



A Descriptive Study to Assess the Knowledge of Selected Components of Safe Motherhood among Women in Reproductive Age Group in Selected Villages of Horti PHC, Bijapur District

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ABSTRACT

Pregnancy is not only matter of giving birth but also joyful and fulfilling period in woman's life and experiences of misery and suffering when complications causing ill health or even death¹. According to WHO, the global ratio of 400 maternal deaths occur during first 24 hours of delivery. Several cause of deaths are post partum haemorrhage (42%), anaemia (22%), sepsis (11%) , prolonged obstructed labour (5%) & hypertensive disorders(33.5)².

Therefore, investigator conducted a descriptive study to assess the knowledge on selected component of safe motherhood among women in reproductive age in selected village of Horti PHC, Bijapur District in a view to develop an individual teaching programme.

The investigator administered the 40 reproductive age mother at Nimbal K.D of Horti PHC. The data was collected by structured knowledge questionnaire. The conceptional framework is based on Roy's Adaptational Model. The data generated was analysed by descriptive and inferential statistics.

The study revealed that pre- test score was, 22(55%) had poor knowledge, 18 (45%) women had moderate knowledge &. In post test score 40(100%) women had good knowledge. The study concludes that Individual Teaching Programme is effective to raise the Knowledge level in women in reproductive age group.

KEYWORDS

Assess, Effectiveness, Individual Teaching Programme, Knowledge, Reproductive age mother

INTRODUCTION

Motherhood is an important milestone in woman's life. The woman is dreaming long months of expecting and long hours of labour and outcome of newborn baby and curious to see the face of the baby and engaged in various needs of the baby. While breast feeding the mother's focus on holding the baby and the baby draws nourishment, strength. Conceptually summates the essence of motherhood³.

Everyday, almost 800 women die during pregnancy or childbirth. The loss of a mother shatters a family and threatens the well-being of surviving children. Evidence shows that infants whose mothers die are

more likely to die before reaching their second birthday than infants whose mothers survive⁴.

A cross sectional study was conducted to find out the utilization of the health services in the antenatal, intra natal, postnatal period and factors influencing utilization of health services. 510 mothers were selected from 27 urban slums of Davanagere who had delivery prior to 3 months of the initiation of study. The result revealed that only 35.9% of women had utilized all 3 services i.e., antenatal, intranatal, and postnatal completely. The percentage of delivery conducted by the trained attendants was 70.4% and only



64.7% of the women had received post natal visit⁵.

Considering the high maternal deaths in the developing countries, WHO developed the idea of “Safe Mother Hood Initiative” at a conference in Nairobi, Kenya in 1987. It is a global effort to reduce the maternal deaths by at least half by 2000AD, now extended to 2015. The objectives are to enhance the quality and safety of girls and women’s lives through adaptation of a combination of health and non health strategies⁶.

Study Title:

“Effectiveness of individual teaching programme on knowledge of selected components of safe motherhood among women in reproductive age group in selected villages of Horti PHC, Bijapur district”.

OBJECTIVES

1. To assess the pre test knowledge score on safe mother hood among women in reproductive age to be measured by Structured Interview Questionnaire.
2. To develop and implement individual teaching programme on safe motherhood.
3. To evaluate the effectiveness of individual teaching programme on safe mother hood.

4. To find out association between pre test knowledge on safe mother hood and their selected demographic variables.

Assumptions

- Women in reproductive age mother may have less knowledge regarding safe mother hood.
- Individual Teaching Programme may help to improve the knowledge of women in reproductive age regarding safe mother hood.

REVIEW OF LITERATURE

Reviews of literature are categories into following headings

- 1) Review of literature related to safe mother hood
- 2) Review of literature related to safe motherhood programmes
- 3) Review of literature related to knowledge of eligible couple regarding safe mother hood
- 4) Review of literature related to effectiveness of individual teaching programme.

The study was conducted to identify the use of antenatal and delivery care services among pregnant women, sample size was 2,757 pregnant women. The result showed that 2,132 participants used ANC, overall ANC adequacy was low in some groups, particularly in the rural area(15.2%) . Caesarean section (CS) was common



among urban women (38.5%). Rural women spent 3.0% and 19.0% of the reported annual household income per capita for ANC and delivery care, respectively, compared to 6.1% and 20.6% for urban women. It is concluded that, National maternal healthcare programs should focus on improving ANC service content in rural areas and controlling technology preference in urban.³⁵

METHODOLOGY

Research approach: Quantitative research approach

Research design- Descriptive Design

Setting- Selected villages of Horti PHC

Independent variable: Individual teaching programme on selected component of safe motherhood

Dependent variable: Knowledge score on safe motherhood

Population: Reproductive age mother

Sample size: 40

Sampling technique: Non probability sampling in which convenient sampling is used.

Inclusion Criteria

- Reproductive age mothers who are age between 15-45 years.
- Mothers who are willing to participate in the study.
- Mothers who are staying in the selected villages of Horti PHC.

Exclusion Criteria

- Mothers who were multi gravida.
- Mother who were not available at the time of data collection.
- Mother who were not staying in the selected villages of Horti PHC.

Data collection method:

The study was conducted from was carried out from **25 /12/2012 to 05/02/2013** in the selected Nimbak K. D. villages of Horti PHC. Data was collected by convenient sampling technique through knowledge questionnaire related to safe motherhood. Information provided through individual teaching programme.

The respondents were cooperative and the data was collected and compiled for data analysis.

FINDINGS OF THE STUDY

Part I: Demographic profile:

Table 1 Frequency & percentage distribution of knowledge of safe motherhood among women in reproductive age group according to age. (N=40)

AGE IN YEAR	FREQUENCY(F)	PERCENTAGE (%)
15-20	10	25.0
21-25	20	50.0
26-30	09	22.50
31 -35	01	2.5
TOTAL	40	100

Table 2 Frequency & percentage distribution of women in reproductive age group according to religion

RELIGIO N	FREQUENCY(F)	PERCENTAGE (%)
A) HINDU	29	72.5
B) MUSLIM	09	22.5



C) CHRISTIAN	02	05
D) OTHERS	00	00
TOTAL	40	100

Table 3 Frequency & percentage distribution of women in reproductive age group according to education

EDUCATION	FREQUENCY (F)	PERCENTAGE (%)
NON FORMAL EDUCATION	13	32.5
PRIMARY EDUCATION	12	30.0
SECONDARY EDUCATION	10	25.0
GRADUATION/ POST GRADUATION	5	12.5
TOTAL	40	100

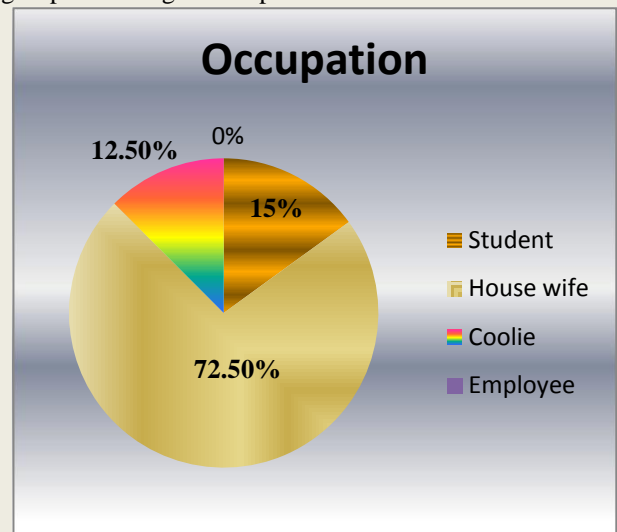
Table 4 Frequency & percentage distribution of women in reproductive age group according to occupation

OCCUPATION	FREQUENCY (F)	PERCENTAGE (%)
STUDENT	06	15
HOUSE WIFE	29	72.5
COOLIE	05	12.5
EMPLOYEE	-	-
TOTAL	40	100

Table 5 Frequency & percentage distribution of women in reproductive age group according to income

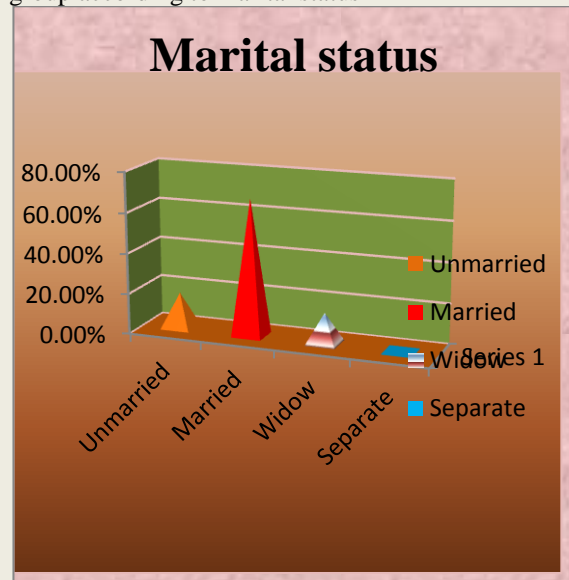
FAMILY INCOME /MONTH IN RS.	FREQUENCY (F)	PERCENTAGE (%)
LESS THAN 5000	27	67.5
5001-10000	08	20.0
10001-15000	04	10.0
MORE THAN 15000	1	2.5
TOTAL	40	100

Graph 1 Distribution of women in reproductive age group according to occupation



Among 40 women in reproductive age group, Majority number of the women, 29(72.5%) women were house – wife, 6(15%) women were student, 5(12.5%) women were coolie.

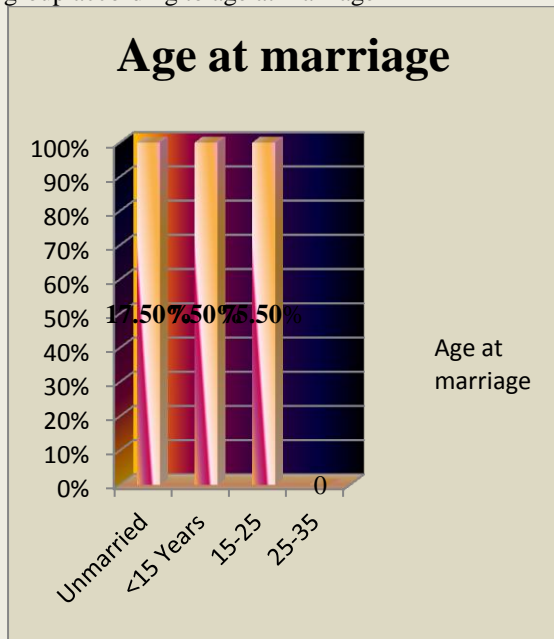
Graph 2 Distribution of women in reproductive age group according to marital status



Among 40 women in reproductive age group, the maximum number of women about 27(67.5%) were married, 7(17.5%) women were unmarried, 6(15%) women were widow.

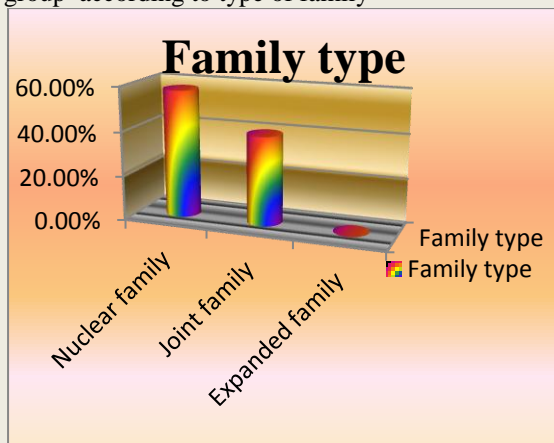


Graph 3 Distribution of women in reproductive age group according to age at marriage



Among 40 women in reproductive age group, out of total, maximum numbers of the women in reproductive age group about 30(75%) women had age at marriage, 7(17.5%) women had unmarried, 3(7.5%) women had age at marriage.

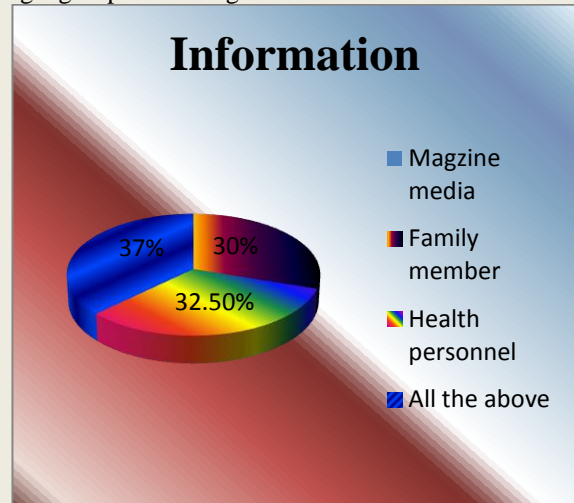
Graph 4 Distribution of women in reproductive age group according to type of family



Among 40 women in reproductive age group, out of total, maximum number of the women in reproductive age group about 23(57.5%) had nuclear family, 16(40%)

women had joint family, and 1 (2.5%) women had separated family.

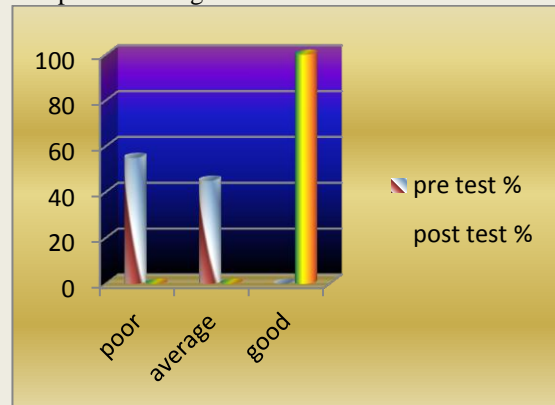
Graph 5 Distribution of women in reproductive age group according to the source of Information



Among 40 women in reproductive age group maximum numbers of the women reproductive age mothers about 15(37.55%) got all sources of information regarding health, 13(32.5%) women got information regarding health from health personnel, 12(30%) women got information regarding health from family members.

SECTION – B: Comparison of knowledge level from pre – test and post – test scores.

Graph 6 Pre-tests and post tests knowledge score of reproductive age mother about safe motherhood





It clearly states that, out of 40 women in reproductive age group's pre- test score was, 22(55%) had poor knowledge, 18 (45%) women had moderate knowledge &.

In post test score 40(100%) women had good knowledge.

SECTION – C: Association between. pre test knowledge on safe mother hood and their selected demographic variables.

Table 6 Association between Pre test knowledge of women in reproductive age group with selected demographic variables

DEMOGRAPHIC VARIABLE	DF	CHI-SQUARE	P-VALUE	REMARK
1. AGE (YEARS)	1	0.445	3.84	NS
2.RELIGION	1	1.48	3.84	NS
3.EDUCATION	1	0.995	3.84	NS
4. OCCUPATION	1	0.53	3.84	NS
5.INCOME	1		3.84	NS
6.MARIATAL STATUS	1		3.84	NS
7.AGE AT MARRIAGE	1	0.020	3.84	NS
8.FAMILY TYPE	1	0.845	3.84	NS
9.SOURCE OF INFORMATION	1	0.983	3.84	NS

There is no significant association between pre test knowledge and demographic variable.

✓ Nurse can also identify early signs and symptoms of morbidity, provide treatment and suggest healthy life style and provide safe motherhood programmes benefit.

CONCLUSION

The study intended to find out the knowledge regarding safe motherhood. The overall experience was a satisfying one. The investigator found that the individual teaching plan will increase the knowledge of reproductive age mother about safe motherhood.

Nursing Education:

✓ The study has implication for nursing education. The proposed study regarding “Safe motherhood” has got lots of information especially the statement and results will be a useful insight to be included in the nursing curriculum.

IMPLICATIONS:

Nursing Practice:

✓ Mothers need to have adequate knowledge regarding safe motherhood, to reduce the maternal mortality. The findings imply that there is a need for regular health education programmes to be carried out by nurses.

✓ As a nursing educator, she can introduce the interventional programme in the curriculum. She can develop skills in conducting teaching programme for the mothers in the clinical setting as a part of clinical teaching.

Nursing Administration:



✓ Public health/ community health nurse administrators should provide information on safe motherhood schemes for prevention of maternal mortality.

✓ The nurse administrators influence the quality of nursing care through the formulation of policies and protocols.

Nursing Research:

✓ Extended and intensive research studies can be conducted on effect of knowledge on selected topic of safe motherhood among reproductive age mothers.

✓ There is a need to conduct more research studies on specific areas to inculcate the knowledge regarding safe motherhood which adds to the nursing body of knowledge.

Recommendations:

1. There is a scope of a similar study to be conducted on a large sample regarding safe motherhood covering all the health institutions, there by findings can be generalized.

2. A comparative study can be conducted among reproductive age mothers and multigravida on knowledge, attitude and practice regarding safe motherhood.

3. A similar study can be conducted on large sample for the purpose of generalization.

4. A similar study can be done to develop the health schemes on safe motherhood and to evaluate its effectiveness.

5. A similar study can be conducted on different approaches, Video assisted teaching, Manuals, information booklets and Self – instructional module.



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