

KNOWLEDGE OF PREGNANT WOMEN REGARDING ANTENATAL CARE IN SELECTED COMMUNITY

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ABSTRACT

The present study was undertaken by the investigators to assess the knowledge of pregnant women regarding antenatal care in selected community, Ludhiana, Punjab. The objective of the study were to assess the knowledge of pregnant women regarding antenatal care, to find out the relationship of knowledge of pregnant women regarding antenatal care, to ascertain the relationship of knowledge of pregnant women regarding antenatal care with selected variables such as age, parity, education, occupation, type of family, income per month, source of information and to prepare the pamphlet for deficit areas in antenatal care. Quantitative approach and non-experimental exploratory research design were used in the study. Subjects were chosen by purposive sampling technique and the sample size was 100 pregnant women. Data was collected by structured multiple choice questionnaire. The conceptual framework was based on Roy's Adaptation model described by Sister Callista Roy in 1968. The data collected was analysed using descriptive and inferential statistics. Bar diagrams were used to depict the findings. In present study majority of pregnant women had good knowledge regarding antenatal care. In demographic characteristics parity, education and family income had strong impact on knowledge of pregnant women regarding antenatal care i.e. significant and other factors such as age, occupation, type of family and source of income had no impact on knowledge of pregnant women regarding antenatal care i.e. non-significant.

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INTRODUCTION

Children are the future of the country. Initially the child's health depends on mother and begins from conception. If antenatal mother is aware of the changes taking place at different weeks of gestation and what are the deviations from the normal state then she can promptly avail medical help and protect her unborn child from complications. To a great extent fetal health lies in the hands of mother. The increased mortality and morbidity is because of lack of knowledge of antenatal mothers about their growing fetus (McCarthy J. & Maine D., 1992). During pregnancy the mother eats for two, for herself and for her growing fetus, she should consume additional 25% calories as compared to her pre-pregnant state. The total energy required in pregnancy is around 80,000Kcal. the deficiency of micronutrients during pregnancy is associated with increased risk of abortions, neural tube defects and stunting of fetal growth.

Intake of folic acid during preconception period is recommended to reduce risk of neural tube defects. She avoids taking any drug, as far as possible, during first trimester of pregnancy. During second half of pregnancy she should receive regularly supplements of iron and folic acid daily (Singh Meharban, 1991). Female literacy rate in India is 39.42% while in male is 63.86%. Women are not aware of their fundamental rights. They are married in early age. Being married early they have no knowledge as to how pregnancy progress, the changes occurring and their remedial measures (Bombawala U., 2004).

Review of Literature

A study conducted on antenatal care in the slum areas of Punjab & revealed that the lack of knowledge and ignorance regarding antenatal health is one of the social factors contributing to maternal mortality (Khan, 1997). A study was conducted to assess the knowledge, attitude & practices of Antenatal care among the 50 married women in Nepal, it was

found that 78% of them have positive attitude about necessity of antenatal check-up. Sixty eight percent (68%) of them have felt need of additional care (Rana and Muna, 2006). A detailed analysis was carried out on 5344 pregnant women with gestation of more than 4 months. Of these, 73.9% had at least one antenatal contact with ANM or had visited a Government Health Facility for antenatal services or problems. Knowledge of serious complications was found to be lacking even in women who availed the care. Those who availed antenatal services and those who did not, among both, about 14% had not decided about the place of delivery. 51.7% of the women with antenatal care preferred institutional delivery as compared to 27.6% of those who had not availed antenatal care. (Chandhiok Nomita, 2006). A research was conducted on quality of antenatal care in four south Indian states (Andhra Pradesh, Karnataka, Kerala, Tamil Nadu) and four North Indian States (Bihar, Madhya Pradesh, Rajasthan, & U.P.). The results had shown, lower than desired quality of antenatal care was observed in both north & south Indian states. Poor quality of antenatal care is likely to reduce its utilization. Thus Indian National Rural Health Mission (NRHM), launched in 2005, should lay greater emphasis on improving the quality of antenatal care & achieve better national health outcome & also enhance the knowledge of pregnant women regarding antenatal care (BomShekhar and Steve Harvey, 2007).

Need of the study

Female literacy rate in India is 39.42% while in male is 63.86. women are not aware of their fundamental rights. They are married in early age. Their goals are to be filled according to their husband's desire. Being married early they have no knowledge as to how pregnancy progresses, the changes occurring and their remedial measures (Bombawala U., 2004). A maternal death is often not only a result of technical incompetence or negligence, but is also caused by ineffective health system and limited knowledge, social attitudes and poor health and midwife practices by family and community itself. Since health of mother is directly related to child's health and without due attention to the causes behind high maternal mortality ratios, we are simply ignoring an important determinant of the health of our nation (De Rudra J., 2008). A survey in rural district in Mali investigated the level of Knowledge, attitude and practices related maternal health care among women of reproductive age and corresponding household heads. The survey revealed that over 70% women and household heads cited the husband as the principal decisions maker for decision about whether or not to seek care in face of a sign of potential danger during pregnancy (Ali O Ali, 2001).

Research Problem

“An Exploratory Study to Assess the Knowledge of Pregnant Women Regarding Antenatal Care in selected community, Ludhiana, Punjab.”

Objectives

- To assess the knowledge of pregnant women regarding antenatal care.
- To ascertain knowledge of pregnant women regarding antenatal care with selected variables such as age, parity, education, occupation, type of family, income per month and source of information.

- To prepare the pamphlet for deficit area in antenatal care.

Assumptions: Pregnant women may have some knowledge regarding antenatal care as adequate knowledge leads to better practices.

Conceptual frameworks: The conceptual framework of present study was based on Callista Roy adaptation model (1968).

Operational Definitions

- **Pregnant women:** pregnant women are the married women having a developing embryo in her womb who are pregnant for ≥ 30 weeks of gestation.
- **Antenatal care (ANC):** ANC is the care taken by the pregnant women related to check-up, diet, etc during pregnancy.
- **Knowledge:** Knowledge range of factual information related to as measured by structural questionnaire.

MATERIALS AND METHODS

Research approach & Research design: For the present study Quantitative research approach and Non experimental exploratory research design were used to accomplish the stated objectives.

Independent variables: The independent variables of the present study were age, parity, education, type of family, income per month and source of information.

Dependent variables: The dependent variable was knowledge of pregnant women.

Selection of the field for study: A study was conducted on the pregnant women in a selected community, Ludhiana, Punjab.

Population: The target population of this study consisted of pregnant women.

Sample and Sample Technique: Purposive sampling technique was used to select the sample of 100 pregnant women in selected community, Ludhiana, Punjab.

Development of the data collection tool: A structured questionnaire was developed to assess the knowledge of pregnant women regarding antenatal care

Description of tool: The tool consisted of following 2 parts

Part 1: socio demographic characteristics

This part consist of 7 items for obtaining information of pregnant women i.e. age, parity, education, occupation, type of family, family income, source of information.

Part 2: Knowledge questionnaire related to reproductive health

This part consisted of 24 multiple choice questions. Each question had four options.

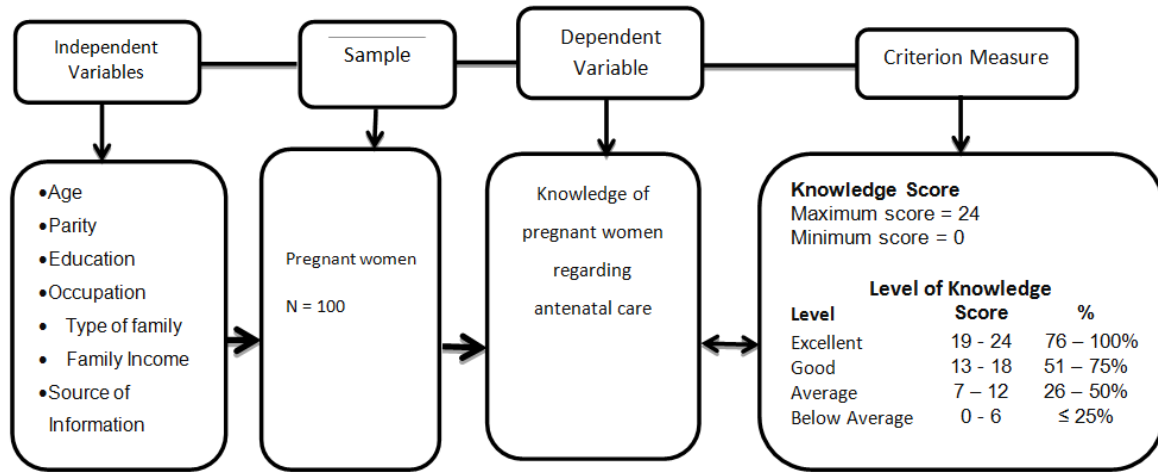


Fig. 1. Research Design

Each correct answer carried 1 mark and wrong answer carried zero mark. The maximum score was 24 and minimum score was 0.

Criterion measure

The criterion measure was based on knowledge score on pregnant women regarding antenatal care.

Reliability of tool

The reliability of the tool was established by split half method and was calculated using Karl Pearson’s coefficient of correlation and Spearman’s Brown Prophecy formula. The reliability of the questionnaire was $r=0.86$.

Data collection procedure

The data collection for the study was carried out after formal permission from the head of the department of Community Medicine, CMC & Hospital, Ludhiana, Punjab. The subject were pregnant women with gestational week 30 or more from Field Ganj area, Ludhiana, Punjab. Sample consists of 100 pregnant women. Purposive sampling technique was used to select the sample.

Ethical Consideration

Prior to data collection, formal written permission was taken from the Head of the Department , Community Medicine, CMC&H, Ludhiana before conducting the study and verbal consent was taken from the pregnant women.

RESULTS

Table 1 depicts that majority of pregnant women (47%) were in the age group of 21 – 25 years, 40% had parity two, 35% were matric / 10+2, 99% were housewife, 69% belongs to joint family , 53% had family income 4001 and above per month and majority of pregnant women (54%) got information from health professionals.

Objective 1: To assess the knowledge of pregnant women regarding antenatal care.

Table 1. Socio demographic characteristics of sample

N = 100

| Socio Demographic Characteristics | n | % |
|-----------------------------------|----|----|
| Age (in years) | | |
| a) 16 – 20 | 12 | 12 |
| b) 21 – 25 | 47 | 47 |
| c) 26 – 30 | 34 | 34 |
| d) >30 | 07 | 07 |
| Parity | | |
| a) One | 36 | 36 |
| b) Two | 40 | 40 |
| c) Three | 16 | 16 |
| d) Four or more | 08 | 08 |
| Education | | |
| a) Illiterate | 17 | 17 |
| b) Primary / middle | 33 | 33 |
| c) Matric / 10+2 | 35 | 35 |
| d) Graduate and above | 15 | 15 |
| Occupation | | |
| a) Housewife | 99 | 99 |
| b) Service | 01 | 01 |
| Type of Family | | |
| a) Nuclear | 31 | 31 |
| b) Joint | 69 | 69 |
| Family income | | |
| a) ≤3000 | 09 | 09 |
| b) 3001 – 3500 | 09 | 09 |
| c) 3501 – 4000 | 29 | 29 |
| d) ≥4001 | 53 | 53 |
| Source of information | | |
| a) Television/ Radio | 07 | 07 |
| b) NEWS / Magzines | 02 | 02 |
| c) Health Professionals | 54 | 54 |
| d) Family Members | 37 | 37 |

Table 2 depict that majority of pregnant women had good knowledge regarding antenatal care and minimum pregnant women had excellent knowledge regarding antenatal care. Fig 2 depicts that mean knowledge score was highest (15.03) among pregnant women who were had parity one and two, 12.94 among the pregnant women who had parity three and least 12.25 among the pregnant women who had parity four or more.

Table 2. Frequency and Percentage Distribution of Pregnant Women regarding Antenatal Care according to Level of Knowledge N = 100

| Level of Knowledge | Pregnant Women | | |
|--------------------|----------------|----|----|
| | Max. Score | n | % |
| Excellent | 19 – 24 | 08 | 08 |
| Good | 13 – 18 | 68 | 68 |
| Average | 07 – 12 | 24 | 24 |
| Below average | 0 - 06 | - | - |

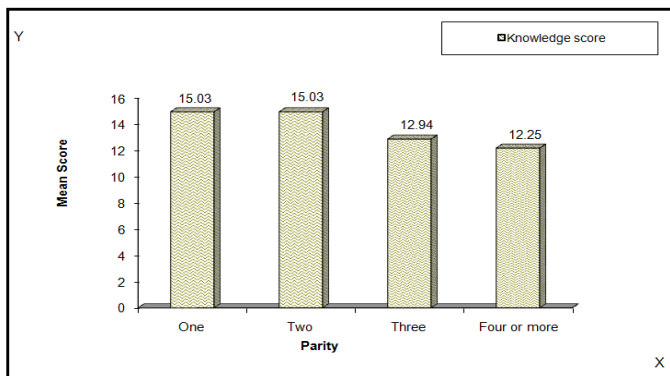


Fig. 2. Mean Score of Knowledge of Pregnant Women Regarding Antenatal Care According to Parity

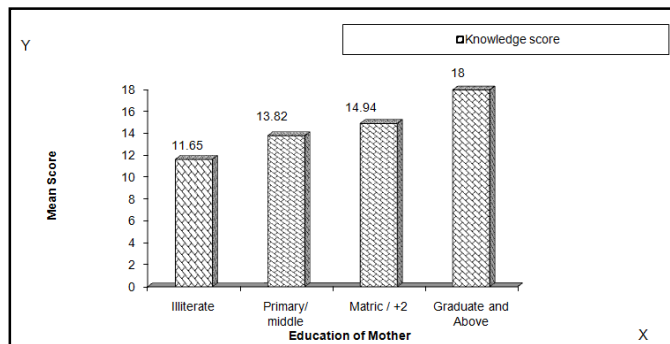


Fig. 3. Mean score of Knowledge of Pregnant Women Regarding Antenatal Care According to Education of Mother

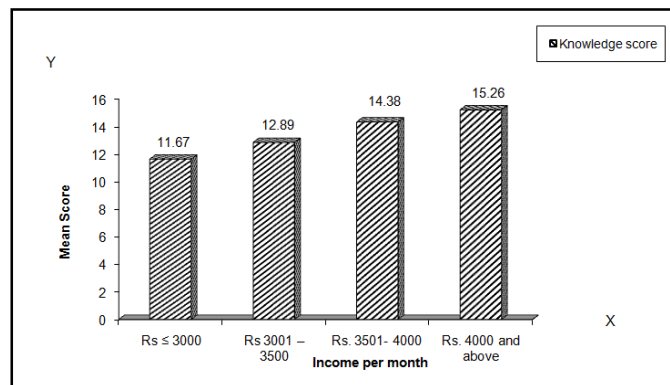


Fig. 4. Mean Score of Knowledge of Pregnant Women Regarding Antenatal Care According to Family Income per Month

Fig 3 depicts that the mean knowledge score was highest (18) among pregnant women who were graduate and above, 14.94 among the pregnant women who were matric/ +2, followed by 13.82 among the pregnant women who were primary/ middle and least (11.65) among the pregnant women who were illiterate. Fig 4 depicts that the mean knowledge score was highest (14.61) among the pregnant women who belong to joint family and least (14.16) among the pregnant women who belong to nuclear family.

Conclusion

In the present study majority of pregnant women had good knowledge regarding antenatal care. In demographic characteristics parity, education of mother and family income were found to be statistically related and other factors such as age, occupation, type of family and source of information were not significant related to knowledge of pregnant women regarding antenatal care. Minimum knowledge of pregnant women was related to recognition of pregnancy.

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