ORIGINAL ARTICLE

BIRTH PREPAREDNESS AMONG WOMEN COMING TO POF HOSPITAL WAH; A CROSS SECTIONAL STUDY

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Background: High women deaths due to pregnancy, child birth and postpartum complications were the hallmarks of the end of last century especially in Asia. Strategy adopted to achieve this is called birth preparedness whose main aim is to empower the community. This study was planned to determine the frequency of awareness about birth preparedness and the association of birth preparedness with the educational and employment status of the women **Methods**: It was a cross sectional study carried out in Pakistan Ordinance Factories Hospital Wah Cantt. A sample of 385 women was calculated by WHO sample size calculator. The sample was selected by purposive sampling. The study was carried out from September 2015 to March 2016. A structured questionnaire was filled regarding awareness about birth preparedness among women after taking informed consent from each of them. Demographic characteristics were recorded. Birth preparedness awareness was assessed by questionnaire containing 10 items. The data was entered and analyzed using SPSS version 19. Pearson correlation was applied to find the association of birth preparedness with the educational and employment status of the women at *p*-value of 0.05. **Results**: In a sample of 385 women, 131 (34.1%) were prepared. Statistically significant *p* value of 0.000 was found between birth preparedness and educational status while a *p*-value of 0.153 was found between birth preparedness and employment status of the women. **Conclusion**: The study concluded that despite having education and availability of free medical facility the women were not aware of birth preparedness.

Keywords: Birth preparedness and complication readiness; Delivery; Medical facility; Safe mother hood

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INTRODUCTION

High women deaths due to pregnancy, child birth and postpartum complications were the hallmarks of the end of last century especially in Asia.[1] Although there is reduction in maternal deaths yet 21st century is facing a big challenge of making mothers healthy. That's the reason why one of the Millennium Development Goals (MDG) focuses on the reduction of maternal mortality.[1,2] A Strategy adopted to achieve this is called birth preparedness which aims to empower the community[3] in order to reduce the delay in seeking care and to ensure that every delivery should be carried out by skill provider[4]. The components of the BP include:

- Arrangement of skill care provider at time of birth.
- Awareness of danger signs.
- Plan for place of birth.
- Arrangements for transport
- Saving money for delivery[4,5]

It is importance to reduce maternal mortality because of the fact that globally almost half a million women die each year due to pregnancy or its complications and 99% of these deaths occur in the developing countries.[6,7] In addition to medical causes of maternal deaths the three delays, i.e., delay in decision making to go to a health facility, delay in reaching a health care facility and the unprofessional attitudes of the health care providers all contribute to aggravate the situation.[8]

The most encouraging point to note is that 80% these deaths are preventable through the knowledge of people about the health system, family planning, skilled delivery and post partum.[9]

A study carried out on knowledge on obstetric danger signs and birth preparedness practices among women in rural Uganda found out that 35% of the respondents were birth prepared.[7] Another research carried out by Kabakyenga *et al*. also found out that 35% of the women were prepared for child birth.[10]

This study was planned to determine the frequency of awareness about birth preparedness among the spouses of Pakistan Ordinance Factories (POF) employees who are provided with free medical facility at POF hospital and to find out the association of birth preparedness with the educational and employment status of the women.

MATERIAL AND METHODS

It was a cross sectional study carried out in POF hospital Wah Cantt Pakistan. Sample size of 385 was calculated by using WHO sample size calculator with a population prevalence of 35%.[3] The sample was selected purposively by taking

women who were resident of Wah Cantt, had just delivered and were already registered in POF hospital. The study was carried out from September 2015-March 2016. The questionnaires were filled by a single observer herself after taking informed consent. The respondents were interviewed in Urdu by the researcher. Demographic data like age, educational status, employment status and monthly income was obtained.

Birth preparedness was assessed by questionnaire containing 10 questions. Operational definition was made that a women scoring 8 or more will be considered prepared and less than 8 not prepared. The data obtained was entered and analyzed using SPSS version 19. Frequencies and percentages were calculated for categorical data like educational level, age groups, employment status, monthly income and awareness regarding birth preparedness. Pearson correlation was applied to find the association of birth preparedness with the educational and employment status of the women at *p*-value of 0.05.

RESULTS

Table-1: Descriptive statistics of categorical variables

Variable	Categories	Number (Percentage)
Age group of the women	15–25 years	149 (38.80)
	26–35 years	211 (54.8)
	36–45 years	25 (6.77)
Educational status	Matric	201 (52.2)
	Higher secondary	72 (18.8)
	B.A	69 (18)
	Post-graduation	43 (11.2)
Employment status	House wife	339 (88)
	Working women	46 (12)
Monthly income	<5000/-	31(8.1)
	5000–10,000/-	86(22.33)
	11,000–15,000/-	109 (28.4)
	> 15,000/-	159(49.4)

Table-2: Cross tabulation between Birth preparedness and Employment and Educational status

Educational status	Birth preparedness			Pearson Chi square
	Prepared	Not Prepared	Total	
Matric	50	150	200	0.000
Higher secondary	22	51	72	
B.A	32	37	69	
Post-Graduation	28	15	43	
Total	132	253	384	
Employment status				0.153
House wife	111	227	111	
Working women	20	26	20	

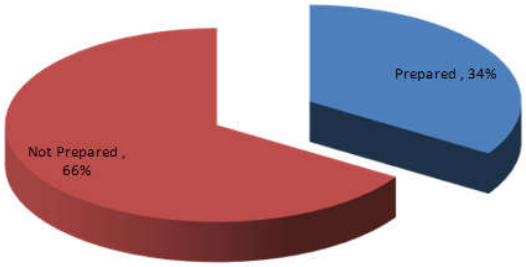

Figure-1: Birth preparedness

Statistically significant *p* value of 0.000 was found between birth preparedness and educational status while a *p*–value of 0.153 was found between birth preparedness and employment status of the women.

DISCUSSION

Birth preparedness is a comprehensive strategy to improve the use of skill providers at birth, the key intervention to decrease maternal mortality.[8] It is a move a head preparation and arrangement for delivery that can help improve the maternal and neonatal outcomes. It involves not only the women but also the husband and family so that timely decisions about any complications will be made without any delay. Also, to make health facility prepared to receive the emergency and treat accordingly.

In the current study on birth preparedness 34.1% of the women were prepared. The result is supported by researches carried out Nigeria in which the percentage of the women being prepared was 34.9% respectively.[11] Researches carried out in Kenya and Bahawalpur also showed that the women were not prepared.[12,13] This shows that despite of the availability of free health facility the women were not prepared for the birth and emergency consequences related to it.

Birth preparedness however was better in a research carried out in Uganda with percentage of women prepared were 53.9%[14] and far better in Nigeria in which birth preparedness 70.6% of the women were aware of the concept of birth preparedness owing to the deliberate efforts done for this strategy[15].

In our study highly significant association was found between birth preparedness and educational status of the women. The result is supported by a research carried out in Madhya Pradesh which showed that birth preparedness index increases as level of education increases.[8] Researches in Ethiopia, India and Uganda also supported the findings of literate women being more birth prepared.[4,5,14] Multivariate logistic analysis in a study

conducted at Tanzania also showed that women with primary education or more are better prepared[16]. These finding suggest that educated women have a broad mind and more understanding of the health messages they listen from different sources.

CONCLUSION

The study concluded that despite having education and availability of free medical facility most of the women were not aware of the birth preparedness.

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AUTHORS' CONTRIBUTION

KWK and SN: Concept and design, collection and assembly of data, analysis and interpretation of the data. KWK: Drafting of article, statistical expertise, f inal approval and guarantor of the article. MR: Critical revision of the article for important intellectual content.

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