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MYTHS AND PRACTICES DURING ANTENATAL CARE AMONG MARRIED WOMEN OF SELECTED RURAL AND URBAN AREAS OF DISTRICT LUDHIANA, PUNJAB: A COMPARATIVE STUDY

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ABSTRACT

There are many myths prevalent in Indian scenario. Sometimes, these hinder the provision of antenatal services and ultimately effect antenatal practices.A descriptive (comparative) design with convenience sampling technique 100 married women were selected. Structured questionnaire and structured checklist were used. Analysis was done by using descriptive and inferential statistics. Majority of married women 86% of urban area and 76% of rural area were logician while only 14% from urban area and 24% from rural area were superstitious. About 78% of urban and 64% of rural married women had excellent practices. The mean scores of myths during antenatal care were higher (67.80 ± 7.96) among urban married women as compared to rural (65.18 ± 6.07) and it was found to be statistically non-significant ($p>0.05$). Urban married women had good practices during antenatal care (32.4 ± 2.17) as compared to rural (31.4 ± 2.35). This difference was statistically significant ($p<0.05$). Association of myths during antenatal care was statistically tested and found to be significant with no. of abortions.

Conclusion: It is concluded that urban married women had better practices during antenatal care as compared to rural married women($p<0.05$).

INTRODUCTION

The journey of having a baby is a profound event. In India, pregnancy is usually viewed as a normal physiological phenomenon that does not require any intervention by health care professionals except in case of high risk pregnancy in which the lady seek medical advice (http://www.health.qld.gov.au/multicultural/health_workers/Indian-preg-prof.pdf). The antenatal care comprises of antenatal checkups, ideally begins soon after the first missed menstrual period, (Bavsvanthapa, 2006) antenatal advices, management of minor ailments, detection of risk factors, preparation for the child birth, reduction of stress. Ministry of health and family welfare has taken a major initiative to evolve a consensus on the part of all states to provide completely free and cashless service to pregnant women including normal deliveries and cesarean operations and sick new born in Government health institutions in both rural and urban areas (http://nrhm.gov.in/nrhm-components/rmnch-a/maternal-health/janani-shishu-suraksha-ryakram/background.html).[3] But still due to some associated factors (physical, psychological, social, and cultural), the proper utilization of health services is not being taken up by the antenatal women. There are many myths and practices prevalent in our Indian society related to antenatal care. These myths and practices may vary according to the habitat, cultures, rituals, belief, values.[7]Features of local areas may influence health and collective social functioning and practices during pregnancy.[8]In this particular culture, preventive health practices are uncommon. As result, many women do not receive adequate prenatal care because they do not see a need for prenatal care unless a complication arises.[9]

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Objectives

- To identify and compare myths and practices during antenatal care among married women of selected rural and urban areas of district Ludhiana, Punjab.

- To determine the association of myths and practices during antenatal care with selected socio-demographic characteristics.
- To prepare and disseminate the IEC guidelines regarding antenatal care.

Structured questionnaire (having 30 statements) and structured checklist (having 20 questions) were used to collect the data. Analysis of the data was done by using descriptive and inferential statistics.

Table 1. Comparative distribution of married woman of rural and urban areas as per socio demographic characteristics

N=100

Socio demographic variables	Rural n_2=50 f (%)	Urban n_1=50 f (%)	Total f	χ^2
Age(in years)				χ^2=7.85
15-25	19(38)	33(66)	52	df= 1
26-35	31(62)	17(34)	48	p = 0.005*
Education				
Illiterate	03(06)	10(20)	13	χ^2=3.45♣
Elementary	13(26)	15(30)	28	df= 3
Secondary	27(54)	19(38)	46	p = 0.06^{NS}
Graduate & Above	07(14)	06(12)	13	
Religion				χ^2=23.1
Hindu	08(16)	44(88)	52	df= 1
Sikh	42(84)	06(12)	48	p = 0.001*
Type of family				χ^2=2.68
Nuclear	08(16)	16(32)	24	df= 1
Joint	42(84)	34(68)	76	p = 0.10^{NS}
Working status				χ^2=0.84♣
Working#	03(06)	02(04)	05	df= 1
Non-working	47(94)	48(96)	95	p = 0.35^{NS}
Socio economic status				
Upper middle class II	05(10)	06(12)	11	χ^2=5.55
Lower middle class III	22(44)	20(40)	42	df= 3
Upper lower class IV	20(40)	16(32)	36	p = 0.13^{NS}
Lower class V	03(06)	08(16)	11	

♣ Yates correction applied

Table 2. Comparative distribution of married woman of rural and urban areas as per maternal profile

N=100

Maternal profile	Rural n_1=50 f (%)	Urban n_2=50 f (%)	Total F	χ^2
Gravida				χ^2=1.5
1	23(46)	17(34)	40	df= 1
≥2	27(54)	33(66)	60	p = 0.22^{NS}
Parity				χ^2=1.46
1	25(50)	19(38)	44	df= 1
≥ 2	25(50)	31(62)	56	p = 0.22^{NS}
No. of Live births				χ^2=1
1	25(50)	20(40)	45	df= 1
≥2	25(50)	30(60)	55	p = 0.31^{NS}
No. of abortions				χ^2=0.39♣
0	45(90)	48(96)	93	df= 1
≥1	05(10)	02(04)	07	p = 0.53^{NS}
No. of still births				χ^2=2.34♣
0	49(98)	47(94)	96	df= 1
≥1	01(02)	03(06)	04	p = 0.12^{NS}
Type of delivery (previous)				
NVD with episiotomy				
NVD without episiotomy	13(26)	16(32)	29	χ^2=2.10
Caesarean section	15(30)	19(38)	34	df= 2
	22(44)	15(30)	37	p = 0.34^{NS}
Place of delivery				
Home	--	18(36)	18	χ^2=28.8
Private hospital	26(52)	26 (52)	52	df= 2
Govt. hospital	24(48)	06(12)	30	p = 0.0001*

MATERIALS AND METHODS

A descriptive (comparative) design with convenience sampling technique 100 married women whose youngest child upto age of one year, out of which 50 from rural area, Pohir and 50 from urban area, Jamalpur Ludhiana were selected.

RESULTS

Majority of married women of both rural and urban areas had mean age of 25.82±3.82, had secondary education, belonged to joint, lower middle class family, were housewives and had no abortion. Majority of married women 86% of urban area and 76% of rural area were logician while only 14% from urban area and 24% from rural area were superstitious (Fig 1). More than three fourth of married women 78% from urban area and 64% from rural area had excellent practices (Fig 2).

Table 3 Comparison of mean score of myths during antenatal care among married women of rural and urban areas

N=100

Habitat	Mean ±SD	t – value	p-value
Rural	65.18±6.07	1.85	0.06^{NS}
Urban	67.80±7.96		

Maximum score= 90df =98
Minimum score= 01NS=Non-Significant

Table 4. Comparison of mean score of practices during antenatal care among married women of rural and urban areas

N=100

Habitat	Mean ±SD	t – value	p-value
Rural	31.4±2.35	2.21	0.02*
Urban	32.4±2.17		

Maximum score= 40
df =98Minimum score= 01
*Significant (p<0.05)

The mean scores of myths during antenatal care were higher (67.80±7.96) in married women of urban area as compared to married women of rural area (65.18±6.07) and it was found to be statistically non-significant(p>0.05) (Table 3). Urban married women had good practices during antenatal care (32.4±2.17) as compared to rural married women (31.4±2.35). This difference was statistically significant (p<0.05)(table 4). Association of myths during antenatal care was statistically tested and found to be significant with no. of abortions in rural married women (Table6).

DISCUSSION

The analysis of the study revealed that out of 100 married women, more than half married women i.e. 31(62%) of rural area were between age group of 26-35 years and 33(66%) of urban area were between age of 15-25 years. Regarding education, majority of married women 27 (54%) of rural area and 19(38%) of urban area had education upto secondary.

Table 6. Association of myths during antenatal care with maternal profile

N=100

Variables	Rural			Urban		
	n_1=50 f(%)	Mean ± SD	F/t p-value	n_2=50 f(%)	Mean ± SD	F/t p-value
Gravida						
1	23(46)	65.04±5.4	0.14	17(34)	68.05±9.0	0.16
≥2	19(38)	65.29±6.6	0.88^{NS}	33(66)	67.60±7.5	0.87^{NS}
Parity						
1	25(50)	65.30±5.4	0.20	19(38)	67.81±8.5	0.06
≥2	25(50)	65.00±6.7	0.83^{NS}	31(62)	67.72±7.7	0.98^{NS}
No. of Live births						
1	25(50)	65.30±5.4	0.20	20(40)	67.76±8.39	0.07
≥2	25(50)	65.00±6.7	0.83^{NS}	30(60)	67.80±7.8	0.94^{NS}
No. of abortions						
0	45(90)	65.31±6.1	2.17	48(96)	67.81±8.1	0.23
≥1	05(10)	63.69±6.0	0.03*	02(04)	66.51±4.9	0.81^{NS}
No. of still births						
0	49(98)	65.12±6.1	0.13	47(94)	67.93±8.1	0.40
≥1	01(02)	66.00±00	0.89^{NS}	03(06)	66.00±4.3	0.69^{NS}
Type of delivery (previous)						
NVD with episiotomy						
NVD without episiotomy	13(26)	63.72±4.5	0.53	16(32)	67.81±5.8	1.915
Caesarean section	15(30)	66.12±6.3	0.58^{NS}	19(38)	68.52±8.5	0.82^{NS}
	22(44)	65.36±6.7		15(30)	66.81±9.5	
Place of delivery						
Home	--	--	0.12	18(36)	67.81±8.1	0.034
Private hospital	26(52)	64.81±6.2	0.72^{NS}	26(52)	67.93±8.7	0.96^{NS}
Govt. hospital	24(48)	65.51±6.0		06(12)	67.00±3.8	

*Significant (p<0.05)
df= 98 (for t Test)
NS= non-significant (p>0.05)
df= 99 (for F Test)

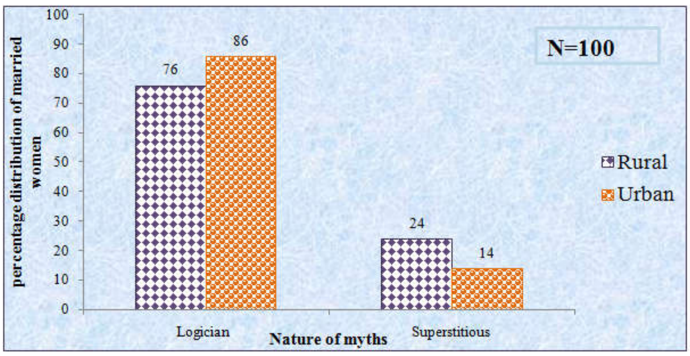

Figure 1. Comparative percentage distribution of nature of myths during antenatal care among the married women of rural and urban areas

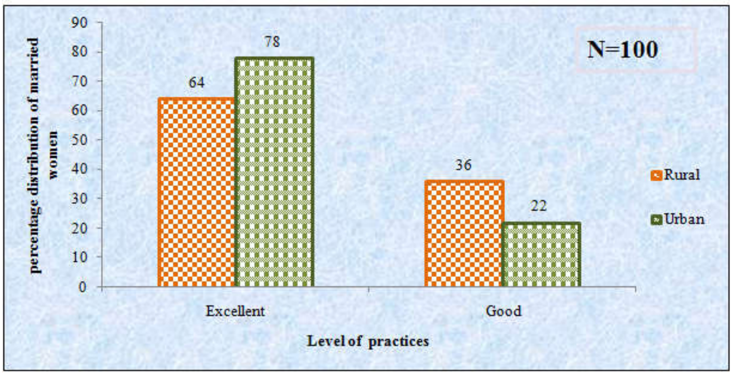

Figure 2. Comparative percentage distribution of level of practices during antenatal care among the married women of rural and urban areas

Table 9. Item analysis and rank order of myths during antenatal care

S. No.	Items	Rank order	(%)
1.	Avoiding to receive gifts regarding baby before delivery	1.5	95
2.	Avoiding to attend the funeral ceremony during pregnancy	1.5	95
3.	Avoiding to prepare anything in advance for unborn baby	3	94
4.	Hanging the pictures of cute baby results in delivery of cute baby	4	81
5.	Eating more butter and ghee in last trimester for normal vaginal delivery	5.5	72
6.	Listening religious music results in the delivery of baby with religious thoughts	5.5	72
7.	Cutting the things with knife or scissor during eclipse, may lead to development of congenital malformations(cleft lip or palate) in baby	7	70
8.	Keeping the match box and knife below the pillow	8	58
9.	Avoiding to eat anything which is given by an infertile	9	55
10.	Eating dry fruits in the 1st and 2nd trimester, causes abortion	10	53
11.	Lying on the bed most of the time during pregnancy, enhances the growth of the fetus	11	51
12.	Avoiding to consume any eatable thing given by neighbours	12	39
13.	Avoiding to cross the roads in afternoon during pregnancy	13	29
14.	Suffering from severe morning sickness leads to the delivery of baby girl	14	23
15.	Tying a black thread with multiple knots around the waist, ankle, wrist	15	18
16.	Avoiding intercourse during whole pregnancy	16	16
17.	Wearing religious things (taveet, ring, bangles, thread)	17	14
18.	Keeping the news of pregnancy a secret for first trimester	18.5	12
19.	Consuming milk and saffron makes the baby fair	18.5	12
20.	Tying red or yellow cloth with mustard seeds around the wrist	20	11
21.	Avoiding the regular body wash and hair wash	21.5	9
22.	Avoiding to take iron tablets during pregnancy	21.5	9
23.	Avoiding to cross the drains and rivers in last trimester	23	7
24.	Avoiding to eat meat and fish in third trimester	25	6
25.	Eating curd in early morning for fair complexion baby	25	6
26.	Avoiding to eat dark coloured food for fair complexion baby	25	6
27.	Experiencing heartburn during pregnancy means baby will born with lots of hair	27.5	2
28.	Presence of fetal heart rate on right side of abdomen results in the delivery of male baby	27.5	2
29.	Eating peacock feather with jaggery for having male baby	29.5	1
30.	Eating things or herbs given by a religious saint for getting male baby	29.5	1

Majority of married women 42(84%) of rural area belonged to Sikh religion and 44(88%) of urban area belonged to Hindu religion. Maximum number of married women 42 (84%) of rural area and more than half 34 (67%) of urban area belonged to joint family. Furthermore, as per working status, maximum number of married women 47(94%) of rural area and 48(96%) of urban area were non-working i.e. housewives. As per comparison of socioeconomic status, less than half of married women 22 (44%) of rural area and 20 (40%) of the urban area belonged to lower middle class (Table 1). As per gravida, less than half 27 (54%) of rural area and more than half of married women 33(66%) of urban area were having second and more than second gravida. Likewise in parity, half of married women 25(50%) of rural area and 31(62%) of married women of urban area were multipara. About half of married woman 25 (50%) of rural area and 30(60%) of urban area were having two or more live births. Majority of married women 45 (90%) of rural area and 48 (96%) of urban area had no history of abortion. Maximum of married women 49 (98%) of rural area and 47(94%) of urban area had no still birth. Less than half married women 22 (44%) of rural area had caesarean section and one fourth of married women 19 (38%) of urban area had normal vaginal delivery without episiotomy. More than half of married women 26 (52%) of both rural and urban areas had delivery at private hospital (Table2). The present study findings showed that majority of married women (95%) avoid to receive gifts regarding baby before delivery, (95%) avoid to attend the funeral ceremony during pregnancy, (94%) avoid to prepare anything in advance for unborn baby, (81%) hang the pictures of cute baby, (72%) eat more butter and ghee in last trimester for normal vaginal delivery, (70%) avoid to cut the things with knife or scissor during eclipse, (58%) keep the match box and knife below the pillow, (29%) avoid to cross the roads in afternoon during pregnancy, (16%) avoid to do intercourse during whole pregnancy (Table 9). Findings were supported by the study Ngomane S et al. (2010) South Africa did a qualitative study on 12 women. Findings of the study were pregnancy was regarded as an honour for the family and should be kept secret for fear of bewitchment, the woman preferred to stay at home during first trimester of pregnancy, herbs were used to preserve and protect from harm, the unborn babies were protected by restricted intake of other foods, by abstaining from sexual intercourse and by avoiding walking across roads.[10]

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