A Study to Assess the Knowledge and Effectiveness of Teaching Regarding Antenatal Care among Primigravida Mothers in the Selected Hospital of Nashik

Pravin Ramesh Gholap
Ph.D Scholar, Shri Jagdishprasad Jhabarmal Tibrewala University, Rajasthan, India

Abstract: Antenatal care is the care of women during pregnancy. The antenatal period is a time of physical and psychological preparation of birth and parenthood. Antenatal care is systemic supervision of a woman during pregnancy. The care should start from the beginning of pregnancy and end at delivery. Antenatal care aims to prepare the prospective mother physically and mentally for the final order of labor so that she should face it in optimum state of health. In India most of the mothers have poor knowledge regarding antenatal care. Illiteracy, poverty and lack of communication and transport facility make them vulnerable to serious consequences. Through they are key to human development and well being the fundamental right health is denied to them in most of the world. Pregnancy is that wonderful period in a woman’s life when she spends each and every day in pleasant anticipation, waiting to hold her bundle of joy in her arms at the end of the ninth month. The woman knows that physically, physiologically and psychologically she is adopted primarily for the perfection of womanhood which is according to the law of the nature is reproduction. The World Health Organization estimates that globally 150 million pregnancies occur annually. India being the second populated country in the world contributes to 20% of global birth. Approximately 20 to 25 million women in India experience pregnancy annually. In year 1901 antenatal care which had its beginnings, which Ballantyne first published his, plea for a pro-maternity hospital, since antenatal care is now an accepted part of maternity health services and has proved to be a great step for word in lowering maternal and prenatal morbidity and mortality. Childbirth is a biological function that gives joy to the mother and the family. This turns into a tragedy when woman loses her life while performing this social obligation. In all societies, the family is the central nucleus for people for their lives, their dreams and their health. A woman in her role as mother forms the backbone of the family.

Keywords: Antenatal mother, Primigravida, Knowledge, Effectiveness

1. Introduction

In India most of the mothers have poor knowledge regarding antenatal care. Illiteracy, poverty and lack of communication and transport facility make them vulnerable to serious consequences. Through they are key to human development and well being the fundamental right health is denied to them in most of the world. Pregnancy is that wonderful period in a woman’s life when she spends each and every day in pleasant anticipation, waiting to hold her bundle of joy in her arms at the end of the ninth month. The woman knows that physically, physiologically and psychologically she is adopted primarily for the perfection of womanhood which is according to the law of the nature is reproduction. The World Health Organization estimates that globally 150 million pregnancies occur annually. India being the second populated country in the world contributes to 20% of global birth. Approximately 20 to 25 million women in India experience pregnancy annually. In year 1901 antenatal care which had its beginnings, which Ballantyne first published his, plea for a pro-maternity hospital, since antenatal care is now an accepted part of maternity health services and has proved to be a great step for word in lowering maternal and prenatal morbidity and mortality. Childbirth is a biological function that gives joy to the mother and the family. This turns into a tragedy when woman loses her life while performing this social obligation. In all societies, the family is the central nucleus for people for their lives, their dreams and their health. A woman in her role as mother forms the backbone of the family.

2. Review of Literature

Antenatal care refers to the care given to an expectant mother from the time the conception is confirmed until the beginning of labor. It includes monitoring the progress of pregnancy, providing appropriate support to the women and her family and providing information, which will assist them to make sensible choices.

The study was conducted in Tamil Nadu about the knowledge and awareness about antenatal care the study shows that among 260 pregnant women 180 pregnant women had the knowledge and awareness about antenatal care. Among that 80 women were unaware about antenatal care. So it shows that there should be a realization of importance of antenatal care by the pregnant women.

The study conducted on “to assess the effectiveness of planned health education for safe motherhood in primigravida women at Mangalore, Karnataka”. For the purpose of the study experimental design was used. About 50 mothers were selected by using purposive sampling technique. Out of 50, 25 primigravida were kept in the experimental group and 25 primigravida were kept in the control group. They were given a pre and post test with the prepared structured questionnaire and health education was provided to the study group only. The results showed that primigravida woman who received health education had developed adequate knowledge related to safe motherhood. The study concluded that health education was required for pregnant women in order to reduce maternal mortality and prevent complications.

Padam Singh in 2007 conducted the study “to assess the status of antenatal care among pregnant women in India”. Cluster survey methodology was used. Survey covered about nineteen thousands pregnant mothers from 90 district of the country. The result of the study showed that about 89% of the pregnant women availed antenatal visits of which 62% had received three or more ANC visit. About 53% pregnant women had full package of ANC. The proportion of attending ANC clinic in rural was about 41%. The
conclusion could be literacy of women is the key to improve antenatal care of pregnant women. Hence efforts should be made to have health teaching to pregnant women reduce maternal mortality and prevent complications.

In 2000 conducted a study “to assess knowledge, attitude and practice regarding care during pregnancy, delivery and post-natal period among women in Italy”. About 9004 women were interviewed, 23% had attended antenatal classes. Women who attended antenatal classes were able to apply the knowledge to reduce the risk of being dissatisfied with the experience of childbirth. The study showed this is because as pregnant women received adequate knowledge regarding antenatal care as they attended antenatal classes

In 2009, Blended and Marshall B. conducted study under the title “To assess the poor antenatal care and pregnancy outcomes came out in French districts”. The study found that total 848 poor attenders and 759 good attenders at antenatal clinic. In poor attenders it was found that the group had the high rates of pre-term labor low birth weight as well as still-birth due to pregnancy related complications. The conclusion of the study was that the - lack of health care during pregnancy, poor antenatal care were risk factors for adverse pregnancy outcome among the women access to health services”. This study directly supports the need and importance of antenatal care to reduce the adverse pregnancy outcome in relation to mother and child.

Venkatesh RR conducted a study “to find out the utilization of health services in the antenatal, intra natal and postnatal period and the factors influencing the utilization of the health services”. A cross-sectional study on 510 mothers who had delivery prior to 3 months from the initiation of the study in 27 urban slums of Davangere. The results revealed that only 35.9% of the women had utilized all the three services i.e. antenatal, intra natal and postnatal completely”. This study also stated the utilization of antenatal care was very poor.

**Problem Statement:**

“A study to assess the knowledge and effectiveness of teaching regarding antenatal care among primigravida mothers in the selected hospital of Nashik”.

**Objectives of the Study**

1) To assess the knowledge of primigravida mothers regarding selected aspects of antenatal care.
2) To determine the effectiveness of teaching programme on knowledge of primigravida mothers regarding antenatal care.
3) To find out the association between demographic variables and knowledge among the primigravida mothers.

**3. Research Methodology**

Research methodology refers to the researchers overall plan for obtaining answers to research questions and for testing the research hypothesis. This deals with description of different steps taken by the investigator for the study. It includes research approach, research design, variables, setting, population, sampling technique, sample size, simple selection criteria, and preparation of tool, technique, feasibility of the study, pilot study, validity, reliability, data collection method and adopted plan for data analysis.

Pre-experimental approach was used for this study. One group pre-test, post-test design was used. In this only one group is observed before and after the independent variable is introduced. Lack of the control group decrease the usefulness of the study, but may be necessary in cases where it is not possible or feasible to have control group. This approach was found suitable for the study as this study involved assessing the pre-existing knowledge among primigravida mothers on antenatal care and checking the effectiveness of teaching on knowledge of the same group.

Pre-experimental approach with one group pre-post test design was adopted. This design was found to be most appropriate as this study involved assessing the pre-test knowledge of samples in regarding selected aspects of antenatal care and then re-assessing the same after giving planned teaching on selected aspects of antenatal care.

In this study as per the design the pre test using structured questionnaire was given to assess the exiting knowledge of the samples regarding selected aspects of antenatal care. After that the planned teaching related to the selected aspects of antenatal care was carried out. And then the post test was performed to reassess the knowledge of samples on the same. The comparison of pre-test and post-test knowledge was done among the samples of same group.

**4. Result**

The purpose of the study was to assess the knowledge and effectiveness of teaching regarding the selected aspects of antenatal care among the primigravida mothers.

On the basis of the findings of the present study the following conclusions were drawn. The maximum number of samples 23 (76.66%) were in the age group of 21 to 23 years. Majority of the sample 27 (90%) were from Hindu religion. Majority of the samples 17 (56.66%) were educated up-to primary education. Among 30 samples 26(86.66%) were house wives. Most of the samples 21 (88.33%) were from joint family. Most of the samples 25(83.33%) were getting the monthly income Rs. 500/- to Rs. 1000/- per month. Majority of the samples 27(90%) were married at the age group of 21 to 25 years of age.

Majority of the samples got information 17(56.66%) from elders and relatives and none of them got information from mass media.

In the pre-test most of the samples had inadequate knowledge about selected aspect of antenatal care. And in post-test more than half of the samples had adequate knowledge about the selected aspect of antenatal care. The structured teaching on selected aspect of antenatal care was found to be effective in improving the knowledge scores as
the significant different was observed in the knowledge scores between the pre-test and post-test. The study showed that there was significant association between the pre-test level of knowledge and the some of the selected demogaphic variables such as educational status, family income, sources of information and participation in health awareness campaign regarding the antenatal care.

5. Interpretation and Conclusion

The data showed that out of total 30 samples almost all 28 (93.33%) samples had inadequate knowledge regarding selected aspect of antenatal care. Only 2 (6.66%) sample had moderate level of knowledge and none of the sample had adequate knowledge regarding selected aspects of antenatal care in pre-test. These findings may be due to their educational level, rural socioeconomic background and less importance given to the health.

The data related to post-test knowledge scores regarding selected aspects of antenatal care shows that out of 30 samples more than half that is 16 (53.33%) samples had adequate level of knowledge regarding selected aspects of antenatal care. This may be due to the teaching done to the samples on selected aspect of antenatal care, after taking pre-test.

The mean scores of post-test were 30.65 which were higher than the pre-test mean scores 12.68. The calculated t value was -28.41, and table ‘t’ value was 1.64. As the calculated ‘t’ value is -28.41 which less than table isn’t’ value. This shows that there was significant difference in the knowledge scores of the samples between pre-test and post-test period.

It could be concluded from the study finding that the health teaching is importance in antenatal period and it shall be done as per need by taking the demographic variables in to consideration. The planned teaching can improve the knowledge of primigravida mothers and intern can help in improving the practices in related to antenatal care. The findings of the study can be used by nurse administration to improve the nursing care. Various policies can be made by nurse administrators regarding antenatal teaching for the antenatal mothers.

References


Author Profile

Pravin Ramesh Gholap, Ph.D Scholar, Department of Nursing, Shri Jagdishprasad Jhabarmal Tibrewala University, Rajasthan