



Original Research Article

## Awareness among Urban Women about Tests Conducted During Pregnancy Period

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### ABSTRACT

The study was undertaken to study the awareness among urban women about different tests conducted during pregnancy period. The sample of the study comprised of 90 urban women selected randomly from Rajnikhand, Ruchikhand, and Rashmikhand of Shardanagar area of Lucknow District. Self made Interview schedule was used for collection of data and 't' test was used for the analysis of data. The results of the study highlighted that highly significant positive effect on their awareness about the tests during pregnancy period at the 0.0001 level. Women belonging to different age groups showed no significant differences between Clinical examination, internal checking, Hemoglobin test and HIV, Antibody test. Women are also aware of danger signs during pregnancy. They were found to be more responsible for their routine checkup. Significant differences were found regarding health of the children at 0.05 levels.

**Keywords:** Pregnancy period, Pregnancy tests, Awareness, urban women.

### INTRODUCTION

In every community and society, pregnancy has been regarded as the most welcome events of successful womanhood. Every mother would like her pregnancy to be one without any problem.

Women considering pregnancy should be made aware of the risks associated with risk factor like-cytomegalovirus infection, danger sign, taboo food, and a woman's elevated risk of HIV infection results from their greater physiological vulnerability to viral infection, arising from

the social exploitation of woman, and violence against women.

#### **Other awareness during Pregnancy period**

- **Awareness of Danger sign**

Awareness of the danger signs of obstetric complications is the essential first step in accepting appropriate and timely referral to obstetric and newborn care.

The common causes of maternal deaths are hemorrhage, postpartum infection, hypertensive disorders, obstructed labor and abortion complications (AbouZahr, *et, al.* 2004 and Urassa, *et, al* 1995). These life-threatening complications are treatable thus

most of these deaths are avoidable if women with the complications have timely access to appropriate emergency obstetric care (WHO, 1994).

Three phases of delay to access care have been described (Thaddeus and Maine, 1994): delay in making the decision to seek care; delay in arrival at a health facility; and delay in receiving appropriate treatment after arriving at the health facility. Awareness of the danger signs of obstetric complications among pregnant women and in their communities is the first step to accepting appropriate and timely referral to essential obstetric and newborn care, thus, reducing the first and second phases of delay (WHO, 1994. Perreira, *et. al.* 2002. And Killewo, *et. al.* 2006). The danger signs occurring during pregnancy are predictive of poor outcome rather than historic risk factors (Berglund, 1999).

Few women were aware of prolonged labor as an obstetric danger sign despite its association with both maternal and fetal morbidity and mortality. In a study in The Gambia, involving urban and rural women attending antenatal care, prolonged labor was not recognized as a danger sign (Anyanwu, *et. al.* 2008), a similar finding was reported from Malawi (Kumbani, *et. al.* 2006) However, a study in Pakistan (Hasan and Nisar, 2002) reported that 23% of women are aware of this danger sign.

- ***Awareness of Taboos and misconceptions about food***

Food taboos are known from virtually all human societies. Probably food taboos (as unwritten social rules) exist in one form or another in every society on Earth, for it is a fact that perhaps nowhere in the world, people, a tribe, or an ethnic group, makes use of the full potential of edible items in its surroundings (Harris *et al.* 1987 and Mintz, *et al.* 2002).

Pregnancy imposes the need for considerable extra calorie and nutrient requirements. A balanced and adequate diet is therefore, of utmost importance during pregnancy and lactation to meet the increased needs of the mother, and to prevent “nutritional stress” (Park, 2007).

### ***Objectives***

The present study was formulated and conducted with the following objectives-

- To know about the various tests during pregnancy.
- To assess the avoidance of trimester tests during pregnancy period.
- To study and compared the awareness of pregnancy tests in different age group.
- To know the positive effects on their awareness in different pregnancy tests.

## **METHODOLOGY**

### ***Selection of Locale:***

The research was carried out fifth zone in district Lucknow of Uttar Pradesh, January 2011. It was randomly selected for the study because of logistic convenience in Rajnikhand, Ruchikhand, and Rashmikhand of Shardanagar area.

### ***Sample and its selection:***

Three urban area of Shardanagar (Rajnikhand, Ruchikhand, and Rashmikhand) were selected to represent the population under study. The list of urban women between the age group 24-29 years from three selected area was prepared. 90 urban women were selected from the list by simple random sampling without replacement.

### ***Tools:***

A cross-sectional study was planned to study the Awareness about different tests during pregnancy period among urban women. A self structured Interview schedule

was used. Before Interview, subjects were informed about the purpose of the study and consent was taken.

**Data analysis:**

In order to analyze the data, frequency and 't' test was used. In study SPSS software (Statistical Package for the Social Sciences)) were used drawing conclusions.

**RESULT**

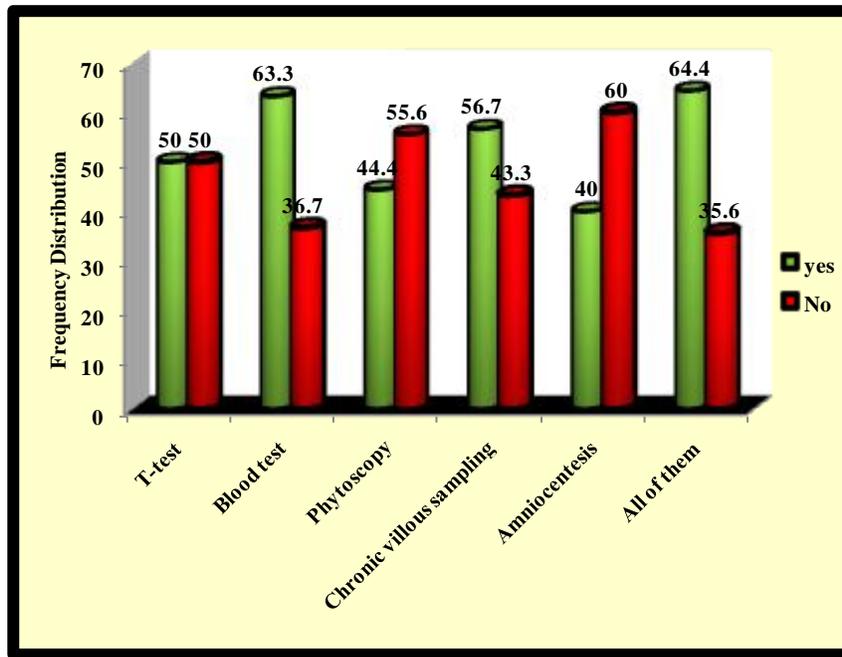


Fig. 1: Graphical representation of respondents' knowledge about different tests during pregnancy.

From the above graph it was observed that majority of (64.4%) respondents were known about all tests during pregnancy period followed by Blood tests (63.3%). Most (60%) respondents were not known about Amniocentesis tests.

In this graph, although majority of the women aware the different test during pregnancy period.

Most of the women (47.8%) told that II<sup>nd</sup> trimester tests not be avoided during pregnancy period in comparison to Ist (38.9%) and III<sup>rd</sup> trimester test (45.6%). Majority (31.1%) women make it clear that she has don't know that she has avoid any trimester tests during pregnancy and majority (30%) women accepted that they are avoid the trimester tests during pregnancy period.

Table 1: Avoidance of any Trimester tests during Pregnancy period.

Avoidance of any tests during Pregnancy	Urban women (N=90)					
	I <sup>st</sup> Trimester		II <sup>nd</sup> Trimester		III <sup>rd</sup> Trimester	
	F	%	F	%	F	%
Yes	27	30.0	22	24.4	25	27.8
No	35	38.9	43	47.8	41	45.6
Don't know	28	31.1	25	27.8	24	26.7

Table 2: Mean differences among age group of urban women during pregnancy, factor wise.

Factor including pregnancy tests	Age group of urban women (N=90)					
	24-26		27-29		't' Test	Sig.
	Mean	SD	Mean	SD		
Clinical examination	1.76	.792	1.88	.803	.017	NS
Internal checking	1.97	.810	1.95	.833	.268	NS
Health	1.27	.450	1.40	.498	4.391	S
Hemoglobin test	2.06	.827	1.89	.817	.006	NS
HIV, antibody test	1.88	.781	1.93	.799	.019	NS

S- significant at the 0.05 level; NS- non significant.

The data of Table 2 makes it clear that the mean scores of 24-26 age groups women (1.76) is lower than the mean score of 27-29 age groups women (1.88) on Clinical examination. No Significant difference was found between age group of 24-26 and 27-29 on factor-A (Clinical examination). It also makes clear that the mean score of 27-29 age groups women (1.95) is lower than the mean score of the 24-26 age groups women (1.97) on factor-B (Internal checking). The obtained 't' value is Non significant. Table 2 also shows that the mean score of 24-26 age groups women (1.27) is lower than the mean score of the 27-29 age groups women (1.40) on factor-C (Health). The obtained 't' value is significant at 0.05 level. The details of Table 2 make it clear that the mean score of 27-29 age groups women (1.89) is lower than the mean score of the 24-26 age groups women (2.06) on factor-D (Hemoglobin tests). The obtained 't' value is Non significant. It also makes clear that the mean score of 24-26 age groups women (1.88) is lower than the mean score of the 27-29 age groups women (1.93) on factor-E (HIV, antibody tests). The obtained 't' value is not indicating any significant difference.

The data of table 3 shows that highly significant at the 0.0001 level. The above table makes it clear that urban woman more aware on their pregnancy tests because a higher level of education was the most

important predictive factor for increased awareness of pregnancy tests.

Table 3: Positive effects on their awareness.

Positive effects on their awareness during pregnancy period	Urban women (N=90)		't' test	P value
	Mean	SD		
		11.3444	1.70367	63.171

(\*\*\* highly significant at the 0.0001 level)

## DISCUSSION

All the women in this study were aware of different test during pregnancy period like T-test, Blood test, Phytoscopy, Chronic villous sampling, Amniocentesis. Mostly women not avoid any trimester tests during pregnancy and majority (30%) women accepted that they are avoiding the trimester tests during pregnancy period. All women were aware of Clinical examination, Internal checking, Health, Hemoglobin test, antibody test and the majority also demonstrated in HIV. This indicates of significant level of awareness among pregnant women. Similarly high levels of awareness reported in other study conducted by Moses, O, Abiodun, *et al.* Women's attending the antenatal clinic in hospital. Urban woman more aware on their pregnancy tests because a higher level of education was the most important predictive factor for increased awareness of pregnancy tests. Most women attended pregnancy checkup where they should have been informed about awareness of different tests during pregnancy period.

## CONCLUSION

In this study, although majority (64.4%) of the women known all tests during Pregnancy period and they found highly significant of positive effects on their awareness for pregnancy period. Generally had low awareness of trimester's tests during pregnancy. So that Better awareness of pregnancy tests was strongly associated with higher level of education of the woman.

We recommend the following in order to increase awareness of different tests during pregnancy period among urban women: To improve quality of counseling to women on clinical examination, internal checking, health messages especially in pregnancy period, and involving husbands and other family members in antenatal and postnatal care; to use radio messages and educational sessions targeting the whole community and to intensify provision of formal education as emphasized in the second millennium development goal to enable women better understand information given.

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## REFERENCES

- AbouZahr C, Wardlaw T, Stanton C, Hill K: Maternal mortality. *World Health Stat Q* 1996, 49(2):77-87.
- Anya SE, Hydera A, and Jaiteh LE: Antenatal care in The Gambia: missed opportunity for information, education and communication. *BMC Pregnancy Childbirth* 2008, 8:9.
- Berglund A, Lindmark G: The usefulness of initial risk assessment as a predictor of pregnancy complications and premature delivery. *ActaObstetGynecolScand* 1999, 78(10):871-6.
- Harris M, Ross EB. Food and evolution – Toward a theory of human food habits. Philadelphia, Temple University Press; 1987.
- Hasan IJ, Nisar N: Womens' perceptions regarding obstetric complications and care in a poor fishing community in Karachi. *J Pak Med Assoc* 2002, 52(4):148-52.
- Killewo J, Anwar I, Bashir I, and Yunus M, Chakraborty J: Perceived delay in healthcare-seeking for episodes of serious illness and its implications for safe motherhood interventions in rural Bangladesh. *J Health PopulNutr* 2006, 24(4):403-12.
- Kumbani LC, McLnerney P: Primigravidae's knowledge about obstetric complications in an urban health centre in Malawi. *Curationis* 2006, 29(3):41-9.
- Mintz SW, Du Bois CM. The anthropology of food and eating. *Annu Rev Anthropol.* 2002; 31:99–119. Doi: 10.1146/annurev.anthro.32.032702.131011.
- Park K. Park's Textbook of Preventive and Social Medicine. Jabalpur: M/S Banarsidas Bhanot Publishers, 18th edition, 2007:387.
- Perreira KM, Bailey PE, de Bocaletti E, Hurtado E, and Recinos de Villagran S, Matute J: Increasing awareness of danger signs in pregnancy through community- and clinic-based education in Guatemala. *Matern Child Health J* 2002, 6(1):19-28.

- Thaddeus S, Maine D: Too far to walk: maternal mortality in context. *SocSci Med* 1994, 38(8):1091-110.
- Urassa E, Lindmark G, Nystrom L: Maternal mortality in Dar es Salaam, Tanzania: Socio-economic, obstetric history and accessibility of health care factors. *Afr J Health Sci* 1995, 2(1):242-9.
- WHO: Mother-Baby Package: Implementing Safe Motherhood in Countries. Practical Guide: Maternal Health and Safe Motherhood Programme. In *Division of Family Health*. Geneva: World Health Organization; 1994.
- Moses, O, Abiodun, *et al.* (2007) “Awareness and knowledge of mother-to-child transmission of HIV among pregnant women” *J Natl Med Assoc.*99(7): pp758–763.

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