



Study on Pregnant Mother's Knowledge Regarding Complications and Prevention of Anaemia

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ABSTRACT

Knowledge regarding complications and prevention of anaemia in pregnancy among pregnant mothers is very much essential to prevent anemia in Bangladesh as well as all over the world. But it is a matter of concern that most of the pregnant mothers of Bangladesh has very few or no knowledge about anaemia, its prevention and complication in pregnancy. For this reason many problems arise among mothers and upcoming children. However, the present study has undertaken to find out the pregnant mother's knowledge regarding the complications of anaemia in pregnancy and to measure the pregnant mother's knowledge regarding the prevention of anaemia in pregnancy. Descriptive research design was used in this study. The settings for the study was Gynecology and Obstetrics wards of Dhaka Medical College Hospital (DMCH), Sir Solimullah Medical College Hospital (SSMCH), Addin-Women's Medical College Hospital (AWMCH) and Holy Family Red Crescent Medical College Hospital (HFRCMCH) in Dhaka, Bangladesh. Purposive sampling method was used for the study. Total 400 pregnant mothers were selected from the study area. Data were collected from primary and secondary sources. Primary Data were collected from the respondents of the study area by using questionnaire. Secondary Data were collected reviewing secondary data sources. Collected data were analyzed by using Statistical Package for the Social Sciences (SPSS). From the result it was found that very few mothers in Bangladesh know major consequences of anaemia on fetus. Most of the mothers did not know necessity of regular antenatal check up during pregnancy. Very few pregnant women had knowledge of iron deficiency. Most of pregnant women know necessity to take special and extra diet during pregnancy. The result also revealed that most of the pregnant women knew that they should take iron, folic acid and vitamin tablet in spite of healthy diet. Most of the pregnant women knew the source of iron, vitamin and mineral but they did not eat those foods due to lack of money. From the result of the research it can be said that women should have proper knowledge about anemia during pregnancy, pregnant women should know the necessity of regular antenatal check up during pregnancy and pregnant women should eat iron, vitamin and mineral rich foods during pregnant period.

Key words: *Anaemia, Prevention, Iron Deficiency, Knowledge, Folic Acid, Extra diet.*

INTRODUCTION

Anemia is a disease by which many mother died during pregnancy and died after the delivery of their children. Anemia has been recognized as the most common form of nutritional deficiency worldwide, particularly in developing countries like Bangladesh. Though anemia is easily treatable and preventable disease, it continues to be significantly associated with pregnancy. Various studies showed an association between anemia and maternal mortality. Apart from maternal mortality, anemia in pregnancy may result in intrauterine growth retardation, low birth weight, still-birth, and neonatal death. The key for safe motherhood is reduction of maternal anemia. The risk factors of anemia particularly during pregnancy are multifactorial and complex. Current knowledge indicates that iron deficiency anemia in pregnancy is a risk factor for preterm delivery and subsequent low birth weight, and possibly for inferior neonatal death. Primary health care physicians are the first contact physician in the community who can play a very important role in identification and treatment of anemia. Many issues associated with anemia can be assessed and modified at the primary care level such as dietary habits, multi parity etc. So, knowledge of these risk factors and compliance of respondents towards implemented government program is very much essential to prevent anemia and its consequences.

OBJECTIVES OF THE STUDY

The Specific Objectives of the study are as follows:

- 1.To find out the pregnant mother's knowledge regarding the complications of anaemia in pregnancy.
- 2.To measure the pregnant mother's knowledge regarding the prevention of anaemia in pregnancy.

METHODOLOGY OF THE STUDY

Study design: A cross sectional descriptive research design was used in this study to assess the knowledge and practice of mothers regarding the prevention of anaemia during pregnancy period.

Study area: The study area was selected purposively. The settings for the study was Gynecology and Obstetrics wards of Dhaka Medical College Hospital (DMCH), Sir Solimullah Medical College Hospital (SSMCH), Addin-Women's Medical College Hospital (AWMCH) and Holy Family Red Crescent Medical College Hospital (HFRCMCH) in Dhaka, Bangladesh.

Study Population: Selected pregnant mother who were admitted in Gynecology and Obstetrics wards of Dhaka Medical College Hospital (DMCH), Sir Solimullah Medical College Hospital (SSMCH), Addin-Women's Medical College Hospital (AWMCH) and Holy Family Red Crescent Medical College Hospital (HFRCMCH) in Dhaka, Bangladesh.

Sampling method: Purposive sampling method was used for the study.

Sample size: Total 400 pregnant mothers were selected from the study area.

Sources of Data: Data were collected from primary and secondary sources.

Sources of Primary Data: Primary Data were collected from the respondents of the study area.

Sources of Secondary Data: Secondary Data were collected from Books, Research Reports, Journals, Magazines, Annual Reports of Bangladesh Bureau of Statistics (BBS), Annual Reports of Bangladesh Medical Research Council, Websites of Ministry of Health and Family Planning Welfare of Peoples Republic of Bangladesh, Internet etc.

Tools for Data Collection: Questionnaire was used for data collection.

Method of Data Collection: Primary Data were collected by face to face interview with the respondents. Secondary data were collected from reviewing of secondary sources.

Inclusion Criteria: Pregnant women who suffered anaemia due to pregnancy and the unmarried women who need to know about anaemia due to pregnancy were included in this study.

Exclusion Criteria: Women who suffered other disease except anaemia due to pregnancy were excluded in the study.

Analysis of Data: Collected data were analyzed by using Computer Program Statistical Package for the Social Sciences (SPSS) version 16. Tables, graphs were made by using SPSS.

RESULTS AND DISCUSSION

Table 1: Major consequences of anaemia on fetus

Major consequences of anaemia on fetus	Frequency	Percent	Cumulative Percent
Don't know	319	79.8	79.8
Low birth weight	27	6.8	86.5
Premature delivery	54	13.5	100.0
Total	400	100.0	

A major consequence of anaemia on fetus has shown in the above table. From the result it was found that 79.80% respondents don't know the major consequences of anaemia on fetus, 6.8% respondents replied that the major consequences of anaemia was low birth weight and 13.50% respondents replied that the major consequences of anaemia was premature delivery.

Table 2: Necessity of regular antenatal check up during pregnancy

Respondents' opinion	Frequency	Percent	Cumulative Percent
No	213	53.2	53.2
Yes	187	46.8	100.0
Total	400	100.0	

Necessity of regular antenatal check up during pregnancy has shown in the above table. From the result it was found that 53.20% respondents replied that there is no necessity of regular antenatal check up during pregnancy and 46.80% respondents replied that there is necessity of regular antenatal check up during pregnancy.

Table 3: If answer is yes, reason of regular check up during pregnancy

Respondents' opinion	Frequency	Percent	Cumulative Percent
Don't receive regular antenatal check up	213	53.2	53.2
Risk identification	54	13.5	66.8
Risk identification and weight gain	54	13.5	80.2
Weight gain	79	19.8	100.0
Total	400	100.0	

Respondent's knowledge about reason of regular check up during pregnancy has shown in the above table. From the result it was found that 13.5% respondents replied that regular check up helps to risk identification, 13.5% respondents replied that regular antenatal check up help to risk identification and weight gain, 19.8% respondents replied that regular antenatal check up help to weight gain.

Table 4: If answer is yes, place of receiving antenatal care

Respondents' opinion	Frequency	Percent	Cumulative Percent
Don't receive regular antenatal check up	213	53.2	53.2
Community clinic	54	13.5	66.8
Community clinic and Hospital	27	6.8	73.5
Health facilities	27	6.8	80.2
Hospital	79	19.8	100.0
Total	400	100.0	

Place of antenatal care has shown in the above table. From the result it was found that 13.5% respondents took antenatal care from community clinic, 6.8% respondents took antenatal care from, respondents took

antenatal care from community clinic and Hospital, 6% respondents took antenatal care from Health facilities, 19.8% respondents took antenatal care from Hospital.

Table 5: Respondents' Knowledge of Iron deficiency

Respondents' opinion	Frequency	Percent	Cumulative Percent
No	266	66.5	66.5
Yes	134	33.5	100.0
Total	400	100.0	

Respondents' Knowledge of Iron deficiency has shown in the above table and graph. From the result it was found that 66.5% respondents replied that they had no knowledge of iron deficiency and 33.5% 66.5% respondents replied that they had knowledge of iron deficiency.

Table 6: If answer is yes, name of problem

Respondents' opinion	Frequency	Percent	Cumulative Percent
Had no knowledge on iron deficiency	266	66.5	66.5
Infant death	27	6.8	73.2
Premature birth	107	26.8	100.0
Total	400	100.0	

Respondents' knowledge about problems of Iron deficiencies has shown in the above table. From the result it was found that 6.8% respondents replied that due to lack of iron infant death occur and 26.8% respondents replied that due to lack of iron premature birth occur.

Table 7: Necessity to take special and extra diet during pregnancy

Respondents' opinion	Frequency	Percent	Cumulative Percent
No	160	40.0	40.0
Yes	240	60.0	100.0
Total	400	100.0	

Necessity to take special and extra diet during pregnancy has shown in the above table. From the result it was found that 40% respondents replied that there is no necessity to take special and extra diet during pregnancy and 60% respondents replied that there is necessity to take special and extra diet during pregnancy.

Table 8: If answer is yes what are the necessities

Respondents' opinion	Frequency	Percent	Cumulative Percent
No necessity of to take special and extra diet during pregnancy	160	40.0	40.0
To maintain extra calories	160	40.0	80.0
To maintain healthy pregnancy	26	6.5	86.5
To maintain healthy pregnancy and extra calories	54	13.5	100.0
Total	400	100.0	

Necessities of extra diet have shown in the above table. From the result it was found that 40% respondents replied that there is necessity to take special and extra diet during pregnancy to maintain extra calories, 6.5% respondents replied that there is necessity to take special and extra diet during pregnancy to maintain healthy pregnancy and 13.5%, respondents replied that there is necessity to take special and extra diet during pregnancy to maintain healthy pregnancy and extra calories.

Table 9: Pregnant women should take iron, folic acid and vitamin tablet in spite of healthy diet

Respondents' opinion	Frequency	Percent	Cumulative Percent
No	292	73.0	73.0
Yes	108	27.0	100.0
Total	400	100.0	

Pregnant women should take iron, folic acid and vitamin tablet in spite of healthy diet has shown in the above table. From the result it was found that 73% respondents replied that pregnant women should not take iron, folic acid and vitamin tablet in spite of healthy diet and 27% pregnant women should take iron, folic acid and vitamin tablet in spite of healthy diet.

Table 10: Family planning and birth spacing decrease anaemia

Respondents' opinion	Frequency	Percent	Cumulative Percent
	27	6.8	6.8
No	346	86.5	93.2
Yes	27	6.8	100.0
Total	400	100.0	

Family planning and birth spacing decrease anaemia has shown in the above table. From the result it was found that

Table 11: If answer is yes what are reason of eating iron, folic acid and vitamin tablet

Reason of eating iron, folic acid and vitamin tablet	Frequency	Percent	Cumulative Percent
	292	73.0	73.0
Proper growth and development of brain	27	6.8	79.8
To reduce the risk of anaemia	54	13.5	93.2
To reduce the risk of many birth defects	27	6.8	100.0
Total	400	100.0	

If answer is yes what are reason of eating iron, folic acid and vitamin tablet has shown in the above table. From the result it was found that 6.8% respondents replied that eating iron, folic acid and vitamin tablet helps to proper growth and development of brain 13.5% respondents replied that eating iron, folic acid and vitamin tablet helps to reduce the risk of anaemia and 6.8% respondents replied that eating iron, folic acid and vitamin tablet helps to reduce the risk of many birth defects

Table 12: Respondents' Knowledge about source of Iron

Respondents' opinion	Frequency	Percent	Cumulative Percent
No	106	26.5	26.5
Yes	294	73.5	100.0
Total	400	100.0	

Respondents' Knowledge about source of Iron has shown in the above table. From the result it was found that 26.5% respondents replied that they had no knowledge about source of iron and 73.5% 26.5% respondents replied that they had knowledge about source of iron.

Table 13: If answer is yes name of source of iron rich diet

Source of iron rich diet	Frequency	Percent	Cumulative Percent
	26	6.5	6.5
Legumes and Pumpkin	53	13.2	19.8
Liver and Pumpkin	54	13.5	33.2
Liver and vegetables	53	13.2	46.5
Liver, Legumes and Pumpkin	27	6.8	53.2
Vegetables	54	13.5	66.8
Vegetables and Pumpkin	133	33.2	100.0
Total	400	100.0	

If answer is yes name of source of iron rich diet has shown in the above table. From the result it was found that 13.2% respondents replied that Legumes and Pumpkin are the source of iron rich diet, 13.5% respondents replied that Liver and Pumpkin are the source of iron rich diet, 13.2% respondents replied that Liver and vegetables are the source of iron rich diet, 6.8% respondents replied that Liver, legumes and Pumpkin are the source of iron rich diet, 13% respondents replied that vegetables are the source of iron rich diet, 33.2% respondents replied that vegetables and Pumpkin are the source of iron rich diet.

Table 14: Usual diet eat during pregnancy

Usual diet eat during pregnancy	Frequency	Percent	Cumulative Percent
Rice, egg, vegetables, dal	80	20.0	20.0
Rice, fish, egg, vegetables, dal	106	26.5	46.5
Rice, meat, fish, milk, egg, vegetables, dal	79	19.8	66.2
Rice, meat, fish, milk, egg, vegetables, dal, fruits	54	13.5	79.8
Rice, milk, egg, dal	27	6.8	86.5
Rice, milk, egg, vegetables, dal	54	13.5	100.0
Total	400	100.0	

Usual diet eat during pregnancy has shown in the above table and graph. From the result it was found that 20% respondents replied that Rice, egg, vegetables, dal are the usual diet eat during pregnancy, 26.5% respondents replied that Rice, fish, egg, vegetables, dal are the usual diet eat during pregnancy, 19.8% respondents replied that Rice, meat, fish, egg, vegetables, dal are the usual diet eat during pregnancy, 13.5% respondents replied that Rice, meat, fish, milk, egg, vegetables, dal, fruits, 6.8% respondents replied that rice, milk, egg, dal, 13.5% respondents replied that rice, milk, egg, vegetables, dal.

Table 15: Any special diet eat during pregnancy

Respondents' opinion	Frequency	Percent	Cumulative Percent
No	400	100.0	100.0

Any special diet eat during pregnancy has shown in the above table. From the result it was found that they did not eat any special diets eat during pregnancy.

CONCLUSION

Knowledge regarding prevention of anaemia shows that knowledge on dietary aspect among pregnant women in Bangladesh was average, personal hygiene was good and treatment was average. Practices regarding prevention of anaemia shows that dietary practices among pregnant women in Bangladesh were average. Hygiene practices were average and practice regarding treatment were good. There was a significant relationship between the educational level of the mothers and level of knowledge for prevention anaemia during pregnancy. There was a significant relationship between the family income of the mothers and level of knowledge for prevention anaemia during pregnancy. There was a significant relationship between the level of knowledge of the mothers and level of knowledge for prevention anaemia during pregnancy.

RECOMMENDATIONS

Pregnant mothers should improve their practices on prevention and complication of anaemia. Pregnant mothers should improve their practices on promotive and curative aspects to prevent the consequences of anaemia. Pregnant mothers should equip themselves with adequate knowledge about anaemia and prevention untoward complications through beneficial practices. Pregnant mothers should provide knowledge about diet and nutrition to prevent anaemia and its complications. Pregnant mothers should achieve adequate knowledge about prevention of anaemia for this reason they should go to doctors or nurses or midwives to achieve the knowledge about prevention and complications of anaemia. Print and electronic media should print and broadcast programs related to knowledge about complication and prevention of anaemia. Related Government authorities should take more effective and efficient anaemia related programs so that pregnant mothers can achieve knowledge about prevention and complication of anaemia.

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