

ORIGINAL ARTICLE

Knowledge about Obstetrical Danger Signs among Pregnant Women of Low Socioeconomic Class

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ABSTRACT

Background: In many developing countries including Pakistan maternal morbidity and mortality is still high. Knowledge of danger signs of Obstetrics during pregnancy is the first essential step for the timely referral. This study therefore, aims to fill this gap by assessing the current level of knowledge and associated factors of pregnant women living in low socioeconomic areas of Karachi

Aim: The aim of the study is to assess the knowledge of pregnant women with low socio-economic status about the obstetric danger signs.

Study Design: A cross-sectional study.

Place and Duration: Community based medical centers of Gadap Town Karachi, from October 2020 to October 2021.

Methods: A total of 300 pregnant women gave their consent and took part in the study. Data was collected in local language by interview and a pre-designed, tested questionnaire was used, which included the socio-demographic profile, number of births, prenatal care visits, and pregnant women knowledge of danger signs during pregnancy, and in the postpartum period. Socio-economic status was assessed in accordance with the modified international classification.

Results:

Knowledge of at least one danger sign varied from a total of 300 pregnant women consented and took part in this study. Most of them are in the age group of 21-34 years 138(46%) and over 92 (30.7%) were above thirty years, followed by the age group of 18-20 year 70(23.3%) and then >35 years (27%). Most of the pregnant women (62.3%) have completed the primary Level education. The majority of the surveyed population is housewives and semiskilled workers.

Conclusions: Our study has shown that there is little knowledge of the danger signs of pregnancy among pregnant women. Also, most subjects are unaware of obstetric danger signs. Based on this study, we suggest that planned strategies are needed to increase women's awareness of obstetric danger signs. Raising awareness of the key signs of danger, creating and promoting mechanisms of generating income should be carried out on a continuous basis in the health facility and in the environment, as it prepares women and their families to make appropriate, quick and effective decisions and actions in the event of symptoms of obstetric emergency.

Keywords: Obstetric danger signs, pregnancy Antenatal and postpartum period.

INTRODUCTION

A pregnant woman is an entity consisting of two souls mother and fetus - which begins after conception and continues through all stages of pregnancy and after pregnancy¹⁻². The birth of a child is the main cause of celebration around the world. Societies expect women to conceive and respect women for their role as mothers³. However, in many parts of the world, pregnancy and childbirth is a dangerous journey. Most of these deaths occur in underdeveloped countries⁴⁻⁵. A Pakistani woman dies due to the complications related to the pregnancy and childbirth. For every woman died, 30 more are sufferer and have disability. The worst situation is for women in sub-Saharan Africa, with one in 16 women dying from pregnancy-related causes, compared to just 1 in 2,800 women in developed regions⁶⁻⁷. Most maternal deaths occur in low-resource countries. "Delay in making a decision to seek care, delay in getting care, and delay in receiving adequate and appropriate care" are the three main causes of maternal mortality and morbidity⁸. Women should be aware of the dangers of obstetric complications during pregnancy, childbirth and the puerperium. Institutions with qualified staff and efficient emergency

maternity services are the rules for better outcomes⁹⁻¹⁰. More importantly, the use of resources by women and society is equally important. Awareness of the signs of obstetric danger and preparation for delivery are key strategies to improve the use of qualified care in low-risk labor and urgent maternity care in complex cases in low-income countries¹¹. Maternal deaths due to obstetric complications can be reduced through the availability of qualified obstetricians and emergency maternity care, and this depends on an efficient system of referrals from rural communities to healthcare facilities¹². There is a risk of sudden and unpredictable complications that could result in the death of a pregnant woman or injury to her or her baby. Pregnancy complications cannot be reliably predicted¹³. Making women aware of the signs of obstetric danger will improve the early detection of problems and help in obtaining appropriate maternity care.

The aim of the study is to assess the knowledge of pregnant women with low socio-economic status about the symptoms of obstetric risk.

MATERIAL AND METHODS

A cross-sectional study was held in the Community based medical centers of Gadap Town Karachi, from October

2020 to October 2021. 300 pregnant women who consented to the study were included in the study. Data was collected through a local-language interview and a pre-designed and tested questionnaire was used that included information on the socio-demographic profile, number of births, prenatal care visits, pregnant women, signs of danger during pregnancy, delivery and puerperium. Socio-economic status was assessed in accordance with the modified international classification (WHO).

Inclusion criteria: The mothers who participated and agreed for the study.

Exclusion criteria: non-pregnant women who participated in OPD and did not consent to the study. The knowledge of expectant mothers was assessed and classified as follows:

- Good awareness: can mention > 75% of obstetric danger symptoms
- Moderate awareness: can mention 50-75% of obstetric danger symptoms
- Low awareness: can mention < 50% of obstetric danger symptoms.

RESULTS

A total of 300 pregnant women consented and took part in this study. Most of them are in the age group of 21-34 years 138(46%) and over 92 (30.7%) were above thirty years, followed by the age group of 18-20 year 70(23.3%) and than >35 years (27%). Most of the pregnant women (62.3%) have completed the primary Level education. (Table 1).

Table 1: Factors associated with knowledge of obstetric danger signs among the study population.

Variable	Knowledge	Fair (52) (%)	Poor (147) (%)	Total (%)	P value
Good (101) (%)					
Age (in years)					
18-20	31 (44.3)	10 (14.3)	29(41.4)	70 (100)	<0.05
21-34	42 (30.4)	26 (17.6)	70 (50.7)	138 (100)	
>35 23 (23.5)		16 (16.3)	43 (43.9)	92 (100)	
Educational status of pregnant women					
Illiterate	4 (12.9)	8 (25.8)	19 (61.3)	31 (100)	<0.05
Primary schooling	79(42.2)	47 (25.1)	61 (32.6)	187 (100)	
Secondary schooling	38(46.3)	15 (18.3)	29 (35.4)	82 (100)	
Occupation of the pregnant women					
Housewife	54 (28.2)	71(36.9)	67 (34.9)	192 (100)	<0.05
Semiskilled	26 (24.1)	43(39.8)	39 (36.1)	108 (100)	
Residence					
Urban	79 (63.7)	13 (10.5)	32 (25.8)	124 (100)	<0.05
Rural 67 (38.1)		89 (50.6)	20 (11.4)	176 (100)	
Antenatal check visits to health care facility					
Regular	71 (31.1)	49 (21.5)	108 (47.4)	228 (100)	<0.05
Irregular	34 (47.2)	17 (23.6)	21 (29.2)	72 (100)	

Table 2: Information regarding obstetric signs of danger among pregnant women (n=300).

Danger signs during pregnancy	No	%
Bleeding PV	182	60.7
Breathing Difficulties	131	43.7
Fits/ Convulsions	121	40.3
Edema hands/feet	104	34.7
High fever	100	33.3
Reduced/ No Fetal movement	95	31.7
Head ache	103	34.3
Blurred Vision	101	33.7
Know Nothing	52	17.3
Danger signs during labour		
Severe bleeding	201	67
Retained placenta	145	48.3
Edema hands/feet/face	156	52
Convulsions	149	49.7
Labour lasting for long time	134	44.7
Head ache	97	32.3
Danger signs in postnatal period		
Severe bleeding PV	170	56.7
Foul smelling discharge	230	76.7
High fever	101	33.7
Head ache	105	35

Signs of Danger in Pregnancy: In this study, 60.7% of the study population were not aware of PV bleeding during

pregnancy followed by Breathing Difficulties (43.7%) and convulsions (40.3%). Swelling of the hands / feet (34.7%) and signs of danger during labor: There is no or little awareness about Severe bleeding (67%), placental retention (48.3%), hand / foot edema (52%) and convulsions (49.7%) longer labour (44.7%). Danger signs in the postnatal period: severe vaginal bleeding (56.7%), foul-smelling vaginal discharge (76.7%) and high fever (33.7%) and headache in (35%) (Table 2).

DISCUSSION

Recognizing the signs of a risk of obstetric danger signs during pregnancy, delivery and the puerperium is a critical first step to an appropriate and timely referral. The results of this study have provided insight into the knowledge of pregnant women in the study area about obstetric symptoms of risk, which could help design appropriate interventions and form the basis for future large-scale research elsewhere in the country. A total of 300 pregnant women consented and took part in this study. In this study, 60.7% of the study population were not aware of PV bleeding during pregnancy followed by Breathing Difficulties (43.7%) and convulsions (40.3%). Swelling of the hands / feet (34.7%) and signs of danger during labor: There is no or little awareness about Severe bleeding (67%), placental retention (48.3%), hand / foot edema

(52%) and convulsions (49.7%) longer labour (44.7%). Most of them are in the age group of 21-34 years 138(46%) and over 92 (30.7%) were above thirty years, followed by the age group of 18-20 year 70(23.3%) and then >35 years (27%). Most of the pregnant women (51%) have completed the primary Level education. The majority of the surveyed population are housewives and semiskilled workers. A similar study by Krishna et al found that participants' awareness of the signs of danger was quite low, which is really worrying¹⁴⁻¹⁵. One study found that women ≥ 31 years of age were more knowledgeable than women in the other two categories. Socio-demographic, individual, and healthcare-related factors were not significantly associated with participants' knowledge of all key signs of danger, but were significantly associated with knowledge of at least one danger sign. In their study, Vijay et al. stated that the level of education was significantly related to the level of knowledge about the symptoms of risk during pregnancy¹⁶⁻¹⁷. Similarly, the study shows that there is no significant correlation between the results of knowledge about the signs of danger and the mother's age, education, and religion. The finding of this study was comparable with the same study conducted by Ahmed et. Al in Karachi which shows that 61.1% have knowledge about danger signs of obstetric labor. A study by Acharya et al. Found that only 27.8% of women were aware of any signs of danger during pregnancy¹⁸⁻¹⁹.

In this study, 60.7% of the study population was aware of PV bleeding during pregnancy followed by Breathing Difficulties (43.7%) and convulsions (40.3%). Swelling of the hands / feet (34.7%) and signs of danger during labor: Severe bleeding (67%), placental retention (48.3%), hand / foot edema (52%) and convulsions (49.7%) longer labour (44.7%). Danger signs in the postnatal period: severe vaginal bleeding (56.7%), foul-smelling vaginal discharge (76.7%) and high fever (33.7%) and headache in (35%). A similar discovery was found in Sangal et al. In Gorakhpur, where 90.5% and 80% of study participants were aware of vaginal bleeding / leakage, fetal movement decreased accordingly as a sign of obstetric danger¹⁹.

The study by Mukhopadhyaya et al. Also showed that the percentage of women who were aware of at least one anxiety signal ranged from 12.1% to 37.2%²⁰⁻²¹.

CONCLUSION

A significant proportion of pregnant women in low socio economic class of Gadap town are not knowledgeable about Obstetric danger signs during pregnancy. This misinformation may lead to delay in seeking care. Our study has shown that there is little knowledge of the danger signs of pregnancy among pregnant women. Also, most subjects are unaware of obstetric danger signs. Based on this study, we suggest that planned strategies like increasing ANC services are needed to increase women's awareness of obstetric danger signs. Raising awareness of the key signs of danger, creating and promoting mechanisms of generating income should be carried out on a continuous basis in the health facility and in the environment, as it prepares women and their families to make appropriate, quick and effective decisions and actions in the event of symptoms of obstetric emergency.

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