Knowledge And Practice Regarding Antenatal Care Among The Pregnant Mothers Attending 250 Bedded General Hospital, Pabna

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Abstract:

Background: Having positive attitude and good knowledge is the most valuable precondition for any healthy behavior including ANC service. Different studies have shown that women who had a positive attitude towards ANC had a higher proportion of ANC visits than those with a negative attitude. Therefore, knowing about prevalence of women who has positive attitude and good knowledge and identifying the associated factors in a given society has important contribution in addressing maternal health need of the women. This study is intended to extract out the knowledge and attitude of pregnant women on the benefits of ANC utilization during antenatal visit. The findings of this study will serve as a reference for giving intervention accordingly by the health care providers and others who concerned; for conducting further researches; the findings of this study will have special importance for health care providers because it will serve as base line for filling gaps of the actual practices on antenatal care.

The 250-bed general hospital in Pabna serves a significant population, and understanding the knowledge and practices of antenatal care among pregnant mothers is important to improve maternal and child health outcomes. Limited access and utilization of antenatal care services in rural areas call for an investigation into the level of knowledge and practices specific to this setting.

Materials and Methods: The descriptive type of cross sectional study was conducted to to assess knowledge and practice regarding ante natal care among the mothers attending 250 bedded general hospital, Pabna Bangladesh with a sample size of 350. Semi structured questionnaire was developed by researcher to conduct this study and non-randomized purposive sampling technique was used to collect data. Descriptive statistics, including frequencies, percentages, means, and standard deviation was used to describe the sample characteristics. Data was presented by frequency and cross tabulation analysis. The association was find out by using chi-square (χ2) test and pearson's product moment correlation coefficient test.

Results: Regarding age distribution of the respondents it was found that more than half (52.0%) were in the age group of 20-24 years, majority (72.3%) had class VI-XII level of education and (72.9%) of the respondents' were housewife, 69.4% of the respondents had taka 15001-30000 as monthly family income, 63.1% of the respondents' husband had class VI-XII level of education, most (57.1%) of the respondents' husband were in service, most of (79.8%) the respondents told that care during pregnancy was ANC. It was found that majority (64.6%) of the respondents did not know about the number of standard visit, majority (61.4%) of the respondents did not know about the investigations done in first visit, majority (69.7%) of the respondents knew ANC was given on district hospital, majority (76.9%) of the respondents knew doctor provide ANC, most of (85.1%) of the respondents knew others to start ANC, more than one third (35.7%) of the respondents took 4 times ANC during last pregnancy, majority (75.7%) of the respondents received TT vaccine during last pregnancy while (65.1%) of the respondents had their last delivery at hospital. The relationship between age group, education and monthly family income of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01)..

Conclusion: Positive attitude and good knowledge is the most valuable precondition for any healthy behavior including ANC service. Different studies have shown that women who had a positive attitude towards ANC had a higher proportion of ANC visits than those with a negative attitude. The knowledge and attitude of pregnant women on the benefits of ANC utilization during antenatal visit. The findings of this study will serve as a reference for giving intervention accordingly by the health care providers and others who concerned; for conducting further researches; the findings of this study will have special importance for health care providers because it will serve as base line for filling gaps of the actual practices on antenatal care.

Key Word: Knowledge and Practice, Antenatal Care, Pregnant Mother.

I. Introduction

Antenatal Care (ANC), is given different meanings by different scholars, among others the meaning that says, " Antenatal Care means care before birth and includes education, counseling, screening and treatment to monitor and to promote the well - being of the mother and fetus".1 In short it is the care that a woman receives during pregnancy that helps to ensure healthy out comes for women and newborn.1 It is a key entry point for pregnant women to receive a multiple range of health services such as nutritional support and prevention or treatment of anemia; prevention, detection and treatment of malaria, tuberculosis and sexually transmitted infections.2 Antenatal Care is an opportunity to promote the benefits of skilled attendance at birth and to encourage women to seek postpartum care for themselves and their newborn. It is also an ideal time to counsel women about the benefits of child spacing.3 However, Antenatal Care have such attractive benefits and strategies, according to the United Nations Millennium Development Goals, every year, at least half a million women and girls die as a result of complications during pregnancy, childbirth or the six weeks following delivery. Almost all (99%) of these deaths occur in developing countries. This shows that the Antenatal care activity is very weak in developing country. The main reasons that hinder the use of Antenatal Care are different from Country to Country. But the reason experienced in developing countries are nearly similar such as; hemorrhage, followed by eclampsia, infection, abortion complications and obstructed labor. Other issues are lack of knowledge and preparedness about reproductive health in the family, community and health provider.4 To alleviate such factors, Antenatal Care is the most important method for detecting pregnancy problems in the early period. Because Antenatal care is the best mechanism to minimize maternal mortality, and give a good information for pregnant women about their birth and how to prevent related problems. The best and most advantage of Antenatal Care is to protect the health of women's and their infants as well as indicating the danger signals that will be occurred and needs to be further treated by advanced health professionals.5 A number of studies indicate that the Antenatal Care utilization rate is still low due to many factors that need to be examined such as socio demographic factors, knowledge of social support. They conclude that eliminating such factors is important to increase the women's participation in Antenatal Care.

When we come to Ethiopia, although, access to health care services is improving, the country has faced challenges in increasing health care utilization and the proportion of women who give birth with the assistance of skilled attendants is the lowest in Sub-Saharan Africa.6

An estimated 515,000 women die of pregnancy-related causes, a rate of over 1,400 maternal deaths each year. The overwhelming majority of these deaths and complications occur in developing countries. Effective antenatal care(ANC), appropriate emergency treatment of complications and competent referral level encompass the most effective answers to reduction of maternal deaths.2 Every minute, at least one woman dies from complications related to pregnancy or child birth that means 529 000 women a year. In addition, for every woman who dies in childbirth, around 20 more suffer injury, infection or disease approximately 10 million women each year. Studies reveal that the cause of maternal mortality in developing countries is mostly due to poor accessibility to maternal health's service poor referral to appropriate antenatal and delivery care unit, and inadequacies of available care. These studies suggested that most of the maternal deaths were preventable with improved coverage of antenatal care, safe delivery and postpartum care. There are regional variations in antenatal care utilization rate basically due to differences in the availability of health care facilities, among the regions during 1985-1990, antenatal coverage rate for the whole Africa was 60% compared to 99% for developed countries.7 Based on EDHS 2011 report, in Ethiopia the maternal mortality rate has been estimated to be 676 per 100,000 live births. This is one of the highest rates in the World. In addition, women's reproductive health problems are a timely and serious matter of concern, for any health professionals, the government as well as the society.8

Antenatal Care related problem parameters are very sensitive because it has directly related with maternal morbidity and mortality, and loss of fetus. It is a necessary component of maternal health in order to identify complications. According to the 2011 Ethiopia demographic and health survey (DHS) Antenatal care Coverage of Ethiopia was 43%. Regular Antenatal Care visits can provide some benefits for the women such as a care provider that can result in reducing complications during pregnancy the absence of this activity affects millions of mothers in the rural as well as urban areas.8 Many women from different studies have mentioned that women's are embarrassed when visiting an ANC. With improved knowledge about the benefits of ANC and the importance of a positive attitude toward it, these women will come to understand that ANC's medical procedures and interventions will do much to save their lives and improve their children's health. In this way they will be motivated enough to overcome their reluctance. In many ways, changing attitudes and behavior are the most challenging tasks, but are also the least costly. Proper educational campaigns and the improved dissemination of information are investments for the long-term. Most previous studies done on knowledge and attitude of women toward ANC were community based done on general women of child bearing age. Until now little has been known about knowledge and attitude of women who are currently using ANC services. Therefore,

this study will help to know how much percentage of women came to benefit from this very important service of women's health know about it and have good attitude about ante natal care services.

II. Material And Methods

This descriptive type of cross sectional study was conducted to assess knowledge and practice regarding ante natal care among the mothers attending 250 bedded general hospital, Pabna with a sample size of 350

Study Design: Descriptive cross sectional

Study Location: The study was conducted District level general hospital at Pabna, Rajshahi, Bangladesh.

Study Duration: January, 2018 to June, 2018.

Sample size: 350 patients.

Sample size calculation: The sampling size was determined by the following formula. Sample size for that proposed study was calculated by the following formula $n = \dfrac{z^2 pq}{d^2}$

Where, p = Response distribution i.e., proportion of factor in the population or the expected frequency value, q = 1-p, d = Margin of error is the amount of error that one would tolerate. Z = Area under normal curve corresponding to the desired confidence level (CI) and it is the amount of uncertainty that one can tolerate.

Now for the present study, Z = 1.96 at 9.5% CI, p = 0.34 (Prevalence of knowledge on ante natal care), q = 0.66 and d = 0.05, n = [(1.96)2 (0.34) (0.66)] / (0.05)2 = 374

Due to inadequate time, source, financial limitation we collect 350 samples with the consent of the supervisor

Subjects & selection method:

The researcher herself collected data from the pregnant mothers in 250 bedded general hospital, Pabna by face to face interview through a partially structured questionnaire. All efforts were made to collect data accurately. For open questions, the respondents were asked in such a manner so that they could speak freely and explain their opinion in a normal and neutral way. No leading questions were asked

Inclusion criteria:
1. All women who have Pregnancy positive
2. The pregnant women who stay in hospital ward.
3. Pregnant women who willingly participate in this study
4. Mentally sound health

Exclusion criteria:
1. women who refuse to provide informed consent
2. Women with major psychiatric problem
3. Women unwilling to provide data

Procedure methodology

Data was collected after obtaining permission from the Assistant Director of 250 Bedded General hospital, Pabna After obtaining permission from the Assistant Director, the researcher met the nursing superintendent and briefly explain the purpose of the study. Written consent obtained from each respondents after explaining the objectives, benefits, and method of data collection. A semi-structured questionnaire was used to collect data and time for each respondents was not being more than 20-23 minutes. The participant was informed that they can withdraw from this study at any time without negative consequence. To protect human subjects, confidentiality and anonymity was strictly maintained by using numerical codes in the questionnaires instead of respondents names.

Statistical analysis

Data was analyzed using SPSS. Descriptive statistics, including frequencies, percentages, means, and standard deviations were used to describe the sample characteristics. Data was presented by frequency and cross tabulation analysis. The association was find out by using chi-square (χ2) test and pearson's product moment correlation coefficient test.

III. Result
Table no. 01: Distribution of the respondents by age

Age in group	Respondents	
	No.	**%**
<20 years	53	15.1
20 - 24 years	182	52.0
25 - 29 years	69	19.7
30 - 34 years	46	13.1
Total	350	100.0

$$\overline{X} \pm \text{SD} = 23.15 \pm 4.449 \text{ years}$$

Regarding age distribution of the respondents it was found that out of 350 respondent's majority (52.0%) were in the age group of 20-24 years, 19.7% were from 25-29 years, 15.1% were from <20 years and 13.1% were from 30-34 years. The mean age of the respondents was 23.15 ± 4.449 years (Table No. 1).

Table no. 02: Distribution of the respondents by educational status of respondents

Educational status of respondents	Respondents	
	No.	**%**
Illiterate	21	6.0
Up to class V	50	14.3
Class VI - XII	253	72.3
Graduate plus	26	7.4
Total	350	100.0

Regarding educational status of respondents it was revealed that out of 350 respondents' majority (72.3%) had class VI-XII level of education, 14.3% had up to class V level of education, 7.4% were graduate plus and 6.0% were illiterate (Table No.2).

Table no. 04: Distribution of the respondents by occupation

Occupation	Respondents	
	No.	**%**
Housewife	255	72.9
Service	95	27.1
Total	350	100.0

Table no. 4 showed that most (72.9%) of the respondents' were housewife and 27.1% were in service (Table No. 4).

Table no. 05: Distribution of the respondents by monthly income

Monthly income	Respondents	
	No.	**%**
Up to Taka 15000	64	18.3
Taka 15001 - 30000	243	69.4
Taka 30001+	43	12.3
Total	350	100.0

$\overline{X} \pm \text{SD} = 16284 \pm 8080.429$ taka from the table no 5, it was found that 69.4% of the respondents had taka 15001-30000 as monthly family income, 18.3% had up to taka 15000 and 12.3% had taka 30001+ monthly family income. The mean monthly family income was 16284 ± 8080.429 taka (Table No. 5).

Table no. 06: Distribution of the respondents by husband's educational status

Husband's educational status	Respondents	
	No.	**%**
Illiterate	29	8.3
Up to class V	27	7.7
Class VI - XII	221	63.1
Graduate plus	73	20.9
Total	350	100.0

Regarding husband's education it was observed that 63.1% of the respondents' husband had class VI-XII level of education, 20.9% were graduate plus, 8.3% were illiterate and 7.7% had up to class V level of education (Table No. 6).

Table no. 07: Distribution of the respondents by husband's occupation

Husband's occupation	Respondents	
	No.	%
Service	200	57.1
Business	81	23.1
Farmer	24	6.9
Day labour	32	9.1
Others	13	3.7
Total	350	100.0

Above table showed that most (57.1%) of the respondents' husband were in service, 23.1% were businessmen, 9.1% were day labour, 6.9% were farmer and 3.7% had others profession (Table No. 7).

Table no. 10: Distribution of the respondents by suffering from diseases

Suffering from diseases	Respondents	
	No.	%
Diabetes	28	8.0
High blood pressure	30	8.6
No	292	83.4
Total	350	100.0

It was revealed that most (83.4%) of the respondents didn't suffer from any disease, 8.6% had high blood pressure and 8.0% had DM (Table No. 10).

Table no. 11: Distribution of the respondents by telling about antenatal care

Telling about antenatal care	Respondents	
	No.	%
Care during pregnancy	142	79.8
Don't know	36	20.2
Total	178	100.0

It was found that majority (79.8%) of the respondents told that care during pregnancy was ANC and 20.2% did not know this (Table No. 11).

Table no. 12: Distribution of the respondents by knowing the necessity of antenatal care

Knowing the necessity of antenatal care	Respondents	
	No.	%
To have a healthy mother and a healthy baby	10	2.9
Others	95	27.1
Don't know	245	70.0
Total	350	100.0

It was found that majority (70.0%) of the respondents did not know the necessity of ANC, 27.1% knew others and 2.9% knew to have a healthy mother and a healthy baby (Table No. 12).

Table no. 13: Distribution of the respondents by knowing the number of minimum visits

Knowing the number of minimum visits	Respondents	
	No.	%
03	6	1.7
04	39	11.1
Others	248	70.9
Don't know	57	16.3
Total	350	100.0

It was found that majority (70.9%) of the respondents knew others about the number of minimum visits, 16.3% did not know about this, 11.1% knew 4 and 1.7% knew 3 visit (Table No. 13).

Table no. 14: Distribution of the respondents by knowing the number of standard visits

Knowing the number of standard visits	Respondents	
	No.	%
12	36	10.3
14	6	1.7
Others	82	23.4
Don't know	226	64.6
Total	350	100.0

It was found that majority (64.6%) of the respondents did not know about the number of standard visit, 23.4% knew others, 10.3% knew 12 and 1.7% knew as 14 visits (Table No. 14).

Table no. 15: Distribution of the respondents by knowing the investigations done in first visit

Knowing the investigations done in first visit	Respondents	
	No.	%
Blood for CBC, RBS, HBsAG, Urine for RE, USG	132	37.7
Others	3	0.9
Don't know	215	61.4
Total	350	100.0

It was found that majority (61.4%) of the respondents did not know about the investigations done in first visit, 37.7% knew about blood for CBC, RBS, HBsAG, Urine for RE, USG and 0.9% knew others (Table No. 15).

Table no. 16: Distribution of the respondents by knowing the place where antenatal care is given

Knowing the place where antenatal care is given	Respondents	
	No.	%
UHC	56	16.0
MCWC	5	1.4
District hospital	244	69.7
Don't know	45	12.9
Total	350	100.0

It was found that majority (69.7%) of the respondents knew ANC was given on district hospital, 16.0% knew UHC, 12.9% did not know about this and 1.4% knew as MCWC for ANC (Table No. 16).

Table no. 17: Distribution of the respondents by knowing antenatal care provider

Knowing antenatal care provider	Respondents	
	No.	%
Doctor	269	76.9
Nurse	33	9.4
FWV	48	13.7
Total	350	100.0

It was found that majority (76.9%) of the respondents knew doctor provide ANC, 13.7% knew FWV and 9.4% knew nurse provide ANC (Table No. 17).

Table no. 18: Distribution of the respondents by knowing time to start antenatal care

Knowing time to start antenatal care	Respondents	
	No.	%
At 12 weeks of the pregnancy	47	13.4
Others	298	85.1
Don't know	5	1.4
Total	350	100.0

It was found that majority (85.1%) of the respondents knew others to start ANC, 13.4% knew at 12 weeks of the pregnancy and 1.4% did not know this (Table No. 18).

Table no. 19: Distribution of the respondents by knowing the advantages of antenatal care

Knowing the advantages of antenatal care	Respondents	
	No.	%
To find out any complication during pregnancy	25	7.1
To have a safe delivery	109	31.1
Others care	2	0.6
Don't know	214	61.1
Total	350	100.0

It was found that majority (61.1%) of the respondents did not know about advantages of ANC, 31.1% knew as to have a safe delivery, 7.1% knew as to find out any complication during pregnancy and 0.6% knew others (Table No. 19).

Table no. 20: Distribution of the respondents by no. of ANC visit done during last pregnancy

No. of ANC visit done during last pregnancy	Respondents	
	No.	%
4 times	125	35.7
<4 times	111	31.7
Don't know	114	32.6
Total	350	100.0

It was found that majority (35.7%) of the respondents took 4 times ANC during last pregnancy, 32.6% did not know about this and 31.7% knew <4 times (Table No. 20).

Table no. 21: Distribution of the respondents by investigations done during ANC visit

Investigations done during ANC visit	Respondents	
	No.	%
CBC, RBS, Blood grouping, USG	263	75.1
Others	17	4.9
Don't know	70	20.0
Total	350	100.0

It was found that majority (75.1%) of the respondents knew CBC, RBS, Blood grouping, USG were done during last pregnancy, 20.0% did not know about this and 4.9% knew others (Table No. 21).

Table no. 22: Distribution of the respondents by received T.T vaccine during last pregnancy

Received T.T vaccine during last pregnancy	Respondents	
	No.	%
Yes	265	75.7
No	68	19.4
Don't know	17	4.9
Total	350	100.0

It was found that majority (75.7%) of the respondents received TT vaccine during last pregnancy, 19.4% not received any TT vaccine and 4.9% did not know about this (Table No. 22).

Table no. 24: Relationship between age of respondents and no. of ANC visit done during last pregnancy

Age of the respondents	No. of ANC visit done during last pregnancy			Total
	4 times	<4 times	Don't know	
<20 years	9 (17.0%)	2 (3.8%)	42 (79.2%)	53 (15.1%)
20 - 24 years	43 (23.6%)	88 (48.4%)	51 (28.0%)	182 (52.0%)
25 - 29 years	45 (65.2%)	17 (24.6%)	7 (10.1%)	69 (19.7%)
30 - 34 years	28 (60.9%)	4 (8.7%)	14 (30.4%)	46 (13.1%)
Total	125 (35.7%)	111 (31.7%)	114 (32.6%)	350 (100.0%)

χ^2= 1.227, df = 6, p< 0.01

Above table showed the relationship between age of respondents and no. of ANC visit done during last pregnancy. About 79.2% of the respondents of the age group of <20 years did not know about the no. of ANC visit during last pregnancy, 48.4% of the age group of 20-24 years knew <4 times, 65.2% of the age group of 25-29 years knew 4 times and 60.9% of the age group of 30-34 years knew 4 times ANC visit during last pregnancy. The relationship between age group of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01) (Table no. 24).

**Table no. 25: Relationship between education of respondents and
no. of ANC visit done during last pregnancy**

Education of the respondents	No. of ANC visit done during last pregnancy			Total
	4 times	<4 times	Don't know	
Illiterate	0 (0.0%)	0 (0.0%)	21 (100.0%)	21 (6.0%)
Up to class V	0 (0.0%)	0 (0.0%)	50 (100.0%)	50 (14.3%)
Class VI - XII	99 (39.1%)	111 (43.9%)	43 (17.0%)	253 (72.3%)
Graduate plus	26 (100.0%)	0 (0.0%)	0 (0.0%)	26 (7.4%)
Total	125 (35.7%)	111 (31.7%)	114 (32.6%)	350 (100.0%)

$$\chi^2 = 2.252, df = 6, p < 0.01$$

Above table showed the relationship between education of respondents and no. of ANC visit done during last pregnancy. About 100.0% of the respondents who were illiterate and had up to class V level of education did not know about the no. of ANC visit during last pregnancy, 43.95 of the respondents who had class VI-XII level of education knew <4 times and 100.0% of the respondents who were graduate plus knew 4 times ANC visit during last pregnancy. The relationship between education of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01) (Table no. 25).

Table no. 26: Relationship between income of respondents and
no. of ANC visit done during last pregnancy

Income of the respondents	No. of ANC visit done during last pregnancy			Total
	4 times	<4 times	Don't know	
Up to Taka 15000	0 (0.0%)	13 (20.3%)	51 (79.7%)	64 (18.3%)
Taka 15001 - 30000	82 (33.7%)	98 (40.3%)	63 (25.9%)	243 (69.45)
Taka 30001+	43 (100.0%)	0 (0.0%)	0 (0.0%)	43 (12.3%)
Total	125 (35.7%)	111 (31.7%)	114 (32.6%)	350 (100.0%)

$$\chi^2 = 1.557, df = 4, p < 0.01$$

Above table showed the relationship between income of respondents and no. of ANC visit done during last pregnancy. About 79.7% of the respondents who had up to taka 15000 as monthly family incomes did not know the no. of ANC visit during last pregnancy, 40.3% of the respondents who had taka 15001-30000 as monthly family income knew <4 times and 100.0% of the income group of taka 30001+ knew 4 times ANC visit during last pregnancy. The relationship between income of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01) (Table no. 26).
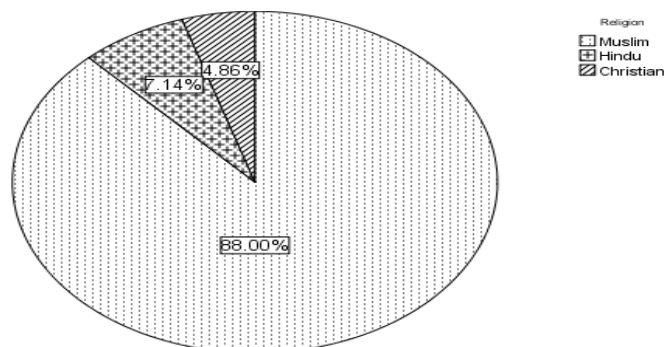

Figure no. 01: Distribution respondents by religion

It was found that most (88.0%) the respondents were Muslim, 7.14% were Hindu and rest (4.86%) were Christian (Fig. no. 01).
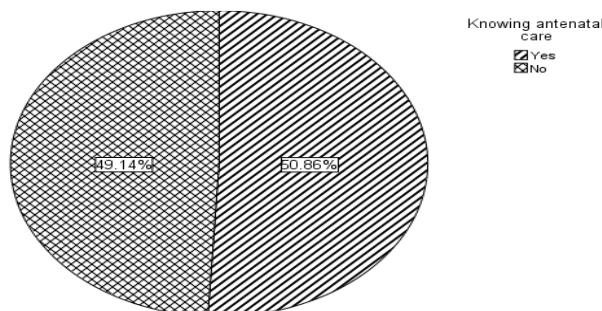

Figure no. 03: Distribution respondents by knowing ANC

It was found that majorities (50.86%) of the respondents knew about ANC and 49.14% did not know about this (Fig. no. 03).

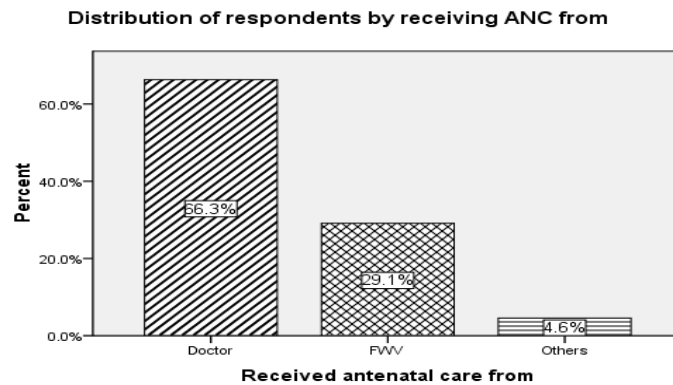**Distribution of respondents by receiving ANC from**

Figure no. 04: Distribution respondents by receiving ANC from

It was found that majorities (66.3%) of the respondents received ANC from the doctor, 29.1% from FWV and 4.6% from the others (Fig. no. 04).
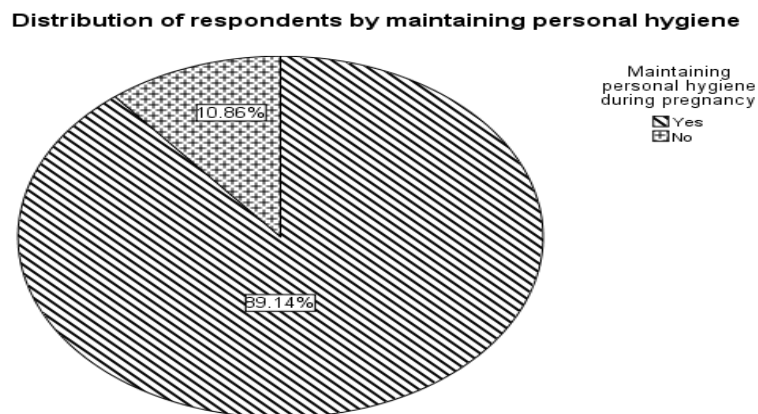
Distribution of respondents by maintaining personal hygiene

Figure no. 05: Distribution respondents by maintaining personal hygiene

It was found that majorities (89.14%) of the respondents' maintained personal hygiene during pregnancy and 10.86% did not maintain this (Fig. no. 05).
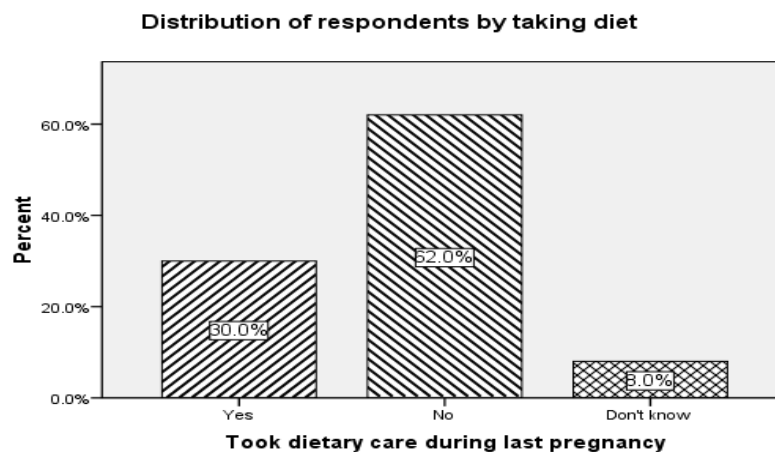
Distribution of respondents by taking diet

Figure no. 06: Distribution respondents by taking diet

It was found that majorities (62.0%) of the respondents did not take dietary care during pregnancy, 30.0% took the care and 3.0% did not know about this (Fig. no. 06).

IV. Discussion

This was a cross sectional type of descriptive study which was carried out with a view to assess knowledge and practice regarding ante natal care among the mothers attending 250 bedded general hospital, Pabna. The sample size was 350 which were selected purposively. Regarding age distribution of the respondents it was found that out of 350 respondent's majority (52.0%) were in the age group of 20-24 years, 19.7% were from 25-29 years, 15.1% were from <20 years and 13.1% were from 30-34 years. The mean age of the respondents was 23.15 ± 4.449 years (Table No. 1). In another study the mean age was 25.5 years (SD = 3.1 years) and ranged between 19 to 31 years.[37] Regarding educational status of respondents it was revealed that out of 350 respondents' majority (72.3%) had class VI-XII level of education, 14.3% had up to class V level of education, 7.4% were graduate plus and 6.0% were illiterate (Table No.2). A total of 477 (95.4%) were at the level of diploma qualification.[38] Regarding no. of family members of the respondents it was revealed that majority (62.9%) had up to 3 family members, 30.9% had 4-5 family members and 6.3% of the respondents had 6+ family members. The mean family member was 3.68 ± 1.151 Person (Table No.3). Most (72.9%) of the respondents were housewife and 27.1% were in service (Table No. 4). In another study quite a low proportion of the respondents 20 (4%) had professional qualification like MSc.[39] About 341 (68.2%) of the respondents had 5-10 years' service length.[40] It was found that 69.4% of the respondents had taka 15001-30000 as monthly family income, 18.3% had up to taka 15000 and 12.3% had taka 30001+ monthly family income. The mean monthly family income was 16284 ± 8080.429 taka (Table No. 5). Regarding husband's education, it was observed that 63.1% of the respondents' husband had class VI-XII level of education, 20.9% were graduate plus, 8.3% were illiterate and 7.7% had up to class V level of education (Table No. 6). A total of 104 women (20.8%) had history of home delivery and only 4 women (0.8%) had history of assisted by traditional birth attendance, however highest interviewed women 257 (51.4%) had the hospital delivery and 117 (23.4%) had delivery at the health centre.[41] Most (57.1%) of the respondents' husband were in service, 23.1% were businessmen, 9.1% were day labour, 6.9% were farmer and 3.7% had others profession (Table No. 7). Most (55.1%) of the respondents had 60-69 kg, 25.1% had 50-59 kg and 19.7% had 70-79 kg. The mean weight was 62.5 ± 7.367 Kg (Table No. 8). The proportion of grandmultipara 51.4% was reported to be high in another study which needs an intervention program planned for these women.[42] Most (53.7%) of the respondents were <140 cm in height, 25.1% were 150-159 cm and 21.1% were 140-149 cm in height. The mean height was 140.85 ± 9.171 cm (Table No. 9). Another study revealed that majority of the women used oral contraceptive method for family planning and 61.8% for preventing from an unwanted pregnancy.[43] It was revealed that most (83.4%) of the respondents didn't suffer from any disease, 8.6% had high blood pressure and 8.0% had DM (Table No. 10). It was found that majority (79.8%) of the respondents told that care during pregnancy was ANC and 20.2% did not know this (Table No. 11). It was found that majority (70.0%) of the respondents did not know the necessity of ANC, 27.1% knew others and 2.9% knew to have a healthy mother and a healthy baby (Table No. 12). It was found that majority (70.9%) of the respondents knew others about the number of minimum visits, 16.3% did not know about this, 11.1% knew 4 and 1.7% knew 3 visit (Table No. 13). In another study they find that there was lack of knowledge regarding ANC.[5] It was found that majority (64.6%) of the respondents did not know about the number of standard visit, 23.4% knew others, 10.3% knew 12 and 1.7% knew as 14 visits (Table No. 14). It was found that majority (61.4%) of the respondents did not know about the investigations done in first visit, 37.7% knew about blood for CBC, RBS, HBsAG, Urine for RE, USG and 0.9% knew others (Table No. 15). It was found that majority (69.7%) of the respondents knew ANC was given on district hospital, 16.0% knew UHC, 12.9% did not know about this and 1.4% knew as MCWC for ANC (Table No. 16). Institutional delivery was increasing day by day.[13] It was found that majority (76.9%) of the respondents knew doctor provide ANC, 13.7% knew FWV and 9.4% knew nurse provide ANC (Table No. 17). It was found that majority (85.1%) of the respondents knew others to start ANC, 13.4% knew at 12 weeks of the pregnancy and 1.4% did not know this (Table No. 18). It was found that majority (61.1%) of the respondents did not know about advantages of ANC, 31.1% knew as to have a safe delivery, 7.1% knew as to find out any complication during pregnancy and 0.6% knew others (Table No. 19). It was found that majority (35.7%) of the respondents took 4 times ANC during last pregnancy, 32.6% did not know about this and 31.7% knew <4 times (Table No. 20). Pregnant women in the developing country did not aware about their ANC visit.[19] It was found that majority (75.1%) of the respondents knew CBC, RBS, Blood grouping, USG were done during last pregnancy, 20.0% did not know about this and 4.9% knew others (Table No. 21). It was found that majority (75.7%) of the respondents received TT vaccine during last pregnancy, 19.4% not received any TT vaccine and 4.9% did not know about this (Table No. 22). It was found that majority (65.1%) of the respondents had their last delivery at hospital, 26.9% at home and 8.0% at clinic (Table No. 23). The relationship between age group of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01)

(Table no. 24). The relationship between education of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01) (Table no. 25). The relationship between income of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01) (Table no. 26). It was found that most (88.0%) the respondents were Muslim, 7.14% were Hindu and rest (4.86%) were Christian (Fig. no. 01). It was found that majorities (68.0%) of the respondents were from nuclear family and 32.0% from joint family (Fig. no. 02). It was found that majorities (50.86%) of the respondents knew about ANC and 49.14% did not know about this (Fig. no. 03). It was found that majorities (66.3%) of the respondents received ANC from the doctor, 29.1% from FWV and 4.6% from the others (Fig. no. 04). It was found that majorities (89.14%) of the respondents' maintained personal hygiene during pregnancy and 10.86% did not maintain this (Fig. no. 05). It was found that majorities (62.0%) of the respondents did not take dietary care during pregnancy, 30.0% took the care and 3.0% did not know about this (Fig. no. 06). It was found that majorities (50.0%) of the respondents did not take any rest, 32.0% did not know about this and 18.0% knew about the rest during pregnancy (Fig. no. 07). In order to prevent pregnancy adverse outcome worldwide as well as in developing countries, interventions should therefore be targeted at all pregnant women attending antenatal care service and during childbirth.44

V. Conclusion

This was a cross sectional type of descriptive study which was carried out with a view to assess knowledge and practice regarding ante natal care among the mothers attending 250 bedded general hospital, Pabna. The sample size was 350 which were selected purposively. Regarding age distribution of the respondents it was found that out of 350 respondent's majority (52.0%) were in the age group of 20-24 years, 19.7% were from 25-29 years, 15.1% were from <20 years and 13.1% were from 30-34 years. The mean age of the respondents was 23.15 ± 4.449 years. Regarding educational status of respondents, it was revealed that out of 350 respondents' majority (72.3%) had class VI-XII level of education, 14.3% had up to class V level of education, 7.4% were graduate plus and 6.0% were illiterate. Regarding no. of family members of the respondents it was revealed that majority (62.9%) had up to 3 family members, 30.9% had 4-5 family members and 6.3% of the respondents had 6+ family members. The mean family member was 3.68 ± 1.151 Person. Most (72.9%) of the respondents were housewife and 27.1% were in service. It was found that 69.4% of the respondents had taka 15001-30000 as monthly family income, 18.3% had up to taka 15000 and 12.3% had taka 30001+ monthly family income. The mean monthly family income was 16284 ± 8080.429 taka. Regarding husband's education, it was observed that 63.1% of the respondents' husband had class VI-XII level of education, 20.9% were graduate plus, 8.3% were illiterate and 7.7% had up to class V level of education. Most (57.1%) of the respondents' husband were in service, 23.1% were businessmen, 9.1% were day labour, 6.9% were farmer and 3.7% had others profession. Most (55.1%) of the respondents had 60-69 kg, 25.1% had 50-59 kg and 19.7% had 70-79 kg. The mean weight was 62.5 ± 7.367 Kg. Most (53.7%) of the respondents were <140 cm in height, 25.1% were 150-159 cm and 21.1% were 140-149 cm in height. The mean height was 140.85 ± 9.171 cm. It was revealed that most (83.4%) of the respondents didn't suffer from any disease, 8.6% had high blood pressure and 8.0% had DM. It was found that majority (79.8%) of the respondents told that care during pregnancy was ANC and 20.2% did not know this. It was found that majority (70.0%) of the respondents did not know the necessity of ANC, 27.1% knew others and 2.9% knew to have a healthy mother and a healthy baby. It was found that majority (70.9%) of the respondents knew others about the number of minimum visits, 16.3% did not know about this, 11.1% knew 4 and 1.7% knew 3 visit. It was found that majority (64.6%) of the respondents did not know about the number of standard visit, 23.4% knew others, 10.3% knew 12 and 1.7% knew as 14 visits. It was found that majority (61.4%) of the respondents did not know about the investigations done in first visit, 37.7% knew about blood for CBC, RBS, HBsAG, Urine for RE, USG and 0.9% knew others. It was found that majority (69.7%) of the respondents knew ANC was given on district hospital, 16.0% knew UHC, 12.9% did not know about this and 1.4% knew as MCWC for ANC. It was found that majority (76.9%) of the respondents knew doctor provide ANC, 13.7% knew FWV and 9.4% knew nurse provide ANC. It was found that majority (85.1%) of the respondents knew others to start ANC, 13.4% knew at 12 weeks of the pregnancy and 1.4% did not know this. It was found that majority (61.1%) of the respondents did not know about advantages of ANC, 31.1% knew as to have a safe delivery, 7.1% knew as to find out any complication during pregnancy and 0.6% knew others. It was found that majority (35.7%) of the respondents took 4 times ANC during last pregnancy, 32.6% did not know about this and 31.7% knew <4 times. It was found that majority (75.1%) of the respondents knew CBC, RBS, Blood grouping, USG were done during last pregnancy, 20.0% did not know about this and 4.9% knew others. It was found that majority (75.7%) of the respondents received TT vaccine during last pregnancy, 19.4% not received any TT vaccine and 4.9% did not know about this. It was found that majority (65.1%) of the respondents had their last delivery at hospital, 26.9% at home and 8.0% at clinic. The relationship between age group of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01). The relationship between education of respondents and

no. of ANC visit done during last pregnancy was found statistically significant (p<0.01). The relationship between income of respondents and no. of ANC visit done during last pregnancy was found statistically significant (p<0.01). It was found that most (88.0%) the respondents were Muslim, 7.14% were Hindu and rest (4.86%) were Christian. It was found that majorities (68.0%) of the respondents were from nuclear family and 32.0% from joint family. It was found that majorities (50.86%) of the respondents knew about ANC and 49.14% did not know about this. It was found that majorities (66.3%) of the respondents received ANC from the doctor, 29.1% from FWV and 4.6% from the others. It was found that majorities (89.14%) of the respondents' maintained personal hygiene during pregnancy and 10.86% did not maintain this. It was found that majorities (62.0%) of the respondents did not take dietary care during pregnancy, 30.0% took the care and 3.0% did not know about this. It was found that majorities (50.0%) of the respondents did not take any rest, 32.0% did not know about this and 18.0% knew about the rest during pregnancy.

Recommendations
In the light of the present study findings, I would like to make the following recommendations:
1. Training program for the mothers should be arranged in regular basis to update their knowledge.
2. Motivation activities should be increased to aware the importance proper management of ANC.
3. Hospital based patient education program should be strengthened about ANC.
4. There is need for continuing medical education program aimed at improving knowledge of pregnant mothers.

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