ORIGINAL ARTICLE

Assessment of awareness regarding obstetric and newborn danger signs among pregnant women and recently delivered mothers in urban slums of Raipur city, Chhattisgarh

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Abstract

Background: Knowledge regarding danger signs has been found helpful to reduce delays in seeking, reaching and obtaining care during obstetric emergencies. **Aims & Objectives:** To assess the awareness regarding obstetric and newborn danger signs among pregnant and recently delivered mothers residing in urban slums of Raipur city. **Material & Methods:** Observational study was conducted among 160 pregnant and 70 recently delivered women residing in urban slums. The assessment of awareness regarding danger signs was done by adding the marks obtained in various phases. Appropriate statistical tests were applied for any association between knowledge score and socio-demographic variables. **Results:** Subjects knowing at least one key danger sign during pregnancy, labour, postpartum and newborn period was 54.3%, 51.9%, 7.4%, and 11.3 % respectively. Those with age more than 20 years (p value 0.000), joint family (p value 0.000), educated more than 5 years (p value 0.009), and having married and getting first time pregnant after 20 years (p values 0.001 and 0.022 respectively) were found to have significantly more knowledge about danger signs. **Conclusions:** Knowledge regarding danger signs should be given at the time of every ANC visit and also at follow up visit after delivery.

Keywords

Danger Signs; Birth Preparedness; Complication Readiness; Maternal Mortality Ratio; Urban Slums; Raipur; Chhattisgarh

Introduction

Danger signs are symptoms that could be recognized by non- clinical personnel and are not actual complications.(1) Knowledge of danger signs would empower women to identify signs and symptoms of obstetric or newborn complications early, and facilitate decisions to seek appropriate care before the life of the woman, fetus or a newborn is endangered.(2,3) With proven vital role of knowledge of danger signs in improving maternal

and child outcomes, it is of great societal relevance to assess its magnitude and its determinants in study area of Chhattisgarh where Maternal Mortality Ratio is 173 per lakh live births which is about 33% above the national average.(4) Moreover, there is a dearth of studies in evaluation of knowledge regarding danger signs in Chhattisgarh. With two-fifths of the population of Raipur city residing in slums and already proven evidence of decreased maternal services utilization among the women of urban slums thus contributing hugely into the total figures of maternal mortality, present study was conducted in randomly selected urban slums of Raipur city.

Aims & Objectives

1. To assess the awareness regarding danger signs during pregnancy, childbirth, in postpartum and in newborn period among pregnant and recently delivered women in urban slums of Raipur city.
2. To study the maternal and socio-demographic factors affecting it.

Material & Methods

Study setting: Raipur is the capital city of Chhattisgarh state in central India. According to 2011 census, Population of Raipur city was 1,010,433 with 518,611 males and 491,822 females.(5) Average literacy rate in Raipur city was 85.95% with male literacy rate 91.16% and female literacy rate 80.47%.(5) Sex ratio of Raipur city was 948 females per thousand males which was slightly better than the national average sex ratio of 940 females per 1000 males.(5) Child sex ratio of Raipur city was 933 which was better than the national average of 919.(5)

Study design and period: Community Based, Cross sectional, Observational study was conducted between July 2016 – October 2018

Study Area: Study area for the present study was Urban slums of Raipur city.

Study Subjects:

Inclusion Criteria-

1. Pregnant women residing in that area for minimum period of 6 months.

2. Women who have delivered within 6 months from the day of survey.

Exclusion Criteria-

All those who were either absent during survey or not willing to participate.

Sampling: Multistage random sampling technique was used in the study. For this, List of Zones and Wards of Raipur city was obtained from Municipal Corporation of Raipur.

A) Selection of zone: Raipur city is divided into total eight zones having seventy wards. From total eight zones, four zones selected by lottery method using simple random sampling method were zone 1, zone 3, zone 4 and zone 7.

B) Selection of ward: From each selected zones, four wards per zone were selected by simple random sampling method using lottery. In this way total sixteen wards were selected.

C) Selection of urban slums: One slum was selected from each selected ward by lottery method.

D) Selection of study subjects from urban slums: From each slum, fourteen beneficiaries (Pregnant women and Mothers) were selected from demographic record (which acted as a sampling frame) by simple random sampling using lottery method.

Sample size: 230 calculated as follows

$$n = \frac{Z^2 p(1-p)}{d^2}$$

where: n = sample size, Z = standard normal distribution for 95% confidence interval (its value is 1.96), p = expected prevalence (in proportion of one), d = precision (in proportion of one)

As published data on BPCR in Chhattisgarh are scarce, assuming the prevalence of 50%, 95% confidence level, 7.0% absolute precision,

$$n = \frac{4 \times 0.5 \times 0.5}{(0.07)^2} = 204$$

Assuming 10% non-responder rate = 20

Total sample size =204 + 20 = 224

For ease of calculation, sample size was rounded off to 230. Thus, the final sample size was 230.

Data Collection: Study proposal was presented in front of Institutional Ethical Committee and approval was taken before the start of the study. Demographic records were obtained from Anganwadi center with the help of Anganwadi worker. Study subjects from the record were selected by lottery method. Household of the selected participants were visited along with Mitanin or Auxiliary Nurse Midwife (ANM) of the respective areas. Prior consent had been taken from each of the respondent before starting the interview. First, explanation of intent of the study was done to the subjects with openness, honesty and integrity. An appropriately worded statement regarding study was read before the respondents and they were informed that they were free to withdraw from

interview at any point of time. Confidentiality of information was strictly maintained and taken care by reassuring to the respondents. The questionnaire was asked in Hindi which was understood and comfortably spoken by all the subjects.

Assessment of Socio-demographic profile: Socio-demographic variables assessed among study participants were: Age, Type of family (Joint/Nuclear), Religion, Category, Education Levels, Occupation (Housewife/working), Education Levels of the husband, Socio- economic status, Age at marriage, Parity & Age at 1st pregnancy.

Knowledge regarding danger signs assessed as follows: The knowledge of study subjects regarding key danger signs during pregnancy, childbirth, postpartum period and in newborn was assessed as follows:(6)

Three Key danger signs during pregnancy: Severe vaginal bleeding, Swollen hands/face and Blurred vision. 1 mark was given for each correct response. Thus, total marks were 3 for pregnancy related danger signs.

Four Key danger signs during labour and childbirth: Severe vaginal bleeding, Prolonged labour (> 12 hours), Convulsions and Retained placenta. 1 mark was given for each correct response. Thus, total marks were 4 for labour and childbirth related danger signs.

Three Key danger signs during the postpartum period: Severe vaginal bleeding, Foul-smelling vaginal discharge and High fever. 1 mark was given for each correct response. Thus, the total marks were 3 for postpartum danger signs.

Four Key danger signs in the newborn: Convulsions/spasms/rigidity, Difficult/fast breathing, Very small baby and Lethargy/unconsciousness. 1 mark was given for each correct response. Thus, the total marks were 4 for newborn danger signs.

The assessment of knowledge regarding danger signs was done by adding the marks obtained in various phases. Thus, total score for knowledge assessment was 14 (3 marks for pregnancy, 4 marks for child birth 3 marks for post partum, 4 marks for newborn). The subjects were categorized as Knowledgeable or Not Knowledgeable depending on her score in individual phases. If a woman scored more than 2 in an individual phase, then she is considered Knowledgeable of danger signs of that phase.

Statistical Analysis: Data was entered in MS Excel spreadsheet using Microsoft Office version 2010. Data analysis was done as follows:

1. Descriptive statistics: Distribution of study subjects according to various variables in the form of frequencies and percentage is obtained by MS Excel. Tabular representation of distribution of various variables was done.
2. Analytical statistics: Done using SPSS version 17.0. Association of various Socio-demographic variables with Knowledge score was obtained by Independent Student't' test and p value obtained.

Results

Socio-demographic and maternal characteristics of the subjects: [Table 1] Almost two- third of the subjects (66.1%) were 21-25 years old. Around 60% of the respondents were living in Nuclear Family, most (95.7%) followed Hindu religion and belonged to Scheduled Caste Category. In the present study except only one subject, all others received formal education. Most of the women (46.5%) could study only upto middle school which indicates their high dropout rates. Majority of the Husbands of the subjects (54.8%) studied upto High school and Higher secondary school. It was interesting to note that all the husbands received at least some school education. Almost four-fifth (80.4%) of the women were housewives. Most of the participants (91.3%) were belonging to Class IV (Upper lower) socioeconomic status. Mean age at marriage and mean age at pregnancy of the respondents was 20.22± 2.60 and 21.64 ± 2.71 years respectively.

Awareness of key danger signs: [Table 2] Most of the subjects were unaware of key danger signs especially during postpartum and newborn period (92.6% and 88.7% respectively). Severe vaginal bleeding was the most common response given in pregnancy by 118 (51.3%), in labour by 100 (43.4%) and in postpartum period by 10 (4.3%). Difficult breathing was the most common danger sign in newborn known to 8.8% in pregnant women and 11.4% in mothers. Subjects unaware about pregnancy and labour danger signs were 45.7% and 49.1 % respectively.

Discussion

Most common reported danger sign was severe vaginal bleeding during pregnancy (51.3%), labour (43.4%), postpartum period (4.3%). A Similar response was obtained in the previous studies such as Agarwal S et al (7), Lliyasu Z et al(8), Gurung J et al (9), Acharya AS et al (10), Gupta S et al (11) and

Smeele P et al (12) and Mandal T et al (13). In the present study, Difficult/ fast breathing was the most commonly answered danger signs in newborn given by 9.6%. Similar finding was also seen in studies of Lliyasu et al (8), Gurung J et al (9) and Mandal T et al (13) who found subjects quoting Difficulty/fast breathing as key danger sign in newborn as 49.7%, 24.3% and 30 % respectively. In the present study, the subjects knowing at least one key danger sign during pregnancy, labour, postpartum and newborn period was 54.3%, 51.9%, 7.4%, and 11.3 % respectively. The knowledge of danger signs during postpartum period was found to be poor. Similar finding was also observed in studies of Agarwal S et al (7), Mukhopadhyay DK et al (14), Acharya AS et al (10).

As depicted in [Figure 1], present study found that subjects aware of at least 2 key danger signs each of pregnancy, labour, postpartum and newborn were 7.8 %, 11.3 %, 1.3% and 2.6% respectively. These values were more than those of Mukhopadhyay DK et al(14) but less than those of Smeele P et al (12), Lliyasu P et al (8), Mcpherson RA et al (15), Hiluf M et al(16) and Debelew GT et al (17). The common finding in these studies was that subjects aware of post partum danger signs was found to be least among all the phases except in that of McPherson *et al* (15) in which awareness of pregnancy danger signs was found to be poorest among all the phases. Only 0.4% of the subjects were able to get knowledge score of more than 50% of maximum. This was in contrast to finding of Bintabara et al (18) who found that almost one-fourth of the subjects were able to get knowledge score more than 50% of the maximum. [Table 3] shows the association between Knowledge score and Socio-demographic variables.

Knowledge regarding danger signs has been assessed in previous literatures as well but studies among women residing in urban slums is scare. Agarwal S *et al* (7) found in their indore slum based study that roughly three-fourth of the women were aware of at least one key danger signs during pregnancy, labour and postpartum periods. Those subjects with age more than 20 years, belonging to joint family, educated for more than 5 yrs of schooling, and having married and getting 1st time pregnant after 20 yrs were found to have significantly more knowledge about danger signs than others. With age comes maturity and self confidence to take interest in healthy behaviour and to take decisions in times of adversities. Thus, explains the finding that knowledge about danger signs was found to be significantly more in women greater than 20 years of age than less than 20 years. Those women who got married and became pregnant after 20 years of age had better knowledge about danger signs than less than 20 years of age. This can be explained by the fact that a females psyche develops slowly with time. Her level of understanding and dealing intricacies of life events are often shaped by her experiences of world around her which slowly and slowly grows to the level of maturity. Evidences have proved that those belonging to joint family better exchange information regarding events of pregnancy and childbirth including sharing of knowledge regarding danger signs too. Those females who had normal as well as those who had gone through complicated cycle of pregnancy and child birth share their vital experiences with their fellow females. Educated women has the requisite self confidence and ability to better understand the danger signs during various phases, thus leading to better knowledge about danger signs. Rajesh P *et al* (19) study also found the significant association between Education of the subject and BPCR.

Conclusion

The awareness regarding danger signs was found to be very poor. This assessment allows the policy makers to rethink about the effectiveness of current modalities to propagate knowledge regarding danger signs and to do the suitable course correction tailored for women of urban slums.

Recommendation

It was found in the present study that knowledge of study subjects regarding danger signs of all phases was very low and especially about postpartum period. It is known fact that bleeding in the postpartum period goes unidentified mainly because of unawareness about postpartum complications. So, it is recommended that knowledge regarding danger signs should be given at the time of every ANC visit and also at the time of follow up visit after delivery. This should be about all danger signs especially those of postpartum period at various health system levels by Mitanins, ANMs and Medical officers with the help of posters and Information, Education and Communication (IEC) materials. It is recommended that Mitanins should be trained frequently for easier and effective dissemination of knowledge regarding danger signs from conception

to Postpartum period. It was found in the present study that those who were educated and married late i.e. after 20 years of age were found to have better knowledge regarding danger signs. Thus, community should be sensitized about importance of education of girl and marriage only after completion of education. Various means of health education should be used to generate awareness about girl child education and their health. Poor implementation of legal age of marriage found in the present study should be countered by sensitizing the community people to change the attitude of looking an unmarried female in the family as a liability. This can be achieved through advocacy, counselling, social as well as legal actions.

Limitation of the study

The present study was conducted at individual level. Further research on Birth Preparedness and Complication Readiness (BPCR) at all levels, i.e Family, Community, Provider, Facility and Policymaker should be done. This will help device policies for better utilization of maternal and child health services.

Relevance of the study

Data from such a study would help Community level workers and policymakers understand the level of knowledge regarding danger signs and plan various strategic approaches to educational programmes.

Authors Contribution

TC: Concept, Design, Literature search, Data collection, Analysis, Manuscript preparation. NV: Concept, Design, Manuscript editing and review. SAG: Concept, Design, Manuscript editing and review. DD: Literature search, Manuscript preparation and editing.

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Tables

TABLE 1 SOCIO-DEMOGRAPHIC AND MATERNAL CHARACTERISTICS OF STUDY PARTICIPANTS

S. No.	Variables	Categories of variables	Total n = 230	
			No.	%
1	Age of the subject	16-20	19	8.3
		21-25	152	66.1
		>25	59	25.6
2	Type of family	Joint	92	40
		Nuclear	138	60
3	Religion of the subject	Hindu	220	95.7
		Others	10	4.3
4	Category of the subject	UR	26	11.3
		OBC	46	20
		SC	127	55.2
		ST	31	13.5
5	Education of subject	No school education	1	0.43
		Upto Primary School	54	23.5
		Upto Middle School	107	46.5
		Upto High School & Higher Secondary School	63	27.4
		Upto Graduation & Higher education	6	2.6
6	Education of husband	No school education	0	0
		Upto Primary School	27	11.7
		Upto Middle School	72	31.3
		Upto High School & Higher Secondary School	126	54.8
		Upto Graduation & Higher education	5	2.2
7	Occupation of subject	Housewife	185	80.4
		Working	45	19.6
8	Socioeconomic status	Level II, III	20	8.7
		Level IV	210	91.3
9	Age at Marriage	15-18	61	26.5
		19-22	116	50.4
		23-26	45	19.6
		27-30	8	3.5
10	Parity	0	59	25.7
		1	103	44.8
		>1	68	29.6
11	Age at 1st pregnancy	15-18	29	12.6
		19-22	117	52.6
		23-26	71	30.9
		27-30	9	3.9

TABLE 2 KNOWLEDGE OF STUDY PARTICIPANTS ABOUT KEY DANGER SIGNS DURING

DANGER SIGNS		Pregnant women		Mothers having <6month child		TOTAL	
		No.	%	No.	%	No.	%
Pregnancy	Don't know	90	56.3	15	21.4	105	45.7
	Severe vaginal bleeding	63	39.4	55	78.6	118	51.3
	Swollen hands/face	11	6.9	7	10	18	7.8
	Blurred vision	0	0	0	0	0	0
Labour	Don't know	87	54.4	26	37.1	113	49.1
	Severe vaginal bleeding	69	43.1	31	48.6	100	43.4
	Convulsions	14	8.8	15	21.4	21	9.1
	Prolonged labour	01	0.6	1	1.4	2	0.8
	Retained placenta	01	0.6	0	0	1	0.4
Post partum	Don't know	150	93.8	63	90	213	92.6
	Severe vaginal bleeding	9	5.6	1	1.4	10	4.3
	Malodorous vaginal discharge	2	1.2	0	0	2	0.8
	High fever	0	0	6	8.6	6	2.6
Newborn	Don't know	144	90	60	85.7	204	88.7
	Difficult/fast breathing	14	8.8	8	11.4	22	9.6
	Small at birth	2	1.3	3	4.3	5	2.2
	Seizure/convulsion	0	0	1	1.4	1	0.43
	Lethargy/unconsciousness	0	0	0	0	0	0

TABLE 3 ASSOCIATION OF SOCIO-DEMOGRAPHIC VARIABLE WITH MEAN KNOWLEDGE SCORES

		Pregnant women		Mothers having <6month child		TOTAL	
		Mean	p value	Mean	p value	Mean	p value
Age of the subject	≤20	0.56	0.001	1	0.245	0.61	0.000
	>20	1.76		2.63		1.92	
Type of family	Joint	1.98	0.000	2.82	0.004	2.27	0.000
	Nuclear	0.66		0.75		0.67	
Religion of the subject	Hindu	1.62	0.508	2.5	0.030	1.89	0.184
	Others	2		5.5		2.64	
Category of the subject	UR	1.53	0.760	2.71	0.855	1.85	0.812
	Others	1.65		2.57		1.94	
Education of subject	≤ 5 yrs	1.39	0.179	1.71	0.214	1.43	0.009
	>5 yrs	1.75		2.68		2.09	
Education of husband	≤ 5 yrs	1.46	0.573	2.33	0.921	1.56	0.260
	>5 yrs	1.67		2.60		1.98	
Occupation of subject	Housewife	1.57	0.329	2.48	0.377	1.85	0.191
	Working	1.9		3		2.24	
Socioeconomic status	Level II, III	1.87	0.581	1.6	0.242	1.8	0.746
	Level IV	1.61		2.66		1.94	
Age at Marriage	≤20	1.61	0.782	1.61	0.003	1.61	0.001
	>20	1.7		3.06		2.39	
Parity	0	1.22	0.056	-	0.360	-	-
	1	1.87		2.8		-	
	>1	1.91		2.37		-	
Age at 1st pregnancy	≤20	1.71	0.608	0.69	0.000	1.56	0.022
	>20	1.58		3.02		2.15	

Figures

FIGURE 1 DISTRIBUTION OF STUDY SUBJECTS ACCORDING TO THEIR KNOWLEDGE OF ANY 2 KEY DANGER SIGNS DURING DIFFERENT PHASES