

Knowledge and Attitude about Safe Motherhood Practices among Pregnant Women in Belagavi, Karnataka

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ABSTRACT

Background: Pregnancy and childbirth are essential for existence of the entire human race but complications during this period leading to termination have negative impact on the women mentally, physically and emotionally. To prevent this, "Safe Motherhood Initiative" was launched in 1987 but even then India's maternal and under-5 mortality remained high which can be attributed to lack of knowledge and poor attitude regarding these practices among pregnant women hence this study was done to assess the level of knowledge and attitude about safe motherhood practices among pregnant women attending antenatal clinics.

Methods: A questionnaire based survey was conducted among 374 pregnant women attending antenatal clinic at a tertiary hospital in Belagavi for 4 months. Sociodemographic data and details of knowledge and attitude about safe motherhood practices were collected using a predesigned pretested questionnaire. Data was entered and analysed using SPSS.

Results: In this study participants' mean age was 23.9 years, majority of the participants had completed their middle school (20.3%), almost half of the participants were unemployed (53.7%) and more than half of them (67.1%) during their marriage were aged less than 20 years. 84% of the pregnant women had average knowledge while all of them had positive attitude regarding Safe Motherhood Practices.

Conclusions: The need of the hour is to use the positive attitude to increase the knowledge. These findings can be used to plan Health Awareness and Intervention Programs aiming to increase knowledge of pregnant women towards Safe Motherhood Practices.

Keywords: Knowledge, Attitude, Safe motherhood, Pregnant, Antenatal.

INTRODUCTION

Most mothers enter pregnancy with the expectation that their pregnancy and delivery will involve nothing but happiness. Many a time's complications occur eventually leading to termination of pregnancies and childbirths. Further if a

woman dies in childbirth, the death sentence of the infant she carried is almost certainly written. Maternal death is thus, almost inevitably, a double tragedy. ^[1]

To prevent this in 1987 the International Health Community including the World Bank, WHO, the United Nations

Population Fund and agencies in 45 countries launched the “Safe Motherhood Initiative” in the Safe Motherhood Conference held in Kenya. [2] It gave a conceptual framework of safe motherhood and maternal care that enlisted four pillars of safe motherhood as: antenatal care, clean and safe delivery, essential obstetric care and post-natal care including family planning. [3]

Since then there has been a consistent decline in Maternal mortality ratio (MMR), Infant Mortality Rate (IMR) and Under-Five Mortality Rate (U5MR) globally as well as in India.

Globally, the MMR fell by nearly 44% over the past 25 years. [4] The IMR has decreased to 30.5 deaths per 1000 live births in 2016. [5] Also the number of under-five deaths (U5MR) worldwide has declined to 5.9 million in 2015. [6] In India MMR has reduced to 174 deaths/100,000 live births in 2015. [7] The IMR has declined to 34 per 1000 live births in 2016. [8] And the U5MR has reduced to 48 deaths per 1,000 live births in 2015. [6]

But even after the launch of this initiative and so much work going on in this field according to the latest 2016 fact sheets India has missed the targets for Millennium Development Goal (MDG)-4 and 5. [9-11] Hence, in 2014 “Every Mother and Every Newborn” and in 2016, “The Global Strategy” was launched to implement the 2030 agenda of Sustainable Developmental Goal (SDG)-3. [12] In 2016, at the start of Sustainable Developmental Goals era, pregnancy related preventable mortality and morbidity still remained unacceptably high. [13] It is therefore necessary to assess the basic level of awareness about safe motherhood practices among pregnant women so that necessary interventions can be planned.

Very few studies have been carried out in the Indian population regarding this aspect, therefore the study is planned to determine the level of knowledge and attitude about the safe motherhood practices about these practices in pregnant women.

MATERIALS AND METHODS

A descriptive study was conducted to assess knowledge and attitude about safe motherhood practices among pregnant women attending antenatal clinics at a tertiary care hospital, Belagavi from August 2016 to February 2018.

The sample size for the present study was calculated scientifically which came to be 374. [14]

All pregnant women were included in the study only those who did not give consent were excluded. Relevant permissions were obtained from the hospital authorities. Written informed consent was obtained from all the participants after briefing them about the study.

A pilot study was conducted on 10% of the total sample i.e. 37 pregnant women who were not included in the main study. Validation of the questionnaire was done and necessary modifications were made. Data was collected using a pre-designed questionnaire. This questionnaire was divided into 3 parts namely “personal and socio-demographic information”, “background information” and questions related to knowledge and attitude about safe motherhood practices.

Ethical clearance from Institutional Ethics Committee (I.E.C.) was obtained for the study. Utmost care was taken to maintain the privacy and confidentiality of the study participants by confining their identity.

Data was collected by the first author. Every correct answer in knowledge section was awarded 1 mark while the wrong was given 0 mark, attitude questions were scaled using 5-point Likert scale.

STATISTICAL ANALYSIS

Data entry and analysis was done by using the statistical package for social sciences (SPSS) software version 20 and Microsoft Excel. Frequency and percentage were used to analyze the level of knowledge and attitude. Chi square test was used to find associations.

RESULTS

Table No. 1- Socio demographic characteristics

Characteristics	Number	Percent (%)
Age(yrs)		
<20	56	15.0
20-25	211	56.4
25-30	86	23.0
30-35	15	4.0
>35	6	1.6
Residential area		
Peri-urban	95	25.4
Urban	279	74.6
Age at marriage (yrs)		
<20	251	67.1
20-25	114	30.5
>25	9	2.4
Marital relation		
Consanguineous	97	25.9
Non consanguineous	277	74.1
Education		
Illiterate	74	19.8
Primary school	64	17.1
Middle school	76	20.3
High school	70	18.7
Intermediate	37	9.9
Degree/PG	53	14.2
Employment		
Employed	173	46.3
Unemployed	201	53.7
Socio economic class		
Lower	0	00.0
Upper lower	133	35.6
Lower middle	134	35.8
Upper middle	55	14.7
Upper	52	13.9
Gravida		
Primi	153	40.9
Multi	221	59.1
Age at first child (years)		
<20	137	36.6
20-25	192	51.3
25-30	37	9.9
30-35	7	1.9
>35	1	.3
Total	374	100.0

In this study the participants' mean age was 23.9 years, majority of the participants had completed their middle school (20.3%), almost half of the

participants were unemployed (53.7%) and more than half of them (67.1%) at the time of their marriage were of age were less than 20 years. (Table No. 1)

Out of 374 participants, 314 (84%) had average knowledge about safe motherhood practice with knowledge score 18-36. 44 participants (11.8%) had poor knowledge while only 16 participants (4.3%) had good knowledge about Safe Motherhood Practices. (Table No. 2)

Table No. 2- Distribution of study participants according to their level of knowledge:

Knowledge score groups	Number of participants	Percent (%)
Poor (<18)	44	11.8
Average (18-36)	314	84.0
Good (>36)	16	4.3
Total	374	100.0

All the participants in this study had positive attitude regarding Safe Motherhood Practices. (Table No. 3)

Table No. 3- Distribution of study participants according to their attitude:

Attitude score groups	Number of participants	Percent (%)
-ve (0-45)	0	0.0
+ve (46-90)	374	100.0
Total	374	100.0

Knowledge score was assessed and statistically significant association was observed between the knowledge and education level of the participants, employment status and socio-economic class of the participants (p-value=0.000) while it was not with any other socio-demographic variables. (Table No. 4)

Table no. 4- Association of knowledge with socio-demographic variables.

Socio-demographic variables	Knowledge			Chi square value	df	p-value
	Poor	Average	Good			
Education of participants				39.527	12	0.000
Illiterate	20.5%	20.1%	12.5%			
Primary school	13.6%	17.5%	18.8%			
Middle school	15.9%	22.0%	0.0%			
High school	27.3%	18.5%	0.0%			
Intermediate	13.6%	9.6%	6.2%			
Degree/PG	9.1%	12.4%	62.5%			
Employment status				16.059	2	0.000
Employed	75.0%	52.5%	18.8%			
Unemployed	25.0%	47.5%	81.2%			
Socio economic class				36.752	6	0.000
Upper lower class	27.3%	37.3%	25.0%			
Lower middle class	47.7%	35.4%	12.5%			
Upper middle class	13.6%	15.6%	0.0%			
Upper class	11.4%	11.8%	62.5%			

DISCUSSION

In our study out of 374, more than half of the participants were in the age group of 20-25 years (57.2%) with the mean age being 23.9 yrs and more than three quarters of them resided in the urban areas (74.6%). In a similar study conducted in Nigeria on the knowledge of safe motherhood among women in rural communities the median age of the participants was 25 years and in a study conducted in Bangladesh the mean age of pregnant women was 24.61 yrs. [15,16]

Age at marriage plays an important role in reproductive health as well as in maintaining safe motherhood practices. Women could be weak if they are married below 18 years of age. Therefore, Government of India has made the *Prohibition of Child Marriage Act* which states 18 and above to be the legal age of marriage for girls. In our study a large number of participants were married before the age of 20 years (67.1%) and many had completed only 0-4 years for their marriage (74.6%) also most of the participants had non-consanguineous marriages (74.1%).

Education helps in maintaining safe motherhood practices. Data revealed that out of 374 participants 20.3% of the participants had only completed middle school, 18.7% had completed high school, 17.1% had completed primary school while 19.8% of the participants were illiterate. The information reveals that participants did not have a good level of education. The Nigerian study on knowledge of safe motherhood showed that half of the participants had received only Qu'ranic education (58.1% and 50%). [15]

Economic activity is one of the strong indicators of national development. Occupation is also related with the economic activities as it helps to change the life style of people. In this regard out of 374 participants almost half of the participants 53.7% were unemployed and more than half of them 71% belonged to the lower socio economic class. Similar findings are shown

in a study conducted in Bangladesh about knowledge and behaviour on safe motherhood practices where 92% of the participants were unemployed. [16] These participants may not have sufficient money for purchasing nutritional food and antenatal, intrapartum and postnatal service during pregnancy.

In our study it was seen that around 60% of the participants were multigravida and that the age of majority of the participants during the birth of their first child was less than 25 years. Thus early pregnancy was prevalent among the participants.

In the present study maximum of the participants (84%) had average knowledge about safe motherhood practices and their knowledge score was 18-36. 44 participants (11.8%) had poor knowledge while only 16 participants out of 374 (4.3%) had good knowledge about Safe Motherhood Practices. These findings were similar to the study conducted within selected rural communities in northern Nigeria which showed generally poor knowledge about safe motherhood practices but among women who had recently delivered. [15] The findings were also corresponding with those of a study done in Tribal Women of Selected four Tribal Villages of Jambughoda Block, Panchmahal District, Gujarat showing that the overall knowledge regarding Safe Motherhood was low. [17]

All the participants (100%) in our study showed a positive attitude regarding Safe Motherhood Practices. This shows that during pregnancy women are more receptive and easily accept the idea of Safe Motherhood.

More than one third of the participants in our study agreed that antenatal check-up is necessary for women after becoming pregnant (88%), that antenatal follow-up is good to monitor the health of the mother and the foetus (87%) and that early antenatal booking is beneficial (82%). On the contrary a study regarding knowledge, attitude and practices regarding antenatal care among pregnant

women in Uttarakhand showed 100% participants agree that ANC check-up is necessary for pregnant women for safe and healthy delivery. [18]

Nearly 90% of the participants agreed that transport should be arranged in case of emergency and that money should be separately saved for pregnancy. This shows a positive attitude among the participants regarding preparation for pregnancy and will help in reducing complications during the critical period.

Majority of the participants (80%) refrained from having deliveries at home and disagreed to the same. Institutional deliveries were thus preferred which will help in bringing a positive outcome about pregnancy. Similar to this finding a study conducted on knowledge, attitude and practice regarding hospital delivery among rural married women in northern Bangladesh revealed that 85.3% showed a positive attitude towards hospital delivery. [19]

It was seen that a large number of participants (41%) disagreed to the fact that government schemes are beneficial for pregnant women. This can be due to the lack of complete knowledge regarding the services provided under these schemes. It shows the greater need for awareness and community mobilization towards these services.

Varying responses where about half (51%) of the participants agreed that umbilical cord should be given a dressing, one fourth remaining neutral (24%) and almost the last one fourth (36%) disagreeing to it were observed from the participants regarding umbilical cord care after pregnancy showing that there is a confusion whether the umbilical cord should or should not be given a dressing. Prevailing practices like applying cow dung, ash etc. to the umbilical cord might have resulted in such a misunderstood approach which needs to be removed and the practice of keeping the umbilical cord undressed should be advocated to the women.

Majority of the participants agreed that post-natal check-ups help in improving the health of the mother and the baby (86%). Post-natal check-ups are usually the most missed ones and faulty postnatal practices increase the neonatal death. A positive attitude regarding these will help in increasing the survival rate among infants and will help keep them away from diseases in the later life.

Approximately two third of the participants (73%) agreed that family planning is essential for the health of the women which is an important aspect of safe motherhood. The study finding was in correlation with another KAP study conducted in Indonesia which showed that more than half of the respondents agreed that contraception was beneficial and would recommend it to their families. [20]

The participants had overall average to poor knowledge regarding safe motherhood. About the attitude all the participants had a positive attitude. Thus although women have a positive attitude because of their lack of knowledge and awareness they are not able to avail to the safe motherhood services. If the women are given a higher education which will enable them to seek employment and have a better socio economic status the knowledge regarding safe motherhood may also increase. Thus if the knowledge increases it will lead to a better behaviour and thus making pregnancy and delivery a much safer and fulfilling experience.

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Declarations

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