

Awareness of Pregnant Women Regarding Pregnancy and Safe Delivery in Selected Rural Area

S. M. Azmol Hossain¹
Md Monoarul Haque^{2*}
Md Rijwan Bhuiyan³
Nantu Bikash Tripura⁴
Jakir Hossain Bhuiyan⁵
Itrat Aziz⁶

¹Department of Public Health,
ASA University of Bangladesh
Dhaka, Bangladesh.

²Department of Community Nutrition
Faculty of Public Health
Bangladesh University of Health Sciences (BUHS)
Dhaka, Bangladesh.

³Department of Health Education & Health Promotion
Bangladesh University of Health Sciences (BUHS)
Dhaka, Bangladesh.

⁴Medical Officer
Bangladesh Institute of Health Sciences (BIHS)
Dhaka, Bangladesh.

⁵Consultant, UNICEF

⁶Department of Gynae & Obstetrics
Bangabandhu Sheikh Mujib Medical University (BSMMU)
Dhaka, Bangladesh.

*Correspondence to:

Md Monoarul Haque
Fellow
Department of Community Nutrition
Faculty of Public Health
Bangladesh University of Health Sciences (BUHS)
125/1, Darus Salam, Mirpur, Dhaka-1216, Bangladesh
Cell: +8801915839550
e-mail: monoarmunna@yahoo.com

Abstract

Objective: This cross sectional descriptive study was conducted to explore awareness level of pregnant women regarding pregnancy and safe delivery in selected rural area. **Methodology:** This community based cross sectional descriptive study was carried out at Ullapara Upazila, Sirajgonj District among 120 pregnant women in a rural community. Non probability sampling technique and pretested semistructured questionnaire was used to collect data. **Results:** Majority of the respondents (65 %) were between 20-34 years of age group. Most of the respondents were housewives (85%). Majority (65%) of the respondents received antenatal care, and among them only 5% respondents received complete antenatal care and 25% received postnatal care. Majority (75%) of the respondents had not received postnatal care (PNC). Majority (85 %) of the respondent planning their delivery in the home and 15% respondent planning their delivery in the delivery center. About 50% of the respondents got information regarding pregnancy and delivery care through health workers. Besides 35% of respondents got information through doctor. Moreover 50% participants knew about the obligatory indications and 50% did not. Sixty percent participants did not know follow-up regarding PNC. Only 25% received PNC. Besides 60% participants did not know about warning sign during delivery while 40% faced complications during their last delivery. About 55% participants did not have knowledge regarding baby care. Moreover 55% participants did not take contraceptive method after their delivery. **Conclusion & Recommendation:** Attention should be given to improve education level and employment status of the people, as well as supply of all of the necessary equipment and EOC should also be incorporated. Regular awareness program may have to be conducted; Government and non-government organizations should be integrated more in pregnancy issue and post-delivery care. Development and strengthen behavioral change of communications and activities in order to create awareness about pregnant women are also important indeed.

Key words: Awareness programme; pregnant women; post delivery care.

INTRODUCTION

Childbirth is a very important event in women's life. But complications during pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries¹. Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth and 99% of all maternal deaths occur in developing countries. Where maternal mortality is higher in women living in rural areas and among poorer communities². Maternal mortality is a serious public health concern in Bangladesh. According to a study released in 2010, Bangladesh was one of eleven countries that, when combined, were responsible for approximately 65% of maternal deaths around the world³. Bangladesh has reduced maternal mortality by 40% over the last nine years⁴. It is estimated that in Bangladesh maternal mortality ratio is at 194 per 100,000 live births dropping from 322 per 100,000 in 2001.

Bangladesh needs to further reduce maternal mortality by 25% in order to meet the 2015 MDG⁵. The main causes of maternal mortality in Bangladesh are Bleeding and post-partum hemorrhage (29%), Eclampsia (24%), Obstructed labor (10%), Abortion (5%)^{6,7}. It is important that, to reduce MMR there must be ensure the following things: increased use of skilled care at birth, improved safer abortion practices, changes in causes of maternal mortality to those less amenable to management, societal changes (socioeconomic development, education of women, empowerment of women), improved birth-spacing, changes in fertility through the shift of risk-groups (high parity to lower parity; older age to younger age), Improved maternal nutritional status (role of improved maternal nutrition, e.g. body mass index and anaemia)⁸. The government of Bangladesh has been pursuing the strategy through establishment of family welfare centres (FWCs), maternal and child health (MCH) units and Maternal & Child Welfare Centres (MCWCs) in the context of a primary health care (PHC) in Bangladesh to reduce maternal mortality. Bangladesh Govt. provided antenatal services to the potential clients in the community through this project but the coverage of population with antenatal care is not satisfactory. 'There are several factors responsible for the under utilization of these facilities. The perceptions of health and health care by the beneficiaries i.e. the mothers, families and community leaders are factors that may influence the utilization of services. In this study, therefore, the researcher has tried to find out the women's perception of problem during pregnancy and delivery, and utilization : antenatal care facilities in a rural community of Bangladesh. The proper utilization of antenatal care of pregnant mothers is believed to greatly reduce neonatal mortality and maternal mortality in our country, particularly in rural communities.

By this study we can know the level of awareness among the pregnant women about antenatal, Intranatal and postnatal care practice. Primary aim of this study is to achieve at the end of a pregnancy a healthy mother and a healthy baby. Researchers, who are working and will conduct researches in relevant topics, may find this study helpful in correlating their findings. I hope this study finding could bring a change in future in poor and developing countries include Bangladesh.

METHODS

This study was community based cross-sectional study conducted in Selected rural community in Ullapara Upazila, Sirajgonj District, Bangladesh. The study period was from January 2013 and end in June 2013 (Six months). This study was carried out among pregnant women in selected rural community in Ullapara Upazila. To conduct this study 120 individuals were selected purposively. In this study semi structured questionnaire was used as a tool containing socio-demographic information, pregnancy related information, ANC care, PNC and knowledge about baby care. Face to face interview methods was used to collect data and was analyzed using SPSS version 17. All ethical issues were considered during conducting this study and respondents were informed about informed consents and confidentiality of their informations.

RESULTS

Socio-demographic characteristics of the respondents

Table 1 shows that out of total 120 respondents, 30% in the age group of 25-29 years, followed by 20% in 30-34 years of age group. Only 18 (15%) each were in the age group of 15-19 and 20-24. Of the total 76 respondents, 63% had monthly family income of below taka 10,000; 17% had monthly family income between taka 10,001-20,000, and only 6 had monthly family income above Taka 30,000.

The educational qualifications of the 120 respondents have been shown in this table. 48% of the respondents had primary level of education, 20% had secondary level and 10% had higher secondary level. Majority of the respondents were housewives (85%), and only 6% were government service holder and 6% were private service holder. Bulks of the respondent's husband are day labor (27%), and only 24% were private service holder and 3% were business.

Table 1: Socio demographic characteristics of the respondents

	Items	Frequency	Percentage
Age group	15-19	18	15
	20-24	18	15
	25-29	36	30
	30-34	24	20
	35-39	19	16
	40+	5	4
	Total	120	100
	Monthly income	<10000	76
10001-20000		20	17
20001-30000		18	15
30000+		6	5
Total		120	100
Educational level	Illiterate	6	5
	Class I-V	48	40
	Class VI-IX	24	20
	SSC	18	15
	HSC	12	10
	Graduate	12	10
	Total	120	100
Occupation	House wife	102	85
	Govt. Service	6	5
	Pvt. Service	6	5
	Others	6	5
	Total	120	100
Occupation of Husband	Day Labor	32	27
	Rickshaw Puller	14	12
	Farmer	23	19
	Govt. Service	18	15
	Private Service	29	24
	Business	4	3
	Total	120	100

Awareness about pregnancy and safe delivery of the respondents

A volume of the respondents had taken interval for 3 years of their pregnancies, (50%), and only 30% had taken interval for 2 years of their pregnancies. A bulk of the respondents (42 participants, 35%) had no ANC visit, 20% respondents (24 participants) had 3 ANC visits, 5% had 5 ANC visits (6 participants). Majority of the respondents (102 participants, 85%) had taken TT in their pregnancy period, 10% had not taken TT in their pregnancy period (12 participants).

78 respondents (65%) have taken food supplement during pregnancy, while 42 (35%) have not taken food supplement during pregnancy. Maximum (85%) of the respondents had home delivery and 15% of the respondents had institutional delivery. 55% participant had faced no complication during last delivery (66 participants) and 45% participants had face complication during last delivery (54 participants).

55% participant had no knowledge about baby care (66 participants) and 45% participants had knowledge about baby care (54 participants). 75% participants had not received of PNC (90 participants) and 25% participants had received of PNC (30 participants). 60% participants had no follow up PNC (72 participants) and 40% participants had follow up PNC (48 participants).

Table 2: Awareness about pregnancy and safe delivery of the respondents.

	Items	Frequency	Percentage
Birth spacing	2	36	30
	3	60	50
	4	12	10
	5	6	5
	6	6	5
	Total	120	100
ANC	1	18	15
	2	18	15
	3	24	20
	4	12	10
	5	6	5
	6	42	35
Total	120	100	
TT taken	Yes	102	85
	NO	18	15
	Total	120	100
Food supplement taken	Yes	78	65
	No	42	35
	Total	120	100
Place of delivery	Home	102	85
	Hospital	18	15
	Total	120	100
Face any complication during last delivery	Yes	54	45
	No	66	55
	Total	120	100
Knowledge in baby care	Yes	54	45
	No	66	55
	Total	120	100
PNC	Yes	30	25
	No	90	75
	Total	120	100
Follow up in PNC	Yes	48	40
	No	72	60
	Total	120	100

DISCUSSION

The age distribution of this study shows that majority of the respondents age group belongs to 25 to 29 which is the golden time of pregnancy⁹. Among them near about half (48%) of the respondents have primary education which indicate increasing female literacy rate in Bangladesh from last two decades¹⁰. Majority of the respondents (85%) were housewife.

Study shows that about half (50%) of the respondents take 3 years interval for next pregnancy. Where A study in USA, Infants conceived 18 to 23 months after a previous live birth had the lowest risks of adverse peri-natal outcomes; shorter and longer inter-pregnancy intervals were associated with higher risks¹¹. About 35% respondents have taken 6 times ANC and no respondents had found who did not take ANC care during their pregnancy. Where at least one ANC care should be needed during pregnancy^{12,13}. Study also found majority of the respondents (85%) have taken TT injection, more than half (65%) respondents have taken nutritional supplements during their pregnancy. Which indicate the improvement of primary health care delivery system in Bangladesh [8]. But almost two third of the respondents (85%) did their delivery at home where only a few (15%) did in any institution which shows the current situation of bangladesh where about 90% delivery done at home¹³. Study found still now more than one third (45%) respondents faced some complication during their delivery. About half (55%) of them have knowledge about baby care. 75% have taken PNC are properly which actually represent the similar findings of some previous studies^{8,13}. Basically to meet the MDG-5 govt. of Bangladesh has taken some initiatives which reduce about 194 per 100,000 live births dropping from 322 per 100,000 in 2001 and Bangladesh needs to further reduce maternal mortality by 25% in order to meet the 2015 MDG⁵.

CONCLUSION

From this study we have found that there is a significant improvement of pregnancy and baby care in Bangladesh. But till now we need to concentrate in some area like ensuring institutional delivery system, improving maternal nutrition. Although this study does not represent the whole country so need to further study.

DISCLOSURE

All the authors declared no competing interest.

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