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Determinants of maternal & child health knowledge among agrarian women

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Abstract

Present study was taken up to find out the factors associated with Knowledge levels of the Agrarian women in the adopted villages of Maheshwaram mandal, RR district, Hyderabad with regard to Maternal & Child Health. 300 women at different phases of life formed the sample for the present study. Women at different phases of life comprised of Women without children, Women pregnant for the first time, women with children below 2 yrs and women with children between 2-5 yrs. Both correlation & Regression showed significant positive correlation and effect of personal demographic variables, Psychological wellbeing of the sample with Maternal health & Child care Knowledge levels. However Occupation had no effect & significant relationship with Reproductive health Knowledge levels of Agrarian women.

Keywords: Maternal & child health, knowledge levels, wellbeing, agrarian families

Introduction

Every year, more than 200 million women become pregnant, 15% of which are at risk of complications that have the potential to cause disease and death. These risks exist in different societies and situations. Persistently low utilization rates of Maternal and Child health (MCH) services in developing countries, have led some authors to the conclusion that programs that rely only on ANC as a delivery system are likely to have poor coverage and compliance. Alternative delivery approaches need to be identified as maternal and child mortality rates are unacceptably high in most developing countries.

Women, especially those of reproductive age are one of the most vulnerable members in the community that deserve special attention to make them realize their full potentials. For example, depression is one of the most prevalent complications of pregnancy and childbirth. About 10 to 15% of women in developed countries experience the problem, while higher percentages of women in developing countries experience serious depression during pregnancy or after childbirth (UNFPA, 2006, Chukwuezi, 2010). WHO (2012) report shows that maternal mortality is higher among women living in rural poorer communities, while young adolescents face a higher risk of complications and deaths as a result of pregnancy than older women.

Maternal mortality is described as death of a woman during pregnancy or within 42 days after pregnancy, irrespective of the duration or site of the pregnancy, from any cause related or aggravated by the pregnancy or its management, but not from accident or incidental causes. Muoghalu, (2010) submitted that there are other factors than medical causes of maternal mortality, these include socio-economic and cultural factors, which are impacting on maternal mortality in some countries. It is important to note that these non-medical factors in maternal mortality have been the causes of many maternal deaths in our rural communities. These causes include influence of poverty, lack of education, food taboos, purchasing power and cultural practices; while the introduction of user charges in government hospitals have made many rural women to patronize faith clinics and traditional practitioners.

Poverty is a barrier to satisfying basic human needs. People with a low socioeconomic status cannot afford or do not have access to reproductive healthcare services. The global financial crisis in 2008 and 2009 increased the price of food products and affected those who were not economically privileged, especially women. A study conducted in Rawalpindi, which aimed to assess the risk factors associated with nutritional deficiency anemia, revealed that the majority of pregnant women were anemic due to iron, folate and cobalamin deficiencies, respectively; all these women belonged to the low socio-economic group. In fact, women with these nutritional deficiencies are at a greater risk of postpartum hemorrhage, which is the most important cause of maternal mortality in India.

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In poor families, females do not even have access to the basic right of primary education. These uneducated women are not aware of their reproductive health rights and are unable to utilize reproductive healthcare services. Since educated women are more autonomous in decision-making and use of antenatal/perinatal services, ANC is more accessible for women with secondary level or higher education, compared to illiterate women.

Early marriage is one of the customs which is still widely practiced in the rural areas. One of the reasons for early marriage could be the economic burden, i.e., parents cannot afford the required amount of food, especially for their daughters. In fact, early marriage is a way to neutralize the economic burden. Consequently, early marriage leads to early pregnancy, Further accompanying factors are inadequate diet and lack of access to healthcare facilities due to low socioeconomic status. As a result, pregnant women end up with anemia and many other pregnancy-related complications, which contribute to high maternal mortality rate.

Medical issues such as obstructed labor, antepartum or postpartum hemorrhage, sepsis and eclampsia are among obstetric emergencies, which require timely interventions. Mortality due to these obstetric emergencies can be prevented through proper ANC, early detection of alarming signs and timely referral of patients to comprehensive emergency obstetric care (EmOC) services.

Operational definition

Knowledge: Knowledge is a familiarity, awareness, or understanding of someone or something, such as facts, information, descriptions, or skills, which is acquired through experience or education by perceiving, discovering, or learning.

According to Webster's dictionary, knowledge is 'the fact or condition of knowing something with familiarity gained through experience or association'. In practice, though, there are many possible, equally plausible definitions of knowledge. A frequently used definition of knowledge is "the ideas or understandings which an entity possesses that are used to take effective action to achieve the entity's goal (s).

Agrarian families: Families involved in Agriculture for their livelihood

Maternal health: It refers to the health of women during pregnancy, childbirth and the postpartum period.

Child health: It is a state of physical, mental, intellectual, social and emotional well-being and not merely the absence of disease or infirmity. Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.

Wellbeing: Wellbeing, put simply, is about 'how we are doing' as individuals, communities and as a nation and how sustainable this is for the future. Personal wellbeing is a particularly important dimension which we define as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety) and our wider mental wellbeing.

Research methodology: Sample was identified from the adopted villages (5) of Maheshwaram mandal, RR District, Hyderabad, through field survey and focused group

interviews with the help of the AWWs, ANMs, and Women Self-help group leaders in the village.

Criteria for sample selection:

- Women who were married and living with their husband
- Women who were having children below 5 years
- Women who were willing to be the part of the project

General objective: Determinants of Maternal & Child Health Knowledge among Agrarian women

Specific objectives

- To find out the demographic profiles of the Selected sample
- To find out the Maternal & Child Health Knowledge levels and wellbeing among the Selected sample
- To study the relationship between Dependent (Maternal & Child Health Knowledge) and Independent variables
- To find out the significant impact of independent variables on dependent variable (Maternal & Child Health Knowledge) of the selected sample

Research tools details

SES scale developed by Aggrawal, *et al* (2005) was used to find out the SES of the Rural families. Scoring was given as per the norms provided in the manual. It is a standardized scale, used to assess the family background information of the individuals, which includes parameters like educational and occupational status of parents, number of siblings, material possession, kind of locality, presence of farm animals, land holdings, number of earning members in the family etc. The scale categorizes the sample on: Upper High; High; Upper middle; Lower middle; Poor and Very poor Socio Economic Status.

Maternal & Child Health awareness checklist was developed by AICRP-CD, Hyd Unit (2017) to find out the Knowledge levels of Married women with regard to Maternal & Child Health issues. The Reliability Value of the checklist is: 0.85. The checklist comprises of 3 dimensions:

Pregnancy related statements: It is the First dimension and has 48 statements. It measures the knowledge levels of the sample in the following 7 areas: Signs of Pregnancy (7 statements); Care during Pregnancy (9 statements); Factors affecting healthy pregnancy (6 statements); Health aspects of pregnancy (5 statements); Danger signs of pregnancy (11 statements); Complications that may arise during pregnancy (6 statements); Types of Delivery (4 statements).

Maternal & Child Services and programmes: It is the Second dimension and has 33 statements. It measures the knowledge levels of the sample in the following 6 areas: Reproductive & child health programmes (5 statements); Purpose of R & CH programmes (6 statements); Antenatal care services (5 statements); Purpose of Antenatal care services (8 statements); Post-natal care services (5 statements) Purpose of Postnatal care services (4 statements)

General statements: It is the Third dimension and has 13 statements. It measures the knowledge levels of the sample in the following 3 areas: Practices that jeopardize infant health, growth or survival (4 statements); Care of the new born (3 statements); Nutritional care of the child (6 statements) There are all together 94 statements (all 3 dimensions). Each statement is arranged on 3 point scale ie aware is marked as 3; aware but not sure 2; Not sure as 1. The total scores were

further grouped as Low, Average and high. Higher the score, higher is the level of Knowledge in that particular dimension. Open ended checklist was developed by AICRP-CD, Hyderabad Unit. The checklist traces the Risk factors associated with Maternal and Child health such as: Biological factors; Maternal factors; Health factors and Social factors. Psychological wellbeing scale, developed by Chassney, 2014: It comprises of 5 dimensions: Physical, Social, Emotional, Spiritual and Intellectual. Each dimension has 10 statements and the statements are scored on a 4 point scale: Rarely is given a score of one, Sometimes is given a score of 2, Most of the time is given a score of 3 and Always is given a score of 4. Minimum score is 10 and 40 is the maximum score. Based on the scores, it categorized as Very good; Good; Average and Poor. The Reliability Value of the scale is: 0.74

Demographic profile of the villages

- There were 250 households in Pendyala village. The total population is 1058, out of which 532 were males and 1058 were females.

- There were 342 households in Dobbacharla village. The total population is 1320, out of which 708 were males and 612 were females.
- There were 356 households in Kalvakolu village. The total population is 1393, out of which 725 were males and 678 were females.
- There were 348 households in Subhanpura village. The total population is 1355, out of which 761 were males and 694 were females.
- There were 342 households in Kollapadkal village. The total population is 1358, out of which 716 were males and 642 were females.

Demographic data on married women

There were 961 married women from the selected 5 clusters of adopted villages. Out of 961 married women, 41% were having children below 2 years; 37% were having children between 2-5 years; 8% were Pregnant for the 1st time and 8% were married, but without children.

Table 1: Stage & age wise distribution of Agrarian women (N= 300)

Stage	16 -19 yrs N & %	20– 25 yrs N & %	26– 30yrs N & %	31 –35yrs N & %	Total sample
Married women without children	42 (56%)	33(44%)	-----	-----	75
Pregnant women (First time)	17 (23%)	37 (49%)	21 (28%)	-----	75
Married women with children below 2 yrs	-----	30 (40%)	32(43%)	13 (17%)	75
Married women with children between 2 – 5 yrs	-----	25 (33%)	33 (44%)	17 (23%)	75
Total	59 (20%)	125 (42%)	86 (28%)	30 (10%)	300

The above table depicts the Age wise distribution of the sample. Out of the total sample 300, less than half (42%) of the sample were in the age range of 20-25 yrs; 28% were in

the age group of 26-30 yrs; 20% were in the age group of 16-19 yrs and remaining 10% were in the age group of 31-35 yrs.

Table 2: Stage & Education wise distribution of Agrarian women (N= 300)

Stage	Illiterate N & %	Primary school N & %	Secondary school N & %	Inter N & %	Degree Continuing N & %	Total sample
Married women without children	6 (8%)	11 (15%)	30 (40%)	17 (22%)	11 (15%)	75
Pregnant women (First time)	9 (12%)	13 (17%)	38 (51%)	11 (15%)	4 (5%)	75
Married women with children below 2 yrs	7 (9%)	25 (33%)	30 (40%)	8 (11%)	5 (7%)	75
Married women with children between 2 – 5 yrs	5 (7%)	17 (22%)	27 (36%)	23 (31%)	3 (4%)	75
Total	27 (9%)	66 (22%)	125 (41%)	59 (20%)	23 (8%)	300

The above table depicts the Education wise distribution of the sample. Out of the total sample 300, less than half (41%) of the sample completed secondary school; 22% completed

Primary school; 20% completed Inter; 9% were illiterate and 8% were found to be pursuing their degree.

Table 3: Stage & Occupation wise distribution of Agrarian women (N= 300)

Stage	House wife N & %	Fully involved in agriculture N & %	Partially involved in agriculture N & %	Petit business N & %	Total
Married women without children	15 (20%)	37 (49%)	20 (27%)	3 (4%)	75
Pregnant women (First time)	38 (51%)	7 (9%)	27 (36%)	3 (4%)	75
Married women with children below 2 yrs	17 (23%)	25 (33%)	26 (35%)	7 (9%)	75
Married women with children between 2 – 5 yrs	9 (12%)	33 (44%)	28 (37%)	5 (7%)	75
Total	79 (26%)	102 (34%)	101 (34%)	18 (6%)	300

The above table depicts the Occupation wise distribution of the sample. Out of the total sample 300, thirty four percentage of the sample were fully involved and equal percentage were

partially involved in agriculture; 26% were housewives; and only 6% were running petit business.

Table 4: Socio Economic Status of the sample (N=75)

Socio economic status classification	Score	Married women without children (N=75)	Pregnant women (First time) (N=75)	Married women with children below 2 yrs (N=75)	Married women with children between 2-5 yrs (N=75)	(N=300) No & %
Upper High	>76	-----	-----	-----	-----	-----
High	61-75	3 (4%)	2 (3%)	2 (3%)	2 (3%)	9 (3%)
Upper middle	46-60	12 (16%)	8 (10%)	9 (12%)	13 (17%)	42 (14%)
Lower middle	31-45	42 (56%)	45 (60%)	48 (64%)	45 (60%)	180 (60%)
Poor	16-30	18 (24%)	20 (27%)	16 (21%)	15 (20%)	69 (23%)
Very poor	<15	-----	-----	-----	-----	-----

The above table depicts the Socio Economic Status of the sample. Out of the total sample 300, more than half (60%) of the sample were in lower middle income level; 23% were in

poor economic status; 14% were in upper middle income level and only 3% were in high income group.

Table 5: Risk Factors Associated with Maternal health (N=300)

Risk Factors	A (N=75)	B (N=75)	C (N=75)	D (N=75)	Total 300
1. Biological factors	No & %	No & %	No & %	No & %	No & %
Age (under 18 or above 35)	13 (18%)	9 (12%)	---	---	22 (7%)
Birth interval	---	---	9 (12%)	13 (17%)	22 (7%)
Weight gain/ Obesity	---	---	---	---	---
2. Maternal factors	---	---	---	---	---
Maternal malnutrition	---	17 (23%)	8 (11%)	4 (5%)	29 (9.67%)
Primi-gravida	---	75 (100%)	---	---	75 (100%)
Previous caesarean section	---	---	22 (29%)	18 (24%)	40 (13%)
Previous prenatal death, still births	---	---	2 (3%)	---	2 (0.7%)
Forceps or destructive delivery	---	3 (4%)	4 (5%)	6 (8%)	13 (4.3%)
Prolonged labour	---	7 (9%)	5 (7%)	3 (4%)	15 (5%)
Trauma	---	---	---	---	---
Maternal infections - malaria, STD and pelvic Infections, HIV/AIDS	5 (7%)	3 (4%)	2 (3%)	1 (1%)	11 (3.6%)
Hypertensive Disorders of pregnancy (toxaemia of pregnancy)	---	2 (3%)	3 (4%)	3 (4%)	8 (2.6%)
Hypertension	5 (7%)	4 (5%)	3 (4%)	1 (1%)	13 (4.3%)
3. Health factors	A (N=75)	B (N=75)	C (N=75)	D (N=75)	Total (300)
Diabetes	4 (5%)	3 (4%)	5 (7%)	4 (5%)	16 (5.3%)
Obstetric complication	---	4 (5%)	3 (4%)	2 (3%)	9 (3%)
Cardiac problem	---	---	---	2 (3%)	2 (0.7%)
Renal disease	---	---	---	---	---
Hydramnios: a condition in which excess amniotic fluid accumulates during pregnancy	---	3 (4%)	4 (5%)	2 (3%)	9 (3%)
Pre-eclampsia: a condition in pregnancy characterized by high blood pressure, sometimes with fluid retention and proteinuria	---	4 (5%)	4 (5%)	2 (3%)	10 (3.3%)
Previous ante-partum haemorrhage - genital bleeding during 28 th week of pregnancy	---	2 (3%)	---	1 (1%)	3 (1%)
Previous post-partum haemorrhage - excessive bleeding after child birth	---	---	3 (4%)	2 (3%)	5 (1.7%)
4. Social factors	---	---	---	---	---
Work load	12 (16%)	2 (3%)	12 (16%)	16 (21%)	42 (14%)
Economic status Poor	4 (5%)	5 (7%)	6 (8%)	7 (9%)	22 (7%)
Maternal education	---	---	---	---	---
Maternal occupation	---	---	---	---	---
Alcohol intake	---	---	2 (3%)	5 (7%)	7 (2.3%)
Smoking	---	---	---	---	---

The above table traces the pretest scores of married women with regard to Factors Associated with Maternal health. The Self structured Checklist covers 4 dimensions.

- Under Biological factors, Age (7%) and Birth interval (7%) were reported to be the cause for Maternal health among the selected sample. Obesity was not found among the sample.
- Under Maternal factors, Maternal malnutrition (10%); Primi-gravida (25%); Previous caesarean section (13%); Forceps or destructive delivery (4%); Prolonged labour (5%); Maternal infections – malaria, STD and pelvic Infections, HIV/AIDS (4%); Hypertensive Disorders of pregnancy (toxemia of pregnancy) (3%); and Hypertension (4%) were reported to be the cause for Maternal health among the selected sample. Previous prenatal death, still birth and Trauma were not found among the sample.

- Under Health factors, Diabetes (5%); Obstetric complication (3%); Cardiac problem(1%); Hydramnios: a condition in which excess amniotic fluid accumulates during pregnancy (3%); Pre-eclampsia: a condition in pregnancy characterized by high blood pressure, sometimes with fluid retention and proteinuria (3%); Previous ante partum hemorrhage – genital bleeding during 28th week of pregnancy (1%); and Previous post-partum hemorrhage – excessive bleeding after child birth (2%) were reported to be the cause for Maternal health among the selected sample. Renal disease was not found among the sample.
- Under Social factors, Work load (14%); Economic status Poor (7%); Maternal education (1%); Maternal occupation (1%) and Alcohol intake (2%) were reported to be the cause for Maternal health among the selected sample.

Table 6: Maternal and Child Health awareness among Agrarian women (N=300)

S. No	Maternal & child health awareness dimensions	Category	Score	women without children (N=75) No & %	Pregnant women (First time) (N=75) No & %	Married women with children < 2 yrs (N=75) (No & %)	Married women with children 2-5 yrs (N=75) No & %	Total (N=300) No & %
A	Pregnancy	High	97-144	15 (20%)	18 (24%)	22 (29%)	23 (31%)	78 (26%)
		Average	49-96	33 (44%)	40 (53%)	38 (51%)	40 (53%)	151 (50%)
		Low	< 48	27 (36%)	17 (23%)	15 (20%)	12 (16%)	71 (24%)
B	Maternal & Child Services & programmes	High	67 -99	17 (23%)	19 (25%)	21 (28%)	23 (31%)	80 (27%)
		Average	34 -66	30 (40%)	40 (54%)	41 (55%)	42 (56%)	153 (51%)
		Low	< 33	28 (37%)	16 (21%)	13 (17%)	10 (13%)	67 (22%)
C	General	High	27 - 39	16 (21%)	19 (25%)	23 (31%)	26 (35%)	84 (28%)
		Average	14 -26	30 (40%)	40 (54%)	38 (51%)	37 (49%)	145 (48%)
		Low	< 13	29 (39%)	16 (21%)	14 (18%)	12 (16%)	71 (24%)

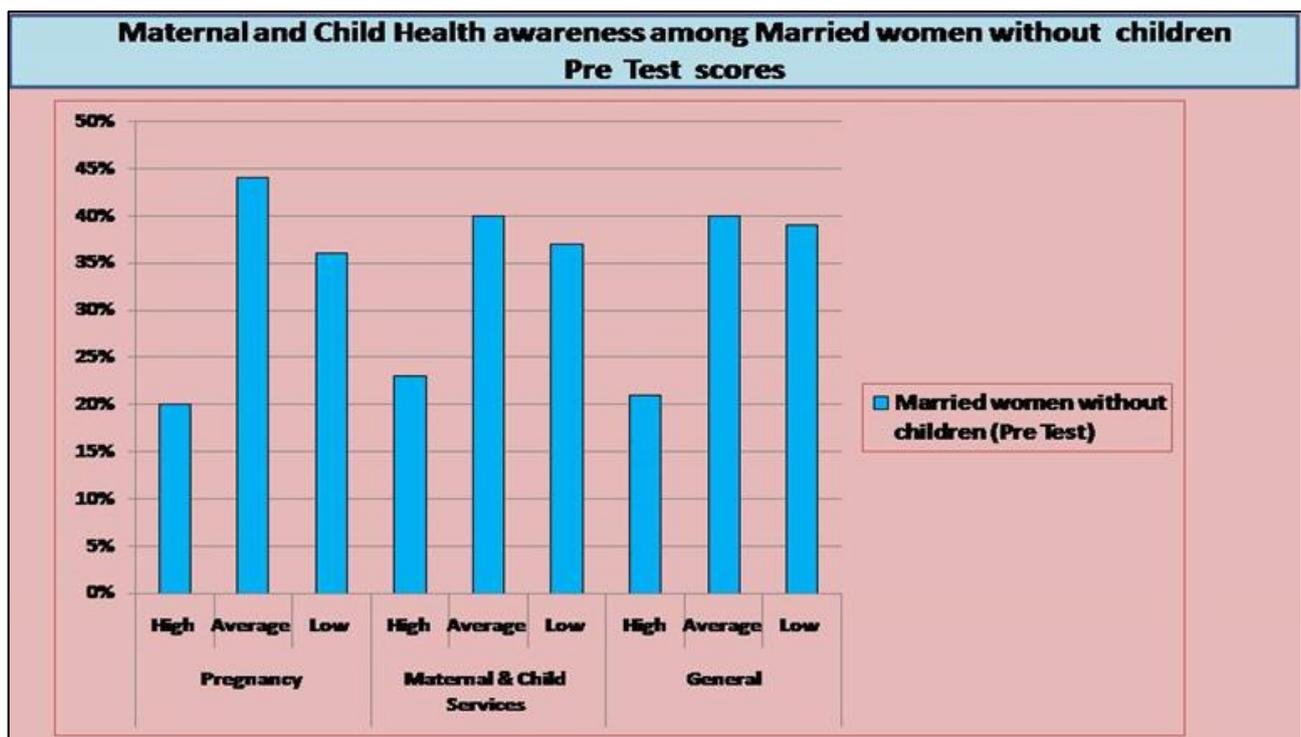
The above table traces the pretest scores of Agrarian women with regard to Maternal Health & Child care Knowledge. The Self structured Checklist covers 3 dimensions.

With regard to Pregnancy dimension, Out of the total sample 300, half (50%) of the sample obtained Average scores; 26% obtained High scores and 24% obtained Low scores.

With regard to Maternal & Child Services & Programmes

dimension, Out of the total sample 300, half (51%) of the sample obtained Average scores; 27% obtained High scores and 22% obtained Low scores.

With regard to General dimension, Out of the total sample 300, less than half (48%) of the sample obtained Average scores; 28% obtained High scores and 24% obtained Low scores.



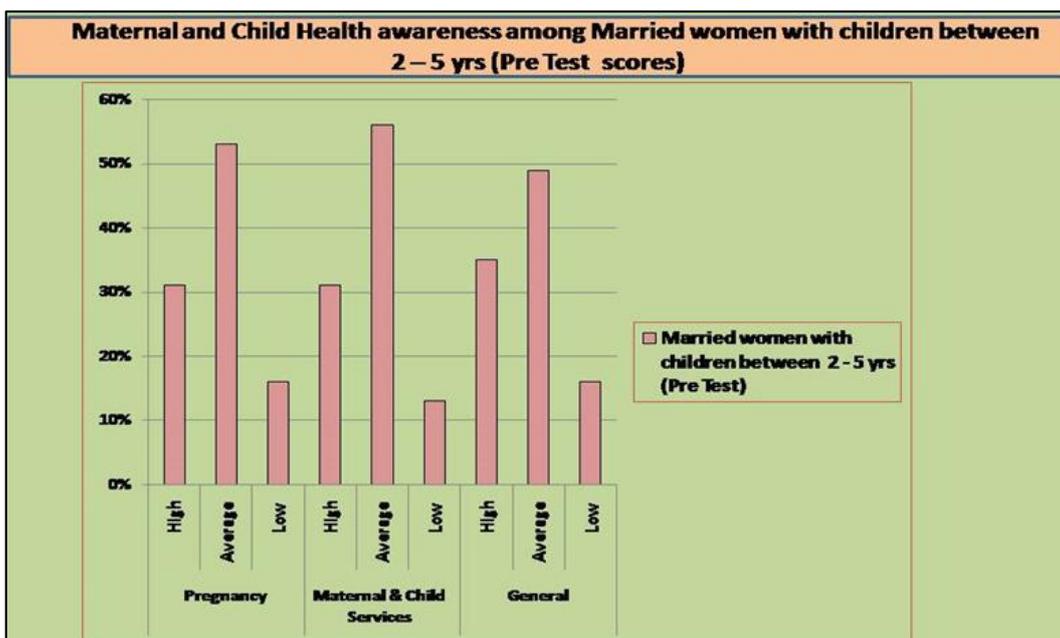
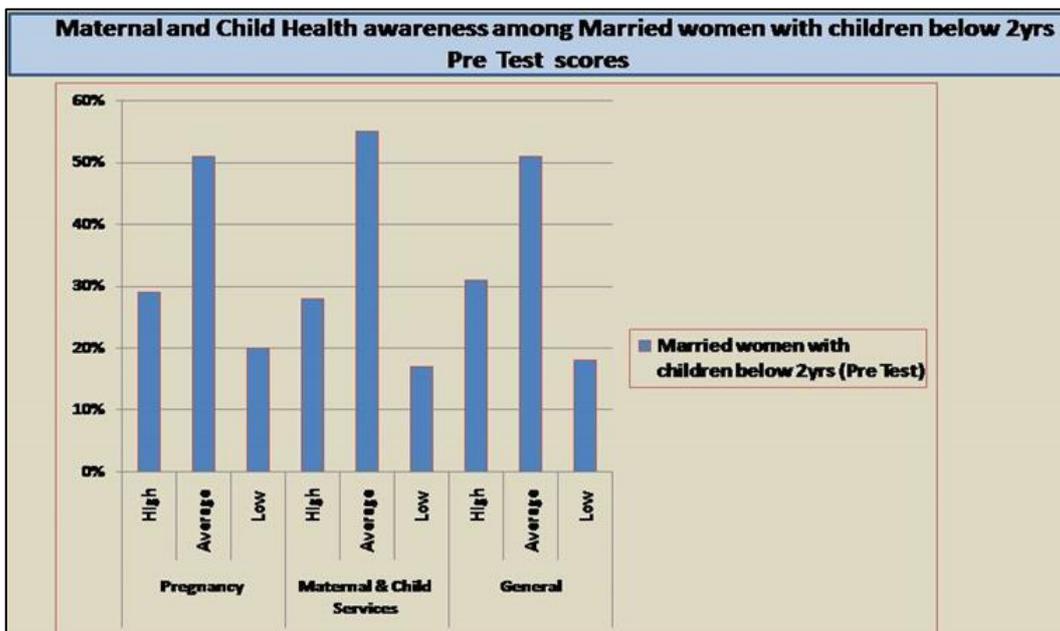
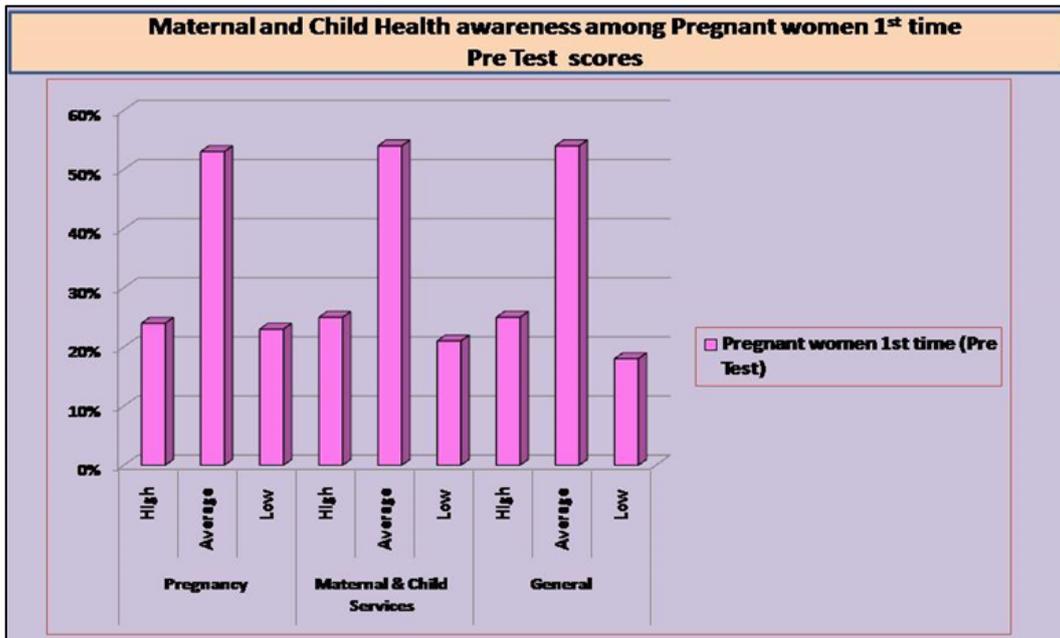


Table 7: Psychological wellbeing among Agrarian women (N=300)

S. No	Psychological Wellbeing	Category	Score	Married women without children (N=75) No & %	Pregnant women (N=75) No & %	Married women with children < 2 yrs (N=75) No & %	Married women with children (2 – 5 yrs) (N=75) No & %	Total 300 No & %
A	Physical Health	Very good	35 – 40	12 (16%)	11 (15%)	9 (12%)	14 (19%)	46 (15%)
		Good	30-35	41 (55%)	36 (48%)	30 (40%)	26 (35%)	133 (44%)
		Average	20-30	22 (29%)	22 (29%)	27 (36%)	27 (36%)	98 (33%)
		Poor	< 20	----	6 (8%)	9 (12%)	8 (11%)	23 (8%)
B	Social Health	Very good	35 – 40	13 (17%)	15 (20%)	27 (36%)	27 (36%)	105 (35%)
		Good	30-35	32 (43%)	25 (33%)	28 (37%)	22 (29%)	107 (36%)
		Average	20-30	30 (40%)	35 (47%)	20 (27%)	26 (35%)	111 (37%)
C	Emotional Health	Very good	35 – 40	11 (15%)	11 (15%)	23 (31%)	22 (29%)	67 (22%)
		Good	30-35	36 (48%)	20 (27%)	30 (40%)	20 (27%)	106 (35%)
		Average	20-30	28 (37%)	37 (49%)	22 (29%)	33 (44%)	120 (40%)
		Poor	< 20	----	7 (9%)	----	----	7 (2%)
D	Spiritual Health	Very good	35 – 40	19 (25%)	14 (19%)	25 (33%)	22 (29%)	80 (27%)
		Good	30-35	34 (45%)	28 (37%)	30 (40%)	31 (41%)	123 (41%)
		Average	20-30	22 (29%)	33 (44%)	20 (27%)	32 (43%)	107 (36%)
E	Intellectual Health	Very good	35 – 40	10 (13%)	3 (4%)	16 (21%)	14 (19%)	43 (14%)
		Good	30-35	25 (33%)	30 (40%)	22 (29%)	24 (32%)	101 (34%)
		Average	20-30	36 (48%)	30 (40%)	25 (33%)	30 (40%)	121 (40%)
		Poor	< 20	4 (5%)	12 (16%)	12 (16%)	7 (9%)	35 (12%)

The above table traces the scores of Agrarian women with regard to Psychological Wellbeing. The scale covers 5 dimensions.

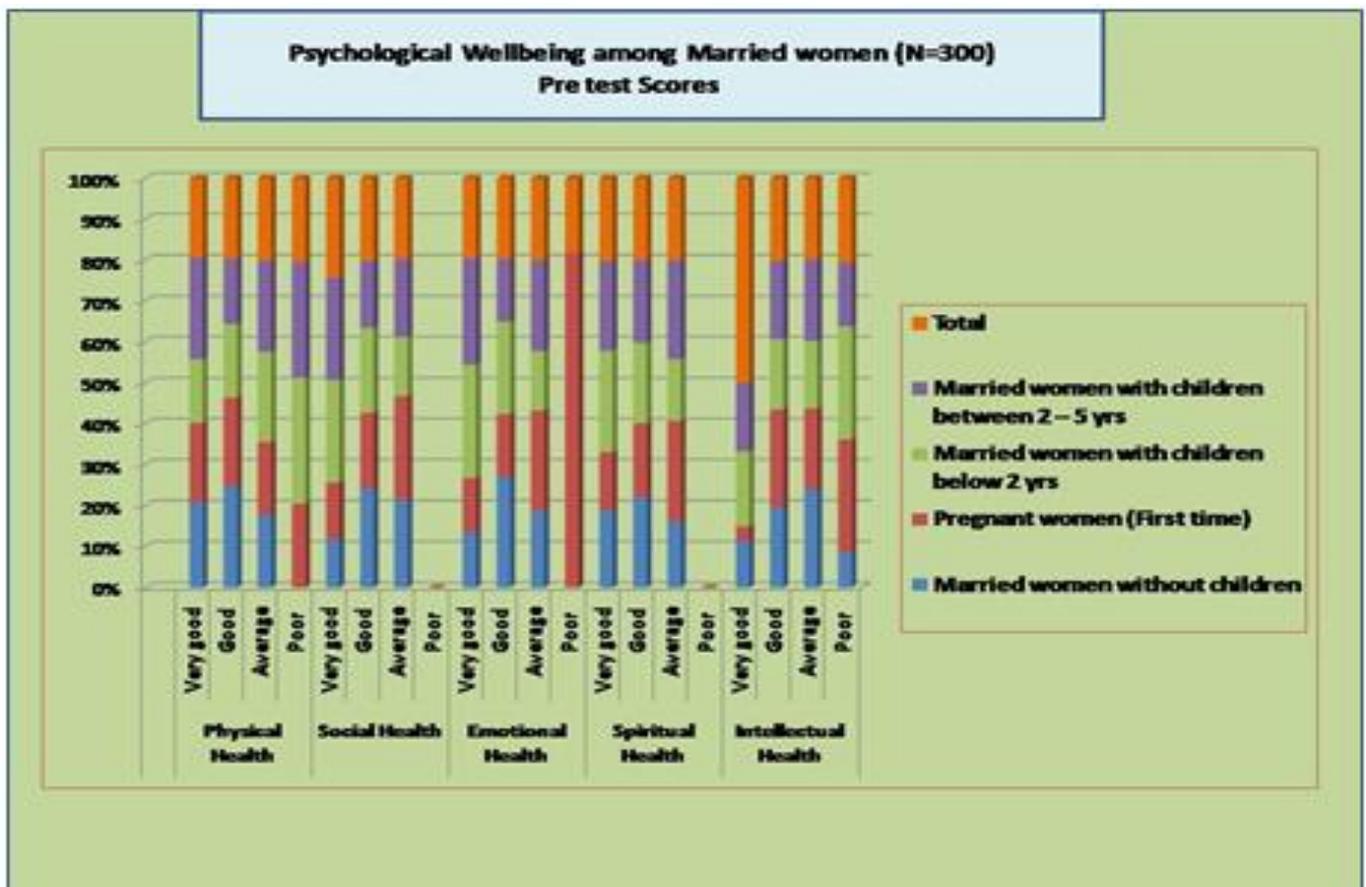
With regard to Physical Health dimension, out of the total 300 sample less than half (44%) of the sample obtained Good scores; 33% obtained Average scores; 15% obtained very Good scores and only 8% obtained Poor scores.

With regard to Social Health dimension, out of the total 300 sample less than half (37%) of the sample obtained Average scores; 36% obtained Good scores; and 35% obtained very Good scores.

With regard to Emotional Health dimension, out of the total 300 sample less than half (40%) of the sample obtained Average scores; 35% obtained Good scores; 22% obtained very good scores and only 2% obtained Poor scores.

With regard to Spiritual Health dimension, out of the total 300 sample less than half (41%) of the sample obtained Good scores; 36% obtained Average scores and 27% obtained very good scores.

With regard to Intellectual Health dimension, out of the total 300 sample less than half (40%) of the sample obtained Average scores; 34% obtained Good scores; 57% obtained very good scores and 12% obtained poor scores.



Correlation between demographic variables and Maternal & Child health awareness

Parameters		MHCCA1	MHCCA2	MHCCA3	MHCCAT
Age	Pearson Correlation	.568 (**)	.557 (**)	.625 (**)	.588 (**)
	Sig. (2-tailed)	.000	.000	.000	.000
	N	300	300	300	300
Education	Pearson Correlation	.380 (**)	.362 (**)	.342 (**)	.378 (**)
	Sig. (2-tailed)	.000	.000	.000	.000
	N	300	300	300	300
Occupation	Pearson Correlation	.017	.034	.006	.022
	Sig. (2-tailed)	.771	.557	.919	.702
	N	300	300	300	300
SES	Pearson Correlation	.292 (**)	.294 (**)	.232 (**)	.292 (**)
	Sig. (2-tailed)	.000	.000	.000	.000
	N	300	300	300	300
PHASE	Pearson Correlation	.105	.120 (*)	.167 (**)	.123 (*)
	Sig. (2-tailed)	.069	.038	.004	.033
	N	300	300	300	300

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

MHCCA1: Pregnancy related Maternal & Child Services & programmes
 MHCCA3: General Issues MHCCAT: Grand total (All 3 dimensions together)

- All the personal variables of the sample (Age, Education, Socio-Economic Status and Phase of women) showed significant relation with all the three dimensions of

Maternal health and child care Knowledge levels.

- However, Occupation had no significant relation with all the three dimensions of Maternal health and child care Knowledge levels.

Correlation between maternal & child health awareness and psychological well being

Sub Dimensions		PSWB1	PSWB2	PSWB3	PSWB4	PSWB5	PSWB Total
MHCCA1	Pearson Correlation	.719 (**)	.851 (**)	.811 (**)	.796 (**)	.764 (**)	.858 (**)
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000
	N	300	300	300	300	300	300
MHCCA2	Pearson Correlation	.702 (**)	.816 (**)	.786 (**)	.776 (**)	.741 (**)	.832 (**)
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000
	N	300	300	300	300	300	300
MHCCA3	Pearson Correlation	.678 (**)	.826 (**)	.772 (**)	.771 (**)	.754 (**)	.827 (**)
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000
	N	300	300	300	300	300	300
MHCCAT	Pearson Correlation	.727 (**)	.858 (**)	.818 (**)	.807 (**)	.775 (**)	.867 (**)
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000
	N	300	300	300	300	300	300

** Correlation is significant at the 0.01 level (2-tailed).

PSWB1: Physical health PSWB2: Social health PSWB3: Emotional health
 PSWB4: Spiritual health PSWB5: Intellectual health
 PSWBTOTAL: Grand total (all 5 components together)

- All the three dimensions of Maternal health and child care Knowledge levels were found to have significant

relationship with all the five components of psychological well being

Impact of demographic variable on Maternal & Child health care awareness

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta	B	Std. Error
Age	35.885	2.732	.765	13.133	.000**
Education	-5.592	1.784	-.138	-3.134	.002**
Occupation	.498	2.018	.011	.247	.805
SES	13.132	2.604	.218	5.042	.000**
PHASE	-14.407	2.082	-.383	-6.921	.000**

Dependent Variable: MHCCAT

- Age, education, SES and present phase of women found to have significant effect on the Maternal health and child care Knowledge levels of the sample. However Occupation had no significant influence on Maternal health and child care Knowledge levels.

Based on Research results following Recommendations were framed

- It is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice.
- It is a challenging task to raise awareness regarding

maternal health and child care issues; hence every village needs to have a counselling center attached to AWC/PHC.

- All women should have access to accurate, informed choices for reproductive health planning and pregnancy spacing.
- Health professionals should provide tailored, non-judgmental, and confidential Maternal and Child health services to at risk population: pregnant teens, pregnant women with HIV/ RTIs etc

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