3.7%	(01)0.7%	(127)93.4%	(133)100%
No power to make decisions on your own. Husband/partner or family members have to make the decision for you to go for antenatal care.	(65)47.8%	(0)0%	(68)50.0%	(133)100%
Take five antenatal visit during pregnancy.	(86)63.2%	(40)29.4%	(07)5.1%	(133)100%

**Chi-Square Test Application**

Table 5 shows the significant association in qualification and knowledge

There was significant association between qualification and attitude. Qualification effect on the pregnant women attitude, all items showed insignificant p value and chi square value. (Table 6).

The Table 7 showed that there was significant association between qualification and first five items of practices. It showed that education have great effect on the practices of pregnant women regarding attaining of antenatal care regularly during pregnancy  $p=.001$  with chi-square value 94.66a.

**Table 5:** Association in Qualification and Knowledge

S. N.	Questions	$\chi^2$ value	Sig
1	Do pregnant women need to go for antenatal check-up	12.37a	.006*
2	If yes, is it required to go for ANC even if there is no complication during pregnancy?	6.157a	.104*
3	Should first antenatal check-up be done in the first 3 months?	37.88a	.001*
4	Is it necessary to give inj. TT during pregnancy?	21.44a	.002*
5	Does pregnant woman need vitamin supplement and iron folic acid tablet during pregnancy?	.565a	.904
6	Regular Blood pressure examination is necessary during pregnancy.	2.826a	.419
7	Can high blood pressure affect the fetus growth?	20.47a	.001*

**Table 6:** Association in Qualification and Attitude

S. N.	Questions	$\chi^2$ value	Sig
1	Early antenatal booking is good for my pregnancy	111.48a	.002*
2	I will go for antenatal booking before the third month of my pregnancy.	68.09a	.001*
3	I believe that vitamin supplement and iron folic acid tablet is good for the fetus.	73.46a	.000*
4	Antenatal follow up is good to monitor mother's and fetus' health	105.19a	.001*
5	I will allow the doctor to check my blood pressure	74.42a	.003*

**Table 7:** Association in Qualification and Practice

S. N.	Questions	$\chi^2$ value	Sig
1	Seek antenatal care regularly during pregnancy.	94.66a	.001*
2	Take five antenatal visit during pregnancy.	16.68a	.162*
3	Waiting for the fetus (baby) to move before going for antenatal care.	13.76a	.316*
4	Unable to meet the transport costs to the healthcare facility.	16.83a	.156*
5	Feeling well and not having any serious problems, which need the nurse or doctor's attention.	54.86a	.001*
6	Current pregnancy is unplanned.	9.019a	.436
7	No power to make decisions on your own. Husband/partner or family members have to make the decision for you to go for antenatal care.	21.32a	.986

## Discussion

It is known that most perinatal deaths can be prevented if adequate antenatal care and timely obstetric care is provided. In this study, overall knowledge regarding need of expectant ladies to go for prenatal assessment. 69.1% (n=94) respondent were knew that pregnant women need to go for their checkup. 69.9% (n=93) pregnant women knows that it is required to go for antenatal care even if there is no complication during pregnancy. 66.9 % (n=89) women have knowledge that 1<sup>st</sup> prenatal check-up should be done in the starting three months of gestation. Almost half of the women knows 51.5% (n=70) that high blood pressure can affect the growth of their children. Another similar study was conducted in Orang Asli in Jempol District shows 94.2% expectant females have awareness about “that expectant women need to go for gynecological assessment”. Similarly, 73.1% women knows that pregnant females need to go for pre-birth check-up even if there is no complication. 92.3% knows that pregnant women needs vitamin supplement. Respectively 55.8% women knows that high blood pressure can affect the growth of their children. In this study, outcome on the attitude towards the ante-natal care reveals that 52% of the interrogated females had attitude score of more than half worth. Only 39.7% of women agreed or strongly agreed, as they will go for antenatal booking before the third month of their pregnancy. 83.1% women believe that antenatal follow up is worthy to observe mother, fetus’ health status. This is the highest response rate.

This study reveals that (n=3) 2.2% participants were strongly agree, (n=31)19.1% participants agreed (n=93) 67.4% participants were disagreed, (n=05) 3.7% were strongly disagreed (06) 4.4% were neutral that they have Seek antenatal care regularly during pregnancy. 14.7% participants were agreed, 78.6% were disagreed and 4.4% were neutral in response to the question that they are unable to pay for transport cost. 47.8% disagreed, 50.0% agreed, they have No power to make decisions on your own.

It is supposed that females’ qualification is vital for understanding health needs, and able to make decisions regarding their health. The study shown that, significant relationship was found between qualification and knowledge attitude and practice of the women. It was found that practice and attitude of the women was affected by education status. In this study, women who were more educated were better aware about almost all the aspects of antenatal care. However, women with lower education were doing better practice about nutrition and other factors.

## Limitations

Non-probability sampling technique was applied in the study. There might be response bias in the results because

of the sensitive topic. The study was conducted in rural area of Lahore.

## Conclusion

The study concluded that overall 64.7% pregnant women response in yes regarding knowledge about antenatal care. The attitude was shown positive somewhere as 69.6% women were agree and as well as negative, also as 30.1% respondents were disagreed and therefore 61% participants have positive practices towards antenatal care. There was statistically significant association between qualification and knowledge of pregnant women regarding antenatal care, significant association in qualification and attitude and there was insignificant association in qualification and practices.

## Acknowledgement

We are grateful to all persons who helped us directly or indirectly during this research work. The first author wishes to thank her Husband and friends for supporting her.

## References

- Berhe KK, Welearegay HG, Abera GB, Kahsay HB, Kahsay AB (2014) Assessment of antenatal care utilization and its associated factors among 15 to 49 years of age women in Ayder Kebelle, Mekelle City 2012/2013; a cross sectional study. *Open Journal of Advanced Drug Delivery*. 2(1): 62-75.
- Birmeta K, Dibaba Y, Woldeyohannes D (2013) Determinants of maternal health care utilization in Holeta town, central Ethiopia. *BMC health services research* 13(1): 256.
- Dulla D, Daka D, Wakgari N (2017) Antenatal Care Utilization and Its Associated Factors among Pregnant Women in Boricha District, Southern Ethiopia. *Diversity & Equality in Health and Care*.
- Faye A, Niane M, Ba I (2011) Home birth in women who have given birth at least once in a health facility: contributory factors in a developing country. *Acta obstetrica et gynecologica Scandinavica* 90(11): 1239-1243.
- Getachew H, Tadesse Y, Shibeshi W (2015) Drug dosage adjustment in hospitalized patients with renal impairment at Tikur Anbessa specialized hospital, Addis Ababa, Ethiopia. *BMC nephrology*. 16(1):158.
- Igbokwe C (2012) Knowledge and attitude of pregnant women towards antenatal services in Nsukka Local Government Area of Enugu State, Nigeria. *Journal of Research in Education and Society* 3(1).
- Kawungezi PC, AkiiBua D, Aleni C, Chitayi M, Niwaha A, Kazibwe A, et al. (2015) Attendance and utilization of antenatal care (ANC) services: multi-center study in upcountry areas of Uganda. *Open journal of preventive medicine* 5(3): 132.
- Majrooh MA, Hasnain S, Akram J, Siddiqui A, Memon ZA (2014) Coverage and quality of antenatal care provided at primary health care facilities in the ‘Punjab’ province of ‘Pakistan’. *Plos one* 9(11): e113390.

- Okafor EC (2016) Attitude and Practice of Health Care Professionals, Regarding HIV and AIDS in Abia State Hospitals.
- Onasoga OA, Afolayan JA, Oladimeji BD (2012) Factors influencing utilization of antenatal care services among pregnant women in Ife Central LGA, Osun State, Nigeria. *Advances in Applied Science Research* 3(3): 1309-13015.
- Organization WH (2016) Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommendations for a public health approach: World Health Organization.
- Reynolds HW, Wong EL, Tucker H. (2006) Adolescents' use of maternal and child health services in developing countries. *International family planning perspectives* 6-16.
- Rosenstock IM (1974) Historical origins of the health belief model. *Health Education Monographs* 2: 328–335.
- Roy MP, Mohan U, Singh SK, Singh VK, Srivastava AK (2013) Determinants of utilization of antenatal care services in rural Lucknow, India. *Journal of family medicine and primary care* 2(1): 55.
- Sutan R, Hassan H, Shamsuddin K. (2016) Health Information Seeking Behaviour among Hypertensive Disorder. In: Pregnancy (HDP) High Risks Antenatal Mothers. 6:2.
- UNICEF (2008) Progress for children: a report card on maternal mortality: Unicef.
- WHO (2007) *UNFPA Advocacy Brief: In Family Planning/Child Birth Spacing for Health and National Development Action Points for Policymaker*. Produced by the Federal Ministry of Health with support from ENHANCE project/USAID.1309-1315.