CHAPTER IV

RESULTS OF THE STUDY

A cross-sectional study was conducted to find out the factors related to the utilization of antenatal care among the postpartum women at the Regional Health Promotion Center 1, Bangkok, Thailand. The trained personnel interviewed a total of 110 mothers, after considering the inclusion criteria. The data collection was done from 20 January 2003 to 16 February 2003 in the post-partum ward of Regional Health Promotion Center-1, Bangkok, Thailand. The result of this study, according to its specific objectives, has been presented below.

1. General Characteristics

The result of general characteristics is divided into four different parts. Which are socio-demographic, socio-economic, status of antenatal care visits and plans of pregnancy, and social support received by the respondents.

1.1 Socio-demographic characteristics of the respondents

A total of 16 questions were asked as the general characteristics of the mothers. The focus of these 16 questions was to identify 8 variables of general characteristics namely age, education, occupation, marital status, family income, husband's education and occupation, parity and information exposure.

Table 3 showed that the majorities (83%) of respondents were from age of 20-35 years. This is the appropriate period for women physically and biologically to be pregnant. Women with age less than 20 years were 6% and more than 35 years were 11%.

Table 3 Frequency and percentage of the respondents by the socio-demographic characteristics

Socio-demographic Data	Frequency (N=109)	Percent
Age		
<20 years	7	6.4
20-35 years	90	82.6
>35 years	12	11.0
Education		
Primary (1-6)	23	21.1
Secondary (7-12)	65	59.6
Higher (College, University)	21	19.3
Occupation		
Housewife	36	33.0
Trade	11	10.1
Private sector	57	52.3
Government and other	5	4.6
Marital status		
Single	14	12.8
Married	95	87.2
Husband's Education		
Primary	26	23.9
Secondary	51	46.8
Higher	32	29.4
Husband's Occupation		
Private sectors	76	69.7
Trade	19	17.4
Government services	6	5.5
Other	8	7.3
Numbers of family members		
Less than 5 members	82	75.2
5 or more	27	24.8

Most of the respondents were secondary school graduated. It accounted about 60%,

while the women with primary and higher level of education were almost equal, 21% and 19% respectively. By occupation, majorities of women were involved in outside house works such as trade, employee in the private sectors, government offices, laborer etc. Half of the respondents were working with private sectors (52.3%) and one third (33%) of total respondents were housewives. Interestingly, only few women were working in government services.

Likewise, most of the respondents (87%) were married. The rest 13% women said that they are single. But, all of them responded on the question about their husband's education and occupation. It was found out that the reason of responding like this was that they were not officially registered as husband and wife yet. None of the cases were found divorced, widowed, or separated.

In the case of pregnant women, husband's education and occupation status plays a vital role in using health services and getting care for her. Since a woman has to stay and interact together with husband, his status always affects women in her every step. This study was also intended to get respondents' husband's education and occupation status.

Like women's, the majority of husbands (47% of total cases) were found secondary school graduated. Husbands with higher than secondary level education were 29%. The primary level educated husbands were similar with women's, which was accounted for 24%.

Similar with women, more than two third husbands (70%) were engaged with the private sectors. The trade was in the second places and very few husbands were working in government services and others, which were accounted for 17%, 6% and 7% respectively.

Three fourth of the respondents were from the family with four or less members. Usually family with these numbers of members is considered as a nuclear family. There were 75% respondents from such types of families with four or less members. And 25 % women were from the family with five or more members. Occasionally, these types of families are composite of three or more children, otherwise of in-laws.

1.2 Socio-economic characteristics of the respondents

Monthly family income, saving pattern and information availability were another variables studied in this study. The following table shows the description of findings.

Table 4 Frequency and percentage of respondents' family member, income status and health information on TV

Variables	Frequency (N=109)	Percent
Family Income (Baht)		
1000-5000	3	3
> 5000	106	97
Saving		
Can save	19	17.4
Just enough	73	67
Not enough	17	15.6
Watching health information on TV		
None or < 2 time a week	96	88.1
3 or more times	13	11.9

Table 4 showed that almost all respondents (97%) had family income more than 5000 Baht per month. Eighty-three percents of the respondents' family couldn't save any money from their monthly income. Only 17% of total respondents can actually save from this earning. Sixty-seven percent women said that their family earning was just enough to live with, and 16% said that this income is not enough for them.

Generally, it is accepted that the people living in the urban areas tend more to watch television. In the response of the question asked about their frequency in watching health information on television, only 12% of them reported that they watch health information on television more than 3 times per week. The rest 88% responded that they watch hardly two times per week.

1.3 ANC Visits and plans for pregnancy

In Table 5, it was seen that most of the respondents were with the first parity. Women with a single birth order were 77%, while women having third parity were only 7%, and with two children were 16%. No women were found with parity four or more times.

Almost all mothers attended to the ANC during their pregnancy. Only 1 out of 110 cases interviewed at the health promotion center found to be without ANC during her entire pregnancy. Regarding the place for ANC, 98% of women attended to a public hospital and only 3% said they went to private hospital.

In the response to the question about what kind of services or examination did they receive, it was found that all women attended antenatal clinic, 98% said that they received blood and urine examinations, 97% of them said that they received abdominal examination, 66% said they got ultrasound, and 9% said that they also received per vaginal examination. Likewise, regarding the tetanus toxoid vaccination and iron distribution, 7% of them said that they didn't receive any tetanus toxoid vaccination at this time of pregnancy, because they have already taken it in their previous pregnancy. The rest of them received one, two, or three doses of TT vaccines during the recent pregnancy, 15, 56, and 22 percents respectively. All of them received iron supplements during their pregnancy.

Table 5 Frequency and percentages of respondents by parity, antenatal clinics visit and place for antenatal clinic visit, types of examinations, tetanus toxoid, and iron supplement.

Variables	Frequency (=109)	Percents
Parity		
1	84	77.1
2	17	15.6
3	8	7.3
ANC visit		
Yes	109	98.9
No•	1	1.1
Place for ANC*		
Public hospital	107	98.2
Private hospital	3	2.8
Examination*		
Blood	107	98.2
Urine	107	98.2
Abdomen	106	97.2
Per vaginal	10	9.2
Other (ultrasound)	72	66.1
Tetanus Toxoid (TT)		
No	8	7.3
One dose	16	14.7
Two doses	61	56.0
Three doses	24	22
Iron tablets		
Yes	109	100
No	-	-
Plan to be pregnant		
Yes	88	80.7
No	21	19.3

* Multiple answers   • This number was excluded in statistical analysis.

Status of pregnancy also plays a role in the use of antenatal services. There are times when women get pregnant without planning. They think that they were not really prepared for being pregnant. There were more than three fourth numbers of women who said they were ready to be pregnant. About 81% said that their pregnancy was planned. Only 19.3% said it was not.

Table 6 Frequency and percentages of respondents by ANC visits

Number of ANC Visits	Frequency	Percent
3	1	.9
4	2	1.8
5	1	.9
6	6	5.5
7	7	6.4
8	23	21.1
9	26	23.9
10	31	28.4
11	12	11.0

Mean = 8.82, Mode =10 times, Median=9

Table 6 showed that all mothers who came to deliver baby at the hospital had visited ANC. The number of ANC visit was ranged between 3 to 11 times. The mean was 8.82 times, mode was 10 times and median 9 times.

According to Table 7 and Figure 4, the range of ANC visits by the pregnant for the first, second, third and fourth visits was from 1st-6th, 2nd-7th, 3rd-8th and 4th-9th months of pregnancy respectively. Forty-three percents of women had started the first visit in their second months of pregnancy. Forty percents women had visited the second visit in the third month of pregnancy, and 36.7% visited third ANC in the fourth month. Likewise, 68.5% had completed the fourth visit by their sixth month of

pregnancy, and 99% completed it by eighth month. Normally, women went for ANC

visit in a monthly basis.

Table 7 Frequency and percentage of respondents' ANC visits by months of
pregnancy (N=109)

Months of pregnancy	First visit		Second visit		Third visit		Fourth visit	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
1st month	8	7.3						
2nd month	47	43.1	6	5.5				
3rd month	36	33	44	40.4	6	5.5		
4th month	13	11.9	34	31.2	40	36.7	6	5.5
5th month	4	3.7	18	16.5	31	28.4	39	35.8
6th month	1	0.9	6	5.5	22	20.2	29	26.6
7th month			1	0.9	9	8.3	21	19.3
8th month					1	0.9	12	11
9th month							1	0.9

Figure 4 Line chart of the numbers of respondents by month of pregnancy in each
ANC visits
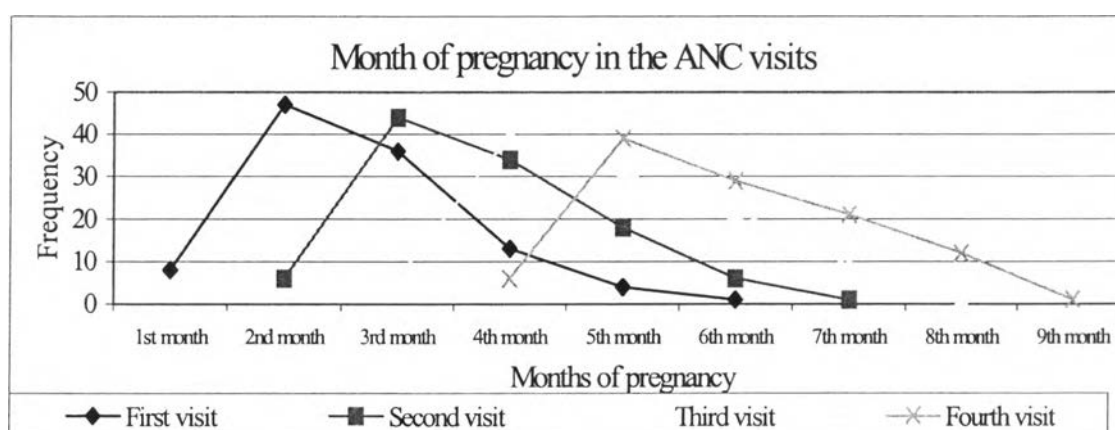
1.4 Social support received by the respondents

A pregnant woman requires enough care and support from the relatives and family members. This love, care and support plays vital role in the use of health services. Table 8 shows the different kinds of supports received by the respondents during their pregnancy.

Table 8 Frequency and percentage of respondents by types and source of supports received

Types of support	Source of Supports				
	Husband	Mother	Friends	Other	Nobody
	N (%)	N (%)	N (%)	N (%)	N (%)
-First consultation about pregnancy	90 (82.6)	11(10.1)		(7.3)	
-Accompany during ANC visit	75(68.8)	3(2.8)	-	6(5.5)	25(22.9)
-Remind for taking medicine/ANC visit	37(33.9)	2(1.8)	1(.9)	2(1.8)	67(61.5)
-Encouragement	79(72.5)	2(1.8)	2(1.8)	4(3.7)	22(20.2)
-Help in regular work	67(61.5)	4(3.7)	-	9(8.3)	29(26.6)

Information from Table 8 revealed that majority of the women had got support from husbands. About 83% of women said that when they'd learnt that they were pregnant, husbands were the first person they consulted with. Another 10% women said they went to their mothers. Similarly, 69% pregnant women said that their husband mostly accompanied them during ANC visits. Other 23% said that they went to ANC alone. Regarding the questions of who reminded them to take medicine or ANC date, majority of them (61.5%) said nobody, which revealed that they were conscious about their schedules. But, other 33.9% said that their husbands were the one who reminded about taking medicines and time and schedules about antenatal care visits. Husbands

had also encouraged 72.5% of women and helped with the work of 61.5% of women regarding their ANC and pregnancy related matters. It is obvious that husbands were the one who often supported women.

Table 9 Frequency and percentage of respondents by sources of information about antenatal care.

Source of Information	Frequency	Percent
Family Member	5	4.6
Media	79	72.5
Friend	9	8.3
Other	16	14.7

As Table 9 showed, most of the respondents (72.5%) had got information related to antenatal care from media (eg. TV, radio, newspaper etc.). There were another 8.3% women who got information form friends and 4.6% got from the family members. About 15% women had received information from the other sources such as health workers.

2. Satisfaction with antenatal care services

To find out the satisfaction with the service of ANC that they had visited during their pregnancy, there were 8 statements with different aspects asked to the respondents to find out their satisfaction level with the ANC.

According to Table 10, majorities of the respondents were satisfied with the antenatal clinic they have visited. Compare to all other aspects, the satisfaction level was relatively low in the waiting time for the service and adequacy of time while examination. In these two categories, only 67% and 86.2% women respectively were satisfied, while satisfaction rate was more than 92.7% to all other aspects.

Table 10 Frequency and percentage of respondents by satisfaction with ANC clinic

Statements	Satisfied		Neither satisfied nor dissatisfied		Dissatisfied		Mean	SD
	Freq.	%	Freq.	%	Freq.	%		
-Information availability	107	98.2	1	.9	1	.9	2.97	.21
-Examination as per need	106	97.2	2	1.8	1	.9	2.96	.23
-Provider's attitude	104	95.4	3	2.8	2	1.8	2.94	.31
-Careful and courteous manner	102	93.6	4	3.7	3	2.8	2.91	.37
-Expenditure during ANC	102	93.6	5	4.6	2	1.8	2.92	.34
-The clinic hour	101	92.7	1	.9	7	6.4	2.86	**.50**
-Adequate time in examination	94	86.2	5	4.6	10	9.2	2.77	**.60**
-Waiting time	73	67.0	16	14.7	20	18.3	2.49	**.79**

Average mean = 2.85, Average percentage = 95%

Regarding the waiting time 18.3% women were dissatisfied, 14.7% expressed neither satisfaction and nor dissatisfaction. More than 9% expressed their dissatisfaction with the time taken during the examination, and 6.4% showed their dissatisfaction with the clinic hour.

A standard scoring of 1-3 (dissatisfied, neither satisfied nor dissatisfied and satisfied) was assigned to each item according to the responses. After this, it was summed up and divided by the total number of cases (109) to find out the average score in each case. Then, to find out average score per item it was further divided by number of items (8). Finally, average percentage of satisfaction was also calculated.

It showed that each respondent had got an average 22.81 score of the total of 24. The average mean score of satisfaction with antenatal service was 2.85. Thus, the average percentage of satisfaction with antenatal care services was 95%.

3. Knowledge about antenatal care and pregnancy

Knowledge always remains a strong predictor of service utilization. In this study, there were 14 questions asked to the women to determine their knowledge regarding antenatal care and pregnancy. There were eight true statements and seven false statements. One score was given to the correct answer and none for the incorrect ones. So, if there were all correct answers, the highest score would be 14. The response in each item is attached in the Appendix B. Table 11 shows the aggregate score and frequencies of knowledge.

Table 11 Frequency and percentages of respondents by correct and incorrect responses on knowledge about ANC

Statements	Correct answers		Incorrect answers	
	Freq.	%	Freq.	%
1. ANC is to take care of pregnant woman and her coming baby.	108	99.1	1	.9
2. Pregnant woman should visit ANC clinic at least 4 times.	86	78.9	23	21.1
3. The first time of antenatal visit should be as soon as you know you are pregnant.	98	89.9	11	10.1
4. At antenatal clinic pregnant women are checked for anemia.	105	96.3	4	3.7
5. Anemia in pregnancy will effect both the mother and fetus development.	102	93.6	7	6.4
6. After the first visit, the second should be when you got sick /abnormal.	38	34.9	**71**	**65.1**

Table 11 Frequency and percentages of respondents by correct and incorrect responses on knowledge about ANC (continued)

Statements	Correct answers		Incorrect answers	
	Freq.	%	Freq.	%
7. Time that a pregnant women should go for antenatal care is when she feels baby quickening.	91	83.3	18	16.5
8. During pregnancy, a pregnant woman should not exercise.	69	63.3	40	36.7
9. The pregnant should not eat a lot of food because it will cause delivery of big baby.	65	59.6	**44**	**40.4**
10. If the baby does not (or less) move than usual means the baby is taking a rest.	86	78.9	23	21.1
11. If the pregnant woman does not have adequate weight gain, there is risk of having low birth weight baby.	86	78.9	23	21.1
12. The pregnant women must report doctor if she gets a cold.	7	6.4	**102**	**93.6**
13. Drinking of wine (alcohol) can leave a serious effect on both the mother and fetus.	103	94.5	6	5.5
14. Before taking any medicine, the pregnant woman must read the contraindication or ask for the health personnel.	106	97.2	3	2.8

Table 11 shows how the respondents answered to the statements regarding knowledge about pregnancy and antenatal care. Except in the response in number 6, 9 and 12, there were more than 60% of respondents with correct answers. Interestingly, 65% of respondents answered incorrectly in the response of the question " the second ANC

visit should be when you get sick or abnormal". Likewise, surprisingly, 40.4% of answers were incorrect in the response of question "pregnant women should not eat a lot of food, because it can cause of big baby and difficult to be delivered". The last and most incorrectly answered statement was number 12 "A pregnant women must report to the doctor when she gets a cold", in which, 93.6% women responded incorrectly. From the total percentage of correct and incorrect answers it was ranked into three categories – High (who scored more than 80% scores), Moderate (who scored 60-80%) and Low (who scored less than 60%).

Table 12 Frequency and percentage of respondents by level of knowledge about ANC

Level of knowledge	Frequency	Percent
High (score >80%)	64	58.71
Average (score 60-80%)	34	31.20
Low (score <60%)	11	10.09

Table 12 is the presentation of knowledge level of the respondents. A majority of them (58.71%) had a high level of knowledge regarding pregnancy and antenatal care. While 31.19% had average and 10.09% had lower knowledge about pregnancy and antenatal care.

4. Respondents' attitudes toward ANC

Attitude was also one of the variables that were examined in this study. There were 14 statements including 5 negatively and 9 positively worded statements. The responses in each statements were categorized into 5 groups from strongly agree to strongly disagree. Appendix C shows the result of responses statements by statements.

Each item was scored according to the statement. If the statement was positive, then 5 score would given to "strongly agree" response to that statement. Likewise, 4,3,2, and

1 score would given to agree, uncertain, disagree and strongly disagree responses respectively. But, in the case of negatively worded statements (statement no 3,6,11,13 and 14) the score was reversed to be strongly agree equal 1, agree equal 2 and so on. After assigning the score, the total score for each respondent was calculated. 1-3-5 standard score based on the scaling system was used to categorize respondents' attitudes. If the score was ranged from 1 to 2.74, it was considered as negative attitudes. If the score was between 2.75 to 3.25, it was considered as neutral attitudes. Likewise, if the score was more than 3.26, was considered as positive attitudes. The 13 shows the attitudes level.

Table 13 Frequency and percentage of the respondents by the level of attitudes

Level of attitude	Frequency (N=109)	Percent
Negative Attitude	-	-
Neutral Attitude	-	-
Positive Attitude	109	100

Mean = 57.76, SD = 4.09, Range = 48-67, Mode=58, Median =58

Table 13 showed that there were all respondents who had positive attitudes. None of them had found to be neutral and negative attitudes towards ANC.

The respondents had got score ranged between 48 and 67 with the mean score of 57.76 and SD of 4.09. The average score in each item was 4.13. The highest score would be 5 as optimum level. According to Appendix C, respondents attitudes were relatively poor on item no 6, where about 22% of showed negative attitude toward antenatal care at the clinic. They preferred home-based service rather than going to the ANC clinic. Majority of the respondents were also negative on the response in item no. 14, where only 43% showed positive attitudes.

5. The Relationship between ANC Utilization and Related Variables

As this study was aimed to look at the relationship between the utilization of ANC and the variables of notes, different types of statistical test were used to examine the relationships. The tests were selected according to the level of variables such as continuous, numerical or categorical variables.

5.1 Test of relationship between the variables

First of all, it was attempted to find out the answer of the question "Is there a relationship between frequency of ANC visits and respondents' attitude towards ANC, or knowledge about ANC, or satisfaction with ANC, or family members, or parity?" Before applying any statistical test, it is necessary to meet the assumption. There were six variables namely number of ANC visits, parity, family members, total score on satisfaction, total score on attitude and total score on knowledge. Before performing the correlation between those variables and numbers of ANC visits, assumption testing was done. The boxplot, scatterplot and histogram were checked for each variable to identify their distribution normality and linearity. The descriptive screen for normality has shown in Table 14.

Table 14 The distribution of variables.

Variables	N	Range	Min.	Max.	Mean	SD	Skewness	Kurtosis
-No. of family members	109	6	2	8	4.02	1.29	1.255	.901
-Parity	109	2	1	3	1.30	.60	1.849	2.250
-Frequency of ANC	109	8	3	11	8.82	1.62	-1.089	1.542
-Satisfaction	109	8	16	24	22.82	1.86	-1.885	3.313
-Attitude	109	19	48	67	57.76	4.09	-.004	-.303
-Knowledge	109	7	6	13	10.55	1.51	-.886	.592

The Pearson's product- moment correlation test was not suggestive. So that, non-parametric test was done as an alternative. The Spearman's rho coefficient was found to be an appropriate to check the relationship. Table 15 shows the result.

Table 15 Spearman's rho Correlations test between frequencies of ANC visit and other variables

Variables		Freq. of ANC visit	Number of family members	Parity	Satis- faction	Attitu des	Know -ledge
Frequency of ANC visit	Correlation Coefficient	1.000					
	Sign (1-tailed)	-					
Number of family members	Correlation Coefficient	-.095	1.000				
	Sign (1-tailed)	.164	.				
Parity	Correlation Coefficient	.042	.484	1.000			
	Sign (1-tailed)	.334	.000				
Satisfaction	Correlation Coefficient	-.179*	-.145	-.182*	1.000		
	Sign (1-tailed)	.031	.067	.029			
Attitudes	Correlation Coefficient	-.010	-.210*	-.123	-.146	1.000	
	Sign (1-tailed)	.459	.014	.101	.064		
Knowledge	Correlation Coefficient	.159*	-.151*	-.188*	-.175*	.092	1.000
	Sign (1-tailed)	.049	.059	.025	.034	.172	

* Correlation is significant at the .05 level (1-tailed).

According to Table 15, after performing the correlation test, there were some variables, which have had some weak relation with frequency of ANC visits. There was a positive weak relation ($r= 0.159$, $p= 0.049$) between frequency of ANC visits and knowledge. There was a negative weak relation between frequency of ANC visit

and satisfaction (r= -0.179, p= 0.031). Rest of other variables had no relation with frequency of ANC visits detected.

It was also attempted to find a relationship between other variables as well. Table 14 showed that there were some variables that had shown a relationship, but all relationships were toward the negative direction. Those were between number of family members and attitudes (r= -0.210, p=0.014); parity and satisfaction (r=-0.182, p=0.029); parity and knowledge (r=-0.188, p=0.025); and satisfaction and knowledge (r= - 0.175, p= 0.034). There was a borderline relationship between number of family members and knowledge (r= -0.151, p=0.059).

5.2 Test of differences between the variables of interests

ANC visit was the dependent variable in this study. As mentioned in the descriptive presentation on page 36, there was a range of 3-11 times ANC visited by the respondents. The mean score of ANC visit was 8.82 with the standard deviation of 1.62. Therefore, the 8 times ANC visit was taken as a cut point to categorized it into two different groups. As an attempt to examine the relationship between other categorical variables, Chi-square test was performed. The finding id presented in Table 16.

Table 16 Association between socio-demographic variables and ANC utilization

Variables	3-8 visits		9+ visits		X^2	p-value
	Freq.	%	Freq.	%		
Age						
<20 years	1	2.5	6	8.7		
>20-35 years	32	80	58	84.1		
>35 years	7	17.5	5	7.2		
Total	40	100	69	100	3.982	.137
Occupation						
Housewife	12	30.0	24	33.0		
Trade	4	10.0	7	10.1		
Private Sector	22	55.0	35	52.3		
Gvt. Services & other	2	5.0	3	4.6		
Total	40	100	69	100	.288	.965
Husband's Occupation						
Private sectors	21	52.5	55	79.7		
Trade	11	27.5	8	11.6		
Other and Govt. Services	8	20	6	8.7		
Total	40	100	69	100	8.88	.012*
Education						
Primary education	12	30.0	11	15.9		
Secondary education	19	47.5	46	66.7		
Higher education	9	22.5	12	17.4		
Total	40	100	69	100	4.274	0.118
Husband's education						
Primary education	9	22.5	17	24.6		
Secondary education	20	50.0	31	44.9		
Higher education	11	27.5	21	30.4		
Total	40	100	69	100	.262	0.887

Table 16 Association between socio-demographic variables and ANC utilization (continued)

Variables	3-8 visits		9+ visits		X^2	p-value
	Freq.	%	Freq.	%		
Health information						
Never or <2 times	35	87.5	61	88.4		
2 or more times	5	12.5	8	11.6		
Total	40	100	69	100	.020	.888
Family members						
Less than 5	29	72.5	53	76.8		
5 or more	11	27.5	16	23.2		
Total	40	100	69	100	.253	.615
Family income						
Less than 5000	3	7.5	0	.0		
More than 5000	37	92.5	69	100		
Total	40	100	69	100	5.321	.021
Savings						
Can save	9	22.5	10	14.5		
Just enough	23	57.5	50	72.5		
Not enough	8	20	9	13		
Total	40	100	69	100	2.564	.278

As shown in Table 16, there was stastically significant difference determined in husband's occupation between the two groups of frequency of ANC visits (p-value .012). Women, whose husbands worked in the private sectors, visited ANC more frequently (9+ visits) than any other categories of jobs. It was found that women from the family of income level more than 5000 Baht per month also attended 9 or more ANC than women with less than 5000 Baht family income. It was found that family income related significantly with ANC utilization (p= .021). No significant difference was found between 3-8 times and 9+ times ANC visits and other socio-demographic variables.

Women aged more than 35 years used fewer times ANC than those of aged 20-35 years, but no statistically significant difference was found. Regarding occupation, women from all categories of occupation visited ANC clinic at a simillar pattern. There was no difference between ANC utilization found in regards to the types of occupation.

Regarding education, there was no significant difference in education and ANC visits. There were no stastistically significant difference found between women's education, husband's educations, and health information on television and number of ANC visits. Similarly, regarding family members, no significant difference was found in numbers of family members and numbers of ANC visits.

Table 17 Association between ANC utilization and other variables

Variables	3-8 visits		9+ visits		X^2	p-value
	Freq.	%	Freq.	%		
Status of pregnancy						
Planned	33	82.5	55	79.7		
Not planned	7	17.5	14	20.3		
Total	40	100	69	100	.127	.722
Knowledge level						
High	22	55	42	60.9		
Moderate	15	37.5	19	27.5		
Low	3	7.5	8	11.6		
Total	40	100	69	100	1.375	.503

According to Table 17, there were also no significant differences observed in status of pregnancy, knowledge level between the frequencies of ANC visits.