

Impact of Socio-Cultural Factors on Antenatal Practices

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ABSTRACT:

The provision for special care during pregnancy through public health services is considered by World Health organization as a part of reproductive health right of women which, however, is not achieved till date due to socio-cultural factors resulting increased maternal morbidity and mortality. The objective of this study is to observe impact of socio-cultural factors on antenatal practices. The study was conducted in three Village Development Committees (Dakhaquady, Khaira, and Belbash) of Pyuthan district. During the period Cross-sectional study was followed. Two hundred forty six respondents were selected through simple random procedure. Interview schedules were used to collect information from respondents. Data were tabulated in Microsoft Excel spreadsheet and analyzed using SPSS 11.5. The mean age of first pregnancy among respondents was 18.75 years. Forty-two percent of them were illiterate and 76.90 percent respondents were involved in agricultural field work. Early marriage and pregnancy systems were most common in study population. Socio-cultural factors were strongly associated with ANC practices.

Key words: ANC practices, early marriage, early pregnancy, Pyuthan, socio-cultural factors, traditional beliefs.

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INTRODUCTION

Socio-cultural premise may be conscious as well as unconscious assumption which is not clearly verbalized but it may be more powerful in its effect upon the thinking, feeling and action of the individual.¹ The socio-cultural practices as attitude to marriage, age at marriage, the value attached to fertility, sex of the child, the pattern of the family organization, ideal role demanded of women by social convention, social hierarchy, education, social custom/belief and cultural attitude, family health and economic status, decision making, women's multiple role in society, family relationship, administrative and political systems, division of labour by sex and occupation may have immense effect on women's reproductive health and its components.² The primary aim of the antenatal care is to have a healthy mother and a healthy baby at the end of pregnancy. The antenatal care can be performed at home and/or in the clinic once a month during first seven months of pregnancy, twice a month during eighth month and then weekly in the ninth month. Detail examination should be done by the public health nurse, lady health visitors, female worker, or the midwife as well as at least one examination should be done by related expert.^{3,4}

MATERIALS AND METHODS

The study was conducted in three Village Development Committee as: Dakhaquady, Khaira, and Belbash in Pyuthan District. An analytical cross sectional study was applied and 246 pregnant women were selected through simple random

sampling. Mainly pre test interview schedule was used to collect information. Data were collected through face-to-face interview procedure. Special care was taken for maintaining ethical issues during time of data collection and anonymity of all participants was maintained. SPSS Microsoft process was applied for analyzing information.

RESULTS

Table 1: Distribution of education, occupation and physical facilities N=246

Education	Frequency (%)
Illiterate	103 (41.5)
Primary	75 (30.5)
Lower secondary	27 (11)
SLC	24(9.8)
SLC above	17 (7.2)
Occupation	Frequency (%)
Agriculture	189 (76.9)
Business	23 (9.3)
Teacher	12 (4.9)
Daily labourer	22 (8.9)

The study found that 41.50% of total pregnant women were illiterate. Near about one third (30.5%) respondents got primary level of education that could write and read only Maximum respondents (76.90%) of total participants were involved in agricultural work as well as 8.90% were involved in hard work.

Table 2: Distribution of age at marriage and first pregnancy of respondent N=246

Age at marriage	Age in years	Frequency (%)	Mean	Std. Dev
	Unknown	6 (2.6)	-	-
	<15	45 (18.3)		
	16 -20	147 (59.8)		
	> 20	48 (19.5)		
Age at First pregnancy (Age in year)	16	30 (12.2)	18.7	1.9
	17	51 (20.7)		
	18	36 (14.6)		
	19	48 (19.5)		
	20	30 (12.2)		
	21	18 (7.3)		
	22	30 (12.2)		
	23	3 (1.2)		

This study indicated that 59.80% of the total women got married at 16–20 years of age while only 19.50% of them got married after 20 years of age and 18.30% got married before 15 years. The mean age at first pregnancy among the women was 18.75 years (SD = 1.94).

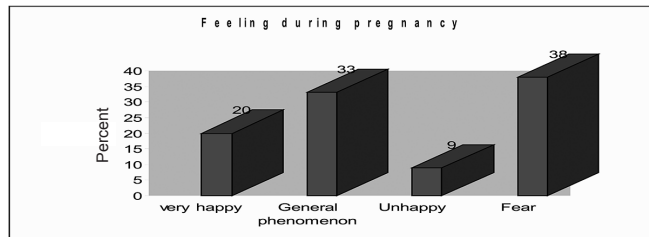


Figure 1: Feeling during Pregnancy:

Maximum respondents (38 %) had fear about their first pregnancy. The least number of pregnant women (9 %) were unhappy even at their first pregnancy.

Table 3: Beliefs regarding pregnancy and restriction of food items during pregnancy N = 246

Beliefs during Pregnancy	Options	Frequency (%)
	No beliefs	84 (34.2)
	Worship of god	146 (59.3)
	Looking child's snaps	16 (6.5)
Restriction of food items during pregnancy	No restriction	13 (5.2)
	Restriction of food	163 (66.3)
	Restriction of fruit	70 (28.5)

Maximum (59.3%) pregnant women believed on cultural practices as worship of god for proper growth and development of foetus where as some (6.50%) respondents believed that looking snaps of beautiful child.

66.30 % women were restricted foods (milk, green vegetables) and 28.50% of them were restricted fruits (papaya and other yellowish) fruits during their pregnancy to prevent miscarriage.

Table 4: Association between occupation and education with antenatal care visit. N = 246

		ANTENATAL VISIT			
Occupation		Attend	Not attend	Total	
	Occupation	Agriculture	141	48	189
Business		19	4	23	
Teacher		12	0	12	
Labourer		3	19	22	
<i>Chi- square = 42.877, df = 3, p = 0.000</i>					
Education		Illiterate	23	40	68
	Primary	23	40	96	
	L.Secondary	35	2	37	
	S.L.C.	20	7	27	
	Above S.L.C.	18	0	18	
	<i>Chi- Square = 48.715, df = 4, P = 0.000</i>				

It shows that occupation (*Chi- square = 42.877, df = 3, p = 0.000*) and education (*Chi- Square = 48.715, df = 4, P = 0.000*) were significantly associated with antenatal practices.

DISCUSSION

Illiteracy is the greatest barrier to health development. Mother's education level even within the same socio-economic class is a key determinant of their own health and their children health. In 1948, the declaration of human rights stated that everyone has a right to education. Yet, even today this right is being denied to millions of word population.⁵ The present study has found that 41.5 percent of total respondents were illiterate which is almost similar to female illiteracy rate (42.80%) as per Nepal census 2001.^{4,6} Adolescents with no education especially those in low socio-economic group began their pregnancies at early age which was similar to finding in other part of Nepal as teenage pregnant women were less educated had poor economic background.⁷

The study found that 59.80% of total study population got married at 16–20 years of age as compared to the result of Rapid Household Survey-Reproductive and Child Health in India 1998-99 which showed 37% of the girls were married before attaining 18 years.⁸ The mean age at first pregnancy of the study population was 18.75 years (SD = 1.9) as compared to the mean age at first pregnancy among teenagers in India was 18.1 years (SD=1.2). Maximum (67%) respondents got pregnant before 20 years due to a culture of early marriage system for desire of kids early and mental satisfaction of parents as well as belief that girls could get married as soon as they attain menarche to start their sexual life, gender roles and cultural beliefs.⁸

Every society has their own, values, beliefs, norms, customs and practices regarding health, diseases and intake of food during pregnancy. Various factors as age, mental status, education, socio-economic status, family relationship, occupational status determine feeling during pregnancy.

Many women have dreams about childbirth, their newborn baby and life as a new mother. They also take concern about the baby's sex.⁹ The study has indicated maximum (59.30%) pregnant women believed on cultural practices as: worship of God for proper growth and development of foetus. Mother in laws of respondents forced them for carrying heavy things and restriction on food. The study also found that education and occupation were significantly associated with antenatal practices.

CONCLUSION

Early marriage and teenage pregnancy was common in study population. Most of them were involved in agricultural work during pregnancy due to no education as well as low educational status. The practice as restriction of nutritional food during pregnancy was common. Majority of them would gossip about God and worship for normal pregnancy and delivery.

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