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Knowledge of Gujjar men and women regarding antenatal care in Doda district

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Abstract

The present study was conducted with the objective to study the knowledge of Gujjar women and men regarding antenatal care in Doda district. A total of 60 respondents out of which 30 women and 30 men were selected from Gujjar dominated block of Doda district. Purposive sampling technique was used to select the sample and data was collected by using interview schedule. Both qualitative and quantitative analysis was done. The results of the study revealed that majority of the women and men were in the age group of 15-26 years and were illiterate. Most of the women were having 1-4 children and had 3 children under five years of age. High proportion of women had knowledge of Antenatal care, post-partum haemorrhage, IFA tablets, TT injections and its correct doses during pregnancy as compared to men. The greater number of women knew that pregnant women should take both vegetarian and non vegetarian food, and reported that ideal delivery should be done at home. More than half of the women believed that bleeding during pregnancy is the symptom that indicates a pregnant woman should deliver in a clinic or a hospital. On the other hand, men had no knowledge of the facts. Majority of women and men respondents have no knowledge of common causes of maternal deaths, amniotic fluid, calcium, anaemia during pregnancy and chances of having low birth weight infant. High proportion of the women and men were of the view that pregnant women should sleep 6-8 hours during night and reported that recommended weight gain during pregnancy is 4-7 kgs. As far as knowledge regarding danger signs during delivery and labor only women respondents have knowledge of the same.

Keywords: Knowledge, antenatal care

1. Introduction

Antenatal care (ANC) is the care a woman receives throughout her pregnancy in order to ensure that both the mother and child remain healthy. A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child. Almost 90% of maternal deaths occur in developing countries and over half a million women die each year due to pregnancy and childbirth related causes. (Carroli *et al*, 2001) ^[2]. Proper ANC is one of the important ways in reducing maternal and child morbidity and mortality. Unfortunately, many women in developing countries do not receive such care. Understanding maternal knowledge and practices of the community regarding care during pregnancy and delivery are required for program implementation (Manna *et al*, 2011) ^[6]. Antenatal care is an essential safety net for healthy motherhood and childbirth, where the well-being of both the prospective mother and her offspring can be monitored (United Nations, 2008) ^[13]. It is well established that taking antenatal care under the supervision of health care providers and giving birth in medical institutions promotes child survival and reduces the risk of maternal mortality. In India, both child mortality (especially neonatal mortality) and maternal mortality are high. Seven out of every 100 children born in India die before reaching age one, and approximately five out of every 1000 mothers who become pregnant die of causes related to pregnancy and childbirth (Population Reference Bureau (PRB), 2007) ^[8].

Pregnancy is a natural process and every woman have the right of access to appropriate health care services that will enable her to plan and go safely through pregnancy and child birth. (Shirin, 2011) ^[11].

Pregnancy and child birth related complications are among the leading causes of maternal mortality in India. Nearly five women die every hour in India from complications developed during childbirth, with heavy blood loss caused by haemorrhage being a major factor.

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Nearly 45,000 mothers die due to causes related to childbirth every year in India which accounts for 17 per cent of such deaths globally, according to the global health body. The major cause of maternal deaths is Post-Partum Haemorrhage (PPH), which is often defined as the loss of more than 500-1,000 ml of blood within the first 24 hours following childbirth. (WHO, 2016) [4].

Men plays key role in decision, integral to maternal and newborn health. For example, family planning, including delaying first pregnancy, adequate birth spacing, reducing unplanned pregnancies and limiting the total number of pregnancies, positively impacts maternal health and reduces maternal deaths. Men also play a key role in determining women's access to critical health services, including antenatal and intrapartum care, through such mechanisms as determining the availability of transport for women to reach a clinic, and decisions that affect whether a woman can be successfully referred to a higher-level facility if required (Davis *et al* 2013) [3].

In order to bring holistic development of a society, the cultural dimension of the health of a community should be given importance especially of the tribal's need special attention. It is one of the important tribe of J&K. Gujjar women are subject to risks related to pregnancy and childbearing. Where fertility is high and basic maternity care is not available, they are particularly vulnerable. In Doda district due to difficult hilly terrain there has been very little development including limited health facilities, poor transport network and communication. The overall rank of District Doda in terms of major health indicators is 530 out of 593 districts. Maternal health status of women of District Doda is very poor. (NRHM, 2007). With this as a background, the present study has been conducted to study the the knowledge of Gujjar women and men regarding Antenatal care in Doda district.

Research Methodology

The sample of the study comprised of 30 women in reproductive age group and 30 men from settled Gujjar community of Doda. Only those women were selected who were in reproductive age group, have given birth in the past 5 years and have at least one child under five years. the men selected were the Husbands of sample women. Purposive sampling technique was used for identifying the Gujjar dominated areas and to select the sample because sample selected for the present study is a tribe which is not found in every part of Doda District. Both structured and unstructured interview schedule was used for data collection.

Results and Discussion

Background Information

The results of the study revealed that majority of the women and men were in the age group of 15-26 years. Majority of women delivered their children at home and were attended by traditional health practitioner. Majority of the sample were illiterate. Most of the women were having 1-4 children and had 3 children under five years of age. Most of them were housewives got married at 13-15 years of age. Majority of men were labourers, had 3000-5000 income per month and got married at 19-21 yrs of age. Majority of men and women were from joint families and have maximum 9-10 family members in their family. It was found that the number of rooms in each household was 2.

Table 1: Showing knowledge of respondents regarding Antenatal care

Knowledge regarding	Women (N=30)(%)	Men (N=30)(%)	Total (N=60)(%)
Importance of ANC			
Yes	19(63)	8(27)	27(45)
No	11(37)	22(73)	33(55)
Chi-square=6.734, df=1, p= 0.034 insignificant			
Number of visits during antenatal period			
2 (2 nd and 3 rd trimester)	10(33)	18(60)	28(47)
3 (1 st , 2 nd and 3 rd trimester)	20(67)	12(40)	32(53)
4 (1 st , 2 nd , 3 rd and before delivery)			
Chi-square=3.281, df=2, p=0.193 insignificant			
post- partum haemorrhage			
Yes	20(67)	11(37)	31(52)
No	10(33)	19(63)	29(48)
Chi-square=4.271, df=1, p=0.038 significant			
If yes, causes of post- partum haemorrhage			
Yes	8(27)	-	8(13)
No	22(73)	30(100)	52(87)
Chi-square=7.067**, df=1, p=0.007 highly significant			
common causes of maternal deaths in ANC			
Hypertension & APH(Ante partum haemorrhage)	6(20)	-	6(10)
Infection			
Don't know	24(80)	30(100)	54(90)
Chi-square=4.63, df=2, p=0.098 insignificant			
amniotic fluid			
Yes	2(7)	-	2(3)
No	28(93)	30(100)	58(97)
Chi-square=0.517, df=1, p=0.472 insignificant			
If yes, what action should be taken after amniotic fluid breaks			
Keep lying			
Keep sitting			
No special attention			
Don't know	2(7)		2(3)

Table 1 indicates respondent's knowledge on antenatal care. It was found that majority of the women (63%) knew the importance of Antenatal care during pregnancy and on the other hand, majority of men (73%) were not having knowledge of the said fact. Most of the women (67%) were of the view that three Antenatal checkups are required during pregnancy, whereas majority of men (60%) believed that only two Antenatal checkups are required during pregnancy.

Laisharma *et al* (2013) [5] also indicated that women in Manipur knew the importance of antenatal checkups but only few of them knew correctly how many antenatal check-up one should receive. Another study by Rosaliza and Muhamad (2011) [10] also revealed that women in Malaysia had good knowledge of ANC. Greater number of women (67%) had knowledge of post- partum haemorrhage but only 27% of them knew the causes of post- partum haemorrhage. On the other hand all the men neither had knowledge of post- partum haemorrhage nor they knew its causes. A large proportion of women (80%) and all men didn't know the common causes of maternal deaths in Antenatal period. Findings of the study further shows that most of the women (90%) and all men didn't know about amniotic fluid and what correct actions should be taken after amniotic fluid breaks. Statistical analysis shows highly significant difference

($\chi^2=7.067^{**}$, $p<0.01$) between opinion of men and women respondents regarding causes of post- partum haemorrhage.

Table 2: Showing information related to knowledge of respondents regarding weight gain during pregnancy

Knowledge regarding	Women (N=30)(%)	Men (N=30)(%)	Total (N=60)(%)
recommended weight gain during pregnancy			
4-7 kgs	25(83)	28(93)	53(88)
10-12 kgs	5(17)	2(7)	7(12)
Chi-square=0.647, df=1, p= 0.421 insignificant			

Table 2 depicts the finding regarding respondents knowledge regarding weight gain during pregnancy and it is revealed that majority of women (83%) and men (93%) believed that 4-7 kgs weight is gained during pregnancy. However majority of women (70%) and all men respondents didn't know chances of having low birth weight infant, only few women believed that failing to gain recommended amount of weight during pregnancy is the cause of having a low birth weight infant.

Table 3: knowledge of respondents regarding tetanus toxoid injections, iron folic acid tablets, Calcium and Anaemia

Knowledge regarding	Women (N=30)(%)	Men (N=30)(%)	Total (N=60)(%)
tetanus toxoid injections			
Yes	27(90)	9(30)	20(33)
No	3(10)	21(70)	40(67)
Chi-square=0.075, df=2, p=0.963 insignificant			
TT injections required for pregnancy			
2	2(7)	9(30)	11(18)
3	25(83)	-	25(42)
Chi-square=19.615 ^{**} , df=2, p=0.000 highly insignificant			
Iron folic acid tablets			
Yes	21(70)	12(40)	33(55)
No	9(30)	18(60)	27(45)
Chi-square=4.31, df=1, p= 0.115 insignificant			
calcium			
Yes	10(33)	7(23)	17(28)
No	20(67)	23(77)	43(72)
Chi-square=0.328, df=1, p=0.848 insignificant			
Anaemia			
Yes	9(30)	5(17)	14(23)
No	21(70)	25(83)	46(77)
Chi-square=0.839, df=2, p=0.657 insignificant			

Table 3 shows that majority of the women respondents (90%) had knowledge of tetanus toxoid injections. High proportion of the women respondents (83%) were aware of the number of correct doses of TT injections during pregnancy. Majority of the men respondents (70%) had no knowledge of TT injections and very few 30% of them believed that only two TT injections are required during pregnancy. More than half of the female respondents were aware about IFA tablet. Pal *et al* (2013) [9] also indicated that pregnant women were well oriented about the IFA tablets and were aware regarding its necessity. Another findings by Hisam *et al* (2014) [4] reported that women knew that during the first three months folic acid intake is important while few didn't know this fact. Most of the men (77%) and women (67%) respondents reported that they have not heard about the term calcium. Majority of the men (83%) and women (70%) respondents were not having knowledge of anaemia. Sivapriya and parid (2013) [12] also

indicate that antenatal women had average knowledge about anaemia and its prevention. Statistical analysis also shows highly significant difference ($\chi^2=8.366^{**}$, $p<0.01$) between opinion of men and women respondents regarding how many TT are injections required for pregnancy.

Table 4: Showing information related to knowledge of respondents regarding sleep and food during pregnancy

Knowledge regarding	Women (N=30)(%)	Men (N=30)(%)	Total (N=60)(%)
pregnant women needs to sleep during night			
6-8hours	22(73)	19(63)	41(68)
8-10 hours	8(27)	11(37)	19(32)
Chi-square= 0.308, df=1, p= 0.57 insignificant			
type of food pregnant women should take			
Yes	27(90)	10(33)	37(62)
No			
Don't know	3(10)	20(67)	23(38)
Chi-square=18.049 ^{**} , df=2, p= 0.000 highly significant			
If yes, please name them			
Vegetarian	2(7)	-	2(3)
Non vegetarian	-	-	
Both	25(83)	10(33)	35(58)
Chi-square= 0.004, df=3, p=0.998 insignificant			
ideal delivery should be done			
Home	26(87)	9(30)	35(58)
Hospital	4(13)	5(17)	9(15)
Don't know		16(53)	16(27)
Chi-square=21.377 ^{**} , df=2, p=0.000 highly significant			

Table 4 indicates respondent's knowledge regarding sleep and food during pregnancy. Result revealed that majority of the women (73%) and men (63%) were of the view that pregnant women needs to sleep 6-8 hours during night. On questioning regarding what type of food pregnant women should take higher proportion of women (90%) had knowledge and believed that both vegetarian and non vegetarian (83) food should be taken by pregnant women. Result further showed that majority of women (87%) states that ideal delivery should be done at home. whereas men 53% were not having knowledge of the said fact. Statistical analysis shows highly significant differences between women and men respondents on *type of food pregnant women should take* ($\chi^2=8.366^{**}$, $p<0.01$) and *place of ideal delivery* ($\chi^2=21.377^{**}$, $p<0.01$)

Information related to knowledge of respondents regarding danger signs during delivery

Result showed that majority of women (70%) knew danger signs during delivery and the most commonly mentioned danger sign were excessive bleeding by 43% and prolonged labor by 27%. On the other hand majority of men (87%) had no knowledge of danger signs during delivery. More than half of the women (57%) identify only one danger sign i.e bleeding during pregnancy that necessitates compulsory institutional clinic or a hospital delivery. Although majority of males (93%) could not identify any danger signs for the same. Result further showed that majority of women respondents identify two signs during labour indicate the need to seek immediate care i.e labour longer than 8 hours by 50%, appearance of Umbilical cord first by 17% and Excessive bleeding before or after delivery by 33%. However majority of men (83%) didn't know about the said fact. Mengesh and Taye (2014) [7] revealed similar results

that women in Bebank Town, North west Ethiopia mentioned severe vaginal bleeding and prolonged labor as a danger sign during labor.

Statistical analysis shows highly significant differences between opinions of women and men respondents on *danger signs during delivery* ($\chi^2=17.554^{**}$, $p<0.01$) and *symptoms during labour need to seek immediate care* $\chi^2=37.48^{**}$ $p<0.01$)

Conclusion

It can be concluded from the findings of the present study that most of the Gujjar women respondents had knowledge of Antenatal care, post- partum haemorrhage, IFA tablets, TT injections and its correct doses during pregnancy as compared to men. Gujjar women knew that pregnant women should take both vegetarian and non vegetarian food, and reported that ideal delivery should be done at home. Few women also knew danger signs during delivery and labor respectively as compared to men. Gujjar respondents both males and females have no knowledge of common causes of maternal deaths, amniotic fluid, calcium, anaemia during pregnancy, contagious diseases and chances of having low birth weight infant.

It is recommended on the basis of results a need based Information, Education and Communication (IEC) Intervention could be given to Gujjars women and men to promote antenatal care knowledge.

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