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Maternal & child health knowledge among pregnant women

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Abstract

Present study was taken up to find out the Knowledge levels of the rural women in the adopted villages of Maheshwaram Mandal, RR district, Hyderabad with regard to Maternal & Child health issues. 75 Rural Pregnant women (Fist time) formed the sample for the present study. Checklist was developed to find out the Knowledge levels of Ruralwomen. Based on the results, Knowledge based Intervention programmes were organized. Impact assessment showed significant improvement in the Knowledge levels of the sample, reflecting the effectiveness of the Intervention programme.

Keywords: Maternal & child health, intervention programme, knowledge

Introduction

The fifth Millennium Development Goal outlines the international commitment to measurably reduce maternal mortality by the year 2015. Antenatal care (ANC) is a critical strategy in reducing maternal mortality as it facilitates the identification and mitigation of risk factors early in pregnancy. Timely and frequent use of ANC enables delivery of essential services, including malaria treatment, immunizations, and health counselling.

In particular, ANC clinics act as a key entry-point for implementing nutrition and health educational interventions that promote preventive health behaviours to improve maternal and neonatal health through better knowledge, attitudes and practices. Some of the studies conducted provide evidence to support the role of ANC in improving health knowledge, attitudes and practices (KAP) among women who utilize the service.

Women in the ANC education group were reported to be more likely to initiate breastfeeding within the first two hours after delivery, bring infants for check-up within seven days after birth and to implement family planning measures at three months after birth, compared to the control group. And in rural women who had received ANC were more likely to utilize health services at delivery and had a greater mean knowledge score regarding obstetric care compared to the women who had not received any antenatal care.

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).

Intervention: An intervention is a combination of programme elements or strategies designed to produce behavior changes or improve health status among individuals or an entire population.

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.

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Healthy children live in families, environments, and communities that provide them with the opportunity to reach their fullest developmental potential.

Material & Methods

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.

It's a quasi-experiment study. It is an empirical interventional study used to estimate the causal impact of an intervention on its target population without random assignment.

There were 961 married women from the selected clusters of adopted villages, Maheshwaram mandal, RR district. Out of 961 married women, 8% (80) were pregnant women (First time) and 75 formed the sample for the present study. Purposive sampling procedure was used. The following criterion was used to select the sample.

Criteria for sample selection:

- Women who were married and living with their husband
- Women who were Pregnant for the first time
- Women who were willing to be a part of the project

General objective: Promoting Maternal & Child health Knowledge among Pregnant women

Specific objectives

- To find out the demographic profiles of the Selected sample
- To find out the Knowledge levels of the Selected sample with regard to Maternal & Child health
- To develop suitable IEC material for promoting Maternal & Child health among the selected sample
- To conduct Knowledge based Intervention programme to the selected sample
- To assess the impact of Intervention programme on the Knowledge levels of the selected sample

Research strategy adopted: In order to achieve the above objectives, Knowledge based Intervention programmes (20) were organized for the pregnant women, using the developed IEC material.

Research tools details

1. 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.

2. 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:

i) 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 (7statements); Care during Pregnancy (9statements); Factors affecting healthy pregnancy (6statements); Health aspects of pregnancy (5statements); Danger signs of pregnancy (11statements); Complications that may arise during pregnancy (6statements); Types of Delivery (4statements).

ii) 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 (5statements); Purpose of R & CH programmes (6statements); Antenatal care services (5statements); Purpose of Antenatal care services (8statements); Post-natal care services (5statements) Purpose of Postnatal care services (4statements)

iii) 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 (4statements); Care of the new born (3statements); Nutritional care of the child (6statements). 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' is marked as 2; 'Not sure' is marked as One mark. The total scores were further grouped as Low, Average and high. Higher the score, higher is the level of Knowledge in that particular dimension.

Results & Discussions

Demographic data on pregnant women (Primigravida)

Table 1: Age wise distribution of the sample (N=75)

16 -19 yrs	20– 25 yrs	26– 30yrs	31 –35yrs
N & %	N & %	N & %	N & %
17 (23%)	37 (49%)	21 (28%)	---

The above table depicts the Age wise distribution of the sample (Pregnant women - Primigravida). Out of the total sample 75, slightly less than half of (49%) were in the age range of 20-25yrs; 28% were in the age group of 26-30yrs and the remaining 23% were in the age group of 16-19yrs.

Table 2: Education wise distribution of the sample (N=75)

Illiterate	Primary school	Secondary school	Inter	Degree Continuing
N & %	N & %	N & %	N & %	N & %
9 (12%)	13 (17%)	38 (51%)	11 (15%)	4 (5%)

The above table depicts the Education wise distribution of the sample (Pregnant women - Primigravida). Out of the total sample 75, half of (51%) completed Secondary school; 17%

completed Primary school; 15% completed Inter and only 5% were pursuing their degree.

Table 3: Occupation wise distribution of the sample (N=75)

House wife N & %	Fully involved in agriculture N & %	Partially involved in agriculture N & %	Petit business N & %
38 (51%)	7 (9%)	27 (36%)	3 (4%)

The above table depicts the Occupation wise distribution of the sample (Pregnant women - Primigravida). Out of the total sample 75, half of (51%) the sample were housewives; 36%

were partially involved in agriculture; 9% were fully involved in agriculture and only 4% were running petit business.

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

Socio economic status classification	Score	Pregnant women (First time)
Upper High	>76	-----
High	61-75	2 (3%)
Upper middle	46-60	8 (10%)
Lower middle	31-45	45 (60%)
Poor	16-30	20 (27%)
Very poor	<15	-----

The above table depicts the Socio Economic Status of the sample (Pregnant women - Primigravida). Out of the total sample 75, more than half of (60%) the sample were in lower

middle income level; 27% were in poor economic status; 10% were in upper middle income level and only 3% were in high income group.

Table 5: Maternal and Child Health awareness among married women – Pretest (N=75)

S. No	Maternal & Child Health Awareness Dimensions	Category	Score	Pregnant Women (First time) (No & %)
A	Pregnancy	High	97-144	18 (24%)
		Average	49-96	40 (53%)
		Low	< 48	17 (23%)
B	Maternal & Child Services & programmes	High	67 -99	19 (25%)
		Average	34 -66	40 (54%)
		Low	< 33	16 (21%)
C	General	High	27 - 39	19 (25%)
		Average	14 -26	40 (54%)
		Low	< 13	16 (21%)

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

With regard to Pregnancy dimension, out of 75 sample more than half (53%) obtained Average scores; 24% obtained High scores and 23% obtained Low scores.

With regard to Maternal & Child Services & Programmes dimension, out of 75 sample more than half (54%) obtained Average scores; 25% obtained High scores and 21% obtained Low scores.

With regard to General dimension, out of 75 sample more than half (54%) obtained Average scores; 25% obtained High scores and 21% obtained Low scores.

Planning & preparing educational material for conducting capacity building programmes on issues concerning Maternal and child health for Pregnant women:

Based on the bench mark issues and pre-assessment results, videos, brochures, leaflets, resource books and educational posters were planned / developed on selected thematic areas.

Educational posters mainly focused on: Balanced diet during Pregnancy; Birth control facts; Benefits of Breast feeding; Comprehensive nutrition; Condom use; Contraception choices; Healthy pregnancy; HIV prevention; Transmission of AIDs; Transmission of STI/ RTI; Reproductive rights; Reproductive problems; Reproductive health; Antenatal care; Immunization schedule; Menstrual problems; Menstrual education; Neonatal health.



Videos mainly focused on: Effective Family planning methods; Importance of Breast feeding; Care during Pregnancy; Diet during Pregnancy; Immunization Schedule to be followed; Transmission of AIDS; Transmission of STI/

RTI; Importance of Reproductive Health; Antenatal Care; Reproductive rights; Menstrual problems; Danger symptoms of Pregnancy; HIV prevention; Healthy pregnancy; Reproductive Health; Maternal & Child health services.



Conducting Intervention programmes on Maternal & Child health for the selected sample: Knowledge based Capacity building programmes (20) were conducted for pregnant women on issues concerning Maternal & Child health.

group exercises, role plays, and open ended stories, Brain storming, Group activities, Situation analysis, Case studies, responding to real life situations and Group discussions etc.

Some of the intervention strategies used for promoting Maternal & child Health Knowledge among the sample was:

Capacity building programmes



Impact of Knowledge based Intervention

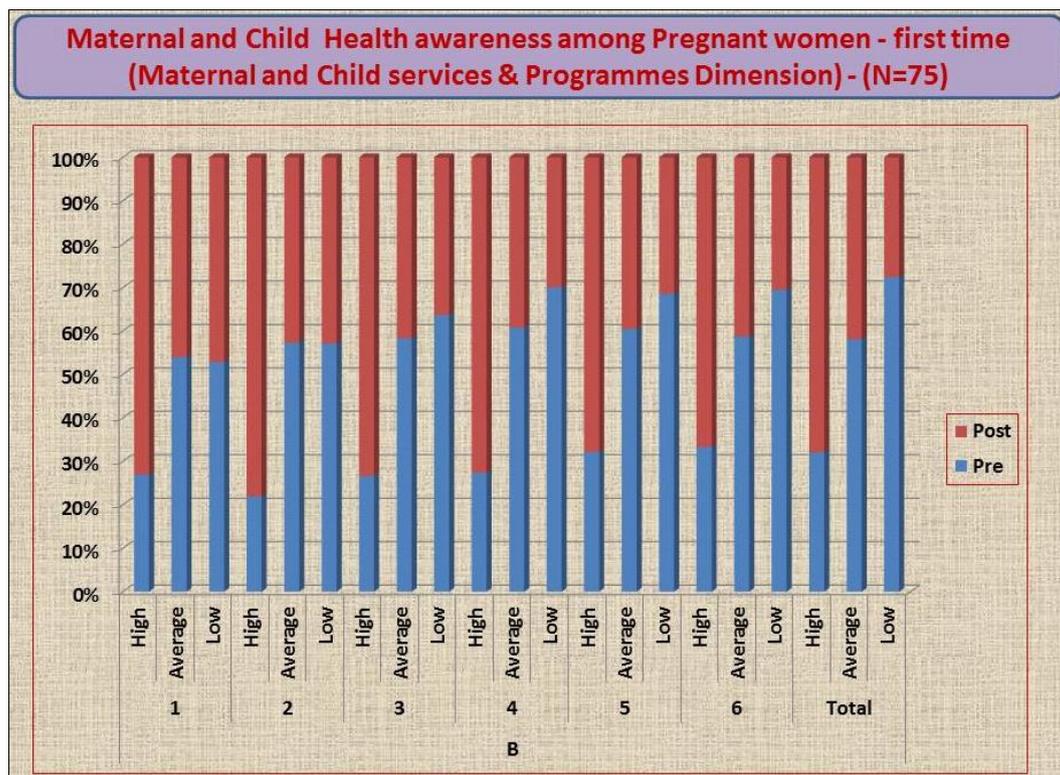
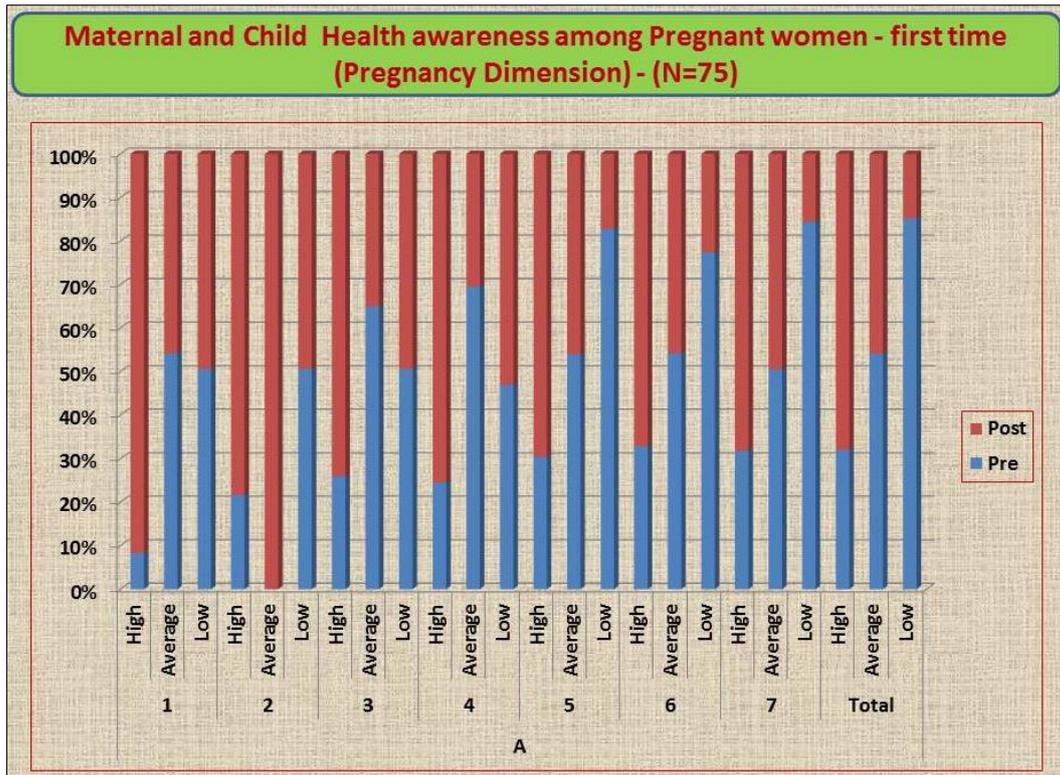
Table 6: Maternal and Child Health Knowledge scores of Pregnant women (First time) - Post assessment Scores: (N=75)

S. No	Maternal & child health awareness dimensions	Category	Score	Pregnant women (First time) (No & %)
A	Pregnancy	High	97-144	38 (51%)
		Average	49-96	34 (45%)
		Low	< 48	3 (4%)
B	Maternal & Child Services & programmes	High	67 -99	40 (53%)
		Average	34 -66	29 (39%)
		Low	< 33	6 (8%)
C	General	High	27 - 39	40 (53%)
		Average	14 -26	30 (40%)
		Low	< 13	5 (7%)

The above table traces the pretest scores of pregnant women with regard to Maternal Health & Child care Knowledge /practices. The Self structured Checklist covers 3 dimensions. With regard to Pregnancy dimension, out of 75 sample half (51%) of the sample obtained High scores; 45% obtained Average scores and only 4% obtained Low scores. With regard to Maternal & Child Services & Programmes dimension, out of 75 sample slightly more than half (53%) of

the sample obtained High scores; 39% obtained Average scores and only 8%) obtained Low scores. With regard to General dimension, out of 75 sample slightly more than half (53%) of the sample obtained High scores; 40% obtained Average scores and only 7% obtained Low scores.

Reproductive Health knowledge scores of Married women (without children) – Dimension & category wise



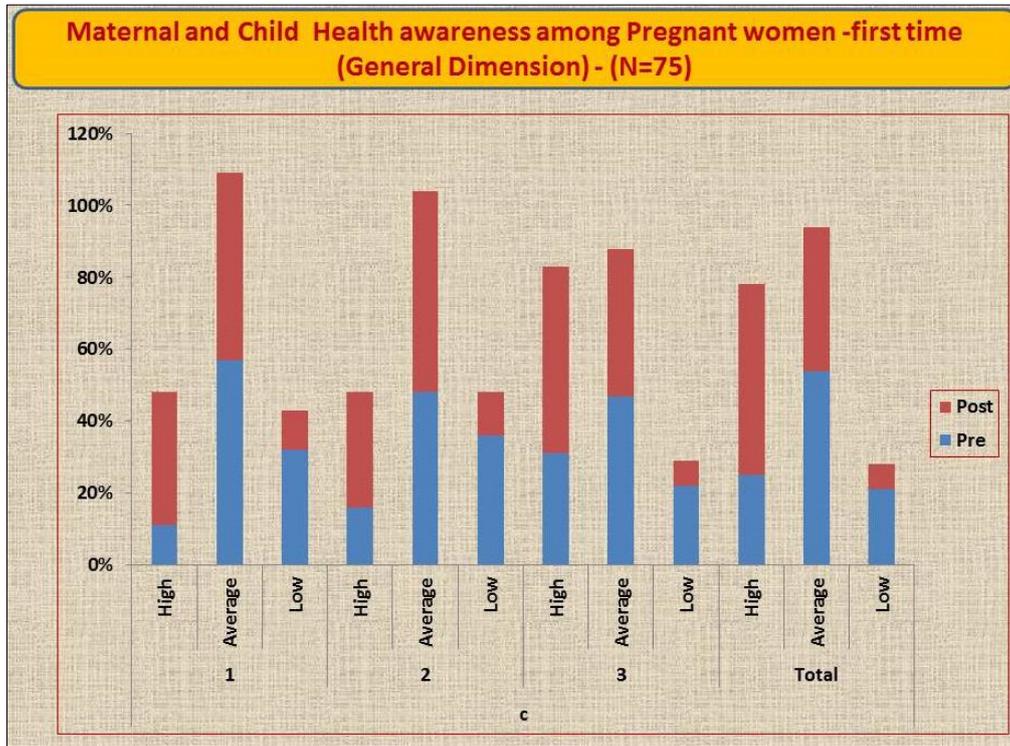


Table 7: Maternal and Child Health awareness scores (Pre & Post) of Pregnant women (N=75)

Dimensions	Sub-Dimensions	Raw scores		Mean		SD		Mean differences (P1-P)	T values
		(P)	(P1)	(P)	(P1)	(P)	(P1)		
A. Pregnancy (48 statements)	A	691	747	9.21	9.96	2.19	3.06	0.75	0.02
	B	920	1069	12.27	14.25	3.37	5.19	1.98	4.21
	C	530	645	7.07	8.6	2.20	3.44	1.53	4.07
	D	549	670	7.32	8.93	2.30	3.56	1.61	4.26
	E	1339	1676	17.85	22.35	6.25	6.50	4.5	1.08
	F	733	916	9.77	12.21	3.52	3.55	2.44	2.94
	G	478	598	6.37	7.97	2.59	2.52	1.6	1.79
	Total	5240	6321	69.87	84.28	20.11	24.56	14.41	4.09
B: Maternal & Child Services and programmes(33 statements)	A	497	569	6.63	7.59	2.13	3.09	0.96	0.05
	B	600	764	8.0	10.19	2.73	4.03	2.19	9.25
	C	566	743	7.55	9.91	2.56	3.48	2.36	5.39
	D	994	1243	13.25	16.57	5.02	4.76	3.32	1.15
	E	667	803	8.89	10.71	3.15	3.16	1.82	2.95
	F	534	662	7.12	8.83	2.75	2.71	1.71	1.51
	Total	3858	4784	51.44	63.79	15.86	18.08	12.35	1.02
C: General (13 statements)	A	437	562	5.83	7.49	1.73	2.10	1.66	2.91
	B	351	445	4.68	5.93	1.79	1.73	1.25	1.92
	C	793	950	10.57	12.67	3.99	3.62	2.1	2.7
	Total	1581	1957	21.08	26.09	6.32	6.36	5.01	2.51

Note: ** at 1% level of significance

Abbreviations

1. Pregnancy	2. Maternal & Child health Services & programmes	3. General
A: Signs of Pregnancy	A: Reproductive & child health programmes	A: Practices that jeopardize infant health, growth or survival
B: Care during Pregnancy	B: Purpose of R & CH programmes	B: Care of the new born
C: Factors affecting healthy pregnancy	C: Antenatal care services	C: Nutritional care of the child
D: Health aspects of pregnancy	D: Purpose of Antenatal care services	
E: Danger signs of pregnancy	E: Postnatal care services	
F: Complications during pregnancy	F: Purpose of Postnatal care services	
G: Types of Delivery		

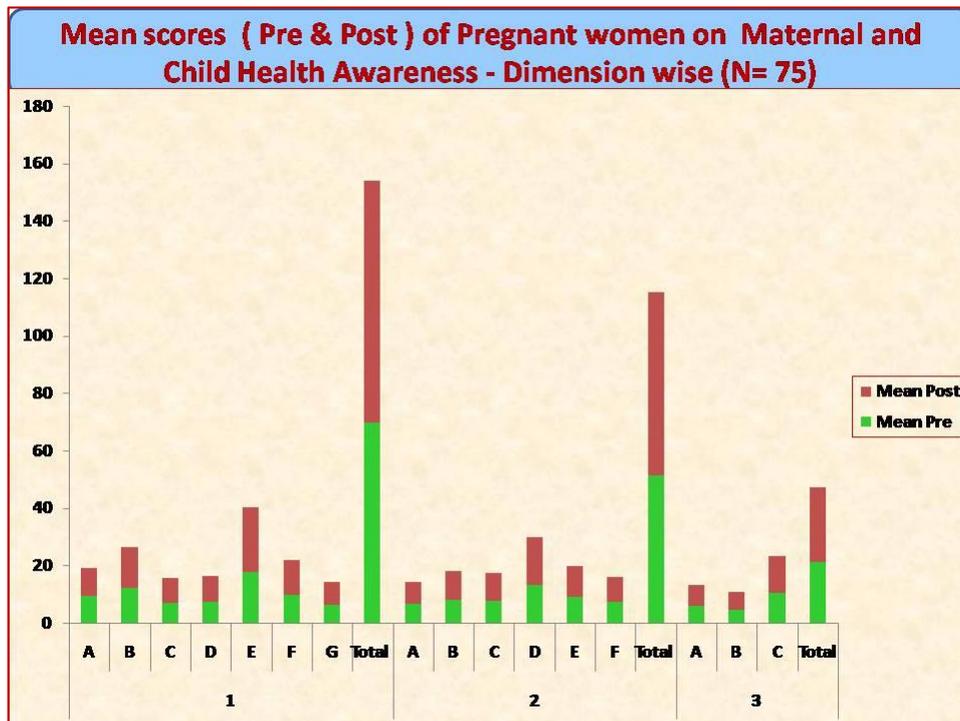
The above table presents the Pre & Posttest (Raw scores, Means, SD and T values) Scores of Married women (Pregnant 1st time) with regard to Sub-dimensions under Maternal Health and Child Care. The table shows the progressive

increase in the total raw scores across pre-test to post-test, along with the increase in the mean differences, which shows the impact of intervention programme.

T values between the two means of pre-test and post-test was

found to be highly significant, as the calculated values were found to be greater than the tabulated value. The results reflect the effectiveness of Intervention programmes on the

Knowledge levels of Married women with reference to Reproductive Health.



Conclusion

Higher proportion of pregnant women has inadequate knowledge, and about one-third of them were poorly practicing ANC care. Their knowledge on certain aspects of ANC were still poor especially regarding the importance of early antenatal check-up, health screening and complications related to diabetes and hypertension in pregnancy. Specific intervention programmes need to be planned and conducted to improve their maternal health practices which would eventually improve the health status.

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