

Knowledge about Danger Signs and Symptoms of Pregnant Women Attending Antenatal Care Centers in Baghdad City.

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Abstract: Pregnancy complications are the main cause of maternal mortality in Iraq. Every pregnant woman is at risk of pregnancy related complications. Knowing the signs and symptoms of pregnancy complications and recognizing them is the first step to taking a health care for the pregnant woman in appropriate time.

Objective: To assess the knowledge of pregnant women about danger signs and symptoms during pregnancy and find out the association between pregnant women's knowledge and their some study variables.

Methods: A cross sectional study was conducted between 12th September 2016 to 4th July 2017 at antenatal care centers in Baghdad city. Questionnaire was used as a tool of data collection to fulfill with objectives of the study data was collected through interviewer administered questionnaire from (500) pregnant women. Data are analyzed through the use of SPSS version 21.

Results: Only 6.6% of the respondents had unacceptable knowledge about danger signs in pregnancy while 93.4% of them have good knowledge. There was a statistical significant relationships between women's knowledge and socio demographic variables.

Conclusion: This study shown majority of study sample at low knowledge about danger signs and symptoms.

Recommendation: Raise women's awareness along with the expansion of pregnant care services which may be important strategies to increase the protection of pregnant women from complications of pregnancy.

Keywords: Antenatal care centers, Danger signs and symptoms, Knowledge.

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I. Introduction

Women die from a wide range of complications in pregnancy, childbirth or after delivery. These life threatening complications are treatable, and thus most of these deaths are avoidable if women with the complications are able to identify and seek timely and appropriate emergency obstetrical care⁽¹⁾ Danger signs in pregnancy are those signs that a pregnant woman will see, or those symptoms that she will feel which refers to that something wrong⁽²⁾ Health care providers to basis out complications and initiate treatment immediately, the most common danger signs and symptoms during pregnancy that can augment the risk of maternal mortality are: vaginal bleeding, high fever, severe and persistent vomiting in pregnancy period, abdominal pain, severe headaches, absence of fetal movements, severe Fatigue, and gush of fluid from vagina, etc.⁽³⁾ Pregnant Women's knowledge of the possibility of obstetric danger signs is expected to impact their decisions regarding when to decide to seek medical care.⁽⁴⁾

II. Methods

A cross sectional study was conducted among pregnant women attending antenatal care centers to assess their knowledge about danger signs and symptoms during pregnancy. The study was performed between 12th September 2016 to 4th July 2017 at antenatal care centers in Baghdad city. Non probability (purposive sample) used to collect the data from (500) pregnant women who attended antenatal care centers in Baghdad City. A questionnaire constructed about knowledge concerning about danger signs and symptoms during pregnancy assessment tool were designed and prepared by the researchers. A pilot study conducted in order to determine the reliability of the questionnaire in a sample of (20) women who excluded from the study sample (R= 0.96). Content validity was determined through a panel of (12) experts their experience mean and SD was 32.5 - 4.7. The data was collected after obtaining the agreement from women to participant in this study. The study instrument was consisted of four main parts which include: Socio demographic characteristics, reproductive variable, and Pregnant Women's knowledge about danger signs and symptoms assessment tool consisted of (42) items. Data are analyzed through the use of SPSS (Statistical Process for Social Sciences) version 21.

III. Results

Table (1): Pregnant Women’s Socio- Demographic Characteristics (n =500).

Items	No.	%
Demographic variables		
15-24	220	44.0
25-34	215	43.0
35-45	65	13.0
$\bar{x} \pm SD = 25.63 \pm 6.167$ Min. = 16 Max. = 41 Range = 25		
Level of educational for study sample		
No read and write	107	21.4
Read & Write	64	12.8
Primary School graduate	102	20.4
Intermediate school graduate	89	17.8
Secondary school graduates	48	9.6
Institute graduate	24	4.8
College graduate & more	66	13.2
Institute graduate	29	5.8
College graduate & more	94	18.8
Place of residence		
Urban	437	87.4
Rural	63	12.6
Economic status.		
Adequate	44	8.8
Adequate to some extent	337	67.4
Inadequate	119	23.8

Table (4.1) shows that the highest percentage (44.0%) of study sample were at age group (15-24) years, while the lowest percentage (13.0%) of them were at age group between (35-45) years, with the mean age and SD were (25.63 ± 6.167) years, the minimum age 16 years, the maximum age 41 years and the range age 25 years. Highest percentage (21.4%) had not read and no write, the majority of women (85.8%) were housewives, nearly half of the study sample (67.4%) were mostly adequate to some extent, and the majority of them (87.4%) Urban Place of residence.

Table (2) Pregnant Women's Reproductive Characteristics (n = 500).

Reproductive characteristics	No.	%
Gravidity (No. of pregnancy)		
Primigravida (had one pregnancy)	162	32.4
Multigravida (had 2-4 pregnancies)	265	53.0
Grand multigravida (had 5-6 pregnancies)	69	13.8
Great multigravida (had > 7 pregnancies)	4	0.8
Parity (No. of delivery)		
Nullipara (didn't have any type of delivery)	170	34.0
Primipara (had one delivery)	159	31.8
Multipara (had 2-4 deliveries)	119	23.8
Grand multipara (had 5-6 deliveries)	52	10.4
No. of Abortion		
None	318	63.6
One abortion	125	25.0
2 and more than	57	11.4
No. of Stillbirth		
None	475	97.0
(1 to 2)	15	3.0
Consanguinity		
Related	172	34.4
Not related	324	65.6

The results shows in table (2) that more thandemonstrates the distribution of the pregnant women according to their obstetrical history. It was observed that slightly more than half of the pregnant women (53.0%) were pregnant two to three times, while 34.0% of the pregnant women were nullipara , more than two third (63.6%) hadn't abortion, and the majority of them (97.0 %) none stillbirth.

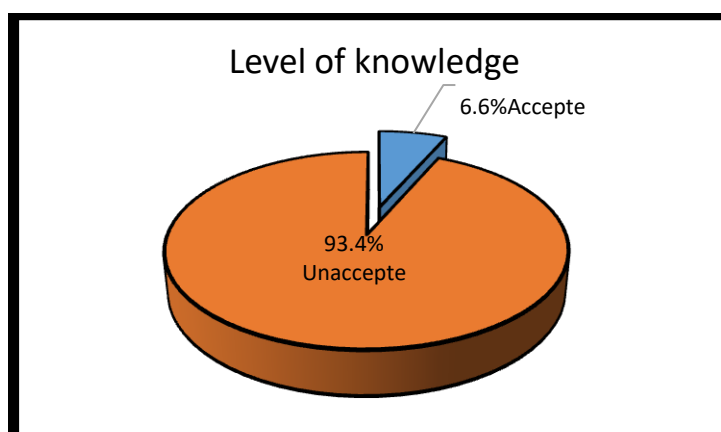


Figure (1): Level of Knowledge about Danger Signs and Symptoms for pregnant women

Table (3) Association between pregnant women's Knowledge and some study variables (n = 500)

Socio-Demographic Variables		Knowledge				Statistical Test			Sig.
		Acceptable		Unacceptable		χ^2	df	P-value	
		No.	%	No.	%				
Age/ years	15-24	9	4.1	211	95.9	4.657	2	00.097	NS
	25-34	17	7.9	198	92.1				
	35-45	7	10.8	58	89.2				
Educational level	No read and write	0	0.0	107	100.0	66.83	6	0.000	S
	Read & Write	0	0.0	64	100.0				
	Primary School graduate	9	8.8	93	91.2				
	Intermediate school graduate	0	0.0	89	100.0				
	Secondary school graduates	2	4.2	46	95.8				
	Institute graduate	5	20.8	19	79.2				
	College graduate & more	17	25.8	49	74.2				
Gravidity	Primigravida	13	8.0	149	92.0	1.399	3	0.706	NS
	Multigravida	17	6.4	248	93.6				
	Grand multigravida	3	4.3	66	95.7				
	Great multigravida	0	0.0	4	100.0				
Parity	Nullipara	13	7.6	157	92.4	.0591	3	0.898	NS
	Primipara	9	5.7	150	94.3				
	Multipara	8	6.7	111	93.3				
	Grand multipara	3	5.8	49	94.2				
No. of Abortion	None	22	6.9	296	93.1	1.145	2	0.564	NS
	One abortion	6	4.8	119	95.2				
	Two and more than	5	8.8	52	91.2				
No. of Stillbirth	None	32	6.8	437	93.2	1.246	2	0.536	NS
	1	1	7.1	13	92.9				
	2 more	0	0.0	17	100.0				

(df) degree of freedom, (Sig) significant Probability value (P < 0.05), (NS) Non Significant.

Table (4) results shows that there was no statistical significant differences between pregnant women's knowledge and study variables.

IV. Discussion

Essentially, all women in developing countries are at risk of obstetric complications. These complications are virtually inconceivable to anticipate and hard to forestall. Medical and nursing management for women with obstetric complications begins with the recognition of danger signs. Because lack of knowledge about danger signs of obstetric complications often delays decision-making for health care service seeking, resulting in tragic consequences, where women die at home or in their way to the health facility.

This study therefore aimed to assess the current status of knowledge of pregnant women about danger signs and symptoms during pregnancy. Concerning the overall knowledge total score level regarding danger signs and symptoms during pregnancy, the findings of the present study revealed that about more than ninety percent of the study sample was the level of knowledge is unacceptable (low) about danger signs and symptoms during pregnancy. This finding is in agreement with (Abraham et al., 2017) in Egypt, (Gebrehiwot et al., 2014) in Mekelle, Ethiopia and (Kavitha, Prasath et al, 2014) in Nigeria. They reported that women generally had poor

knowledge of danger signs and symptoms during pregnancy.^(5,6,7) Also, this finding was concur with a study conducted by(Solomon et al., 2014) in Central Ethiopia, (Mwilike et al., 2013) in Tanzania , (Okura et al., 2012) in Jordan , (Rashad et al., 2010) in Egypt, who reported low levels of knowledge about danger signs and symptoms.^(8,9,3,10) Regarding association between pregnant women's knowledge women's and study variables this study shows that there are a statistical significant differences between pregnant women's knowledge and socio demographic variables, while no statistical significance differences between pregnant women's knowledge and reproductive characteristics, this finding agree with that reported in Jordan by (Okura et al, 2012), in Egypt by (Rashad, 2010), in Egypt conducted by (Abraham et al, 2017), in North Ethiopia by (Nurgi, et. al., 2014), in Debra Town, Ethiopia by (Solomon et al, 2014), ,in Ethiopia by (Ndudi et al ,2015) , in Debar Towne in Ethiopia by (Mengesha et al , 2012) and in Tanzania by (Mwilike et al, 2007).^(3,5,8,9,10,12,13,14,15)

V. Conclusion

The study conducted that majority of study sample at low knowledge about danger signs and symptoms. A significant correlation was found between pregnant women's level of education, occupation and their knowledge about danger signs and symptoms during pregnancy.

VI. Recommendations

Raising women's awareness along with expansion of antenatal care services which might be important strategies to increase protect pregnant women from obstetric complications, in addition, Launching effective mass media campaign to create awareness among women, their husbands and families about importance of danger signs and symptoms ,this is like electronic media, pamphlets, posters, magazines and books that help women, families and communities increase their awareness and knowledge concerning obstetric danger signs.

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