

Knowledge regarding selected aspects of safe motherhood among primigravida

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Abstract :

Background: Each year in India, roughly 30 million women experience pregnancy and 26 million have a live birth. Maternal mortality is defined as the death of a woman during pregnancy, childbirth or within 6 weeks after birth. With an estimated 45,000 deaths per annum, In this study an quantitative research approach with pre-experimental research design was used to assess the effectiveness of health teaching programme on knowledge regarding selected aspect of safe motherhood among primigravida.**Material and method:** Quantitative research approach with pre- experimental one group pre-test post test research design is used. The non probability purposive sampling technique is used to collect the 60 samples of primigravida, attending obstetric OPD of Dhiraj Hospital and data collected by administering the structured knowledge questionnaire. Data was analyzed by using descriptive and inferential statistics such as standard deviation, chi-square test, and 't' test. **Result:** The pre-test knowledge score depicted that, (38.33%) primigravida mother was having average level of knowledge and more than half of the participants (61.67%) were having poor knowledge, The post test score demonstrated there was increment in the knowledge,(76.66%) primigravida having good knowledge, one fourth of primigravida (23.33%) was having average knowledge, nobody was found at the poor level. The obtained pre test mean score was 11.4 and after providing HTP, it increased up to 21.59, the mean difference of the pre test and post test is 10.19. The obtained 't' test value 76.16, df = 59 shows significant at 0.05 level, which indicates that, there is significant difference between pre test and post test knowledge level regarding selected aspect of safe motherhood after providing HTP. So H₁ is accepted. Hence, conclude that there is significant difference between pre test and

post test knowledge. The pre-test knowledge score with socio demographic variable is only associated with occupation of primigravida and others were not. Hence, H_2 is rejected.

Key Words: Effectiveness, Knowledge, Selected Aspect of Safe Motherhood, Primigravida.

INTRODUCTION:

Global aim of safe motherhood is “to improve well being of mother through a comprehensive approach of providing, preventive, promotive, curative and rehabilitative health care. Safe motherhood objective are improve quality and increase access to family planning and maternal health care services educate couples to ensure they have the best chances for a wanted and safe pregnancy to promote improvement of system for morbidity maternal and newborn health services.¹ To promote the implementation of evidence based integrated cost effective reproductive health intervention with a focus on maternal and newborn health within primary health care approach.²“Safe motherhood means creating the circumstances within which a women is able to choose whether she becomes pregnant⁶ and If she does ensuring that she receives care for prevention and treatment of pregnancy complications that she has access so skill birth attendances and if she needs if to emergency obstetric care and after birth to prevent death and disability from”³ India contributes to a majority of maternal mortality burden in the region which can be reduce by ensuring the appropriate knowledge and health care services. Safe motherhood means ensuring that all women have access to the information and service they need to go safely through pregnancy and child birth.⁴

LITERATURE REVIEW:In this study reviewer has reviewed total 50 review of literature which is gathered from various sources including articles, journals, various database, thesis and books and presented under the following headings:

Section-A: Literature related to knowledge regarding antenatal care and utilization of antenatal care

Section-B: Literature related to antenatal check-up

Section-C: Literature related to immunization

Section-D: Literature related to knowledge regarding antenatal diet and dietary Patten.

STUDY OBJECTIVES:

1. Assess the pre existing knowledge of Primigravida regarding selected aspect of safe motherhood.
2. Find out the effectiveness of HTP.
3. Find out the association of pre test knowledge score regarding selected aspect of safe motherhood with Socio-demographic variables.

HYPOTHESES:

H₁: There will be significant difference between the pre-test and post test knowledge score of Primigravida regarding selected aspect of safe motherhood

H₂: There will be significant association between the knowledge of Primigravida mothers regarding selected aspect of safe motherhood with selected demographic variables.

MATERIALS:

A structured knowledge questionnaire developed to assess the effectiveness of health teaching programme regarding selected aspect of safe motherhood. The tool consisted of Section-A and Section-B. Section-A consisted the demographic variables includes, age, religion, education, type of family, age of marriage, family income, occupation, trimester. Section-B consisted of structured knowledge questionnaire on selected aspect of safe motherhood.

METHOD:

Quantitative research approach with pre- experimental one group pre-test post test research design is used. The non probability purposive sampling technique is used to collect the 60 samples of primigravida, attending obstetric OPD of Dhiraj Hospital, Vadodara.

DISCUSSION:

The findings of the study were discussed with reference to the objectives and hypothesis stated in the section of findings. The present study was undertaken 'To assess the effectiveness of health teaching programme on knowledge regarding selected aspect of safe motherhood among primigravida of a selected hospital. Findings of the study are supported by a study done to assess the effectiveness of Health Teaching Programme on safe motherhood shows positive impact of

providing HTP with promoting the utilization of obstetric care and a skilled attendant at delivery.⁵

- A cross-sectional study carried out Knowledge of safe motherhood among women showed poor knowledge of the benefits of health facility researcher stated that acquiring some level of education will help to increasing knowledge about safe motherhood practices, so health education programmes by various health workers need to be conducted.⁶
- An experimental study conducted to assess the effectiveness of structured teaching programme among primigravida shows lack of knowledge but after proving STP its was significantly increased.⁷
- A study was conducted to evaluate a health education programme provided to primigravida in the third trimester of pregnancy with the aim to improve the knowledge of 60 mothers in. Results suggest that the knowledge rate after the intervention has significantly increased regarding aspect of safe motherhood.⁸

ANALYSIS:

Analysis of this study presented under various sections with following headings:

Section - A: Description of samples according to their demographic characteristics.

Section - B: Analysis of pre test and post test score of knowledge regarding selected aspect of safe motherhood.

Section - C: Effectiveness of health teaching programme.

Section - D: Association between pre test knowledge score with socio-demographic variable

FINDINGS:

Socio- demographic finding: Majority of (61.66%) primigravida mothers were in the age group of 23-27years and minimum (8.34%) were in the group of 28-32 and 32-35.(21.66%) in the age group of 18-22 yrs. The highest percentage of primigravida belongs to Hindu Religion (68.33%)and (10%) were Muslim, (8.34%) were Christian, (13.33%) belongs to other category.

(51.67%) of primigravida mothers were educated only upto 10th standard, (25%) of primigravida were illiterate, (8.33%) primigravida were Post graduate (15%) were graduated. Maximum (65%) of primigravida belongs to the joint family and (35%) of primigravida belongs to the nuclear family. highest percentage (56.66%) of primigravida mother were married in the age of <20 maximum percentage and (33.34%) of primigravida mother married were in age of 20-24 and lowest percentage (10%) of primigravida mother were married in the age group of 25-29. Majority of primigravida were having family income (43%) in the range of 10,000-20,000, (15%) primigravida were below 5000, (41%) in the range of 5000-10,000, and only (1%) were primigravida having above 20,000-30,000 family income per month. Majority (58.33%) were house wife and (26.67%) were having other profession and (15%) were having health professional. Majority (46.67%) of mothers were in 1st trimester, (33.33%) of mother in 2nd trimester and only (20%) of mother were in 3rd trimester.

Pre existing knowledge of Primigravida regarding selected aspect of safe motherhood:-Out of 60 primigravida mothers (61.67%) had poor knowledge, (38.33%) had average knowledge and none of respondent was in the category of good knowledge.

Effectiveness of health teaching programme: Table: 1- Comparison of pre test and post test knowledge score of primigravida mother.

Variable	Test	Mean	Mean difference	Std. Deviation	T value
Knowledge regarding selected aspect of safe motherhood	Pre test	11.4	10.19	7.7	35.93
	Post test	21.59		7.28	

N=60

Significant at 0.05 level
=2

***t (0.05, 59df)**

Association between pre test knowledge score of the primigravida with selected socio-Demographic variable: Table 02: Association between pre test knowledge score and socio-demographic variables

N=60

Sr no	Variable	1-10	11-20	χ^2	D.F	level of significances
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1	Age in Years					
	18-22	6	7	0.087	3	0.087 < 7.82 NS
	23-27	16	21			
	28-32	2	3			
	32-35	2	3			
2	Religion					
	Hindu	18	23	0.926	3	0.926 < 7.82 NS
	Muslim	2	4			
	Christiam	3	2			
	Other	3	5			
3	Education					
	Illiterate	9	7	2.818	3	2.818 < 7.82 NS
	up to 10	13	18			
	Graduate	2	7			
	post graduate	2	2			
4	Type of family					
	Nuclear	8	14	0.687	1	0.687 < 3.84 NS
	Joint	18	23			
5	Age of marriage					
	<20	16	18	0.866	2	0.866 < 5.99 NS
	20-24	7	13			
	25-29	3	3			
6	Family income monthly					
	Below 5000	4	4	0.802	2	0.802 < 5.99 NS
	5000-10000	12	13			
	10000-20000	10	17			
	20000-30000	0	0			
7	Occupation					
	House wife	19	12	6.295	2	6.295 < 5.99 S
	Health professional	2	15			
	Other occupation	5	7			
	Trimester		0.923	2	0.923 < 5.99	

8				NS
	1st Trimester	12	19	
	2nd Trimester	9	8	
	3rd Trimester	5	7	

Significant at 0.05 level
 *S=Significant

χ^2 = Chi Square
 * NS= Non Significant

RECOMMENDATIONS: Based on the findings of the present study recommendation offered for the future study:

- The similar study can be conducted on larger sample this will help to generalised the result among population
- A similar study can be done to assess the knowledge and practice regarding selected aspect of safe motherhood.
- The similar study can be done in the community setting.

CONCLUSION:One of the factors contributing to the maternal mortality is lack knowledge on selected aspect of safe motherhood so it essential that health care provider should impart among the population which will help to prevent future consequences among the mother and infant. This study was undertaken to assess the effectiveness of health teaching programme regarding selected aspect of safe motherhood involves one group pre-test post-test pre experimental design with non probability purposive sampling technique, 60 samples of primigravida was selected on the basis of inclusion and exclusion criteria. The findings of the study shows that there is need to improve the knowledge regarding aspect of safe motherhood and the various educational programme will help to impart the appropriate knowledge among the mothers, this can be achieved by ensuring the more empirical studies on the safe motherhood. The health care workers will have to take lead in relation to improve the maternal and infant health by providing education and health services to maintain the safe motherhood.

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