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Health education for pregnancy: A study among women attending CHC

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Abstract

Objective: To find out the level of health awareness related to pregnancy and the sources of information among parous women visiting the Community Health Center. Methods: This study was conducted at a Community Health Center during a 6-month period in 2021. Five hundred and eighty-one parous women who were eligible for the study were interviewed with the help of a questionnaire. Results: A large proportion of the women were well informed about certain health issues of pregnancy such as dietary intake of essential foods like dairy products (74.7%), Protein-rich foods (71.4%) and fruits (68.2%), the hours of daily rest necessary (81.9%), the need for exercise (83.6%), the importance and timing of antenatal visits, the risk of smoking in pregnancy (99.3%) and proper spacing of babies (97.7%). However, many women had no knowledge of the importance of taking high-fiber foods (55.1%) to avoid constipation, the required dietary changes in early pregnancy to prevent nausea and vomiting, and the ill-effects of maternal smoking on the fetus, Rubella infection and advancing maternal age on the fetus. They were also not aware of the importance of the various antenatal procedures such as blood examination, breast-care during pregnancy and immunizations to prevent Tetanus and Rubella infection. A higher literacy level of the women was significantly correlated with better knowledge on certain health parameters. Physicians and nurses constituted poor sources of health information (35.6%). Conclusion: There is a need to restructure the Health Education programmes relating to pregnancy delivered through CHCs and the mass media for better knowledge among women of childbearing age can decrease pregnancy-related problems and improve perinatal outcome.

Keywords: health education, pregnancy, health knowledge

Introduction

Health Education on this subject is also promoted through the mass media, including the national TV and a wide range of informative literature distributed. In other countries too [1, 2, 4] efforts are made by the health-care providers to ensure that there is adequate health awareness among pregnant women. However, several studies have shown that many women either lack knowledge [1-4] or show a lack of concern for certain health risks in pregnancy [1, 2] This indicates that there is the need for a more effective drive to educate women and help them to acquire appropriate knowledge and develop attitudes towards a healthy pregnancy. Though the primary health care programme and health education strategies have been implemented for more than two decades, little is known about the information women need on pregnancy and the extent to which they have benefited from the knowledge they have acquired through these channels of communication. The current study was, therefore, conducted on parous women who used the CHC facilities to find out their level of awareness of health matters relating to pregnancy and their sources of information.

Methodology

A cross-sectional study was conducted on women who visited CHC in Al-Khobar during a 6-months period in 2021 noon. Because of unavoidable logistic limitations, it was not possible to carry out the study in the afternoon sessions. Consequently, the

data may not be as diverse as one may have wished. All married women who were of child-bearing age (15-45 years) and had been through at least one pregnancy were selected for the study. It was assumed that parous women should have had adequate exposure to health information on pregnancy. Any deficiencies in their knowledge would perhaps be a reflection of the inadequacies of the education provided through the PHC and the mass media.

Five hundred and eighty-one women were eligible for the study. They were asked questions on issues relating to health in pregnancy by means of a specially designed questionnaire. The information was elicited by trained interviewers. Information was sought on (a) their demographic profile and parity status, (b) the recommended dietary pattern in pregnancy, that is, foods that would promote the health of mother and baby, and those that should be avoided in the first trimester of gestation to avoid nausea and vomiting and those that help to avoid constipation; (c) the number of hours of rest advisable during the day and at night; (d) the necessity and type of exercise encouraged in pregnancy; (e) the safe maternal age for a healthy fetal outcome and (f) the harmful effects of cigarettes/shisha smoking or the diseases like Rubella in pregnancy. The women were asked about their awareness of the importance of antenatal check-ups, the suggested frequency and timing of antenatal visits, the significance of routine laboratory tests, the immunizations

recommended and the breast-care practices in pregnancy for successful breastfeeding. The women's opinion was also sought on the ideal spacing of pregnancies. Finally, they were also asked the source(s) of their health information.

Data were analyzed using the SPSS package programme. Distributions and bivariate analyses of data were done. The chi-square test of significance was used where appropriate. A p-value of less than 0.05 was considered significant.

Results and Discussion

Out of the 581 parous women recruited for the study, 435 (75%) were within the age range of 15-45 years (Mean 31.4; SD 6.84). Most were in the 21-30 years (42%) and 31-40 years (41.2%) age groups. The women were grouped into three categories according to their literacy status as follows; 125 (21.5%) were either illiterate or had no schooling, 217 (37.3%) had reached primary or intermediate level and 239 (41.1%) had completed high school or had college education.

Food in pregnancy

A survey on the food items necessary for maternal health and fetal growth showed that while a large proportion of women (71.4%) mentioned meat/fish/eggs, 74.7% dairy products and 68.2% fruits, fewer women (44.9%) named such essential foods as vegetables, 52.5% green leafy vegetables and 16.3% complex carbohydrates. Though more women who were Para >3 (77.1%) obtained a high knowledge score of 3-6 on this topic compared to those who were Para 1 (68%), the results were insignificant (p=0.1). Information on food patterns that are generally considered able to control or reduce nausea and vomiting of early pregnancy was sought. Nearly one-third of the women (31.3%) reported that they were not aware of them, others advocated small frequent meals (12.2%), a decreased intake of certain food items including oil-rich foods (38.5%), tea/coffee (17.5%) and spicy foods (17.1%). A large group of women (44.8%) believed that avoidance of sugar/sugary foodstuffs including chocolate, meat/fish/eggs, carbohydrate-rich foods like rice/pasta, milk, soft drinks and sour or very salty food items would help to prevent nausea and vomiting in pregnancy. Parity did not influence the knowledge score for the recommended changes in food intake during early pregnancy. Responses to the question on the dietary requirements for the prevention of constipation showed that many women (54.7%) were not aware of the importance of high fiber foods such as vegetables and fruits and whole grain products (82.1%) nor the requirement of an increased fluid intake (46.5%).

Rest in pregnancy

The women were asked about the amount of daily rest necessary in pregnancy. Most of the respondents (81.9%) rightly thought that 7-8 hours of night rest was adequate. An afternoon rest period of 2-3 hours was suggested by 57.1% women while 16% of the women believed that one hour or less was enough.

Exercise in pregnancy

Ninety-five women (16.4%) were not in favor of any exercise during pregnancy and 53 (9.1%) had no knowledge of its importance. A large proportion of those who advocated exercise considered walking (64.4%) as the best form of physical activity. Few women (13.6%) suggested swimming/aerobics/jogging or

"special antenatal exercises".

Breast care in pregnancy

Out of 581 women, 288 (49.5%) were not aware of the importance of regular cleaning of the nipples, 553 (95.2%) did not know about the application of skin softeners and

470 (80.9%) about manual expression of fluid from the breast during the last trimester of pregnancy. Only 5 (0.86%) women suggested that it was important to wear a good supportive undergarment.

Safe maternal age for pregnancy

Out of 581 women, 15 (2.6%) did not respond to the question on the safe maternal age (upper limit) for a healthy outcome of pregnancy. Thirty-eight percent of the women felt that both the mother and the fetus were safe if the pregnancy occurred up to the age of 39 years, while 44.5% women believed it would be safe up to 45 years. A few women (9.8%) saw no risk to pregnancy even after the age of 45 years.

Antenatal care should be in the first trimester of pregnancy. A large proportion of the women (78.2%) believed that more than 8 antenatal visits were required during the entire period of pregnancy.

Conclusion

The data indicate that many women were well informed about certain aspects of pregnancy such as the necessary dietary requirements, the need of adequate daily rest and exercise, timing of the antenatal visits, the importance of not smoking during pregnancy and the proper spacing of babies. However, the large gaps in other areas of knowledge is a cause of concern, considering that all the women in the study population had had at least one previous pregnancy, were PHC users and should have been exposed to or had the curiosity to explore health matters relating to pregnancy.

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