

A Study to Assess the Status of Birth Preparedness and Complication Readiness among Primigravida Mothers Attending Antenatal Clinic at HSK Hospital and Research Centre Bagalkot Karnataka in a View to Develop Self Instructional Module

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Abstract:-

➤ Objectives

This chapter deals with the statement of the problem, objectives, operational definitions, assumptions, hypothesis, variables, and conceptual framework of the study.

• Objectives of the Study

- ✓ To assess the status of birth preparedness and complication readiness among primigravida mothers.
- ✓ To develop self-instructional module on birth preparedness and complication readiness among primigravida mothers.
- ✓ To find out the association between the status of birth preparedness and complication readiness among primigravida mothers with their selected socio demographic variables.
- ✓ To determine the correlation between birth preparedness and complication readiness among primigravidamothers.

➤ Hypothesis:

- **H1:-** There will be significant association between status of birth preparedness and complication readiness among primigravida mothers with their socio- demographic variables.

I. INTRODUCTION

Every pregnancy is a joyful moment for all mothers who dream of a safe pregnancy and a healthy baby. However, every pregnant woman faces the risk of sudden, unpredictable complications that could end in death or injury to herself or to her infant. Birth preparedness and complication readiness (BPACR) is a strategy that encourages pregnant women, their families, and communities to effectively plan for births and deal with emergencies, if they occur. It is a key component of globally accepted safe motherhood programs¹.

Women have a tradition of educating one another about pregnancy, labor and birth through “the women’s network”, their mothers, sisters and female relatives. But with the growth of industrialization, the small rural communities and the tight women’s network began to break down. The breakdown of the joint family system and the formation of the nuclear family system added to the destruction. The women now have to seek information from outside sources rather than their mothers, sisters and neighbours.

II. RESEARCH METHODOLOGY

In a research study the researcher moves from the beginning a study (posing a question) to the end (obtaining an answer) is a logical sequence of predetermined steps that is similar across studies. This chapter deals with that flow, which is selected by the investigator in order to solve research problem.

A. Research Approach

A Descriptive approach was used to assess the status of birth preparedness complication readiness among primigravida mothers attending antenatal clinic at H.S.K hospital and research center Bagalkot.

➤ Research Design:

Research design implies the organization of elements into masterful work of art, when we say design form a mental makeup about a thing how it should be planned and carried out. A research design is the arrangement of condition for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure.

➤ Research Variable:

The research variable is the variable the researcher is interested in understanding.

In this study, it refers to the status of birth preparedness and complication readiness among primigravida mothers².

➤ Socio-Demographic Variable:

All those variables which are present in the research environment that may interfere with research. In this study, socio-demographic variables are age, gender, religion, educational status, marital life, duration of pregnancy, type of family, place of residence, family monthly income, occupation, educational status of husband, occupation of husband and source of information.

➤ Setting of the Study:

Setting is the Physical location and conditions in which data collections will occur. The present study was conducted in antenatal clinic at HSK hospital and research centre Bagalkot.

The study setting was selected according to the availability of primigravida mothers attending in antenatal clinic and investigators convenience.

➤ Delimitations:

- This study is delimited to primigravida mothers attending antenatal clinic at HSK hospital and research centre Bagalkot Karnataka.
- The study is delimited to assessment of birth preparedness and complication readiness.
- *Target Population*-The target population for the study Primigravida mothers attending in various antenatal clinics at Bagalkot.
- *Accessible Population*- The accessible population for the study is primigravida mothers attending antenatal clinic at HSK hospital and research center Bagalkot.

➤ Sample and Sample Size:

A sample consists of subjects of units that comprise the population for the present study. In this study sample size is (n=100) primigravida mothers attending in antenatal clinic. 100 primigravida mothers from H.S.K Hospital and Research Centre, Navanagar, Bagalkot.

➤ Sampling Technique:

Sampling technique is the procedure, which the researcher adopts in selecting the samples for the study.

The convenient sampling technique was used to select sample for the present study. Primigravida mother were selected convenient according to the duration and who met both the inclusion and exclusion criteria of the study.

B. Method of Data Collection:

Data Collection is gathering of information relevant to the research problem. The tool was modified by considering the experts suggestions and results of pilot study. Data were collected by structured interview schedule,

➤ Development and Description of the Tool:

A structured interview schedule was prepared by extensive review of literature and on the basis of suggestions of guide and experts, with an aim to assess the status of Birth preparedness and Complication readiness among primigravida mothers

- The tool was divided into 3 Parts:

✓ Part-I

It consists of 12 items regarding the socio-demographic information of the subjects such as primigravida mother

✓ Part-II

Data was collected by means of structured interview schedule use of questionnaire. Section-A consists of 14 items related to Birth preparedness. And section-B consists of 16 items related to complication readiness.

➤ Scoring:

Each question has one correct option and each correct response is assigned one mark and the wrong answer carries zero mark. The maximum possible score is 30.

III. RESULTS

The data analysis is described as categorizing, ordering, manipulating and summarizing the data obtain answer to research questions. The purpose of analysis into reduces the data to an intelligible and interpretable from so that the relation of research problems can be studied. The data is analyzed on the basis of the objectives and hypothesis of the study.

- **PART-I:** Description of socio- demographic characteristics of sample.
- **PART-II:** Assessment of status of Birth preparedness among Primigravida mothers.
- **PART III:** Assessment of status of complication readiness among Primigravida mothers.
- **PART IV:** Association between status of birth preparedness and complication readiness of Primigravida mothers with their selected socio-demographic characteristics.
- **Section A:** association between status of birth preparedness of Primigravida mothers with selected socio demographic characteristics.
- **Section B:** Association between status of complication readiness of Primigravida mothers with their selected socio-demographic characteristics.
- **PART V:** Comparison of socio demographic characteristics with respect to birth preparedness and complication readiness scores by one way ANOVA followed by Tukeys multiple posthoc procedure.
- **PART VI:** Assess the co-relation coefficient between birth preparedness and complication readiness.

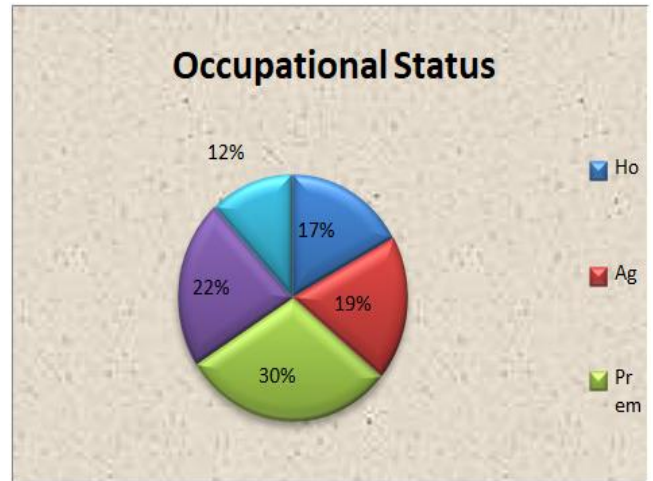


Fig 3 Percentage Wise Distribution of Primigravida Mothers Attending Antenatal Clinic According to Occupational Status.

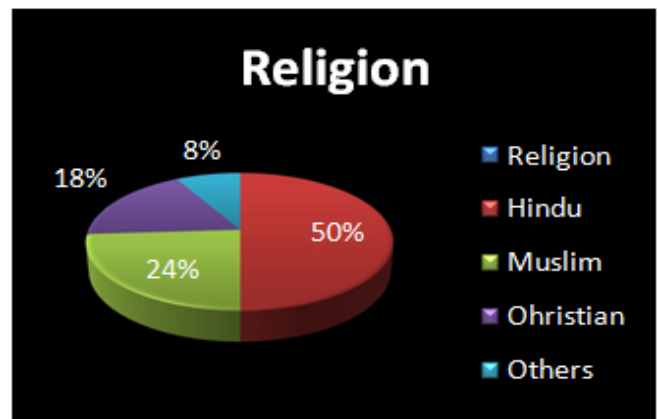


Fig 4 Percentage Wise Distribution of Primigravida Mothers Attending Antenatal Clinic According to Religion

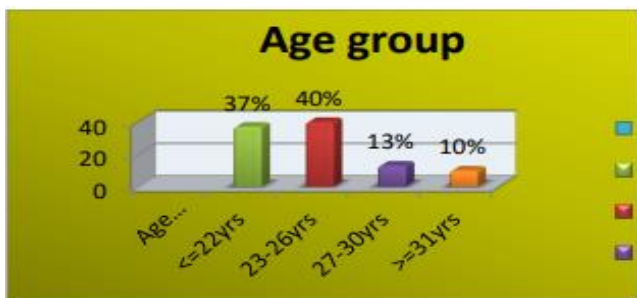


Fig 1 Percentage Wise Distribution of Primigravida Mothers Attending Antenatal Clinic According to their Age.

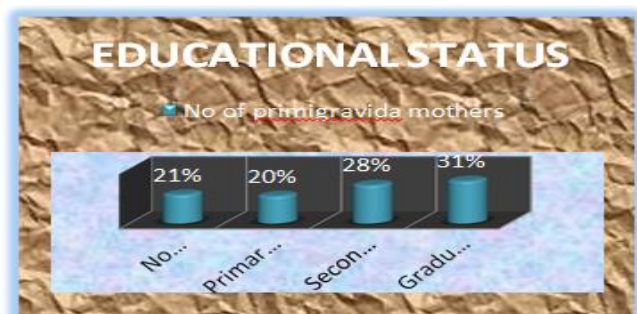


Fig 2 Percentage Wise Distribution of Primigravida Mothers Attending Antenatal Clinic According to their Educational Status.

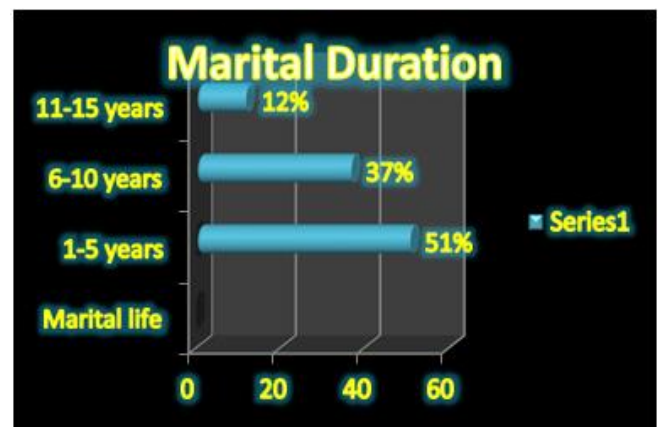


Fig 5 Percentage Wise Distribution of Primigravida Mothers According to their Marital Duration.

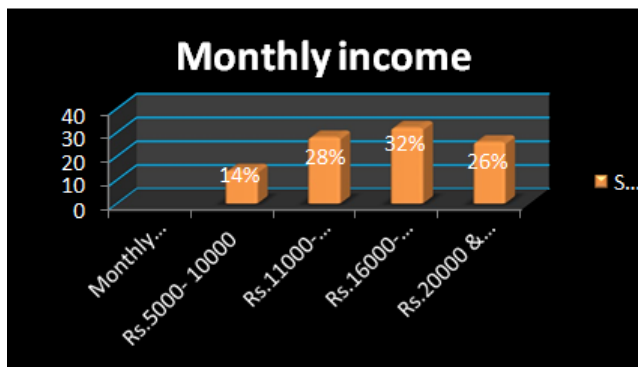


Fig 6 Percentage Wise Distribution of Primigravida Mothers According to their Monthly Income.

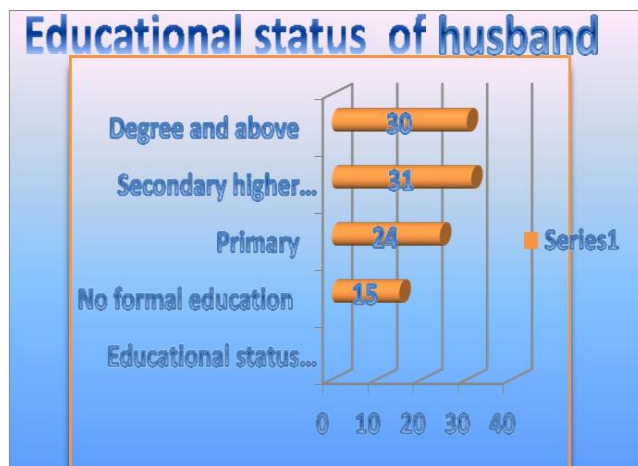


Fig 10 Percentage Wise Distribution of Primigravida Mothers According to their Husband's Educational Status.

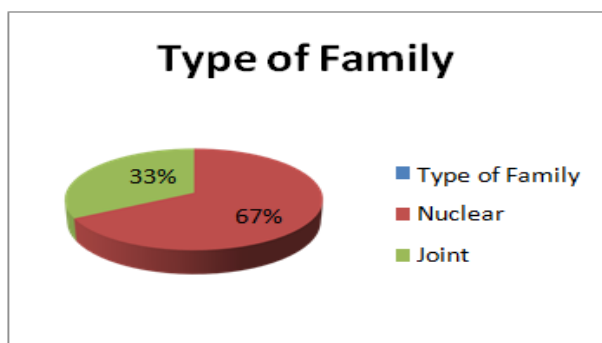


Fig 7 Percentage Wise Distribution of Primigravida Mothers According to their Type of Family.

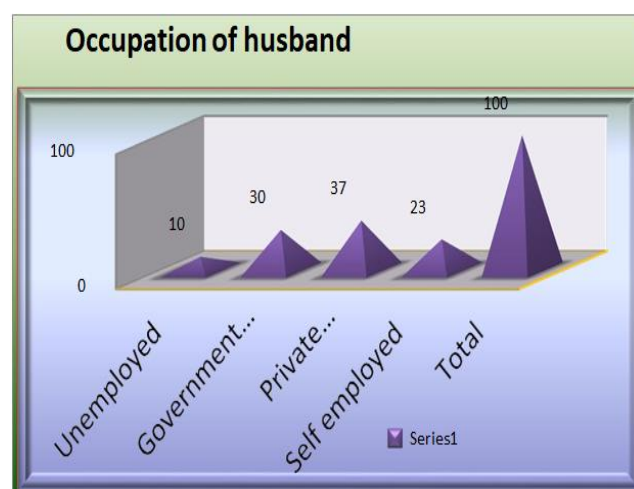


Fig 11 Percentage Wise Distribution of Primigravida Mothers According to their Husband's Occupation.

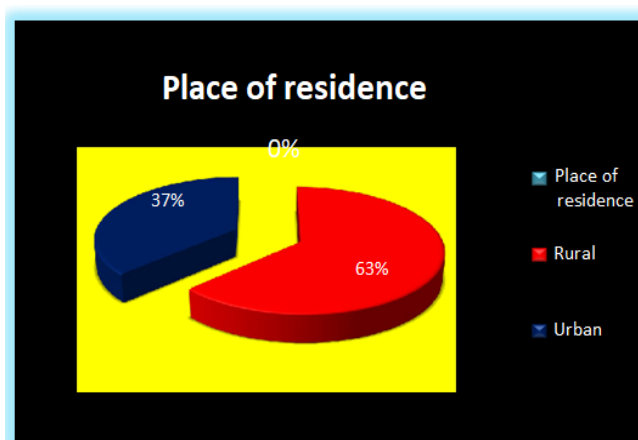


Fig 8 Percentage Wise Distribution of Primigravida Mothers According to their Place of Residence.

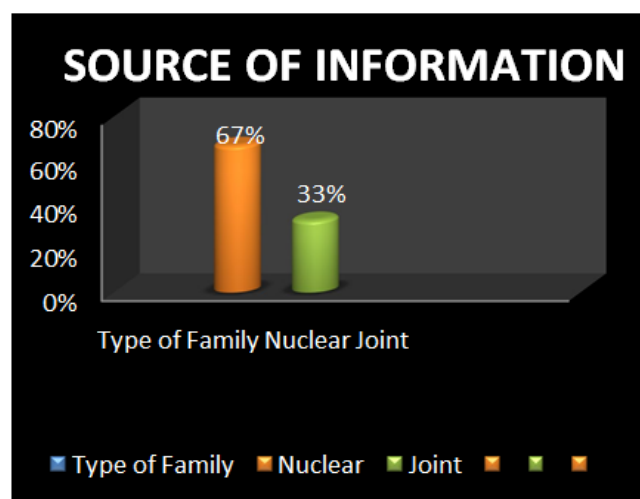


Fig 12 Percentage Wise Distribution of Primigravida Mothers According to their Source of Information

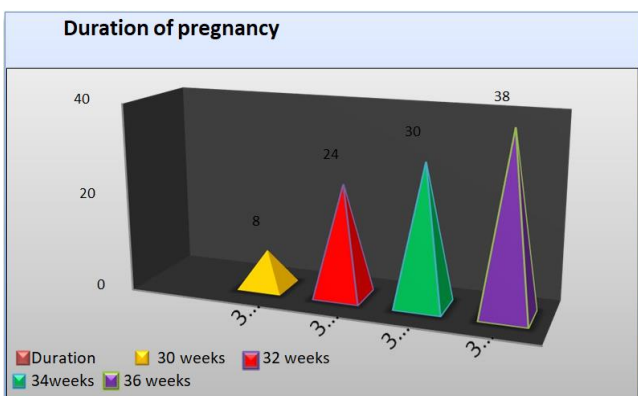


Fig 9 Percentage Wise Distribution of Primigravida Mothers Attending According to Their Duration of Pregnancy.

Percentage wise distribution of Primigravida mothers attending antenatal clinic according to their age groups reveals that out of 100 subjects, higher percentage (40%) of Primigravida mothers were in the age group of 23-26 years, 37% of Primigravida mothers were in the age of less than 22

years, 13% of Primigravida mothers belongs to the age group of 27-30 years, followed by and lowest percentage (10%) of Primigravida mothers were in the age group of more than 31years. It reveals that majority (40%) of Primigravida mothers under the study were belongs to the age group of 23-26years. (Fig: 6.1)

Percentage wise distribution of Primigravida mothers attending antenatal clinic according to their Educational status reveals that out of 100 subjects, highest percentage (31%) of Primigravida mothers had graduation and above, 28% of pregnant mother had secondary education, 21% of pregnant mothers had no formal education and lowest percentage (20%) of Primigravida mothers had primary education. It shows that majority (31%) of Primigravida mothers had graduation and above education under the study. (Fig: 6.2)

Percentage wise distribution of Primigravida mothers according to their occupational status reveals that out of 100 primigravida mothers, highest percentage (30%) of primigravida mothers were private employee, 22% of primigravida mothers were government employee, 19% primigravida mothers were having agriculture, 17% of primigravida mothers were housewife, 12% of the mothers had business. It shows the majority (30%) of primigravida mothers under the study have private employees (fig: 6.3).

Percentage wise distribution of primigravida mothers according to their Religion reveals that out of 100 primigravida mothers, highest percentage (50%) of primigravida mothers were Hindu, 24% of primigravida mothers were Muslims, 18% of primigravida mothers Christians, and lowest percentage (8%) of primigravida mothers were from other Religion. It reveals that majority (50%) of Primigravida mothers from Hindu religion (fig: 6.4).

Percentage wise distribution of primigravida mothers according to their Marital duration reveals out of 100 subjects highest percentage (51%) of primigravida mothers have marital duration of 1-5years, 37% of primigravida mother have marital duration of 6-10 years, and lowest percentage (12%) of primigravida mothers had marital duration of 11-15years. It shows that majority (51%) of primigravida mothers had marital life of 1-5 years under the study (Fig: 6.5).

Percentage wise distribution of primigravida mothers according to their monthly income of the family reveals that out of 100 subjects, highest percentage (32%) of primigravida mothers had monthly income between Rs. 16,000-20,000, 28% of primigravida mother have income between Rs. 11,000-15,000, 26% of primigravida mothers have income between Rs.20,000 & above, lowest percentage (14%) of primigravida mothers have income between Rs. 5000- 10000. It shows that majority (32%) of primigravida mothers had family monthly income between Rs. 16,000-20,000. (Fig: 6.6).

Percentage wise distribution of primigravida mothers according to their type of family shows that highest percentage (67%) of primigravida mothers were belongs to nuclear family, 33% of primigravida mothers were belongs to joint family. It shows that majority (67%) of primigravida mothers under the study belongs tonuclear family. (Fig: 6.8).

Percentage wise distribution of primigravida mothers attending according to their place of residence reveals that out of 100 subjects the highest percentage (63%) of primigravida mothers from rural area and lowest percentage (37%) of primigravida mother residing in urban area. It shows that majority (63%) of primigravida mothers under the study were from rural area (6.9).

Percentage wise distribution of primigravida mothers according to their duration of pregnancy reveals that out of 100 subjects, higher percentage (38%) of primigravida mothers were in 36weeks, 30% of primigravida mothers were in the 34weeks, 24% of primigravida mothers belongs to the 32 weeks, followed by and lowest percentage (08%) of primigravida mothers were in the 30 weeks. It reveals that majority (38%) of primigravida mothers under the study were belongs to the36 weeks. (Fig: 6.9)

Percentage wise distribution of primigravida mothers according to their Educational status of husband reveals that out of 100 subjects, higher percentage (31%) husbands of primigravida mothers are studied secondary high school, 30% husbands of primigravida mothers were had degree and above education, 24% husbands of primigravida mothers studied primary education, 15% husbands of primigravida mothers are no formal education. It reveals that majority (31%) husbands of primigravida mothers under the study had secondary high school education (Fig: 6.10).

Percentage wise distribution of primigravida mothers according to their Occupation of husband reveals that out of 100 subjects, higher percentage (37%) husbands of primigravidamothers were private employee, 30% husbands of primigravida mothers were government employees, 23% husbands of primigravida mothers have self employment and lowest (10%) husbands of primigravida mothers were unemployed. It reveals that majority (37%) husbands of primigravida mothers under the study were private employee (Fig 6.11).

Percentage wise distribution of primigravida mothers according to their Source of information reveals out of 100 subjects highest percentage (35%) of primigravida mothers had source of information through newspaper, 28% of primigravida mothers had through television, 15% of primigravida mothers had through magazines, 13% of primigravida mothers had through health professional, the lowest percentage (9%) of primigravida mothers had through friends. It shows that majority of primigravida mothers under studyhad source of information through the newspaper. (Fig: 6.12).

➤ *Part II Assessment of status of Birth Preparedness*

Table 1 Classification of Primigravida Mothers According to Status of Birth Preparedness. (N=100)

Test	Status of preparedness	Range of score	Number of respondent (f)	Percentage
Birth preparedness	Adequate preparedness	0-4	16	16%
	Moderately preparedness	5-9	69	69%
	Inadequate preparedness	10-14	15	15%

➤ *Part III Assessment of Status of Complication Readiness*

Table 2 Classification of Primigravida Mothers according to the status of complication readiness. (N=100)

Test	Status of complication readiness	Range of score	Number (f)	Percentage (%)
Complication readiness	Adequate readiness	0-5	69	69%
	Moderately readiness	6-9	31	31%
	Inadequate readiness	10-16	00	00

➤ *Part IV Association between status of birth preparedness and complication readiness of primigravida mothers with their selected socio-demographic characteristics.*

• *Part- A:*

Table 3 Association between Status of Birth Preparedness of Primigravida Mothers with their Selected Socio Demographic Characteristics.

SI NO	VARIABLES	CHI- SQUARE VALUE (x ²)	DF	P VALUE
1	Age	23.9230	1	0.0001*
2	Education	17.3740	1	0.0010*
3	Occupation	14.7530	1	0.0050*
4	Religion	4.9600	1	0.1750
5	Marital duration	41.0050	1	0.0001*
6	Monthly income	1.3790	1	0.7110
7	Type of family	13.4410	1	0.0001*
8	Source of information	3.9380	1	0.4140
9	Place of residence	20.0220	1	0.0001*
10	Duration of pregnancy	1.2220	1	0.7480
11	Educational status of husband	9.9420	1	0.0190*
12	Occupational status of husband	6.9160	1	0.0750

• *Part- B:*

Table 4 Association between Status of Complication Readiness of Primigravida Mothers with their Selected Socio Demographic Characteristics.

SI NO	VARIABLES	CHI- SQUARE VALUE (x ²)	DF	P VALUE
1	Age	22.2200	1	0.0001*
2	Education	5.1990	1	0.1580
3	Occupation	7.5320	1	0.1100
4	Religion	4.2970	1	0.2310
5	Marital duration	22.5150	1	0.0001*
6	Monthly income	5.5100	1	0.1380
7	Type of family	11.4700	1	0.0010*
8	Source of information	3.2840	1	0.5120
9	Place of residence	7.3490	1	0.0070*
10	Duration of pregnancy	1.6150	1	0.6560
11	Educational status of husband	1.4500	1	0.6940
12	Occupational status of husband	2.7820	1	0.4270

➤ *PART V: Comparison of socio- demographic characteristics with respect to birth preparedness and complication readiness scores by Tukeys multiple posthoc procedure.*

Table 5 Comparison of Age Groups with Respect to Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure

Age groups	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
<=22yrs	6.30	1.88	9.59	1.55
23-26yrs	6.48	1.96	10.30	1.62
27-30yrs	8.15	2.61	10.46	2.40
>=31yrs	9.10	3.03	11.90	0.74
Total	6.89	2.32	10.22	1.76
F-value	6.4748		5.3093	
P-value	0.0005, S		0.0020, S	

Table 6 Comparison of Educational Qualifications of Primigravida with Respect to Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Educational qualification	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
No formal education	5.29	1.65	9.48	1.78
Primary education	5.50	1.54	9.85	1.35
Secondary education	7.93	2.26	10.21	1.62
Graduation & above	7.94	2.14	10.97	1.89
Total	6.89	2.32	10.22	1.76
F-value	13.3777		3.6813	
P-value	0.0001, S		0.0147, S	

Table 7 Comparison of Occupations of Primigravida Mothers with Respect to birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Occupations	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
House wife (HW)	5.29	1.49	9.47	1.87
Agriculture (A)	5.95	1.58	9.21	1.78
Private employee (PE)	8.17	2.28	10.90	1.49
Government employee (GE)	7.59	2.24	11.00	1.35
Business (B)	6.17	2.52	9.75	1.71
Total	6.89	2.32	10.22	1.76
F-value	7.3869		5.6249	
P-value	0.0001, S		0.0004, S	

Table 8 Comparison of Religions of Primigravida Mothers with Respect To Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Religions	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
Hindu	7.92	2.15	10.76	1.64
Muslim	6.13	1.92	10.17	1.40
Christian	5.39	2.00	9.33	1.97
Others	6.13	2.42	9.00	1.85
Total	6.89	2.32	10.22	1.76
F-value	8.5697		4.8887	
P-value	0.0001, S		0.0033, S	

Table 9 Comparison of Married Life of Primigravida Mothers with Respect to the Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Married life	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
1-5 years	5.78	1.39	9.53	1.62
6-10 years	7.03	2.02	10.57	1.64
11-15 years	11.17	0.72	12.08	0.90
Total	6.89	2.32	10.22	1.76
F-value	54.9706		14.4363	
P-value	0.0001, S		0.0001, S	

Table 10 Comparison of Monthly Income of the Family with Respect to Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Monthly income of the family	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
Rs.5000- 10000	6.86	2.57	10.50	1.45
Rs.11000-15000	6.32	2.11	10.04	1.97
Rs.16000-20000	7.19	2.16	10.09	1.69
Rs.20000 & above	7.15	2.59	10.42	1.81
Total	6.89	2.32	10.22	1.76
F-value	0.8468		0.3828	
P-value	0.4717,NS		0.7656,NS	

Table 11 Comparison of Type of Family with Respect to Birth Preparedness and Complication Readiness Scores by ‘T’ Test.

Type of family	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
Nuclear	7.64	2.27	10.57	1.85
Joint	5.36	1.54	9.52	1.33
Total	6.89	2.32	10.22	1.76
t-value	5.1928		2.9125	
P-value	0.0001,S		0.0044,S	

Table 12 Comparison of Place of Residence with Respect to Birth Preparedness and Complication Readiness Scores by ‘T’ Test.

Place of residence	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
Rural	5.94	1.69	9.73	1.69
Urban	8.51	2.35	11.05	1.58
Total	6.89	2.32	10.22	1.76
t-value	-6.3436		-3.8775	
P-value	0.0001,S		0.0002,S	

Table 13 Comparison of Duration of Pregnancy with Respect to Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Duration	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
30 weeks	7.88	2.17	10.75	1.39
32 weeks	6.79	2.23	9.83	2.14
34 weeks	7.00	2.41	10.10	1.54
36 weeks	6.66	2.36	10.45	1.74
Total	6.89	2.32	10.22	1.76
F-value	0.6385		0.8812	
P-value	0.5920,NS		0.4537,NS	

Table 14 Comparison of Educational Status of Husband with Respect to Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Educational status of husband	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
No formal education	5.40	1.92	9.13	2.00
Primary education	5.46	1.74	10.04	1.60
Secondary education	7.23	1.89	10.39	1.73
Graduation & above	8.43	2.24	10.73	1.62
Total	6.89	2.32	10.22	1.76
F-value	13.4589		3.1149	
P-value	0.0001,S		0.0298,S	

Table 15 Comparison of Occupations of Husband with respect to Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Occupations of husband	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
Unemployed	4.50	1.18	9.60	1.58
Government employee	7.07	1.84	10.13	1.78
Private employee	7.22	2.21	10.49	1.74
Self employed	7.17	2.87	10.17	1.87
Total	6.89	2.32	10.22	1.76
F-value	4.3663		0.7186	
P-value	0.0063,S		0.5433,NS	

Table 16 Comparison of Sources of Information of Primigravida Mother with Respect to the Birth Preparedness and Complication Readiness Scores by One Way ANOVA Followed by Tukeys Multiple Posthoc Procedure.

Sources of information	Birth preparedness		Complication readiness	
	Mean	SD	Mean	SD
Newspaper	7.29	2.05	9.97	2.04
Television	6.36	2.70	10.29	1.70
Magazine	7.53	2.26	10.47	1.46
Friends	7.22	2.33	10.33	2.00
Health professional	6.00	1.96	10.38	1.39
Total	6.89	2.32	10.22	1.76
F-value	1.4666		0.2867	
P-value	0.2185,NS		0.8859,NS	

➤ PART VI Correlation between birth preparedness and complication readiness

Table 17 Correlation between Birth Preparedness and Complication Readiness Scores of Pregnant Women by Karl Pearson’s Correlation Coefficient Method.

Variables	Correlation between birth preparedness with		
	r-value	t-value	p-value
Complication readiness scores	0.58	7.0942	0.0001,S

Findings related to status of birth preparedness ,out of 100 subjects, highest percentage (69%) of primigravida mothers had Moderate preparedness, (16%) of had Adequate preparedness, and (15%) of had Inadequate preparedness.

Findings related to the status of complication readiness of primigravida mothers scores reveals that out of 100 primigravida mothers, highest percentage (69%) of had Adequate readiness, 31% of primigravida mothers had Moderate readiness, None of the found in inadequate readiness.

- *H1 –Hypothesis: There is a significant association was found between the birth preparedness and complication readiness is accepted.*

IV. CONCLUSION

The overall study findings revealed that there was a correlation found between birth preparedness and complication readiness .The study emphasizes the responsibility of policy makers ,family health care providers take their responsibility work together to improve the health education services and increase knowledge on birth preparedness and complication readiness through easily accessible health education strategy which helps to reduce the maternal and neonatal mortality.

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