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A study to assess the knowledge regarding antenatal care among pregnant women at District Hospital of Bareilly (U.P.) with a view to develop an information booklet

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Abstract
The objective of the study are to assess knowledge regarding antenatal care among pregnant women. To associate knowledge of pregnant women with their selected demographic variable that is age, area, qualification, occupation, religion, type of family, living of area, dietary pattern.
To develop a information booklet on knowledge of antenatal care for pregnant women.
Nurses being one of the members in multidisciplinary health care team must have adequate knowledge of the Antenatal Care. The researcher felt the need of a structured interview schedule for pregnant women and intended to assess the knowledge regarding antenatal care .
The descriptive research design was used to assess the knowledge regarding Antenatal care among pregnant women of District Hospital Bareilly, (U.P). In view of the nature of problem and to accomplish the objectives of the study, a structured interview schedule to assess the knowledge regarding Antenatal care among pregnant women was prepared and used.
Validity of the tool was ensured by consulting the guides and experts in the fields of statistics, medicines and Nursing and reliability (0.78) of the tool was tested. The study was carried out in District Hospital Bareilly (U.P) pregnant women were selected by Non probability purposive sampling technique. Structured interview schedule was used to collect the needed data. Data was analyzed by using descriptive and inferential statistics.
Pregnant women knowledge regarding antenatal care is very good .Divided into 4 parts. Excellent 11(36.66%), V.Good15(50%) , Good 4(13.33%) Poor 0 (0%). Hence the total mean average is 706 and mean percentage is 78.43%. Thus by conducting this study we conclude that pregnant women having very good knowledge regarding antenatal care.
Keywords: *Assess; Knowledge; Antenatal care; pregnant women.*

Introduction

Most women who are pregnant in the UK will have an uncomplicated pregnancy, giving birth to a healthy baby at full term. However, problems during pregnancy remain common and still birth rates have changed little in recent years .Maternal complications such as depressions, thromboembolism , haemorrhage and sepsis are also still encountered with the most extreme cases contributing to a UK. Maternal mortality rate of around 11 per 100,000 maternities (2006- 2008) data. 1 Adverse outcomes of pregnancy sometimes unpredictable events, but can also be associated with risk factors such as obesity, smoking, diabetes, hypertension, substance abuse or domestic abuse.

The aims of **ANTENATAL CARE** to optimize maternal and foetal death, to offer women maternal and foetal screening to make medical or social interventions are available to women where indicated to improve women's experience of pregnancy and birth and to prepare women for motherhood whatever their risk status . 2 Safe Motherhood Initiatives, a worldwide effort was launched by the World Health Organizations (WHO) in 1987 which aimed to reduce the number of deaths associated with pregnancy and child birth.

Appropriate Antenatal Care (ANC) is one of the pillars of this initiative. It highlights the care of antenatal mothers as an important element in maternal health care as appropriate care will lead to successful pregnancy outcomes and healthy babies . 3 Improving maternal health is one of the eight- millennium development goals (MDGs), countries committed to reducing maternal mortality by three- quarters between 1990 and 2015. Since 1990, maternal worldwide have dropped by 47%. In India data from the most recent National family Health Survey suggest that the maternal mortality ratio has fallen from approximately 400 deaths per 100,000 live births in 1997 to 301 deaths per 100,000 live births in 2006.

The maternal mortality ratio (MMR) in India has been maintained at a higher level since long. It was reported that the MMR among Indian Women National average of MMR is 212 per 100,000 live births (SRS 2007-2009) which itself is very high compared to the International scenario like Sweden (5), USA (24) and Brazil (58) and even in neighbouring countries such as Srilanka (39) and Thailand (48).

Although the health status of women has improved over the years due to concentrated efforts of Government of India. It is still not at part with the International benchmark is unacceptably high. Health outcomes goals established in the 12th 5 year plan are to reduce infant mortality rate to 25 per 1000 live births, to reduce maternal mortality ratio to 100 per100,000 live births by 2012. To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed to all levels of the health system.

Health knowledge is an important element to enable women to be aware their health status and the importance of appropriate Antenatal care (ANC). Very few studied were carried out in India about this aspect of maternal health and hence data in this regard is scarely available. This study was conducted to determine the level of knowledge, attitude and practices related to ANC among these pregnant women and to assess the awareness about their own health during pregnancy. This will be used as baseline data and will help in the further planning of Health Intervention Programme.

Materials and Methods

A structured interview schedule was prepared by researcher to assess the knowledge among pregnant women living in district hospital, Bareilly.

The structured interview schedule consists of two part:-

Part A: Demographic Variables { Age in years, education level , occupation , religion , type of family , gravida , dietary pattern , living of area.}

Part B: Structured interview schedule

Content validity of the tool {Self – Administered Structured Questionnaire}

According to Pilot and Beck ," content validity of an instrument measures what is intended to measure ". In order to measure the content validity of the tool in the present study , the tools was given to seven experts .

Experts were chosen on the basis of their clinical expertise , experience , qualification and interest in the problem area . Experts were requested to judge the items on the basis of their relevance , clarity, feasibility and organizations of the items . The response column for validating the contents were "not relevant ", "relevant to some extent", "relevant". There was 95% agreement among experts who responded to the tools with few suggestions to modify some item and to remove some items in the self administered and the some were incorporated. The tools were found to be valid for conducting the study.

Process of Data Collection

PHASE 1- The formal permission to conduct the study was obtained from District Hospital at Bareilly (U.P)

PHASE 2- Investigator introduced herself and developed rapport with subject. The investigator conducted the main study after getting consent from 30 sample by purposive sampling method at District Hospital.

PHASE 3- Data collection is the gathering of information needed to address a research problem .A validated structured interview schedule was conducted to collect data about knowledge of Antenatal care in pregnant women since this technique is feasible and suitable to collect data from all sample total sample of main study consisted of 30 pregnant women .Data was collected from the sample by administering structured interview schedule after obtaining consent from participiant.

Plan for Data Analysis and Interpretation

Analysis of data is a process of interpreting, cleaning , transforming and modeling data with the goal of discovering useful information , suggesting conclusions, and supporting decision making. Data interpretation is a part of daily life for most people. Interpretation is the process of making sense of numerical data that has been collected, analyzed and presented.

Description: Both descriptive and inferential statistics will be used for the data collection

Inferential Statistics: Chi square test will be used to associate the knowledge score with their demographic variables.

Result and Discussion

Section I: Sample Characteristics

Table 1: Frequency and percentage distribution of sample characteristics of Pregnant women

(N = 30)

S.NO.	Variables	Frequency (n)	Percentage
1.	Age (years)		
	a. 20-25	8	26.66%
	b. 26-30	5	16.66%
	c. 31-35	7	23.33%
	d. 36-40	0	0%
2.	Education level		
	a. No formal education	0	0%
	b. Up to primary	7	23.33%
	c. Higher secondary	8	26.66%
	d. Senior secondary	9	30%
	e. Graduate 7 above	0	0%

3.	Occupation a. Private b. Buisness c. Government d. Housewife	 5 1 8 0	 16.66% 33.33% 26.66% 0%
4.	Religion a. Hindu b. Muslim c. Sikh d. Christian	 12 10 5 0	 40% 33.33% 16.66% 0%
5.	Type of family a. Nuclear b. Joint c. Extended	 13 17 8	 43.33% 56.66% 26.66%
6.	Gravidae a. Primigravidae b. Multigravidae	 14 16	 46.66% 53.33%
7.	Area of living a. Urban b. Rural	 11 19	 36.66% 63.33%
8.	Dietary pattern a. Vegetarian b. Non- vegetarian	 09 07	 40% 60%

Table 1: Depicts that maximum number of pregnant women age group followed by (26.66%) belonging to age group of 20-25,(23.33%) were in the 31-35 year of age group and minimum (16.66%) in the age group of 26-30.As regard education level , maximum (30%) of subjects were in senior secondary, (26.66%) were in higher secondary,(23.33%) were up to primary. As regard to their occupation maximum (26.66%) were government, (16.66%) were private and rest (3.33%) were in business. As regard to religion maximum (12%) were Hindu, (33.33%) were Muslim, (16.66%) were Sikh. According to type of family (56.66%) of subjects belong to joint family, (43.33%) belong to nuclear family and belong to extended family(26.66%). According to gravidae (46.66%) belong to primigravidae, (53.33%) belong to multigravidae. According to living of area, (36.66%) belong to rural area, (63.33%) belong to urban area. According to dietary pattern maximum (60%) subjects are non-vegetarian and remaining (40%) are vegetarian

Section -2:

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

Table 2: Frequency and percentage distribution of level of knowledge of pregnant women regarding antenatal care

Knowledge Frequency score	Frequency	Percentage	Mean	Mean %	Standard deviation
Excellent (25-30) (76%-100%)	11	36.66%	26.54%	88.46%	0.98
Very good (19-24) (51%-75%)	15	50%	23.06%	76.86%	1.48
Good (15-18) (40%-59%)	4	13.33%	17	56.66%	0.0701
Poor (Below 13) (>25%)	0	0%	0	0	0

Maximum Score :30
Minimum Score : 0

Table 2 Figure 3. 1 and Figure 3.2 shows the frequency and percentage distribution of level of knowledge of pregnant women regarding Antenatal care. 36.66% of pregnant women obtained Excellent score (76-100%), 50% of pregnant women obtained V. Good score (51-75%) ,13.33% of pregnant women obtained Good score (26-50%), and not even single pregnant women score (>25%) and mean knowledge score of pregnant women regarding antenatal care was 23.53 and Mean percentage of knowledge score of pregnant women regarding Antenatal care was 78.44%. Thus, it is referred that maximum of pregnant women had excellent knowledge regarding to Antenatal care followed by least of them had good knowledge.

Table 3: Comparative mean knowledge score of pregnant women regarding Antenatal care according to Age in years. (N = 30)

S.NO.	DEMOGRAPHIC VARIABLES	EXCELLENT	GOOD	CHI SQUARE	DF	P- VALUE
1.	**AGE IN YEARS**					
	20-25	4	1			
	26-30	1	1	1.6024	6	0.9524
	31-35	2	1			
2.	**EDUCATION LEVEL**					
	Up to primary	1	2	9.525	2	0.1466
	Higher secondary	1	1			
	Senior secondary	5	0			
3.	**OCCUPATION**					
	Private	3	1			
	Buisness	0	0	5.3347	4	0.5016
	Government	4	0			
4.	**RELIGION**					
	Hindu	3	4			
	Muslim	5	0	9.2788	4	0.1584
	Sikh	1	0			
5.	**TYPE OF FAMILY**					
	Nuclear	12	5			
	Joint	13	2	5.1501	4	0.0760
	Extended	7	1			
6.	**DIETARY PATTERN**	1	4	10.656	1	0.0047
	Vegetarian	10	0			
	Non - vegetarian					
7.	**GRAVIDAE**					
	Primigravidae	6	1	0.4149	1	0.5194
	Multigravidae	5	3			
8.	**AREA**					
	Rural	4	3	0.4149	1	0.5194
	Urban	7	1			

Table no. 3 shows out of 30 samples, majority of pregnant women i.e. 15 (50%) had V good knowledge score, 11(36.66%) pregnant women having excellent knowledge score ,and 4 (13.33%) pregnant women were having good knowledge regarding antenatal care.

b) significant relationship of knowledge score of pregnant women regarding antenatal care are with religion and dietary pattern ,and there was no significant association of pregnant women knowledge score with their education level, age, occupation , type of family, gravidae.

Ethical Consideration

Permission to conduct the study was taken from competent authorities. Formal permission was obtained from the District Hospital of Bareilly for conducting the study.

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List of abbreviations used

H : Hypothesis
SD : Standard Deviation
% : percentage
X2 : Chi-square
< : Less than
> : More than