

## Knowledge and Attitudes Mothers Attending primary health Center, Regarding Antenatal - and Post Neonatal Care in Basra City

Sunduss B. Dawod<sup>1\*</sup>, Hajer Salme Assea<sup>2</sup>, Kadhim Jawad<sup>2</sup>

<sup>1</sup>Lecturer, PhD. Maternal & Noetal Nursind College of Nursing, University of Basrah, Basrah, Iraq

<sup>2</sup>Lecturer, Master Degree Pediatric College of Nursing, University of Basrah, Basrah, Iraq

DOI: [10.36347/sjams.2020.v08i02.022](https://doi.org/10.36347/sjams.2020.v08i02.022)

| Received: 03.02.2020 | Accepted: 11.02.2020 | Published: 15.02.2020

\*Corresponding author: Sunduss B. Dawod

### Abstract

### Original Research Article

**Background:** Antenatal Care means care before birth and includes education, counseling, screening and treatment to monitor and to promote the well - being of the mother and fetus. Most are previous studies done on knowledge and attitude of women toward women of child bearing age. **Objective:** to assess knowledge and attitudes of pregnant women concerning antenatal and postnatal care who attend in primary health care center in Basra city. **Design:** A descriptive analytic design was used. Setting; this study was conducted at primary health care centers in Basra Governorate center. During the period from November 2017 to February 2018. **Simple:** Random Sample consisted (100) pregnant, the data were collected through interview and use questionnaire format. **Results:** The results revealed that (49%) of pregnant women their ages ranged between 15-24 years, (30%) were primary school education, (89%) from house wife. (72%) had 1-3 gravid, (60%) had 1-3 Para, 26% had 1-2 abortion and 78% attended primary health care center 1-2 visits only. The result indicates that there is no significant relationship between socio-demographic characteristic and type of sample of pregnant women concerning antenatal –postnatal care, while there is significant relationship between number of prenatal –postnatal care visits and (age, education, occupation, smoking husbands, number pregnancy ,number children and place of labor ) of the pregnant women. **Recommendations:** The study recommended an emphasis on health education for mothers' awareness of the importance of regular visits to primary health care center during pregnancy.

**Keyword:** Knowledge, Attitudes primary health Center, Antenatal, Disorder, Neonatal.

**Copyright © 2020:** This is an open-access article distributed under the terms of the Creative Commons Attribution license which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use (NonCommercial, or CC-BY-NC) provided the original author and source are credited.

## INTRODUCTION

Antenatal Care (ANC) is an important step which means care before birth with complete screening, treatment, promoting and monitoring of the safety of the mother and fetus [1]. The ANC could provide pregnant women with valuable information and advices that could help them during their pregnancy, delivery and postnatal period to avoid high rates of death that result from inappropriate knowledge about antenatal care [2]. Women should visit ANC any times during their pregnancy period which would increase the chance for good skills attendant during the birth time and would increase the health during the longevity as well as management of death rates of the mothers and fetus during birth which was increased to reach 25% of maternal death around the world [3]. Antenatal Care (ANC), "Antenatal Care means care before birth and includes education, counseling, screening and treatment to monitor and to promote the well - being of the mother and fetus. In short it is the care that a woman

receives during pregnancy that helps to ensure healthy out comes for women and newborn [4]. It is a key entry point for pregnant women to receive a multiple range of health services such as nutritional support and prevention or treatment of anemia; prevention, detection and treatment of malaria, tuberculosis and sexually transmitted infections [5]. 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. However, Antenatal Care have such attractive benefits and strategies, according to the United Nations Millennium Development Goals, every year, at least half a million women and girls die as a result of complications during pregnancy, childbirth or the six weeks following delivery. Almost all (99%) of these deaths occur in A number of studies indicate that the Antenatal Care utilization rate is still low due to many factors that need to be examined such as socio demographic factors, knowledge of social support. They conclude that eliminating such factors is important to

increase the women's participation in Antenatal Care. The main reasons that hinder the use of Antenatal Care are different from Country to Country. But the reason experienced in developing countries are nearly similar such as; hemorrhage, followed by eclampsia, infection, abortion complications and obstructed labor. Other issues are lack of knowledge and preparedness about reproductive health in the family, community and health provider [6]. Antenatal Care is the most important method for detecting pregnancy problems in the early period, Because Antenatal care is the best mechanism to minimize maternal mortality, and give good information for pregnant women about their birth and how to prevent related problems [6].

Knowledge and attitude of women toward PHC were community based done on general women of child bearing age. Until now little has been known about knowledge and attitude of women who are currently using PHC services. Therefore this study will help to know how much percentage of women came to benefit from this very important service of women's health know about it and have good attitude about ante natal care services. The aim of this study is to assess knowledge and attitudes of pregnant women regarding the benefits of Antenatal care utilization in primary health care center In Basra.

WHO define antenatal care as that care which is routinely provided for all pregnant women at primary care level or every aspect of care from screening to intensive life support provide to any women while pregnant and up to delivery [7]. Antenatal care, which it's'1901 [7] is necessary for:

- The maintenance of good health for the mother and fetus.
- The prevention of complication.
- The early detection and management of any pathological case [8]. General aim of antenatal care: the aim to achieve at the end of the

pregnancy a healthy mother and baby. Postnatal care is pre-eminently about the provision of supportive environment in which women, her baby and the wider family can begin their new life together. It is not the management of a condition or an acute situation. This guideline has been written within a conceptual framework which places the woman and her baby at the center of care, appreciating that all post care should be delivered in Partnership with the woman and should be individualized to meet the needs of each mother-infant dyad. The postnatal period – defined here as the first six weeks after birth – is critical to the health and survival of a mother and her newborn. The most vulnerable time for both is during the hours and days after birth. Lack of care in this time period may result in death or disability as well as missed opportunities to promote healthy behaviors, affecting women, newborns, and children [9].

## OBJECTIVE

To assess the knowledge and attitudes of pregnant women about the benefits of antenatal care in primary health care center In Basra.

## METHODOLOGY

A descriptive study, which is appropriately structured for the assessment of knowledge and attitude concerning prenatal and post care for women who attend primary health care center In Basra. Throughout are during this period from November 2017 to February 2018. A purposive “non-probability” sample consisted (100) pregnant women who attend primary health care center, Construction of the questionnaire was through an extensive review of literature and previous studies.

## RESULTS

**Table 1: Participants' socio-demographic characteristics and some related variable attending primary health care center in Basra city**

Variables	Groups	F	%	X <sup>2</sup>	df	sig	CS
AGE	15-24	49	49	134.6	12	0.0	HS
	25-34	40	40				
	35-44	10	10				
	45<	1	1				
mean =26.29±SD=7.38							
Education level	NOT read and write	13	13	134	12	0.001	HS
	read and write	9	9				
	Primary school	30	30				
	Secondary school	27	27				
	Institute or more	21	21				
Occupation		F	%	X <sup>2</sup>	df	sig	CS
	House wife	89	89	100	1	0.000	HS
	Government employee	11	11				
Smoking Husband		F	%	X <sup>2</sup>	df	sig	CS
	Yes	88	88	13.6	6	0.03	s
	No	12	12				
Types of sample		F	%	X <sup>2</sup>	df	sig	CS
	Antenatal	21	21	142	3	0.07	Ns
	Postnatal	79	79				

df=degree of freedom; f. =Frequency; HS= Highly significant; NS= Non-significant;  $\chi^2$ =chi-square, CS=Correlated Significant, Sig.=significant ;  $\chi^2$ - Chi-square test; %=percentage

**Table-2: Knowledge of expectant women about importance of ANC (100)**

On	Items	Yes	No
1	Supplementing pregnant women with folic acid, Calcium and important vitamins is a must during ANC visits	100	0
2	ANC doctors inform you about the fetal developmental stages	64	36
3	ANC visits could decrease the rates of maternal mortality	77	23
4	ANC visits gives you information about danger symptoms and the proper complications	15	85
5	ANC visits gives you information about correct pain or labor signs	100	0
6	ANC visits gives you information about breast feeding and postpartum care and exercises	100	0
7	Regular visits for ANC are important for yourself and your child health	100	0
8	It is important to book, follow up and deliver later in the same place that you were booked in	64	36

Level of knowledge among respondents the majority of women had appropriate knowledge about the importance of ANC visits (92.3%).

**Table-3: Attitude toward ANC visits (n=100)**

No	Statement	Strongly Disagree, Disagree & Neutral	Strongly, agree & agree
1	Early antenatal booking is good for my pregnancy	33	67
2	I will go for antenatal booking before the third month of my pregnancy	83	17
3	I believe that vitamin supplement is good for the fetus	27	73
4	I should go for antenatal checkup if I am pregnant	18	82
5	Antenatal follow up is good to monitor mother's and fetus' health	41	59
6	I will allow the doctor to take my blood for screening	33	67
7	I will allow the doctor to check my blood pressure	50	50
8	I will check my blood sugar level if I am pregnant	20	80
9	I am willing to do ultrasounds can during my pregnancy	11	89
10	I plan to deliver in the hospital if I am pregnant	26	74
11	I will do early preparation for the delivery	66	34
12	I am ready to face any pregnancy and delivery complication	35	65

Table-4 Attitude toward antenatal care among women attending in primary health care center in Basra city This table shows that there is he higher strongly disagree with item [2] item found (83%), and the higher strong agree answer with [14] item found (89%).

## DISCUSSION

Antenatal care is a corner stone for maintain women and child health as well as prevention of high prevalence of maternal death [10].

Many women from different studies have mentioned that women's are embarrassed when visiting a PHC. With improved knowledge about the benefits of PHC and the importance of a positive attitude toward it, these women will come to understand that, PHC medical procedures and interventions will do much to save their lives and improve their children's health. Antenatal care is the care of the mother during pregnancy [11]. World health organization recommends a minimum of four PHC visits initiated during the first trimester .provision of quality antenatal care and delivery services is a widely acknowledged means of improving the health status of pregnant women and the possibility of a good outcome following delivery, of all the major thrusts of the safe motherhood initiative, antenatal care remains one intervention with potential of significantly reducing maternal morbidity and mortality. In this study finding diomgraphic shows the (49%) of the study sample were with in age group 15-24 years, with (Mean =26.29 ±SD =7.38). Darline reported that age of less than 18 year is at risk of physical immaturity and old mothers of 35 year old or more are higher risk of fetal morbidity and mortality [8]. The educational level for 29% of the study sample was Secondary school. Obah reported that mothers of poor level of education, poor life habits, maltreatment stress and depression in addition young mother are at greater risk of leaving school or attaining a lower level of education [6]. It is believed that women's education is important for understanding health messages and to be able to make decisions regarding their health and care. The findings on determinant factors shown that, although significant association was found between educational status and knowledge of the women, attitude was found to be affected by education status. The majority (89%) of pregnant women's were housewives. Buman reported that woman's employment during pregnancy may have adverse effect on her child health specially risk of low birth weight preterm [7]. Results revealed that (79%) postnatal, Smoking in husband: This finding reveals that (88%) of husband were smoker, were heavy smoker. Krisa [19], reported that several studies have suggested that smoking may be associated with decreased fertility among both women and men. With table Reproductive history of the parity (79%) there have (1-3) child and, (79%) no abortion and (80%), (79%) the women visiting after delivery. Accordingly in this study it was found that women who had visited health facilities during their previous

pregnancies were less likely to have positive attitude for attending antenatal care services and they prefer hospital delivery place (79%). Johan [20] mentioned that adequate prenatal visits provide more information about the extent of provider content.

Table-2 Knowledge of Pregnant Women's regarding Health Practices during Pregnancy. The findings indicated that the items for most of the study assessed as success in regarding to (Nutrition). WHO [21], a well-balanced diet will provide adequate nutrition for the mother and the fetus during pregnancy. Mothers should be advised to inform you about the fetal developmental stages [14]. Buman [22] reported that during pregnancy mother eating for both herself and her baby. At least in the later stage of pregnancy, she needs to visits gives you information about correct pain or labor signs. It is important to book, follow up and deliver later in the same place that you were booked in [10]. The item (Risk factors during pregnancy) the result indicated that most of the study group were success. Karen, reported that pregnant women and fetus and neonate who are at risk will have increased risk of morbidity or mortality before or after delivery. risk assessment is part of routine prenatal care pregnant women how had good information about what is the risk factors during pregnancy are more likely to have healthy mom and healthy babies [14].

"Attitude" is a state of readiness or tendency to respond in a certain manner when confronted with certain stimuli, is mostly dormant and is expressed in speech or behavior only when the object or situation is encountered [15]. It is person's affective feelings of like and dislike. So in this study, attitude refers to expectant mother's affective feelings of like and dislike to antenatal services. Thus, the pregnant women's personal experience to antenatal services can be positive or negative. According to the study conducted in Nigeria attitude of pregnant women towards antenatal services was positive. Education was positive while pregnant women with no formal education and primary educations were negative respectively [16]. In this study only 67% Of the women had knowledge of that first antenatal check-up has to be done in the first 3 months of pregnancy. Similarly, 40.5 % of women agreed or strongly disagreed as they will go for antenatal booking before the third month of their pregnancy. These finding might give insight as there is still need for more effort for improving the women's knowledge on this important contributors of maternal health. It is believed that women's education is important for understanding health messages and to be able to make decisions regarding their health and care. The findings on determinant factors shown that, although significant association was not found between educational status and knowledge of the women, attitude was found to be affected by education status. As education level decrease the probability of having good knowledge also decreases. [17]. In this study



found strong agree with believe the supplement is good for the fetus. And willing to do ultrasound can during pregnancy Similar finding was obtained from study done in an urban area of Impala East, India in which 55.2%, 34.2% and 54.1% of the women interviewed knew correctly the minimum ante-natal checkup during pregnancy.

## RECOMMENDATION

- In a long run, women empowerment through education and income generating activities as well as involvement of husbands during information education and communication are recommended.
- Specific Adolescent is considered risk so they need more interesting and regular prenatal care visits.
- Community health practitioners, public health educators and social workers should plan appropriate technique to modify the attitude of some pregnant women on the concept of antenatal services.
- Providing more education and training courses for health team especially nurses to improve their knowledge.

## REFERENCES

1. Ibrahim HK, El Borgy MD, Mohammed HO. Knowledge, attitude, and practices of pregnant women towards antenatal care in primary healthcare centers in Benghazi, Libya. *Journal Egypt Public Health Assoc.* 2014; 89: 119-126.
2. Almalik MMA, Mosleh SM. Pregnant women: What do they need to know during pregnancy? A descriptive study. *Women and birth: journal of the Australian College of Midwives*, 2017;30:100-106.
3. Gross K, Alba S, Glass TR, Schellenberg JA, Obrist B. Timing of antenatal care for adolescent and adult pregnant women in south-eastern Tanzania. *BMC Pregnancy Childbirth*, 2012: 12-16.
4. Area, North Center Nigeria *International Journal of Science and Technology*, March 2013; 3(3).
5. Kalayou KB, Haftom GW, Gerezgiher BA, Hailemariam BK, Alemayehu BK. 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. *American Journal of Advanced Drug Delivery*. 2014; 62-75.
6. Ojo A textbook for midwives in the Tropics (5th ed), London: Holden and Stoughton. 2004.
7. Rooney C. Antenatal Care and Maternal Health: How Effective Is It? A review of evidence (WHO /MSM/92-4) WHO, GENEVE, 1992.
8. Ramakvishnam G. Revised 1990 Estimates of Maternal Mortality .A new Approach by WHO and UNICEF, GENEVA, Text Book of Obstetric. 3rd (edit).S-chanced and Company Ltd. New Delhi. 1996; 106.
9. Charlotte Warren, Pat Daly, Lalla Toured, Pyande Mong.
10. Calvin JH. Hacker/Moore essentials of obstetrics and gynecology. 2<sup>nd</sup> edit. W.B. Saunders Company, U. S. A 1992; 82.
11. WHO. Select indication for monitoring reproductive health, progress in human reproductive research, NO. 45, UNDP/UNFPA/WHO/world bank :1998:6
12. John L. Prenatal Care: 2000:106: available at <http://1997:76,755>
13. WHO; research progress report; WHO/FHE/MSM/94;18, 1987-1992 program.
14. Abdel R. Omran Community Medicine in Developing. Countries JB. Lippincott Company, Philadelphia U.S.A 1974; 386.
15. Isaac B, Charles M, Alice H. Factors Associated with late Antenatal Care Attendance in Selected Rural and Urban Communities of the Copperbelt Province of Zambia *Medical Journal of Zambia*, 2012; 39(3).
16. Sudhanshu S. Knowledge, attitude and belief of pregnant women towards safe motherhood in a rural Indian setting Manju Sharma. 2012 September; 1(1):13-18.
17. Rosalia AM, Muhammad JJ. Knowledge, attitude and practices on antenatal care among orangasli women in Repel, Nigeria Sembelian. *Malaysian. Journal of public health medicine*, 2011;11(2):13-21.
18. Effendi R, Isaranurug S, Chompikul J. Factors related to the utilization of antenatal care services among postpartum mothers in PasarRebo General Hospital, Jakarta, Indonesia. *Journal Public Health Dev*, 2008; 6:113-122.
19. Krishna V. Auction theory. Academic press; 2009 Sep 28.
20. Dunnen JT, Antonarakis SE. Mutation nomenclature extensions and suggestions to describe complex mutations: a discussion. *Human mutation*. 2000 Jan;15(1):7-12.
21. World Health Organization. International travel and health: situation as on 1 january 2007. World Health Organization; 2007.
22. Buman RA, Alesii BA, Hatfield JL, Karlen DL. Profit, yield, and soil quality effects of tillage systems in corn-soybean rotations. *Journal of soil and water conservation*. 2004 Nov 1;59(6):260-70.