

A Descriptive Study to Assess the Knowledge Regarding Selected Antenatal Care Among the Primigravida Mothers in Teerthanker Mahaveer Hospital and Research Center

Sudha Swamy,
PhD Scholar MPMSU, Associate professor
TMU, Moradabad (U.P)

Abstract:- A descriptive survey method was used to study the primigravida mother's knowledge regarding selected aspects of antenatal care. Structured interview schedule was used to collect data. A total of 60 primigravida mothers were selected by using non probability convenience sampling technique. The data obtained were analyzed and interpreted in terms of the objectives and hypothesis of the study. Descriptive and inferential statistics were used for data analysis; the level of significance was set at 0.05 level.

I. INTRODUCTION

➤ *Reproductive Health-*

Reproductive health is a field of research, health care social activism that explores the health of an individual's system and sexual wellbeing during all stages of their life.

The term reproductive health can also be further defined by WHO (world health organization) by saying that "a state of complete physical, mental, and social wellbeing and not merely the absence of diseases or infirmity to denote sexual wellbeing", encompassing the ability of individual have to, responsible, satisfying, and safe sex and the freedom to decide if, when and how to do so.

A further interpretation include access to sex education, access to safe, effective, affordable, and acceptable method of birth control, as well as access to appropriate healthcare services, as the ability of woman to go safely through pregnancy and childbirth could provide the couple with the best chance of having healthy infant.

➤ *Maternal Health-*

99% of maternal death occurs in developing countries, and in age of 25 years, the maternal mortality has globally dropped by 44%. According to statistically record, a chance of survival is closely tied to her social economic status, access to healthcare, where she lives geographical and cultural norms to compare a woman dice of complication from childbirth every minute in Developing countries verses a total of 1% of total maternal mortality death in developing countries.

Women in developing countries have little access to family planning services, different cultural practices; have lack of information, birthing, attendance, prenatal care, birth control post-natal care, lack of access to health care, and a typically in poverty. In 2015, those in low-income countries had to access to antenatal care visits every 40% and were preventable. All these reasons lead to an increase in the maternal mortality ratio (MMR).

➤ *Antenatal Care-*

It is a type of preventive healthcare. It is provided in the form of medical examination, consisting of recommendation on managing the healthy lifestyle and provision of medical information such as maternal psychological changes in pregnancy, biological changes and prenatal nutrition including prenatal vitamins, which prevent health problems throughout the course of the pregnancy and promotes the mothers and the child's health alike.

The availability of routine prenatal care, including prenatal screening and diagnosis has played apart in reducing the frequency of maternal death, miscarriage birth defects, low birth weight, neonatal infection, and other preventable health problems.

➤ *Antenatal Care in India –*

The Pradhan Mantra Surakshit Matritrav Abhiyan has been launched by the Ministry Health and Family Welfare (MoHFW), Government of India. The program aims to provide assured, comprehensive, and quality antenatal care, free of cost, universally true all pregnant women on the 9th of every month.

Honorable PRIME MINISTER of India highlighted the aim and purpose of the Pradhan Mantri Surakshit Matritrav Abhiyan on the 31st of July 2016 episode of maan ki baat.

PMSMA guarantees a minimum package of antenatal care services to woman's in there 2/3 trimester of pregnancy at designated government health facilities.

The program follows a systematic approach for engagement in private sector which includes motivating practitioner to volunteer for the campaign developing strategies for generating awareness and appealing to the private sectors to participate in the Abhiyaan and government health facilities.

➤ *Rationale For the Programme-*

Data indicate that maternal mortality ratio (MMR) in India was very high in the year 1990 with 556 women dying during childbirth per hundred thousand live births as compared to the global MMR 385 per lakh live births .

As per RGI – SRS (2011-13) , MMR of India has now declined to 167 per lakh live birth against a global MMR of 216 per lakh live birth (2015) .India has registered an overall decline in MMR of 70% between 1990 and 2015 in comparison to a global decline of 44% .

While India has made considerable progress in the reduction of maternal and infant mortality, every year approx. 44000 women's still die due to pregnancy related causes and approx. 6.6 lakh infants die within the first 28 days of life. Many of these deaths are preventable and many lives can be saved if quality care is provided to pregnant women during their antenatal period and high-risk factors such as severe anemia and pregnancy induced hypertension etc. are detected ontime and managed well.

➤ *Intranatal Care –*

Intranatal care refers to care given to the mother and baby at the time of the delivery . the mainobjectives are –

- Cleanliness
- Smooth delivery without injuring mother or baby
- Preventing complications
- Delivery resuscitation for the baby

There are number of ways to deliver a baby and whatever you choose, you must ensure thepresence of a doctor at your side, while delivering a baby. Your doctor will determine the position of the fetus and help you through your delivery.

➤ *Background of Study –*

The maternal health status of Indian woman was noted to be lower as composed to other developed countries most important component of the family welfare program of the government of India.

For sustainable group and development of country and safe motherhood by providing goodantenatal care (ANC) is very important to reduce maternal mortality ratio , infant mortality rate and achieve millennium development goals .

➤ *Need of Study*

“To become a mother is one of the life's greatest blessings. It is the lifelong event that Forever changes you. Becoming a mother changes your heart, thoughts, and your actionshowever you may soon wish to have a fix extra hand.”

The knowledge of pregnant woman regarding antenatal care their care compliance to it is of paramount importance is preventing maternal and infant mortality rate and morbidity. The Indiansociety is made of large member of sociocultural diverse group there views of antenatal care and the health care system in general may be different.

➤ *Statement of Problem-*

“A Descriptive Study to Assess the Knowledge Regarding Selected Antenatal Care Among the Primigravida Mothers in Teerthanker Mahaveer Hospital and Research Center”

➤ *Objectives-*

- To assess the knowledge of primigravida mothers regarding selected antenatal care .
- To find out the correlation between knowledge and attitude of primigravida mothers regarding selected antenatal care.

➤ *Hypothesis-*

H1- There will be a significant association between knowledge and attitude among the primigravida mothers regarding selected antenatal care .

H0-there will be no significant association between knowledge and attitude among the primigravida mothers regarding selected antenatal care .

➤ *Delimitations –*

- Primigravida mothers belonging to selected Teerthanker Mahaveer Hospital And Researchcenter.
- Participant who are willing to participate .

➤ *Operational Definitions –*

• *Antenatal Care –*

Antenatal care is the routine health control of presumed healthy pregnant womenwithout symptoms (screening), in order to diagnose diseases or complicating obstetric conditions without symptoms, and to provide information about lifestyle, pregnancy and delivery.

In this study this term is refers to the care given to an expectant mother from the time of conception until the beginning of labor.

• *Primigravida Mother-*

- ✓ A woman who is pregnant for the first time.
- ✓ In this study this term refers to a woman gets pregnant at very first time.

- *Knowledge-*

It refers to the level of understanding of primigravidae mother regarding selected aspects of Antenatal care as expressed by their correct responses to the items of the knowledge .

- *Assessment –*

- ✓ Researcher assume to assessing the knowledge of antenatal care may upgrade of there knowledge of primigravida mother.

II. RESEARCH METHODOLOGY

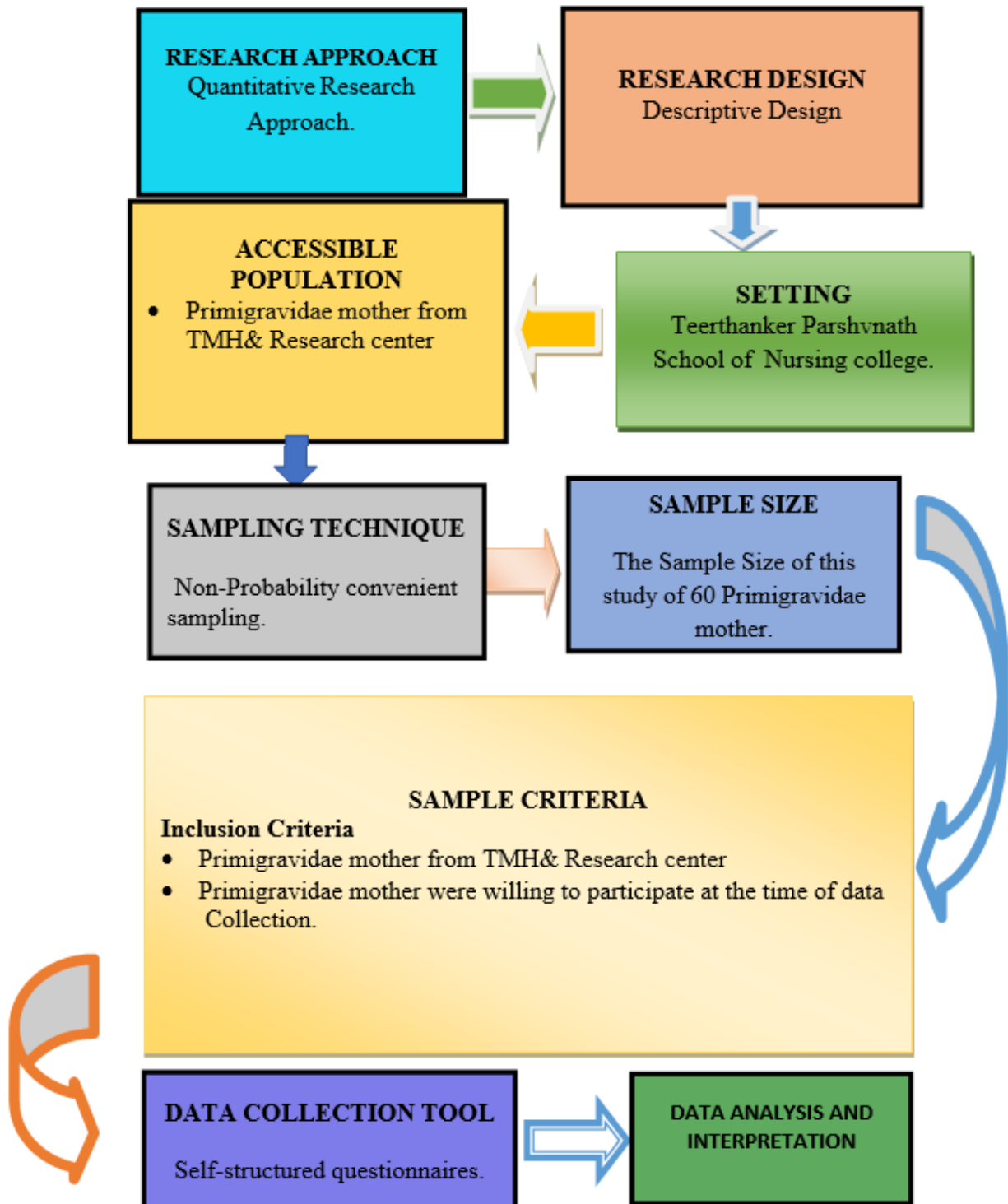


Fig 2:- Schematic representation of study design.

➤ *Variables*

- Independent Variables – Knowledge of Antenatal care
- Dependent Variables – primigravidae mother

➤ *Description of the tool*

• *Section - A Demographic data*

The first part of the tool consisted of ten items of demographic data variables such as age, religion, education, occupation, type of family, monthly family income, age at marriage, sources of information regarding antenatal care and duration of marriage.

• *Section – B*

Knowledge Questionnaire: The knowledge questionnaire consisted of 30 questions checklist consist of 24 check list related to selected aspects of antenatal care. For each questionnaire four options were given and only one is the correct option. For each question correctly answered the score was 1. If a wrong answer was given no marks was awarded.

The knowledge of the respondents was arbitrarily categorized as follows :

- ✓ Inadequate Below 50% (Below 16 score)
- ✓ Moderate 50-75% (16-22score)
- ✓ Adequate Above 75% (23-30score)

III. ANALYSIS AND INTERPRETATION

The analysis and interpretation of data collected from 60 primigravidae mothers from Moradabad, Uttar Pradesh. A structured interview questionnaire was used for collection and analysis was done with the help of descriptive and inferential statistics.

➤ *Findings of the study were organized into the following sections:*

- ✓ Sample description
- ✓ Knowledge of primigravidae mothers towards selected aspects of antenatal care
- ✓ Association between knowledge of primigravidae mothers towards selected aspects of antenatal care

➤ *Major findings of the study:*

• *Sample Description*

- ✓ Most of the primigravidae mothers (70%) were belongs to 18-21years, followed by 30 % of primigravida mothers were 22-25 years of age
- ✓ Majority of Hindu primigravida mothers were (82%) and remaining (18%) were Muslim out of 60 sample.

- ✓ Regarding educational status, more than half of the mothers (78%) were illiterate, nearly less than one fourth of the mothers (22%) were passed higher secondary.
- ✓ All of the primigravidae mothers (100 %) were housewife.
- ✓ Majority of the primigravidae mothers (53 %) were belongs to nuclear family and remaining 47 % were belongs to joint family.
- ✓ More than one fourth of the subject (38 %) belong to below middle class (< 1000 / Rs) and about one third of subjects (52%) belongs to upper middle class (1001-5000 / Rs) and one tenth of the subjects (10 %) belongs to low upper class (5001-10,000 / Rs).
- ✓ Regarding information about age at marriage were below 18 years were 12 % and between 18-30 year were 88 %.
- ✓ Regarding information obtained about antenatal care, more than half of the mothers (62%) obtained information from relative or elder people. nearly one third of the subjects (33 %) obtained information from health personal, fifth percent (5 %) obtained information from newspaper, T.V., Radio,
- ✓ Majority of duration at marriage were (0-1 year) 35 %, less than half of the percentage were 47 % (2-5 year) and 18 % (6-10 year).

❖ *Knowledge of Primigravidae Mothers Towards Selected Antenatal Care*

The primigravidae mothers were categorized into three groups based on their knowledge related to selected antenatal care. The primigravidae mothers who scored between 1-15 (<50%) were categorized into inadequate knowledge group, primigravidae mothers who scored between 16-22 (50-75%) were categorized into moderate knowledge group, primigravidae mother scored above 23 (>75%) were categorized into adequate knowledge group.

Results shows that, in Moradabad, nearly half of the primigravidae mothers (46%) had inadequate knowledge, less than half of the primigravidae mothers (14%) had moderate knowledge, followed by primigravidae mothers having adequate knowledge (0%).

Obtained score range	Mean	Median	SD
1-22	8.83	9	2.06

Table 1:- Mean, Median, standard deviation of the knowledge of primigravidae mothers regarding selected aspects of antenatal care

Data Presented in Table- Shows that the mean score of knowledge was found to be 8.83 with standard deviation of 2.06. The median of distribution was 9.

❖ *Association Between Knowledge of Primigravidae Mothers Regarding Selected Aspects of antenatal Care With Selected Variables.*

➤ *association between age and knowledge of primigravidae mothers towards selected antenatal care.*

- Among primigravidae mothers of Moradabad Low knowledge was more in aged between 18- 21years (42), followed by 24 primigravidae mothers above median and above 18 years, only 18 mothers below median and below 18 years. primigravidae mothers with age 22-25 year (18) followed by 12 primigravidae mothers are above median and above 22 year and 6 mothers are below median.
- The data presented in table indicates that the obtained chi square value (χ^2) of knowledge of primigravidae mothers with age was 0.48 Chi square value of knowledge of primigravidae mothers with age (0.48) is less than table value, found to be non-significant and chi square value of primigravidae mothers.

➤ *Association between knowledge of primigravidae mothers towards selected aspects of antenatal care with their religion.*

Among 60 samples, 49 mothers are followed Hindu religion and 11 were followed Muslim religion 49 Hindu mothers had low knowledge, 20 was below median and 29 was above median. 11 Muslim mothers had low knowledge, 7 were below median and 4 were above median.

The data presented in table indicates that the obtained chi square (χ^2) of knowledge of primigravidae mothers with religion was 0.29 Chi square value of religion with knowledge level of primigravidae mothers (0.29) is less than table value, found to be non-significant

➤ *Association between knowledge of primigravidae mothers towards selected aspects of antenatal care with their educational status.*

Among 60 sample, 47 primigravidae mothers shows illiterate low knowledge, 28 mothers were below median, and 18 mothers were above median. 13 mothers were higher secondary, 5 were below median and 8 were above median.

The data presented in table indicates that the obtained chi square (χ^2) of knowledge of primigravidae mothers with educational status was 1.83. Chi square value of knowledge of primigravidae mothers with educational status (1.83) is less than table value, found to be non-significant.

➤ *Association between knowledge of primigravidae mothers towards selected aspects of antenatal care with their type of family*

Among 60 sample, 32 mothers lived in a low knowledge nuclear family, 11 below median and 21 above median, 28 family were lived in a joint family, 22 below median and 6 above median.

The data presented in table indicates that the obtained chi square (χ^2) of knowledge of primigravidae mothers with type of family was 11.79 is highly significance ($p < 0.001$) value

➤ *Association between knowledge of primigravidae mothers towards selected aspects of antenatal care with their monthly income*

Among 60 samples, 23 primigravidae mothers had low knowledge monthly income (below 1000 Rs), 17 below median and 6 above median 31 had 1001-5000 Rs monthly income, 4 were below median and 27 above median, 6 had 5001-10,000 Rs monthly income, 4 were below median and 2 were above median.

The data presented in table indicates that the obtained chi square (χ^2) of knowledge of primigravidae mothers towards selected antenatal care with their monthly income was 25.62 Chi square value of monthly income with knowledge level of primigravidae mothers (25.62) is greater than table value, found to be highly significant at 0.001 level of significance

➤ *Association between knowledge of primigravidae mothers towards selected aspects of antenatal care with their age at marriage*

Among 60 samples, 7 primigravidae mothers had low knowledge age at marriage (below 18 year), 4 were below median and 3 were above median. 53 mothers (18-30 year), were 21 below median and 32 above median.

The data presented in table indicates that the obtained chi square (χ^2) of knowledge of primigravidae mothers with age at marriage was 0.80. Chi square value of age at marriage with knowledge level of primigravidae mothers (0.80) is less than the table value, found to be non-significant at 0.05 level.

➤ *Association between knowledge of primigravidae mothers towards selected aspects of antenatal care with their sources of information*

Among 60 samples, 3 primigravidae mothers had low knowledge sources of information. (Mass media), 3 were below median and 0 above median. 20 mothers were had by health personnel, 8 were below median and 12 were above median. Most of the mothers (37) had information from elders and relatives, 18 were below median and 19 were above median.

The data presented in table indicates that the obtained chi square (χ^2) of knowledge of primigravidae mothers with sources of information was 2.22. Chi square value of sources of information with knowledge level of primigravidae mothers (2.22) is less than the table value, found to be non significant at 0.05 level.

➤ *Association between knowledge of primigravidae mothers towards selected aspects of antenatal care with their duration of marriage*

Among 60 samples, 21 primigravidae mothers had low knowledge duration of marriage 0-1 year), 10 were below median and 11 above median. 28 mothers (2-5 year) were had duration of marriage, 11 were below median and 17 were above median 11 mothers (6-10 year) were had duration of marriage, 6 were below median and 5 were above median.

The data presented in table indicates that the obtained chi square (χ^2) of knowledge of primigravidae mothers with duration of marriage was 0.83. Chi square value of duration of marriage with knowledge level of primigravidae mothers (0.83) is less than the table value, found to be non-significant at 0.05 level of significance.

A. Nursing Implications –

The finding of the study has implication in the field of nursing education, nursing practice, nursing research, and nursing administration.

B. Nursing Education –

The importance of the antenatal care should be included in the nursing curriculum. Nurse educators should motivate the learners to identify the problem and the reason for non-acceptance of antenatal care and the solution of the problem.

Nurse educators should encourage the nursing students to conduct the antenatal care awareness programs in the community as well as in the hospital.

C. Nursing Practise –

WHO says that nursing has wide scope in a community health area. Healthcare cannot be provided by one agency. It is up to the individual to take care. At timely enlighten, bring numerical changes in health behavior.

- Nurse can use the planned health care programs to teach the primigravida mothers to provide adequate knowledge of antenatal care.
- Nurse can educate the primigravida mothers about the importance of antenatal care.
- Measures can be taken to spread education through mass media.

D. Nursing Research –

- The study can be baseline for the future studies to build upon.
- Future research or study could be done to identify the factors influencing adherence / nonadherence antenatal care.
- Extensive research can be conducted regarding immunization by using self-instructional module.

E. Nursing Administration –

Nurse administrator can disseminate the research knowledge into the –

- Nurse administrator can conduct seminars / workshops on antenatal care for the nurse to improve knowledge

regarding antenatal care among primigravida mothers.

- Nursing administrator motivates the community health nurses to prepare templates/ other av aids to impart knowledge regarding antenatal care in rural areas.

IV. RECOMMENDATION

- A similar study can be conducted with large sample.
- Future studies can be conducted on knowledge and factors influencing noncompliance of optional antenatal care among mothers.
- A similar study can be replicate on a sample with different demographic characteristics.
- A study can be done using different methods of teaching.
- A comparative study can be done between urban mothers and rural mothers.

V. LIMITATIONS

- Primigravida mothers belonging to selected Government District Hospital Amroha.
- Subjects who are willing to participate.

VI. SUGGESTIONS

- Sample appropriate teaching curriculum should include topic regarding antenatal care.
- Educational programs can be conducted in community area regarding knowledge of antenatal care among primigravida mothers.
- Nurse administrator can disseminate the research knowledge into the practice so that the primigravida mother and their children can be benefitted.
- Nursing administrator motivate the community health nurses to prepare templates / other av aids to impart knowledge regarding antenatal care in rural areas.

REFERENCES

- *Journals*
- [1]. **Alam, AY**, Qureshi AA, Adil MM, All H. Journal of Pakistan Medical Association 2005.
- [2]. **Anitha Gupta**, O.P. Aggarwal, Rakesh Kumar, R.S. Tiwari. Utilization of Antenatal care services in Periurban area of East Delhi, Indian Journal of Community Medicine 1997.
- [3]. **Abdellah**, G. Faye, Eugene Levene. Better patient care through nursing research London: The Mac Millan publishing company 1979.
- [4]. **Bhardwaj**. N. Hasan. 5.8. High perinatal and neonatal mortality in rural India Journal of R social Health 1993.
- [5]. **Baldo M.H.**, al - Mazrou YY, Farag M.K., Aziz K.M., Khan MU. Antenatal care, attitudes, and practices. Journal of Tropical Paediatrics. (1995).
- [6]. **Baglio G**, Spinelli A, Donati, S, Grandolfo ML, Osburn 1. Annual 1st super senita 2000.
- [7]. **Bratati Banerjee**. Client Satisfaction, Beneficiaries Perception, MCH Utilization Indian Journal of community medicine 2003.

- [8]. **De Silva, WI.** Towards Safe Motherhood in Sri Lanka, Knowledge. Attitude and practices, during the period of maternity. Journal of family welfare, Sept. 1996, 41 (32)
- [9]. **Fidanza AA,** Fidanza R. International Journal of Vitamin Nutrition Research 1986
- [10]. **Gharb El - Balad,** Arnoub Journal of Egypt Public Health Association 1993
- [11]. **Gharoro EP,** Igbate AA. Antenatal care: some characteristics of the booking visit in major teaching hospital in the developing world: Med Sci Monit 2000 May, Jun; 6 (3): 519-22. PMID: 11208364.
- [12]. **Hasan T.J.,** Nisar N. Journal of Pakistan Medical Association 2002.
- [13]. **Laxmi Rana.** Organising antenatal Education for safe motherhood. The Nursing Journal of India 2000.
- [14]. **Mohamed said Mauni Takrouri.** Reproductive Health: The issues of maternal morbidity and mortality. The internet Journal of Health 2004. Number 2
- *Books*
- [15]. **Burns Nancy,** Grove K, Susane. The Practice of Nursing Research Conduct, Critique and Utilization, 2nd ed. Philadelphia (US): WB, Saunders Company; 1993.
- [16]. **Basavanthappa BT.** Nursing Research, New Delhi: Jaypee Brothers medical Publishers (P)Ltd, 1998.
- [17]. **Diana.** Fraser and Cooper. A. Margaret, (2003) Myles Textbook for Midwifery, 14 edition, Churchill Livingstone Publishers, Toronto, Pp .251-252.
- [18]. **Dutta.D.C.,** (2001), Textbook of Obstetrics, 5" edition, New Central Book AGENCY (P) Ltd., Calcutta, Pp.100-105
- [19]. **Diane M. Frazer,** Margaret A. Cooper. Myles Textbook for Midwives. 14th ed. Churchill Livingstone 2003.
- [20]. **Dutta D.C.** Textbook of obstetrics including perinatology and contraception 6th ed Calcutta: New central book agency (p) Ltd., 2004.
- [21]. **Khan, M.,** Mwa Ku KM, Mc Clamroch K, Kinkela DN, Van Rie A. Sante 2005.
- [22]. **Kumbani L.,** McInerney.P. Curationis 2002.
- [23]. **Kozler,** Barbara Fundamentals of Nursing 4th Ed. Massachusetts: Mosby: 1987.
- [24]. **Kothari CR.** Research Methodology- Methods and Techniques. 2nd ed New Delhi: Vishwaprakashan: 2003.
- [25]. **Lynna Littleton and Joan.C. Engebreston,** (2002), Maternal Neonatal and Women Health Nursing, 1" edition, Delmar Thomson Learning, USA, Pp.453-460
- [26]. **Mahajan. B.K. Gupta.M.C.,** Textbook of Preventive and Social Medicine. edition, Jaypee Brother Medical Publishers (P) Ltd., New Delhi Pp.524.
- [27]. **Mojoko.F.et al.,** (2002), Usefulness of risk scoring at booking for antenatal care in predicting adverse pregnancy outcome in a rural African Setting Journal of Obstetrics and Gynecology, Pp.604-609
- [28]. **Pautava P.,** Erkkola. R, Sillanpaa M, Journal of advance nursing 1991
- [29]. **Park K. Park's** Textbook of preventive and social medicine. 17th ed. Jabalpur (India) M / s. Banarsidas Bhanot Publishers: 2002.
- *Clinical References*
- [30]. **Abou-Zahr, C.L.,** Wardlaw, T.M. 2003. Antenatal care in developing countries. Promises, achievements and missed opportunities. An analysis of trends, levels, and differentials, 1990-2001. Printed in France. World Health Organization
- [31]. **Atallah A.N.,** Hofmeyr GJ, Duley L Calcium supplementation during pregnancy for preventing hypertensive disorders and related problems (Cochrane Review) In The Cochrane Library, Issue 2, 2002. Chichester, UK: John Wiley & Sons, Ltd.
- [32]. **Bax, 5.,** 2002. The social and cultural dimensions of trainer training. Journal of Education for Teaching. Vol.28, No. 2, 2002.
- [33]. **Beksinska, M.,** Kunene, B., Mullick, S. 2006. Maternal care: Antenatal, peri and postnatal. South African Health Review 2006. Editors: Ujumba, P. Padarath, A Durban Health Systems Trust. Accessed 6 May 2007.
- [34]. **Bless, C.,** Higson - Smith, C., Kagee, A. 2006. Fundamentals of social research methods an African perspective. Fourth edition. Cape Town: Juta & Co. Ltd.
- [35]. **Boshoff, K.** 2005. Towards facilitating change in service delivery: An illustrative example. Australian Occupational Therapy Journal, 2005. 52, 149-159.
- [36]. **Bradley, J.,** Lynam, P.F., Dwyer, J.C., Wambwa, G.E. 1998. Whole - Site Training: A new approach to the organization of training. AVSC Working Paper. No.11 / August 1998. Accessed 5 April 2007.
- [37]. **Bryar, R.M.** 1995. Theory for midwifery practice. Palgrave: Hound mills, Basingstoke, Hampshire.
- [38]. **Burns, N.,** Grove, S. K. 2005. The practice of nursing research: Conduct, critique and utilization, 5th Edition, Missouri: Elsevier
- [39]. **Chalmers, B.,** Mangiaterra, V., Porter, R. 2001. WHO Principles of perinatal care: The essential antenatal, perinatal, and postpartum care course. BIRTH 28: 3 September 2001.