



## KNOWLEDGE OF HEALTH INFORMATION REGARDING MATERNAL AND CHILD HEALTH AMONG ANTENATAL MOTHERS: A CROSS SECTIONAL STUDY

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### ABSTRACT

A descriptive study was conducted on knowledge of health information regarding maternal and child health among antenatal mothers. Purposive sampling technique was adopted and 210 primi gravida mothers who were selected. The tool used for data collection consisted of socio-personal variables, clinical variables and structured questionnaire to assess the knowledge of health information regarding maternal and child health. The data was collected by self-reporting and interview method. Result showed that majority 51% of the subjects had average knowledge, 39.5% of subjects have poor knowledge and only 9.5% of subjects have good knowledge. There was an association between knowledge of health information regarding maternal and child health and socio personal variables such as education of subjects is statistically significant ( $p < 0.001$ ), family income of subjects is statistically significant ( $p < 0.05$ ) and clinical variables such as body mass index is statistically significant ( $p < 0.05$ ).

**KEYWORDS :** Knowledge; Health Information; Primi Gravida Mothers.

### INTRODUCTION

Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future.

From 1990 to 2015, the global maternal mortality ratio declined by 44 % – from 385 deaths to 216 deaths per 100,000 live births, according to UN inter-agency estimates.<sup>2</sup> In India it was reported that the MMR among Indian women national average of MMR is 212 per 100,000 live births (SRS - 2007-2009) which in itself is very high compared to the international scenario like Sweden (5), USA (24), and Brazil (58) and even in neighboring countries such as Sri Lanka (39) and Thailand (48).<sup>3</sup> Health outcome goals established in the 12<sup>th</sup> 5-year plan are to reduce infant mortality rate to 25 per 1000 live births, to reduce maternal mortality ratio to 100 per 100,000 live births by 2017<sup>4</sup>. Kerala, which has always had a well-implemented public healthcare system, has an MMR rate of 46, the best in the country. This is followed by Maharashtra at 61 and Tamil Nadu at 66.

A study was conducted in Pune, Maharashtra on knowledge of antenatal care among pregnant women attending antenatal clinic at a Tertiary Care Hospital reveals that about 58% women had poor knowledge regarding ANC.

The Investigator have selected this study because she noticed that the pregnant mothers in clinical setting and community having doubts related to pregnancy, labor, postnatal and newborn care. Investigator also noticed lack knowledge on maternal and child health services such as, antenatal care (1<sup>st</sup> trimester, 2<sup>nd</sup> trimester, and 3<sup>rd</sup> trimester), danger signs during pregnancy, intranatal period, postnatal period and new born care. So, the investigator has selected this study to create awareness regarding Maternal and Child Health care and services available in government. Hence the present study is undertaken to assess the knowledge on availability of maternal and child health services, antenatal care (1<sup>st</sup> trimester, 2<sup>nd</sup> trimester, 3<sup>rd</sup> trimester), danger signs during pregnancy, labor, postnatal and new born care. In order to develop an appropriate strategies to overcome and to enhance knowledge regarding utilization of Maternal and Child Health care and services in government sector by providing mother craft classes and informative module.

### MATERIALS AND METHODS

A descriptive study was conducted using a quantitative

approach. The setting chosen for the present study was Obstetrics and Gynaecological outpatient department of women and children government hospital thycad, Trivandrum. It is a 750 bedded, hospital with Obstetrics Gynaecological and paediatric departments and with twenty four hours casualty. This hospital was selected for the study due to sample availability coupled with the investigator's familiarity and easy access to the hospital. In the present study the sample size consists of 210 primi gravida mothers who are in first trimester and attending OBG OPD of women and children government hospital, Trivandrum selected purposively. The study includes pregnant women - primi gravida mothers who are in first trimester. The study excludes the pregnant women those who are mentally challenged and illiterate. The tools consist of

**Section A: Socio Personal Variables,** It consist of eight items including age in years, education, occupation, religion, family income per month, area of residence , color of your ration card ,RSBY card and registration done for any maternity benefit scheme.

**Section B: Clinical Variables -** It consists of 7 items. Including obstetrical score, gestational age, LMP, EDD, height (cm), weight (kg) and BMI.

**Section C: Structured knowledge questionnaire -** Structured questionnaire was used to assess level of knowledge on health information regarding maternal and child health. It includes antenatal 33 items, Intranatal 3 item and Postnatal and new born 12 items. Total score is 48.

1-16: poor knowledge  
17-32: average knowledge  
33-48: good knowledge

Formal permission was obtained from directorate of health service and district medical office after obtaining no objection certificate from woman and children government hospital thycad and also obtain permission from obstetrics and gynaecological department of the hospital. Data were collected over a period of four weeks from 31.12 .2018 to 26.1.2019. Two hundred and ten subjects satisfying the inclusion criteria were selected by purposive sampling technique from Obstetrics and Gynecology outpatient department of the Hospital. The purpose of the study was well explained to the study subjects and informed written consent

was obtained from the pregnant women. The investigator maintained good interpersonal relationship with the subjects and confidentiality was maintained for each subjects. Tool 1 was used to collect socio personal and clinical variable. Tool 2 was a structured questionnaire to assess the knowledge of health information regarding maternal and child health. The investigator was able to collect data from 8-20 subjects per day by spending six to eight hours.

**RESULTS**

**SOCIO DEMOGRAPHIC DATA**

- Majority of the subjects, 45.2% belongs to the age group of 21-25 years, 24.8% of the subjects belongs to the age group of 26-30years, 15.2% of the subjects belongs to the age group of ≤ 20 years and 14.8% of the subjects were belongs to >30 years of age group.
- Among the total subjects majority of the subjects, 32% were graduate / postgraduate, 29.5% of the subjects were educated up to high school education, 25.7% of the subjects were educated up to post high school diploma, 7.1% of the subjects were educated up to professionals, 3.8% of the subjects were educated up to have middle school education and only 1.9% of the subjects have educated up to primary school education.
- Most of the subjects, 59% were unemployed, 12.3% of the subjects were professionals, 6.2 % of the subjects were have elementary occupation, 5.2% of the subjects were technician and associated professionals, 4.8% of the subjects were clerk, 3.3% of them are craft and related trade workers, 2.9% of subjects were both skilled agricultural, fishery workers and skilled worker, shop, market sales workers and only 1% of the subjects were legislators, senior officer and manager.
- Majority of the subjects, 51 % were belongs to Hindu religion, 29.5% of the subjects were belongs to Christian religion and 19.5% of the subjects were belongs to Muslim religion.
- Majority of the subjects, 26.7 % were have monthly income of rupees ≤ 6326 , 24.8% of subjects have monthly income of rupees 6327-18952, 15.2% of subjects have monthly income of rupees ≥ 126360, 8.1% of subjects have monthly income of rupees 31591-47265 and only 5.2% of subjects have monthly income of rupees 63182-126359.
- Findings shows that, majority 51.9% of the subjects live in urban area and 48.1% of the subjects are live in rural area..
- More than half of the subjects, 55.7% of the subjects do not have an RSBY card and only 44.3% of the subjects have RSBY card.
- Majority of the subjects, 46.2% have pink color of ration card, 30% of subjects have blue color ration card, 13.3% of subjects have yellow color ration card, only 10.5% of subjects have white color ration card.
- More than half of the subjects, 55.2% were done registration for maternity benefit scheme and only 44.8% of subjects were not done registration for maternity benefit scheme.

**Knowledge on health information regarding maternal and child health among antenatal mothers.**

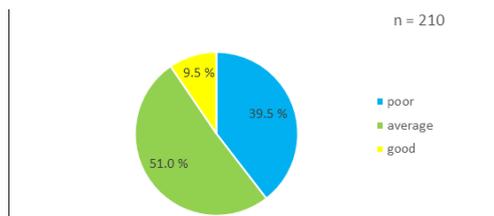


Figure: 1

**PERCENTAGE DISTRIBUTION OF SUBJECTS BASED ON KNOWLEDGE**

The figure 1 shows that majority 51% of the subjects have average knowledge, 39.5% of subjects have poor knowledge and only 9.5% of subjects have good knowledge

**DISCUSSION**

Majority; that is 51% of the subjects have average knowledge, 39.5% of subjects have poor knowledge and only 9.5% of subjects have good knowledge.

The findings of the present study were consistent with the result of previous study, to assess knowledge of antenatal care services among pregnant mothers and nursing mothers in Southwest Nigeria. The study result showed that knowledge of about 61.1% moderate, 15% was good and 12.9% was low.

The findings of the present study were consistent with the result of previous study to assess knowledge regarding antenatal care among mothers in an urban area of Amritsar, Punjab. The study result showed that the knowledge about the antenatal care 22.0% mothers had poor knowledge while 45.6% and 32.4% had average and good knowledge respectively.

Present study findings showed that there was an association between knowledge of health information regarding maternal and child health and socio personal variables such as education of subjects is statistically significant (p<0.001), family income of subjects is statistically significant (p<0.05) and clinical variables such as body mass index is statistically significant (p<0.05).

The findings of the present study were consistent with the result of previous study to assess knowledge regarding antenatal care among pregnant women in rural area of Lahore. The study result showed that there was significant association between qualification and knowledge of expectant women about prenatal care.

**REFERENCES**

1. Everet J. Introduction to pregnancy. Centersite.net. [Internet] 2006 [Cited on 2009 Aug]; ISSN: (614) 448-4055. Available from [https://www.centersite.net/et/poc/view\\_doc.php?type=doc&id=6129](https://www.centersite.net/et/poc/view_doc.php?type=doc&id=6129)
2. UNICEF DATA. (2018). Maternal Mortality - UNICEF DATA. [online] Available at: <https://data.unicef.org/topic/maternal-health/maternal-mortality/> [Accessed 26 Jun. 2018].
3. Bongaarts J. WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division Trends in Maternal Mortality: 1990 to 2015 Geneva: World Health Organization, 2015. Population and Development Review. 2016;42(4):726-726. [online] Available at : <https://niiti.gov.in/content/maternal-mortality-ratio-mmr-100000-live-births>
4. Planning Commission, Government of India. Twelfth Five Year Plan (2012-2017). New Delhi. SAGE Publications, India Pvt Ltd. 2013. [online] Available at: [http://planning.commission.gov.in/plans/planrel/12thplan/pdf/12tftp\\_vol3.pdf](http://planning.commission.gov.in/plans/planrel/12thplan/pdf/12tftp_vol3.pdf)
5. Thenewsminute.com. 2018 [cited 26 June 2018]. Available from: <https://thenewsminute.com/article/maternal-mortality-rate-dips-130-167-kerala-best-india-82646>
6. Barun Bhai Patel, Pranaya Gurmeet1, DatttreyarRamkrishnaSinalkar, Kapil H. Pandya, AjoyMahen, Neha Singh. A study on knowledge and practices of antenatal care among pregnant women attending antenatal clinic at a Tertiary Care Hospital of Pune, Maharashtra. Medical Journal of Dr. D.Y. Patil University ; May-June 2016 ; Vol 9 : Issue 3 Available from: [http://www.mjdrdyu.org/article.asp?issn=0975-2870;year=2016;vol\\_ume=9;issue=3;epage=354;epage=362;aulast=Patel](http://www.mjdrdyu.org/article.asp?issn=0975-2870;year=2016;vol_ume=9;issue=3;epage=354;epage=362;aulast=Patel)
7. [Internet]. Who.int. 2019 [cited 16 June 2019]. Available from: [https://www.who.int/pmnch/media/publications/aconsectionIII\\_2.pdf](https://www.who.int/pmnch/media/publications/aconsectionIII_2.pdf)
8. Population Census 2011. Available at <https://www.census2011.co.in>
9. Yohannes B, Tarekegn M, Paulos W. Mothers' utilization of antenatal care and their satisfaction with delivery services in selected public health facilities of wolaita zone, Southern Ethiopia. IntJ Scien Technol Res. 2018 Feb;2(2):74-85. Available at : <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.300.8427&rep=rep1&type=pdf>
10. Rozilza AM, Muhamad HJ. Knowledge, Attitude and Practices on Antenatal care among Orang Asli women of Jempol, Negeri Sembilan, Malaysian. J Public Health Med. 2011;11(2):13-21. Available at: <https://www.mjphm.org.my/mjphm/journals/volume%2011:2/188-knowledge,%20attitude,%20and%20practice%20on%20antenatal%20care%20among%20orang%20asli%20women%20in%20jempol,%20negeri%20sembilan.pdf>
11. Bhatia, J.C., (1988). 'A Study of Maternal Mortality in Anantpur District, Andhra Pradesh, India', Indian Institute of Management, Bangalore. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/8296332>