

## Knowledge Attitude and Practice of Pregnant Women to Ward Danger Sign of Pregnancy in Harar Town Eastern Ethiopia

Masresha Leta\*

Department of Midwifery, Harar Health Science College, Harar, Ethiopia

\*Corresponding Author: Masresha Leta, Department of Midwifery, Harar Health Science College, Harar, Ethiopia.

Received: June 13, 2019; Published: July 12, 2019

### Abstract

**Background:** There are lots of danger signs of pregnancy that lead to severe complications if not treated early. The awareness, knowledge and practice towards danger signs of pregnancy plays a great role in preventing complications thereby reduce morbidity and mortality on mothers and neonates. In countries like Ethiopia, where the knowledge and practice level of pregnant women about danger signs of pregnancy is very low maternal mortality and morbidity is high.

**Objective:** To assess knowledge attitude and practice of pregnant women toward danger sign of pregnancy attending ANC clinic at selected public health institutions in Harar town, eastern Ethiopia 2018.

**Methodology:** Institutional based cross-sectional study design was employed to assess knowledge, attitude and practice of pregnant women toward danger sign of pregnancy among pregnant women attending ANC clinic at Harar town. Simple random sampling technique was used to select study participants. The total sample size was 310. A structured questionnaire was used to collect the data.

**Results:** A total of 310 mothers were enrolled in the study giving a response rate of 99.7%. Out of the 310 respondents, 217 (70%) reported that they had got information about danger sign during pregnancy. From those who had the information danger sign while Persistent vomiting especially from 4th month of pregnancy onwards was indicated by 105 (33.9%). leaking of fluid from birth canal 97 (31.3%) were also indicated by the study subjects as danger sign. Abdominal cramping with spotting vaginal bleeding 90 (29.1). Swelling of the body 87 (28%), persistent headache and blurred vision 87 (28%). Swelling of the body was mentioned 87 (28%) of the respondents.

**Conclusion and Recommendation:** This study revealed that the knowledge of pregnant woman about danger signs of pregnancy was low. Educational level, residential area, and occupation were among factors associated with danger sign of pregnancy. Awareness of key danger signs needs to be given priority as it prepares women and their families for timely and appropriate decisions and action in case of obstetric danger signs.

**Keywords:** ANC; Danger Signs; KAP

### Introduction

Maternal mortality is the leading cause of the adult female deaths in many countries. Women death during childbirth often means death for the newborn, and both death and disabilities translate into emotional, social, and economic hardships for women's older children, their entire families, and even for communities [1]. Every minute, a woman dies due to causes related to pregnancy, childbirth and postnatal period [2]. Maternal deaths are avoidable, if women with complications are able to identify and seek appropriate emergency obstetric care which makes a difference between life and death [3].

Low awareness of danger signs and symptoms during pregnancy, labour, delivery and postpartum contribute to delays in seeking and receiving skilled care. Awareness of the danger signs of obstetric complications is the essential first step in accepting appropriate and timely referral to obstetric and newborn care. Knowledge of obstetric danger signs and birth preparedness are strategies aimed at enhancing the utilization of skilled care during low risk births and emergency obstetric care in complicated cases in low income countries. Increased knowledge and awareness is essential for reducing delays in seeking health care and in reaching a health facility. Communities and individuals should be empowered not only to recognize pregnancy related risks, but they must also have the means to react quickly and effectively once such problems arise [4-6]. The national reproductive strategy of Ethiopia has given emphasis to maternal and newborn health so as to reduce the high maternal and neonatal mortality.

As there is no adequate information on obstetric danger signs Knowledge attitude and practice. These study result will be vital and can be used as an input for health education program, health sector management, health professionals and for maternal health curriculum, strategy and package establishment. This study also will provide basic data on the issue that may help policy makers and as baseline data for MOH to reduce the highest maternal mortality rate of Ethiopia. The outcome of the study can be an input for concerned policy makers in decision making process regarding obstetric danger signs for pregnant and delivered mothers.

### Methods and Materials

Institutional based cross-sectional study was employed among pregnant women attending ANC clinic at public health facilities in Harar town from April 2 - April 23, 2018 among 310 study participants was employed in this study.

The study was conducted in Harar town public health facilities. Harar is the capital city of harari regional state, eastern Ethiopia, which is situated at a distance of 526 KM away from the capital city of the country, Addis Ababa.

According to the Harari Regional State Health Bureau Annual Report, there were 03 governmental and 02 private Hospitals, 08 Health Center, 32 Community Health Posts and 01 Regional laboratory found in the town.

Interviewer administered structured questionnaire used with modification from other researches as presented in literature review. The questionnaire was prepared originally in English and then translated to afan-oromo, harari language and Amharic then back to English. Five percent of the questionnaires was pretested for clarity and consistency of the questions in one health center and Hiwotfana Specialized university hospital week prior to the actual data collection. Then necessary correction was made based on the feedback of the data collectors.

After data collection for quantitative data, after checking the completeness of questionnaires, the data was processed coded, entered and analyzed by using software statistical packages for social sciences version 20. The presentation was prepared and summated by tabulation and frequency.

Quality was maintained by careful design, translation and retranslation of the questionnaire, proper orientation of the interviewers and supervisors, close supervision of the data collecting procedures, proper categorization and coding of the data and checking for completeness and internal consistency was made.

Before undergoing the study, letter of cooperation was written from Harar Health science college to the concerned bodies and permission was taken from concerned authorities. Consent was obtained from the respondents and confidence was secured.

### Results

#### Socio-demographic characteristics of the study subjects

A total of 310 women were enrolled in the study giving a response rate of 99.7%. The study participants were selected from health institutions. Thirty one percent are 25-29ages of the respondents.

Majority 286 (92.3%) of the women were married and most 124 (40%) of the respondents were housewives. 77 (24.8%) had completed secondary school and above and 156 (50.3%) of the respondents had income  $\geq$  2001 birr during the survey. In regard to their husbands, 115 (37.1%) were government employee.

Variable	Frequency	Percent (%)
<b>Age in years</b>		
15 - 19	20	6.5
20 - 24	80	25.8
25 - 29	98	31.6
30 - 34	57	18.4
35 - 39	41	13.2
>= 40	14	4.5
<b>Total</b>	<b>310</b>	<b>100</b>
<b>Marital status</b>		
Single	11	3.5
Married	286	92.3
Widowed	4	1.3
Divorced	9	2.9
<b>Total</b>	<b>310</b>	<b>100</b>
<b>Religion</b>		
Orthodox	104	33.5
Muslim	157	50.6
Protestant	43	13.9
Catholic	4	1.3
Other	2	.6
<b>Total</b>	<b>310</b>	<b>100</b>
<b>Ethnicity</b>		
Amhara	90	29.0
Oromo	137	44.2
Tigre	29	9.4
Harari	40	12.9
Other	14	4.5
<b>Total</b>	<b>310</b>	<b>100</b>
<b>Occupation</b>		
Housewife	124	40.0
Government employee	78	25.0
Private employee	47	15.2
Merchant	51	16.5
Other	10	3.2
<b>Total</b>	<b>310</b>	<b>100</b>
<b>Educational status</b>		
Illiterate	31	10.0
read and write only	37	11.9
Primary school	41	13.2
Secondary school	77	24.8
Diploma and above	118	38.1
Other	6	1.9
<b>Total</b>	<b>310</b>	<b>100</b>

<b>Monthly income</b>		
< 500 birr	16	5.2
501 - 1000 birr	36	11.6
1001 - 1500	46	14.8
1501 - 2000	56	18.1
> 2001	156	50.1
<b>Total</b>	310	100
<b>Husband occupation</b>		
Private employee	30	9.7
Government employee	115	37.1
Own business	52	33.9
Farmer	8	16.8
<b>Total</b>	1	2.6
310		100
<b>Husband Educational status</b>		
Illiterate	23	7.2
read and write only	18	5.8
Primary school	26	8.4
Secondary school	62	20.0
Diploma and above	172	55.5
Other	9	2.9
<b>Total</b>	310	100

**Table 1:** Distribution of socio-demographic and economic variables of respondents, of selected public health institutions in Harar town 2018 (n = 310).

**Obstetric characteristics of the respondents**

From total number of respondents, 173 (55.8%) had history of 2-4 pregnancies and 45 (14.5%) mothers were pregnant for more than four times. Regarding first pregnancy age, 184 (59.4%) mothers got their first pregnancy at 20 - 29 years. About 157 (50.0%) respondents had 2 and above live children followed by 62 (20%) who have 1 live child. Majority 233 (75.2%) of the respondents had no history of still birth but only 14 (4.2%) respondent had history of 2 and above still births. From the total number of mothers, 187 (60.3%) had 1 - 4 number of children and only 33 (10%) mothers had 5 and more children. In the case of previous history of pregnancy, 264 (85.2%) had ANC follow up, among those who had ANC follow up 87 (28.1%) had 4 and more visits. Majority 235 (75.8%) of the mothers gave birth at health institutions and 105 (33.8%) study respondents had final decision by themselves.

**Source of information regarding danger signs during pregnancy**

Two hundred seventy (70%) had heard obstetric danger signs during pregnancy and from those mothers 195 (62.9%) got information from clinics regarding obstetric danger signs during pregnancy. From those who heard obstetric danger signs majority 60.2% of the study participants answered the signs that indicate the pregnant or/and the pregnancy has illness. One hundred fifteen (55.5%) of the study participants had got danger signs information from health personnel followed by media, friends and relatives with respective frequencies of 5.5%, 8.7% and 4.8% respectively.

**Knowledge, attitude and practice about danger sign of pregnancy among pregnant mothers in selected health institutions at Harar town**

**Knowledge on danger signs during pregnancy**

Out of the 310 respondents, 217 (70%) reported that they had got information about danger sign during pregnancy. From those who had the information danger sign while Persistent vomiting especially from 4th month of pregnancy onwards was indicated by 105

(33.9%). Leaking of fluid from birth canal 97 (31.3%) were also indicated by the study subjects as danger sign. Abdominal cramping with spotting vaginal bleeding 90 (29.1). Swelling of the body 87 (28%), persistent headache and blurred vision 87 (28%). Swelling of the body was mentioned 87 (28%) of the respondents.

S. no	Variable	Frequency	%
1	Mentioned Abdominal cramping with Spotting as danger sign during pregnancy	90	29
2	Mentioned leaking of fluid from birth canal as danger signs during pregnancy	97	31.3
3	Mentioned swelling of the body as danger sign during pregnancy	87	28
4	Mentioned persistent vomiting as danger sign during pregnancy	105	33.9
5	Mention presenting headache or blurred vision as danger sign during pregnancy	87	28
6	Mentioned absent or decreased fetal movement as danger sign during pregnancy	79	25.4
7	Mentioned sever epigastria pain as danger sign during pregnancy	48	15.5
8	Mentioned Absence of fetal movement as danger sign during pregnancy	82	26.5
9	Mentioned feeling very tired as danger sign during pregnancy	34	10.9
10	Mentioned unusual abdominal pain as danger sign during pregnancy	28	9.1
11	Mentioned pain /burning on Urination as danger sign during pregnancy	44	14.2
12	Mentioned persistent back pain as danger sign during pregnancy	27	8.7
13	Other mentioned	3	0.97

Table 2: Knowledge of danger signs during pregnancy among mothers in Harartown selected health intuitions 2018 N (310).

Attitude towards danger sign of pregnancy

Majority 61.3% of the study respondents were agreed with importance of knowing danger sign during pregnancy. Fifty seven (58.7%) the study participants agreed that knowing danger signs of pregnancy is important because women will seek medical care on time. Regarding the prevention of danger sign during pregnancy 59.7% of the respondents were agreed. Most 53.5% disagree on the idea that mothers who develop danger signs of pregnancy should seek help from traditional birth attendants. Majority 38.1% of the study participants agreed on the idea that mothers who develop danger signs of pregnancy should seek help from other older women (Table 3).

Indicators of attitude	Likert scale				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	N (%)	N (%)	N (%)	N (%)	N (%)
It is important for women to know obstetric danger signs during pregnancy	112 (36.1)	190 (61.3)	6 (1.9)	2 (0.6)	0
To know about obstetric danger signs is important because women will seek medical care on time.	110 (35.5)	182 (58.7)	14 (4.5)	3 (1.0)	1 (0.3)
To know obstetric danger signs is important because the danger signs will not go away by their own.	72 (23.2)	168 (54.2)	52 (16.8)	15 (4.8)	1 (3)
A woman can prevent danger signs during pregnancy.	42 (13.5)	185 (59.7)	64 (20.6)	17 (5.5)	2 (0.6)
Mothers who develop obstetric danger signs should seek medical advice.	81 (26.1)	190 (61.3)	19 (6.1)	16 (5.2)	4 (1.3)
Mothers who develop obstetric danger signs should seek help from traditional birth attendants.	5 (1.6)	41 (13.2)	57 (18.4)	166 (53.5)	41 (13.2)
Mothers who develop obstetric danger signs should seek help from Other old women	11 (1.6)	69 (22.3)	71 (22.9)	118 (38.1)	41 (13.2)

Table 3: Attitude of danger during pregnancy among mothers in Harar town selected Health intuitions 2018 (n = 310).

### **Practice of danger sign during pregnancy**

One hundred eight (34.8%) of the study participants have claimed as they did not experience any obstetric danger signs during pregnancy. 202 (34.8%) who experienced danger signs pregnancy 178 (57.4%) had Good practice seek medical care when they faced problem. About 7 (1.1%) of the study subjects had Poor practice.

### **Discussion**

Based on this study from those who had the information of obstetric danger signs 29.1% identified severe vaginal bleeding at any time during pregnancy which is lower than the findings in Debrebrihan, Ethiopia which was 68.2% (36). This difference might be due to socio-cultural difference and difference of sample size used. According to this study 30% of the study respondents were unable to mention an obstetric danger sign which is less than the study done in Tsegedie district 35.1% [7]. The differences might be due to socio economic and health education provided.

In this study, Seventy seven present of the study participants agreed that knowing obstetric danger signs is important because women will seek medical care on time. Regarding the prevention of obstetric danger signs 73.2% of the respondents were agreed. In the contrary a study done in Debrebrihan, 52.7% of the study participants had negative attitude [8].

According to this study only two hundred two (65.2%) of the study participants experienced obstetric danger signs and 57.4% had good practice. The study done in Debrebrihan indicate that majority of the pregnant mothers had not faced danger signs of pregnancy. From those who had danger signs of pregnancy bleeding was reported by 45.9%, % respondents [8].

### **Conclusion**

The Knowledge, attitude and practice level of the study participants for this study, 30% of the study respondents were unable to mention an obstetric danger sign of pregnancy, Seventy seven present of the study participants agreed that knowing obstetric danger signs is important because women will seek medical care on time and two hundred two (65.2%) of the study participants experienced obstetric danger signs and 57.4% had good practice.

### **Recommendations**

The health institutions should include health educations about danger signs of pregnancy to reproductive aged women in its annual action plan and the health professionals who deliver ANC service should focus on delivering adequate and quality information in during the follow-up visits.

### **Acknowledgment**

We would like to extend appreciations to individuals who involved in data collection and Harar town community as well those study participants who willingly gave us all the information we needed without any reservation.

### **Availability of Data and Materials**

This is a research article

### **Competing Interests**

We declare that we have no competing interests.

### **Authors' Contribution**

ML and MT conceived the study, participated in the design, data analysis and interpretation of the result. ML involved in data acquisition, writing the draft manuscript as well as making all the changes as suggested by the coauthors. MT critically reviewed the manuscript. All authors read and approved the manuscript.

## Bibliography

1. UNICEF. "A Global Overview of Maternal Mortality" (2010).
2. UNFPA. "Safe Motherhood Stepping up Efforts to Save Mothers' Lives" (2011).
3. WHO. "Trends in Maternal Mortality: 1990 to 2010". WHO, UNFPA, UNICEF and World Bank (2012).
4. Kabakyenga JK OP, *et al.* "Knowledge of obstetric danger signs and birth preparedness practices among women in rural Uganda". *Reproductive Health* 8 (2011): 33.
5. Mihret H MF. "Birth preparedness and complication readiness among women in Adigrat town, northern Ethiopia". *Ethiopian Journal of Health Development* 22.1 (2008): 14-20.
6. JHPIEGO. "Monitoring birth preparedness and complication readiness: tools and indicators for Maternal and Newborn health Baltimore" (2004).
7. Hailu D BH. "Knowledge about Obstetric Danger Signs and Associated Factors among Mothers in Tsegedie District, Tigray Region, Ethiopia". *PLOS One* 9.2 (2014): e83459.
8. Sodere Nurgi ET, *et al.* "Knowledge, Attitude and Practice of Obstetric Danger Signs during Pregnancy in Debre Berhan, Ethiopia". *Health Science Journal* 6 (2014): 533.

**Volume 8 Issue 8 August 2019**

**©All rights reserved by Masresha Leta.**