

ORIGINAL ARTICLE

ASSESSMENT OF KNOWLEDGE AND AWARENESS REGARDING RAPID HOME PREGNANCY TEST KITS AMONG NEWLY MARRIED WOMEN AND THEIR UTILIZATION OF RCH SERVICES

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ABSTRACT

Objective: To assess the level of awareness and knowledge attitude, and practices of rapid home pregnancy test kit among married women of age group 18-45 years with no history of previous pregnancy & study the utilization of RCH services including early ANC registration and Institutional delivery. **Methods:** Study subjects were identified using SRS then Interpersonal interview sessions were held about rapid pregnancy detection kit. The pregnancy outcomes of those women who used Rapid Pregnancy detection kit was followed till delivery and those women who underwent institutional delivery were identified. **Results:** 58.53% of the total women who used rapid home pregnancy test kit used Nishchaya kit, 71.9% had registered for the ANC in less than 20 weeks & 54.8% underwent institutional delivery. **Conclusions:** Urine based pregnancy detection kit is a definite method of early diagnosis of pregnancy which ultimately leads to early ANC registration & institutional delivery.

Keywords: Rapid home pregnancy test Kit, Nishchaya, ANC registration, Institutional delivery

INTRODUCTION

Reproductive health is a crucial part of general health and a central feature of human development.¹ The National Population Policy (India), 2000,² affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services and continuation of the target free approach in providing family planning services.³ The Ministry of Health and Family Welfare (MOHFW), Government of India, through its National Rural Health Mission (NRHM) has introduced the Nishchaya rapid home pregnancy test kits. The Nishchaya program is an entry point to RCH and family planning services for women seeking assured

Reproductive & Child Health and Family Planning services.⁴

The key strategies of the Nishchaya are:

-Community awareness, especially among eligible couples, on Home Based Pregnancy Test Card and RCH services.

-Increased utilization of RCH and FP services, following the test results including early ANC registration and institutional delivery.

-Important activities include capacity building of ASHAs (Accredited Social Health Activist) through resource persons with field and NGO experience.⁴

OBJECTIVES

- To assess the level of awareness and knowledge attitude, and practices regarding

use of rapid home Nishchaya PREGNANCY TEST KIT among newly married women in the reproductive age group (18-45 years) with no history of previous pregnancy.

- To study the utilization of RCH services including early ANC registration and Institutional delivery.

METHODOLOGY

It was a cross-sectional study conducted among randomly selected 200 newly married women in the reproductive age group (18-45 years) with no history of previous pregnancy. The study was conducted in jurisdiction area of 4 CHCs of Indore district- Sawer, Depalpur, Hatod, Maanpur.

Inclusion criteria-

200 newly married women in the reproductive age group (18-45 years) with no history of previous pregnancy. Out of these 200, 50 women were selected randomly from Jurisdiction area of each of the 4 CHCs of Indore district- Sawer, Depalpur, Hatod and Maanpur.

Exclusion criteria -

All the Primipara and multipara women with history of previous pregnancy

A Pre designed semi structured questionnaire was used as study tool. The study was conducted from September 2010 to September 2011. Written Informed Consent was obtained from the study participants in accordance with the declaration of Helsinki.

Study design:

1. Identification of the 200 newly married women in the reproductive age group (18-45 years) with no history of previous pregnancy. Out of these 200, 50 women were selected randomly from Jurisdiction area of each of the 4 chcs of Indore district-Sawer, Depalpur, Hatod, and Maanpur.(50 x 4=200)
2. Interpersonal face to face interview sessions of these 200 identified women were conducted from September 2010 to November 2010 and the study subjects were informed about rapid pregnancy detection kit. The decision to use the kit was solely held on the subjects' discretion.
3. The pregnancy outcomes of those women who used Rapid Pregnancy detection kit

(Nishchaya) was followed till delivery (from Oct. 2010 to Sept. 2011).

4. Identification of all those study participants who used Rapid Pregnancy detection kit (Nishchaya) who underwent institutional delivery.

OBSERVATIONS

Table 1: Table showing the age groups of the study subjects (n=200)

Age Group(in years)	Number (%)
18*-<22	66(33)
23-<27	72(36)
28-<32	42(21)
33-<37	16(8)
38-<42	3(1.5)
43-<45	1(0.5)

Married Women of reproductive age group 18-45 years were included; 69% women are in age group 18-27 years; Many married women were found in the age group less than 18 years; Considering the legal age of marriage as 18 years, these women were not included in the study.

Table 2- Table showing the educational status of the study subjects (n=200)

Educational status	Number (%)
Illiterate	18(9)
Primary(up to 5 th std)	32(16)
Middle(up to 8 th std)	68(34)
High School(up to 10 th std)	46(23)
Higher Secondary(up to 12 th std)	26(13)
Graduate	8(4)
Post Graduate	2(1)

Maximum 34% study participants were educated up to middle (8th); 9% were illiterate; only 4% & 1% were graduates and post graduates respectively.

DISCUSSION

In the present study all those women who used the government provided pregnancy kit (Nishchaya) were followed for the early ANC registration and all these were in their turn followed for their entire pregnancy to study whether early pregnancy detection leads to early ANC registration which ultimately leads to increased percentage of institutional delivery.

Table 3- Table showing level of awareness and knowledge attitude, and practices regarding use of rapid home KIT (n=82)

Particulars	Number (%)
Subjects who used Nishchay kit (Govt. Supply)	48 (58.53)
Subjects who obtained the kit from ASHA	64 (78.7)
Subjects who used the kit in morning hours-(ideal time to use the kit)	77 (93.8)
Subjects who got the correct procedure of usage from the ASHA	72 (87.8)
Subjects who had registered for the ANC in less than 20 weeks	59 (71.9)
Subjects who underwent institutional delivery	45 (54.8)

Table 4- Table showing the utilization of RCH services - early ANC registration (n=82)

Particulars	Number (%)
Subjects, who had used the pregnancy test kit, who had registered for the ANC in less than 20 weeks	59 (71.9)
Subjects, who had used the pregnancy test kit, who had registered for the ANC in more than 20 weeks	23 (28.1)

Among the 200 study subjects 82(41%) used the pregnancy test kit while 118 (59%) consulted with qualified medical practitioner to confirm their pregnancy without using any test kit, although 120 (60% women) had the knowledge of the pregnancy test kit. Among the 82 study subjects 48 (58.53%) used Nishchaya kit (Governmental) & 34 (41.4%) used some Others (Non Governmental) kit to confirm their pregnancy.

Among the 82 study subjects who used the NISCHAY pregnancy test kit 64(78.7%) had got the kit from ASHA & 18 (21.9%) from others (ANM, Govt. Hospital). 82 (100%) had got it free of cost and all of them used more than 1 kit to confirm their pregnancy. 77(93.8%) used the kit at morning which is the ideal time to use kit while rest 5(6.2%) at other time of the day.

72(87.8%) got the correct procedure of usage from the ASHA & 10 (12.19%) from other (ANM, Health service provider). 54 (65.8%) actual test is being performed by themselves while 28 (34.2%) being performed by others (ASHA, Other Women). 59(71.9%) had registered for the ANC in less than 20 weeks, 23(28.1%) in more than 20 weeks. 32 (39.1%) had suggested other women about it while 50 (60.9%) had not suggested to anyone. Total no. of study subjects who underwent institutional delivery were 45 (54.8%).

CONCLUSIONS:

Urine based pregnancy detection kit is a definite method of early diagnosis of pregnancy. Through NRHM government has taken a very

judicious decision to distribute the kits by ASHA who in her turn has definite access to every nook and corner of the village.

There is a definite increase in the utilization of RCH services (early ANC registration & increased institutional delivery) due to early detection of pregnancy with the help of urine beta HCG based kit.

Those poor women who cannot afford consulting private Obstetrician for confirmation of their pregnancy it is a very cost effective, easy to use and freely available option using which she can confirm her pregnancy. Once the pregnancy is confirmed she can ANC registration early and can be motivated to undergo institutional delivery thereby fulfilling the ultimate aim of JSY (Janani Suraksha Yojana) under NRHM.

Although the married women selected for this study were of age group 18-45 years (18 years being the age of legal marriage for women), the authors were shocked to find that many women were less than 18 years of age. There needs to be a well conceived campaign in rural areas to publicize the ill effects of early marriage.

RECOMMENDATIONS

- To increase awareness among women about the Nishchaya Pregnancy Test Kit by mass media, pamphlets and advertisements.
- Regular Camp should be organized to bring awareness about Nishchaya Pregnancy Kit among the reproductive age group women.
- Orientation trainings of grass root level health worker regarding Nishchaya Pregnancy Kit.

- Proper maintenance of records of utilization of Nishchaya kit.

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