International Journal of Home Science 2019; 5(1): 263-269

International Journal of Home Science

ISSN: 2395-7476
IJHS 2019; 5(1): 263-269
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www.homesciencejournal.com
Received: 17-11-2018
Accepted: 18-12-2018

Rina Patra
Department of HDFS, College of Rural Home Science University of Agricultural Sciences, Dharwad, Karnataka, India.

Ganga V Yenagi
Professor,
Department of Agricultural Extension, University of Agricultural Sciences, Dharwad, Karnataka, India.

Correspondence
Rina Patra
Department of HDFS, College of Rural Home Science University of Agricultural Sciences, Dharwad, Karnataka, India.

Knowledge on Pregnancy Care among Urban and Rural Pregnant Women

Rina Patra and Ganga V Yenagi

Abstract
The study was conducted to know about the pregnancy care practices in the urban and rural areas during the year 2015-16.The population of the study consisted of 100 pregnant women irrespective of their birth order in the urban and rural areas of Dharwad taluk, Karnataka as well as Kakatpur block, Odisha. A general information schedule consisted of items to collect information about the pregnant women regarding their age, locality, caste, height, weight, family type and family size was prepared and used. The socio-economic status was ascertained by using socio-economic status scale by Aggrawal *et al.* (2005) [1]. A structured interview schedule was prepared to elicit the information from pregnant women about various aspects of knowledge and practices related to care provided during pregnancy. Results revealed that most of the urban participants were found to be having good knowledge on care during pregnancy regarding pregnancy, diet and nutrition, hospital delivery, tests and check-ups done during pregnancy, opinion on the tests done and government facilities available for pregnant women than the rural pregnant women. Locality was found to be having a highly significant association with knowledge of pregnancy care (χ^2 =23.29**) and highly significant difference (t=6.49**) was observed between the knowledge of pregnancy care among the urban and rural women.

Keywords: Care, Knowledge, Pregnancy, Rural, Urban

1. Introduction
India accounts for 20 per cent of global maternal deaths, in spite of advancement of public health and medical technology. Most of the scientific research studies on maternal mortality have focused mainly on clinical factors without appreciating much the importance of the socio-economic and other macrostructure factors. Many of the maternal deaths could be prevented with well-known intervention such as antenatal care and skilled attendant at birth.

Care during pregnancy aims to take care of mothers during pregnancy. Many women give birth at home where they feel protected from evil spirits; they give birth in hospitals or birthing centres where they feel safer in the event that medical problems arise. Some families participate in a variety of ritual practices to welcome, celebrate and proclaim their babies. Regardless of the particular beliefs and practices, bringing children into the world is a matter of enormous weight and is approached with great care across the globe.

Locality plays a very important role in case of the care given to the pregnant women during pregnancy and at the child birth. The Maternal Mortality Rate and Infant Mortality Rate is more in the rural areas in comparison to the urban areas due to ignorance, lack of knowledge, lack of facilities, low level of education, low income etc. Non-utilization or under-utilization of maternal health-care services, especially among the rural poor and urban population are high due to either lack of awareness or access to health-care services.

The World Health Organization has published fundamental practices for a successful pregnancy, which include visiting a skilled health care worker at least four times during pregnancy, maintaining a healthy diet, knowing the signs of labour so as to seek delivery care at the appropriate time, and understanding danger signs during pregnancy. Women who receive prenatal care have lower rates of maternal and infant mortality, as well as better pregnancy outcomes, and utilization of prenatal care is correlated with higher mean birth weight and gestational age. Furthermore, children of mothers who do not receive prenatal care are twice as likely to die during infancy as children of mothers who received prenatal care. Higher levels of general education among women are associated with improved birth

outcomes. Indeed, the educational level of the mother is an especially significant factor in predicting infant mortality. Care during pregnancy plays a very important role in the life of a baby as well as a mother. So optimum care should be provided to the pregnant woman in terms of food, medical care, antenatal care, health care, hygiene, sanitation and comfort ect in the urban and rural areas which will lead to better maternal as well as child outcome.

2. Material and methods

An exploratory study was conducted in Dharwad taluk of Karnataka state and Kakatpur block of Odisha state during the year 2015-16 which has explored about the differences between the care provided in urban and rural areas during pregnancy period.

The population of the study consisted of the pregnant women in the age group of 18-35 years irrespective of their birth order from the urban and rural areas of Dharwad taluk, Karnataka as well as Kakatpur block, Odisha. Snowball technique was used to draw the samples from the urban and rural areas. The villages those were selected for the study were situated within 10kms from Dharwad as well as Kakatpur city. The final sample for the study consisted of 100 pregnant women who were drawn randomly from the urban and rural areas of Dharwad and Kakatpur.

A general information schedule consisted of items to collect information about the pregnant women regarding their age, locality, caste, height, weight, family type and family size was prepared and used. The socio-economic status was ascertained by using socio-economic status scale by Agrawal *et al.* (2005) [1]. The scale consists of 22 statements which assess education, occupation, monthly per capita income from all sources, family possessions, number of children, number of earning members in family, education of children, domestic servants in home possession of agricultural land and non-agricultural land along with animals and social status of the family. A structured interview schedule was prepared to elicit the information from pregnant women about various aspects of knowledge on care during pregnancy and practices related to the care provided during pregnancy. It was a schedule for interviewing the pregnant women which consisted of both open ended as well as close ended questions. The tool consisted of two parts. The first part consisted a total of 52 (37 open ended and 15 close ended) questions on knowledge of care during pregnancy and those were again divided into 5 subcategories such as knowledge on; a) pregnancy, child birth and breast feeding, b) food and diet during pregnancy, c) Knowledge on scientific care, d) medical care and e) other factors affecting the knowledge of care during pregnancy. Then the preferential rating was given as scoring and the most appropriate answer got highest score whereas the lesser relevant answers got lower scores. The second part of the tool consists of 52 (45 open ended and 7 closed ended) questions on practices of care during pregnancy and those were again divided into 6 subcategories such as: a) Current prenatal care practices, b) food pattern of the pregnant women, c) medical care d) use of prenatal/antenatal care services, e) other factors affecting practices of care during pregnancy included f) Religious care practices performed during pregnancy. Then again the preferential rating was given as scoring and as the divisions were made for knowledge levels, similar method was followed to make the three levels of practices related to care during pregnancy. The qualitative part was taken separately and the opinion, knowledge and practices related to care during pregnancy were asked separately to each of the participants and later analyzed separately. Then the knowledge on pregnancy care as well as the practices of care during pregnancy were classified as good, average and poor depending on the total scores.

3. Results and discussion

The demographic profile of the sample is presented in Table 1. It comprised of the distribution of pregnant women in the urban and rural areas by their age, caste, education level, occupation, type of family, size of family and socio-economic status of the family.

It was apparent from the Table that, majority (72%) of pregnant women from the urban areas were of 23-29 years, followed by 28 per cent in the age group of ≥30 years and none were found in the age group of 18-22 years. In case of the respondents from the rural areas, majority (68%) of age group of 23-29 years, followed by 28 per cent in the age group of ≥30 years and 4 per cent of them were in the age group of 18-22 years.

Regarding the caste of the pregnant women, 38 per cent were from Other Backward Caste, followed by 32 per cent from the upper caste and 30 per cent were from Dalit or Tribal caste. In case of the rural respondents, 48 per cent from OBC category, followed by 32 per cent from Dalit or Tribal category and 20 per cent were from upper caste.

The Table also depicted that in case of urban pregnant women, 38 per cent had education level of 10^{th} pass but <graduation, followed by 20 per cent who were primary pass but had < 10^{th} class education, followed by 18 per cent who were graduates, followed by 14 per cent who were post graduates or had professional level of education, 10 per cent were having < primary class education and nobody was illiterate. In case of the rural respondents, 38 per cent had the education level of Primary pass but < than 10^{th} class, followed by 20 per cent who were graduates, followed by a 18 per cent who had passed 10^{th} class but less than graduation, followed by 12 per cent who had education less than primary class, 8 per cent were illiterates and only 4 per cent were post graduates or had professional education.

Regarding the occupation of the urban respondents, 40 per cent were doing service in central/state or public sectors, followed by 26 per cent who were self-employed with income > 5000 rupees, followed by 16 per cent who were self employed with income < 5000 rupees, followed by 10 per cent who were working at shop, home, transport or own cultivation and only 8 per cent working in private sector or had independent business. In case of the occupation of the rural respondents, 58 per cent were self employed with income < 5000 rupees, followed by 16 per cent who were self-employed with income > 5000 rupees per month, followed by 14 per cent who were working in central/state or public sectors, 6 per cent were employed in the private sector or had independent business and another 6 per cent were working in shops, home, transport or had own cultivation.

With respect to the type of the family of the urban respondents, majority (80%) were belonging to nuclear families whereas 20 per cent were belonging to joint families and in case of the rural respondents, majority (70%) were belonging to joint families whereas 30 per cent were belonging to the nuclear families.

It was observed that (Table 1), regarding the family size of the urban respondents, majority (72%) were belonging to smaller size families, followed by 16 per cent who were belonging to larger size families and only 12 per cent were belonging to the medium size families. In case of the family size of the rural

women, 36 per cent were belonging to the larger size families, followed by 34 per cent who were belonging to medium size families and 30 per cent were belonging to smaller size families.

It was seen that, with respect to the socio-economic status of the urban pregnant women, 56 per cent were belonging to high SES category, followed by 34 per cent in the middle SES category and only 5 per cent were found in the low SES category. Regarding the rural respondents,33 per cent were belonging to low SES category, followed by 13 per cent were found in the middle SES category and only 8 per cent were belonging to the low SES category in the study.

Knowledge of the urban and rural women on pregnancy is given in Table 2.It was found that, regarding the knowledge on appropriate age of pregnancy among the urban women, 42 per cent urban said as 18-22 years, 30 per cent said more than 30 years, 24 per cent said 18-22 years and only 4 per cent said as less than 18 years.

With respect to the knowledge on appropriate age of pregnancy among rural women,46 per said as 18-22 years, followed by 24 per cent who said as 23-29 years,16 per cent said as less than 18 years and 14 per cent said as ≥30 years. The reason might be that urban women get married in a late age whereas rural women get married in an early age. So they prefer to give birth early and on seeing the other women in and around, they think that age to be appropriate in order to give birth.

About 50 per cent of the urban women said that minimum spacing between two children should be 3-4 years whereas 48 per cent of the rural women said that the minimum gap should be 1-2 years. This might be due to urban women give birth only one or two times whereas rural women give birth several times. That must be contributing to their beliefs. Regarding the knowledge on minimum spacing between two children according to the urban women, 50 per cent said as 3-4 years, 22 per cent said as 2-3 years, 18 per cent said as 4-5 years and only 10 per cent said as 1-2 years. In case of the rural women when asked about minimum spacing between two children, 48 per cent said as 1-2 years, followed by 34 per cent said as 2-3 years, 16 per cent said as 3-4 years and only 2 per cent said as 4-5 years.

With respect to the knowledge on prenatal risk factors in the urban areas, 58 per cent said that they knew about it whereas 21 per cent said that they didn't know about it. In case of the rural respondents, 38 per cent said that they knew about the prenatal risk factors whereas 62 per cent didn't know about that.

Table 3 indicates about the knowledge of diet and nutrition during pregnancy among the urban and rural women. So, it is clear from the Table that, regarding the knowledge on frequency of eating food in a day during pregnancy, majority (82%) of the urban women said as 4-5 times, followed by 14 per cent who said as 3-4 times and only 2 per cent said that 2-3 times a pregnant woman should eat in a day. In case of the rural women, 46 per cent said that a pregnant woman should eat 3-4 times a day, followed by 38 per cent who said as 2-3 times and only 8 per cent said that pregnant women need to eat 4-5 times a day.

Regarding the knowledge on types or kinds of foods to be eaten during pregnancy, majority (64%) of the respondents in the urban areas said that normal diet can be consumed with additional nutrients, followed by 28 per cent who said that can eat any kind of food with additional fruits and vegetables and only 4 per cent said that pregnant women should stick to certain diets. With respect to the rural respondents, 19 per cent of them said that pregnant women should stick to same diet as earlier, followed by 16 per cent of the women who said during pregnancy, the women should consume normal diet with additional nutrients and 15 per cent of them said that the pregnant women can consume any kind of food with additional fruits and vegetables. A study conducted by Ghimire and Pandey (2013) [2] showed similar results that more than three fourth mothers had taken fruits as an extra source of nutrients with their normal diet. Similarly 29 per cent had taken meat, fish and egg as extra source of protein.

In case of the knowledge on the foods which are avoided due to pregnancy, majority (84%) of the urban women said as spicy and fried foods, followed by 10 per cent of the women who said foods with strong flavours like garlic, onion and cabbage etc. and only 3 per cent said that pregnant women can eat any kind of food without avoiding any of food. Regarding the rural respondents, 58 percent said that spicy and fried foods should be avoided, followed by 22 per cent who said foods with strong flavours should not be eaten and 20 per cent said that pregnant women could eat any kind of food as normal women without avoiding any.

The knowledge regarding hospital delivery among the urban and rural women is given in Table-4. It is clear from the Table that, when the urban women were asked about their knowledge on safer delivery place, majority (96%) said as in private hospitals, 2 per cent said in government hospitals and none have said as delivery in home with the help of village dai is safer. In case of the pregnant women from the rural areas, 42 per cent said that delivery is safer at private hospitals, followed by another 42 per cent who said that delivery in government hospitals is safer and only 8 per cent of the rural women said that delivery is safer in home when it is done by the help of the village dai. The reason of such knowledge might be due to the fact that urban women have higher socio-economic status and high level of income so that they can spend without any hesitation in comparison to their rural counterparts.

With respect to the urban pregnant women, when asked about their preference of services they would like to visit in case of ailments during pregnancy, majority (70%) of the urban said as private clinics, 16 per cent said as government hospitals and only 4 per cent said that they will use home remedies to treat the ailments during pregnancy. Regarding the rural respondents when asked the same question, 46 per cent said that they will go to government hospitals, 38 per cent said they will use private hospitals for treating the ailments and 16 per cent said that they will use home remedies for treating their ailments during pregnancy.

When asked about the frequency of visiting a doctor during pregnancy in the urban areas, majority (70%) of the pregnant women said more than 5 times, followed by 20 per cent of the women who said 3-4 times and 10 per cent said that 1-2 times will be okay. In case of the rural respondents, 52 per cent said as 3-4 times, 30 per cent said as 3-4 times and only 9 per cent said as the visits should be more than 5 times during pregnancy period.

Table 5 depicts about the opinion of the pregnant women on the complications that need a medical attendance immediately during pregnancy. All the urban area as well as rural women said severe bleeding before time, 74 per cent urban and 36 per cent of rural women said persistent severe headache, majority (82%) urban and 24 per cent rural women said abdominal pain, 78 per cent urban and 60 per cent rural said visual disturbances, majority (86%) urban and 14 per cent rural women said swelling, majority (96%) urban and 88 per cent

rural women said severe nausea and vomiting, and finally all the urban as well as rural respondents said water breakage before the due date of giving birth as the complications that immediately call for medical attendance. The opinion of the women on the complications that need a medical attendance during pregnancy, majority of the urban as well as rural women said that they knew about the cases like severe bleeding before delivery, severe nausea and vomiting as well as water breakage before the time for delivery calls for immediate medical supervision because these are the general things which a lay man also knows.

Table 6 shows about the knowledge characteristics of the pregnant women on different tests done during pregnancy in urban and rural areas. Most of the urban and rural women had knowledge on the importance of blood test done during pregnancy. Likewise 84 per cent urban and 70 per cent of rural women knew the reason of haemoglobin test performed during pregnancy. About 94 per cent of the urban and 78 per cent of the rural women knew about the importance of measuring blood sugar level during pregnancy. Most of the urban (96%) and 86 per cent of the rural women knew about the importance of blood pressure measurement during pregnancy. About 96 per cent of the urban and 36 per cent of the rural women knew about the importance of regular measurement of body weight. Finally, about 88 per cent of the urban and only 58 per cent of the rural women said that they had knowledge on urine test done during pregnancy. So, the urban women had knowledge on different tests and check-ups done during pregnancy than the rural respondents.

Table 7 depicts about the opinion of the pregnant women on different tests done during pregnancy. Regarding the reason of doing scanning during pregnancy, majority (90%) of the urban and 44 per cent of the rural women said for getting a clear picture on the condition of the baby. All the urban and 70 per cent of the rural women said that scanning is done to know whether there will be a single baby or twins or more babies. About 96 per cent of the urban and 60 per cent of the rural women said that scanning is done to check whether any genetic disorder or developmental abnormalities are present in the baby and finally 88 per cent of the urban 90 per cent of the rural women expressed their opinion on the scanning test saying that to know the gender of the baby.

With respect to the reasons for doing blood test during pregnancy, majority (94%) of the urban and 42 per cent of the rural women expressed their opinion as pregnancy confirmation. Then 78 per cent of the urban and 20 per cent of the rural women said blood test is done to know the blood group. Likewise 76 per cent of the urban and only 16 per cent of the rural women said that to confirm if gestational diabetes is present. Majority (92%) of the urban and 46 per cent of the rural women said to know the haemoglobin level of the pregnant woman.

In case of the reason of doing haemoglobin test during pregnancy, 36 per cent of the urban and only 4 per cent of the rural pregnant women said to test whether low blood count is present. A higher percentage (92%) of the urban and 46 per cent of the rural women expressed that haemoglobin test during pregnancy is done to check if the pregnant woman is having Iron deficiency.

Regarding the reasons for measuring blood pressure during pregnancy, 80 per cent of the urban and only 2 per cent of the rural women said to know if Pregnancy Induced Hypertension is present, majority (92%) of the urban and 78 per cent of the rural women expressed their opinion as to check if high or low blood pressure are present during pregnancy.

With respect to the reasons of performing urine test during pregnancy, higher percentage (88%) of the urban and 58 per cent of the rural women said to confirm pregnancy. Then 56 per cent of the urban and 32 per cent of the rural women said to detect the urinary tract infection. Again, 50 per cent of the urban and only 18 per cent of the rural women said to know if kidney infection is present. About 28 per cent of the urban along with 10 per cent of the rural women said to detect if sepsis is present in the pregnant women. Majority of the urban as well as rural women had knowledge on the tests and check-ups like haemoglobin test, blood sugar level measurement, blood pressure measurement, weight check-up and urine test. These antenatal check-ups are common and free. So both the group are availing it and due to the regular consultations with doctors and other health care experts, the knowledge of them was good.

Regarding the most important government facilities that are being provided to pregnant women, majority (94%) of the urban and 72 per cent of the rural women said that they knew that full antenatal care is totally free for poor community. Then 78 per cent of the urban and 80 per cent of the rural women said that they knew that free transportation (vehicle 108) is available for pregnant women from home to hospital and vice versa. A higher percentage (82%) of the urban and 48 per cent of the rural women said that they knew about working women are entitled to 12 weeks of fully paid leave during pregnancy. Then 86 per cent of the urban and 48 per cent of the rural women said that they knew about the government facility of free regular check-ups and vaccinations availability for the pregnant women. Majority (92%) of the urban area and 76 per cent of the women from the rural area knew about the government facility of free printed materials containing advices on food, care of mother, baby and immunization etc. at maternity centres (Table 8).

Table 9(a) shows comparison between the knowledge of care during pregnancy among the urban and rural pregnant women. In case of the urban women, 48 per cent had good knowledge, followed by 42 per cent who had average and only 10 per cent had poor knowledge of care during pregnancy. With respect to rural women, 50 per cent had poor knowledge, followed by 38 per cent who had average and only 6 per cent had good knowledge of care during pregnancy. However, a significant association (χ^2 =23.29, $p \leq 0.01$) and a non-significant relationship (r=0.10) was observed between locality and knowledge on care during pregnancy was found. A significant difference existed between the mean scores of knowledge on care during pregnancy among the urban and rural respondents (90.08 and 72.98 respectively). A highly significant difference (t=6.49, $p \leq 0.01$) existed between the knowledge level of the urban and rural women on care during pregnancy and the urban women were better than the rural women in Table 9(b). This might be due to the higher level of education of pregnant women from the urban areas. This result is in line with a study conducted by Kishk (2002) [3] where urban women had a higher mean score for knowledge on care during pregnancy than their rural counterparts.

In the present study, most of the urban participants were found to be having good knowledge on care during pregnancy regarding pregnancy, diet and nutrition, hospital delivery, tests and check-ups done during pregnancy, opinion on the tests done and government facilities available for pregnant women than the rural pregnant women. Locality was found to be having a highly significant association with knowledge of pregnancy care (χ^2 =23.29**) and highly significant

difference (t=6.49**) was observed between the knowledge of pregnancy care among the urban and rural women.

Table 1: Demographic characteristics of the samples selected for the study (N=100)

Characteristics	Category	Urban (n=50)	Rural (n=50)
Age	18-22 years	0(0)	2(4)
	23-29 years	36(72)	34(68)
	≥30 years	14(28)	14(28)
Caste	Upper Caste	16(32)	10(20)
	OBC	19(38)	24(48)
	SC/ST	15(30)	16(32)
Education	Post graduate/Professional	7(14)	2(4)
	Graduate	9(18)	10(20)
	10^{th} pass but < graduation	19(38)	9(18)
	Primary pass but < 10^{th} class	10(20)	19(38)
	< primary	5(10)	6(12)
	Illiterate	0(0)	4(8)
Occupation	Service in central/State or public undertakings	20(40)	7(14)
	Service in private sector or independent business	4(8)	3(6)
	Service at shop,home, transport or own cultivation	5(10)	3(6)
	Self-employed with income greater than 5000	13(26)	8(16)
	Self-employed with income lesser than 5000	8(16)	17(34)
	Unemployed	0(0)	12(24)
Type of family	Nuclear	40(80)	15(30)
	Joint	10(20)	35(70)
Size of family	Large(≥8)	8(16)	18(36)
	Medium(5-7)	6(12)	17(34)
	Small(≤4)	36(72)	15(30)
Socio-economic Status	High SES	28(56)	13(26)
	Middle SES	17(34)	4(8)
	Low SES	5(10)	33(66)

Figures in parentheses indicate percentages

Table 2: Frequency distribution of the respondents as per their knowledge on pregnancy in the urban and rural area (N=100)

Sl. No	Knowledge on pregnancy	Urban (n=50)		Rural (n=50)	
		Frequency	%	Frequency	%
a	**The appropriate age of pregnancy**				
	<18 years	2	4	8	16
	18-22 years	12	24	23	46
	23-29 years	21	42	12	24
	≥30 years	15	30	7	14
b	**Minimum spacing between two children**				
	1-2 years	5	10	24	48
	2-3 years	11	22	17	34
	3-4 years	25	50	8	16
	4-5 years	9	18	1	2
c	**Do you know about the prenatal risk factors**				
	Yes	29	58	19	38
	No	21	42	31	62

Figures in parentheses indicate percentages

Table 3: Frequency distribution of the pregnant women regarding knowledge of diet and nutrition in urban and rural areas (N=100)

Sl. No	Particulars	Urban (n=50)		Rural (n=50)	
		Frequency	%	Frequency	%
a	**How many times should a pregnant woman eat in a day**				
	4-5 times	41	82	8	16
	3-4 times	7	14	23	46
	2-3 times	2	4	19	38
b	**What kind of food should a pregnant woman take**				
	Normal diet with additional nutrients	32	64	16	32
	Can eat any kind of food with additional fruits and vegetables	14	28	15	30
	Should stick to same diet as earlier	4	8	19	38
c	**Foods that are avoided during pregnancy**				
	Spicy and fried foods	42	84	29	58
	Foods with strong flavors	5	10	11	22
	Could eat any kind of food (without avoiding any)	3	6	10	20

Figures in parentheses indicate percentages

Table 4: Frequency distribution of urban and rural pregnant women on knowledge regarding hospital delivery (N=100)

Sl. No	Particulars of knowledge on hospital delivery care	Urban (n=50)		Rural (n=50)	
		Frequency	%	Frequency	%
a	**Which delivery you find safer?**				
	Private hospitals	48	96	21	42
	Government hospitals	2	4	21	42
	In home (by help of dai)	0	0	8	16
b	**Which services would you prefer to use mostly for ailments during pregnancy**				
	Private hospitals	40	80	19	38
	Government hospitals	8	16	23	46
	Would use home remedies	2	4	8	16
c	**How many times one should visit the doctor during pregnancy**				
	≥5 times	35	70	9	18
	3-4 times	10	20	26	52
	1-2 times	5	10	15	30

Figures in parentheses indicate percentages

Table 5: Frequency distribution of pregnant women on their opinion regarding need for medical attention for signs of complications (N=100)

Opinion of the pregnant women	Response in number (%) in the urban and rural areas			
	Urban (n=50)		Rural (n=50)	
	Yes	No	Yes	No
Severe bleeding before delivery	50(100)	0(0)	50(100)	0(0)
Persistent severe headache	37(74)	13(26)	18(36)	32(64)
Abdominal pain	41(82)	9(18)	12(24)	38(76)
Visual disturbances	39(78)	11(22)	30(60)	20(40)
Swelling of legs and the body	43(86)	7(14)	25(50)	25(50)
Severe nausea and vomiting	48(96)	2(4)	44(88)	6(12)
Water breakage before time of delivery	50(100)	0(0)	50(100)	0(0)

Figures in parentheses indicate percentages

Table 6: Frequency distribution of respondents as per their knowledge on different tests and check-ups done during pregnancy (N=100)

Knowledge on the prenatal tests and check -ups	Response in number (%) in the urban and rural areas			
	Urban (n=50)		Rural (n=50)	
	Know	Don't know	Know	Don't know
Blood tests:				
a. Haemoglobin test	42(84)	8(16)	35(70)	15(30)
b. Blood sugar	47(94)	3(6)	39(78)	11(22)
Blood pressure	48(96)	2(4)	43(86)	7(14)
Checking weight regularly	48(96)	2(4)	36(72)	14(28)
Urine test	44(88)	6(12)	29(58)	21(42)

Figures in parentheses indicate percentages

Table 7: Frequency distribution of the pregnant women according to their opinion on different tests done during pregnancy (N=100)

Reasons for conducting different prenatal tests	Response in number (%) in the urban and rural areas			
	Urban(n=50)		Rural (n=50)	
Reason of scanning done during pregnancy	**Yes**	**No**	**Yes**	**No**
To know the condition of the baby	45(90)	5(10)	22(44)	28(56)
To know whether single baby or twins or more	50(100)	0(0)	35(70)	15(30)
To detect genetic disorder or developmental abnormalities are present.	48(96)	2(4)	30(60)	20(40)
To know the gender of the baby	44(88)	6(12)	45(90)	5(10)
Reason for doing blood test during pregnancy				
For pregnancy confirmation	47(94)	3(6)	21(42)	29(58)
To know the blood group	39(78)	11(22)	10(20)	40(80)
To confirm if gestational diabetes is present	38(76)	12(24)	8(16)	42(84)
To know the haemoglobin level of the pregnant woman	46(92)	4(8)	23(46)	27(54)
Reason of doing haemoglobin test during pregnancy				
Whether low blood count is present	18(36)	32(64)	2(4)	48(96)
To know if the pregnant woman is having Iron deficiency	46(92)	4(8)	23(46)	27(54)
Reasons for measuring blood pressure during pregnancy				
To know if Pregnancy Induced Hypertension is present	40(80)	10(20)	1(2)	49(98)
To check if low blood pressure is present	46(92)	4(8)	39(78)	11(22)
Reasons of performing urine test during pregnancy				
To confirm pregnancy	44(88)	6(12)	29(58)	21(42)
Detection of urinary tract infection	28(56)	22(44)	16(32)	34(68)
To know if kidney infection is present	25(50)	25(50)	9(18)	41(82)
If sepsis is present or not	14(28)	36(72)	5(10)	45(90)

Table 8: Frequency distribution of the respondents by their knowledge on different government facilities available for pregnant women in the urban and rural areas (N=100)

Knowledge of the pregnant women on government facilities available for them	Response in number (%) in the urban and rural areas			
	Urban(n=50)		Rural (n=50)	
	Know	Don't know	Know	Don't know
Full antenatal care is totally free.	47(94)	3(6)	36(72)	14(28)
Free transportation is available for pregnant women from home to hospital and vice versa (Vehicle 108)	39(78)	11(22)	40(80)	10(20)
Working women are entitled to 180 days of fully paid leave for pregnancy/maternity	41(82)	9(18)	24(48)	26(52)
Free regular check-ups and vaccinations are available for the pregnant women.	43(86)	7(14)	24(48)	26(52)
Free printed materials containing advices on food, care of mother, baby and immunization at maternity centres	46(92)	4(8)	38(76)	12(24)

Figures in parentheses indicate percentages

Table 9(a): Association between knowledge of pregnant women on care during pregnancy and locality (N=100)

Knowledge on care during pregnancy	Urban	Rural	χ^2	r
Good	24(48)	6(12)	23.29**	0.09 NS
Average	21(42)	19(38)		
Poor	5(10)	25(50)		
Total	50(100)	50(100)		

Note: Figures in the parentheses indicate percentages.
** - significant at 0.01 level and NS-Non-significant

Table 9(b): Comparison of mean scores of knowledge of pregnant women on care during pregnancy between urban and rural women (N=100)

Locality	Mean ± SD	t-value
Urban (n=50)	90.08±12.99	6.49**
Rural (n=50)	72.98±12.93	

Note: ** -significant at 0.01 level

4. References

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