

Knowledge of Antenatal Care (ANC) among the Pregnant Women in a Rural Community

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ABSTRACT

Background: Antenatal Care (ANC) from the early stage of pregnancy can minimize the risk of complications and mortality for both mother and child. But ANC is not much popular in a middle-income country like Bangladesh. This study aims to find out the pattern of antenatal care among women in the rural community. **Method:** This cross-sectional study was undertaken for assessment of knowledge of ANC among pregnant women in Ekuria, Kapasia, Gazipur. In this study, the sample size was 20. **Result:** In this study, most of the study people (7 patients) were in the age group of 20-24 years. 9(45%) study population received ANC from the public sector, 6 (30%) from the private sector, and 25% from NGOs. Quality of ANC revealed that in the private sector 50%, in the public sector 25%, and in NGO 25% were adequate. Adequate ANC recipient was 50%, 0%, 25%, and 25% respectively in

higher secondary & above, secondary, primary, and illiterate group. In this study, most of the study people (75%) were in the low socioeconomic group. It was found that 1 (15%) population of lower and 3 (60%) in the middle socioeconomic group received adequate ANC. **Conclusion:** Most of the pregnant women who received antenatal care were of lower age group, lower socioeconomic class, and concerned about ANC. But the ANC given to them was inadequate in maximum cases.

Keywords: Knowledge, Antenatal Care (ANC), Pregnant Women, and Rural Community.

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INTRODUCTION

Antenatal care is the care for women during pregnancy [1]. Antenatal care (ANC) is essential for the health of both the mother and child. Prenatal mortality, low birth weight, early delivery, pre-eclampsia, eclampsia, and anemia are all linked to a lack of antenatal care [2]. When antenatal care is obtained early in the pregnancy and followed through delivery, it can be more successful in preventing negative pregnancy outcomes. By detecting and treating a pregnancy-related disease or identifying risk factors, regular prenatal care can minimize maternal mortality and morbidity [3]. The quality of prenatal care is determined by what it comprises, and this is critical for the mother's and unborn child's health. The goal of ANC is to ensure a healthy mother and baby at the conclusion of pregnancy by preventing and treating pregnancy-related morbidity and identifying women who are at high risk for delivery problems [4-6]. A regular ANC consists of prenatal screenings performed by health professionals to manage pregnancy and diagnose pregnancy-related problems [4]. Providing iron supplements, educating women on the indicators of pregnancy difficulties, doing screening tests such as urine and blood tests, and evaluating weight gain and blood pressure are all important aspects of prenatal care [7]. For both mother and kid, timely and adequate ANC procedures have the potential to save their lives [8]. Nutrition and health checks, the ability to detect pregnancy concerns, counseling and support for women and their families, and a higher possibility of delivery in the presence of experienced birth attendants, all of which lead to fewer maternofetal fatalities, are all advantages of ANC visits [10-13]. It is a major entry point for pregnant women to access a variety of health treatments, including nutritional maintenance,

anemia prevention or treatment, malaria prevention, detection, and treatment, and sexually transmitted diseases prevention, detection, and treatment [14]. According to recent research of 369 adults in Northwest Ethiopia, 52 percent of participants scheduled their first ANC visit after 4 months of pregnancy [15]. The availability of a high-quality, low-cost program has long been assumed to stimulate its proper implementation.¹⁶ ANC services are becoming more widely offered to women in poor and medium-income nations, although they are still underutilized [16-17]. Bangladesh has committed to the Millennium Development Goals and has developed various policies and strategies for improving maternal and newborn health. This study aims to find out the pattern of antenatal care among women in the rural community.

OBJECTIVES

GENERAL OBJECTIVE

- To find out the pattern of antenatal care among women in the rural community.

SPECIFIC OBJECTIVES

- To determine the relation of antenatal care with educational qualification.
- To find out any relation between antenatal care with socioeconomic status.

METHODOLOGY

This cross-sectional study was conducted in Ekuria, Kapasia, Gazipur for a period of 25 to 29 January 2017. In this study, the sample size was 20 consecutive pregnant women. A semi-structured questionnaire was used to collect data. All pregnant women included in this study were informed in easily understandable local language about the aim and objectives, procedure, risk, and benefit of the study. Informed consent was taken from each subject or

near relatives. Confidentiality was maintained strictly and the pregnant woman had the right to withdraw herself from the study at any time during the study period. Statistical analysis was done after compiling all data. Data analysis was done by computer. Data were checked for any discrepancy and was thoroughly revised to reduce any discrepancy. MS Excel was used to process the data table and a Bar diagram is used to present findings.

RESULT

The distribution of 20 cases among four groups of ANC recipients revealed that 4 patients received adequate and 16 patients received inadequate ANC. The population revealed that 5 patients in <20 years, 7 patients in 20-24 years, 3 patients in 25-29 years, and 5 patients in

≥30 years age group. The results are shown in Table 1. Table 2 shows that 9 (45%) study population received ANC from the public sector, 6 (30%) from the private sector, and 25% from NGOs. Quality of ANC revealed that in the private sector 50%, in the public sector 25%, and in NGO 25% were adequate. Table 3 has shown that adequate ANC recipient was 50%, 0%, 25%, and 25% respectively in higher secondary & above, secondary, primary, and illiterate group. In Figure 1, the socioeconomic status of the study population revealed that 15 (75%) were in the low and 5 (15%) in the middle group. There was no population in the higher socioeconomic group in this study. It was found that 1 (15%) population of lower and 3 (60%) in the middle socioeconomic group received adequate ANC.

Table 1: Age distribution of study population.

Age of ANC	Total	The number who took adequate ANC	%
<20 Years	5	2	40
20-24 Years	7	1	14
25-29 Years	3	1	33
≥30	5	0	0
	20	4	20

Table 2: Distribution of study population according to the place of antenatal care.

Place of ANC	Total	%	Number who took adequate ANC	%
Public	9	45%	1	25%
Private	6	30%	2	50%
NGO	5	25%	1	25%
Total	20	100%	4	100%

Table 3: Distribution of study population according to the level of education

Level of education	Total	%	Number who took adequate ANC	%
Illiterate	6	30%	1	25%
Primary	2	10%	1	25%
Secondary	8	40%	0	0%
Higher secondary & above	4	20%	2	50%
Total	20			

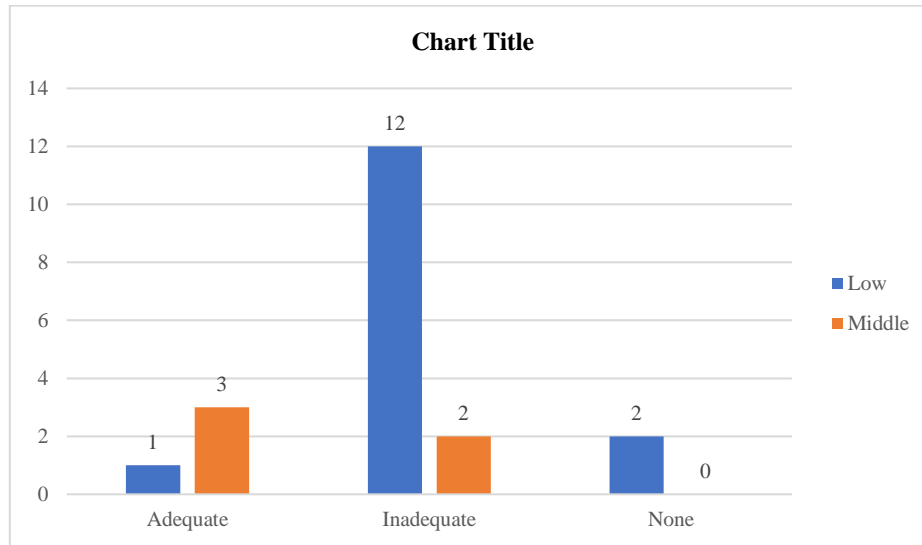


Figure 1: Distribution of study population according to the socioeconomic condition

DISCUSSION

The present study was designed to see the pattern of antenatal care among rural pregnant women. This was a cross-sectional study based on a sample of 20 pregnant women who attended Ekuina, Kapasia, Gazipur from different rural communities. The distribution of 20 cases among three groups of ANC recipients revealed that 4 patients received adequate and 16 patients received inadequate ANC. Results of the study of Kawungeziet al [18], showed that for women who had received antenatal care, 54.5% did not have sufficient knowledge of the service and only 45.5% had good knowledge.

The population revealed that 5 patients in <20 years, 7 patients in 20-24 years, 3 patients in 25-29 years, and 5 patients in ≥30 years age group. In the study of Patel BB et al [19], among 384 study people, 24 pregnant women were in the age group of <20 and 199 pregnant women were in the age group of >20 years inadequate group. In the inadequate group, 36 pregnant women were in the age group of <20 and 125 pregnant women were in the age group of >20 years. In this study, 9 (45%) study population received ANC from the public sector, 6 (30%) from the

private sector, and 25% from NGOs. Quality of ANC revealed that in the private sector 50%, in the public sector 25%, and in NGO 25% were adequate. In the study of Chen L et al. [20], among 559 mothers who received ANC in a single health facility, 448 (80%) received it in county public hospitals or higher-level facilities, 44 (8%) in township hospitals, and 64 (11%) in the private sector. In this study, adequate ANC recipient was 50%, 0%, 25%, and 25% respectively in higher secondary & above, secondary, primary, and illiterate group. In the study of Patel BB et al [19], among 384 study people, 125 pregnant women had education level >10th grade and 98 pregnant women had education <10th grade in the adequate group. In the inadequate group, 29 pregnant women had education level >10th grade and 132 pregnant women had education <10th grade. The socioeconomic status of the study population revealed that 15 (75%) were in the low and 5 (15%) were in the middle group. There was no population in the higher socioeconomic group in this study. It was found that 1 (15%) population of lower and 3 (60%) in the middle socioeconomic group received adequate ANC. In the study of Patel BB et

al.¹⁹ among 384 study people, 152 pregnant women were in the upper and middle class and 71 pregnant women were in the lower class in the adequate group. In the inadequate group, 60 pregnant women were in the upper and middle class and 101 pregnant women were in the lower class.

LIMITATIONS OF THE STUDY

Data was collected from a specific demographic area. Thus, the results do not represent the view of other areas. Due to the limitation of time & smaller sample size, this study could not be done properly.

CONCLUSION

In this study, it was found that most of the pregnant women received antenatal care but the care was inadequate. The lower age group, higher educational level, and middle socioeconomic group were more concerned about antenatal care. It was observed that the private sector provided more adequate antenatal care than the public sector. Improvement of the level of education and socioeconomic condition can ensure higher attendance of antenatal care. Emphasis should be given to improve these parameters which will be able to reduce maternal mortality, morbidity and will ensure a better perinatal outcome.

RECOMMENDATION

Further study on the same topic could be carried out involving a larger population.

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