

Assess the Knowledge on Preparation for Safe Delivery Among Antenatal Mothers in Selected Hospitals of Kamrup Metro, Assam

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Abstract

BACKGROUND: During a women life period, pregnancy and child birth are special events indeed in the lives of their families. All women need care and attention during pregnancy. This care is usually called prenatal or antenatal care. Effective antenatal care can improve the health of the mother and give her a chance to deliver a healthy baby. Regular monitoring during pregnancy can help detect the complication at an early stage before they become life threatening emergency Improving the knowledge towards preparation for safe delivery among antenatal mother will reduce Maternal Mortality Ratio.

OBJECTIVES: The purpose of the study to assess the knowledge on preparation for safe delivery among antenatal mothers in selected hospitals of Kamrup Metro, Assam.

MATERIALS AND METHODS: A quantitative research survey approach was adopted and non-experimental descriptive research design was used to assess the knowledge on preparation for safe delivery among antenatal mothers in selected hospitals of Kamrup Metro, Assam. 176 antenatal mothers were selected using non-probability consecutive sampling technique. The tool used for the study was structured self-administered knowledge questionnaire.

RESULTS: The study result shows that frequency and percentage distribution of knowledge of the antenatal mothers regarding preparation for safe delivery among antenatal mothers revealed that majority i.e. 140(79.5%) had moderate knowledge, 20(11.4%) had adequate knowledge and 16(9.1%) had inadequate knowledge. It also reveals that there was a significant association between demographic variable such as age, type of family, occupational status, monthly family income, religion, trimester and source of information regarding knowledge on preparation for safe delivery.

CONCLUSION: The findings of the study revealed that some of the antenatal mothers had adequate knowledge. Adequate knowledge helps them to cope with the preparation for safe delivery to continue their pregnancy more comfortably and joyful.

Keyword: knowledge, preparation for safe delivery, antenatal mothers, hospitals

INTRODUCTION

Antenatal care is the care received during pregnancy from skilled health personnel such as the goal-oriented model recommended by the WHO which include 4-5 visits for pregnant women who are not

having medical problems. Globally in 2020, the maternal mortality ratio was 152 per 100,000 live births up from 151 deaths per 100,000 live births in 2019 due to poor preparation for delivery. Assam has the highest maternal mortality rate (MMR) in India i.e., 195 deaths/ 1 lakh live births. Antenatal care utilization (65%) in the developing countries is low when compared to that of the developed countries which is 97%. Skilled attendance at delivery is 53% in developing countries while it is 99% in the developed countries and postpartum care utilization is 30% compared to 90% in developed countries. The antenatal period is a very special time where women undergo the transition into motherhood. During this period the anemic. In India over 54% of pregnant women are anemic and for every 1, 00,000 live births there are 301 maternal deaths in India. This can be reduced by registering the pregnancy in hospital or center and mainly should counsel to come for follow up visit till the baby born safely.

STATEMENT OF THE PROBLEM

A Study to Assess the Knowledge on Preparation for Safe Delivery among Antenatal Mothers in Selected Hospitals of Kamrup Metro, Assam.

OBJECTIVES

1. To assess the knowledge on preparation for safe delivery among antenatal mothers in selected hospitals of Kamrup Metro, Assam.
2. To find out association between knowledge on preparation for safe delivery with demographic variables in selected hospitals of Kamrup Metro, Assam.

HYPOTHESIS

H₁: There is significant association between knowledge on preparation for safe delivery with selected demographic variables at 0.05 level of significance.

MATERIALS AND METHODS

A quantitative research survey was adopted and non-experimental descriptive research design was used to assess the knowledge on preparation for safe delivery among antenatal mothers in selected hospitals of Kamrup Metro, Assam. 176 antenatal were selected using non-probability Consecutive sampling technique. The tools used for the study was structured self-administered knowledge questionnaire. The analysis was done by using descriptive and inferential statistics in terms of frequency distribution, percentage, mean, standard deviation and chi-square.

RESULTS

Findings related to Demographic data

Table1: Frequency and Percentage distribution of selected demographic variables of antenatal mothers on knowledge on preparation for safe delivery

Demographic variables	Frequency (f)	Percentage (%)
1.Age in years		
20-25	97	55.1
25-30	63	35.8
30-35	16	9.1

2.Residential area		
Urban	111	63.1
Rural	65	36.9
3.Educational status		
Primary school certificate	21	11.9
Middle school certificate	28	15.9
High school certificate	46	26.2
Intermediate school certificate	37	21
Graduate	38	21.6
Profession	6	3.4
4.Type of family		
Nuclear	61	34.7
Joint	74	42
Extended	41	23.3
5.Occupational status		
Professional	23	13.1
Semi – profession	63	35.7
Clerical	34	19.3
Skilled worker	36	20.5
Semi -skilled worker	14	8
Unskilled	6	3.4
Unemployed	0	0
6.Monthly family income		
≤ 9226	23	13.1
9232-27648	50	28.4
27654-46089	44	25
46095-68961	34	19.3
68967-92185	13	7.4
92192-18,4370	8	4.5
≥ 18,4370	4	2.3
7.Religion		
Hindu	86	48.9
Islam	68	38.6
Christian	22	12.5
8.Trimester		
1 st trimester	83	47.2
2 nd trimester	86	48.8
3 rd trimester	7	4
9.Source of information		
Media sources	3	1.7
Medical sources	130	73.9

Family members and friend	43	24.4
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The data in table 1 shows the frequency and percentage distribution of selected demographic variables of antenatal mothers on knowledge on preparation for safe delivery. Majority i.e. 97(55.1%) were between age group of 20-25 years, Majority i.e. 111(63.1%) were belongs to urban residential area, Majority i.e., 46 (26.2%) were high school certificate, Majority i.e. 74(42%) were belong to joint type of family. Majority i.e. 63(35.7%) were semi-profession by occupational status. Majority i.e. 50(28.4%) were monthly income between 9232-27648. Majority i.e. 86(48.9%) were Hindu. Majority i.e. 86(48.8%) were at 2nd trimester. Majority i.e. 130(73.9%) get previous source of information from medical sources.

Figure 1: frequency and percentage distribution of level of knowledge on preparation for safe delivery among antenatal mothers

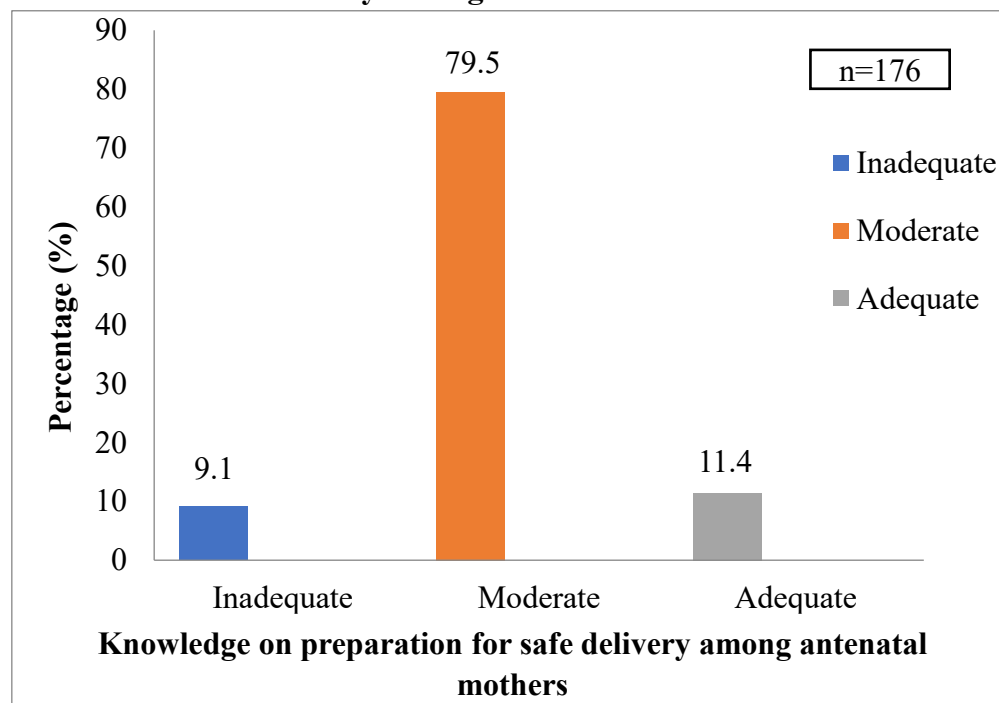


Figure 1 depicts that majority i.e.79.5% of antenatal mothers had moderate knowledge, 11.4% had adequate knowledge and 9.1% of participants had inadequate knowledge on preparation for safe delivery.

Table 2: Association between the knowledge of antenatal mothers with selected demographic variables

Demographic variables	Knowledge			χ^2	df	P value	Tabulated value	Inferences
	Inadequate	Moderate	Adequate					
Age (in years)								
20-25	5	83	9	15.15	4	0.004	9.49	S
25-30	11	41	11					
30-35	-	16	-					
Residential area								
	11	87	13	0.305	2	0.858	5.99	NS

Urban	5	53	7					
Rural								
Educational qualification				16.44	10	0.088	18.31	NS
Illiterate	-	-	-					
Primary school certificate								
Middle school certificate	1	19	1					
High school certificate	3	24	1					
Intermediate or diploma	1	40	5					
Graduate	6	28	3					
Profession	5	25	8					
	-	4	2					
Type of family								
Nuclear family	5	52	4	9.68	4	0.043	9.49	S
Joint family								
Extended family	10	51	13					
	1	37	3					
Occupational status								
Professional	1	16	6	26.03	10	0.004	18.31	S
Semi profession	2	56	5					
Clerical	6	27	1					
Skilled worker	7	22	7					
Semi-skilled worker	-	14	-					
Unskilled worker	-	5	1					
Unemployed	-	-	-					
Monthly family income								
≤ 9226	1	20	2	38.38	10	0.001	21.03	S
9232-27648	8	39	3					
27654-46089	1	34	9					
46095-68961	-	30	4					

68967-92185	6	6	1					
92192-18,437	-	8	-					
≥ 18,4370	-	3	1					
Religion								
Hindu	3	72	11	15.37	4	0.004	9.49	S
Islam	13	47	8					
Christian	-	21	1					
Source of information								
Media sources	-	2	1	9.703	4	0.046	9.49	S
Medical sources	15	105	10					
Family members and friends	1	33	9					

The statistical presentation of data presented in the table 2 shows that there is significant association between knowledge on preparation for safe delivery among antenatal mothers with demographic variables such as age (χ^2 value=15.15 and ' p ' value=0.004), type of family (χ^2 value=9.68 and ' p ' value=0.043), occupational status (χ^2 value=26.03 and ' p ' value=0.004), monthly family income (χ^2 value=38.38 and ' p ' value=0.001), religion (χ^2 value=15.37 and ' p ' value=0.004), trimester (χ^2 value=12.92 and ' p ' value=0.012) and source of information (χ^2 value=9.703 and ' p ' value=0.046) and there is no association between knowledge on preparation for safe delivery among antenatal mothers with demographic variables such as residential area and educational status. Hence, the null hypothesis, H_{01} is rejected and research hypothesis, H_1 is accepted in demographic variables such as age, type of family, occupational status, monthly family income, religion, trimester and source of information regarding knowledge on preparation for safe delivery. The null hypothesis, H_{01} is retained for the demographic variables such as residential area and educational status.

CONCLUSION

The study was conducted to assess the knowledge on preparation for safe delivery among antenatal mothers of selected hospitals of Kamrup Metro, Assam. The findings of the study revealed that some of the antenatal mothers had adequate knowledge. Adequate knowledge helps them to cope with the preparation for safe delivery to continue their pregnancy more comfortably and joyful.

RECOMMENDATIONS

On the basis of findings of the study it is recommended that

- A similar study can be done in community setting regarding knowledge on preparation for safe delivery
- A comparative study can be done between urban mothers and rural mothers regarding.
- A study can be done using other methods of administration of tools (structured teaching programmers, self-instructional module).

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