



RESEARCH ARTICLE

Assess the Effectiveness of Knowledge on Antenatal Care among Antenatal Mothers

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ABSTRACT

To evaluate the effectiveness of structured education on knowledge on antenatal care among antenatal mothers. Participants and setting: A pre – experimental one group pretest – posttest design was adopted for this study. The study was conducted in Sri sai Hospital, suryapet telugana, India. The investigator selected 30 antenatal mothers who fulfilled the inclusion criteria were selected by using simple random sampling technique. Intervention: Data was collected regarding demographic variable, knowledge of the antenatal care on antenatal mothers. The investigator assessed the level of knowledge of the antenatal mothers by using structured questionnaire and modified three point Likert Scale and by using checklist through one to one teaching by lecture, demonstration, video clippings and verbalization. Structured teaching programme was conducted on the same day on group wise each group consists of 10members. Data collection was done in Telugu and English the questionnaire was distributed to each first year nursing students. At the end of the teaching the doubts were cleared. Then 10 minutes was allotted for discussion. Measurement and findings: The analysis finding indicates clearly that 46% of mothers had inadequate knowledge regarding antenatal care. A well planned structured teaching programme given to the same group. The effectiveness of programme showed high level of significant at $p < 0.001$ level. It showed that structured teaching programme was an effective method to improve the knowledge. Conclusion: The study concluded that there was a significant improvement in knowledge of antenatal mothers after administration of education. The education was an effective education tool to improve the knowledge of antenatal mother regarding antenatal care.

KEYWORDS

Knowledge, Antenatal care, Antenatal mothers, Effectiveness

INTRODUCTION

Antenatal care is the care a woman receives throughout her pregnancy in order to ensure that both the mother and child remain healthy. A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on

the health of the child. Almost 90% of maternal deaths occur in developing countries and over half a million women die each year due to pregnancy and childbirth related causes.¹

Good care during pregnancy is important for the health of mother and the development of the unborn baby. Pregnancy is a crucial time to promote healthy behaviors and parenting skills. Good antenatal care links the woman and her family with the formal health system, increases the chance of using skilled professionals at birth

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and contributes to good health through the life cycle. Inadequate care during this time breaks a critical link in the continuum of care, and affects both mother and baby.²

Antenatal care is very essential for improving the maternal and infant mortality rate. Systematic supervision of a woman during pregnancy is called antenatal care. The supervision should be regular and periodic in nature according to the needs of the individual. The perinatal care in continuum starts before pregnancy and ends at delivery and also includes the postpartum period. It comprises of careful history taking and examination and advice given to the pregnant women. Its major objective is to ensure a normal pregnancy with the delivery of a healthy baby from a healthy mother.³

Hypertensive disorders in pregnancy are among the major causes of maternal and perinatal mortality and morbidity. It is one of the most commonest medical disorders diagnosed by obstetricians in clinical practice. Approximately 1, 00,000 women die worldwide per annum because of pregnancy induced hypertension. It is said that preeclampsia and eclampsia contribute to death of a woman every 3 minutes worldwide. The global maternal mortality rate is estimated to be 400 per 1, 00,000 live births due to pregnancy. It's just my way of thinking that pregnant women have one foot in life and one foot in death. And that's why if you don't care for yourself, you can die". The most common causes of maternal death worldwide are hemorrhage, infection; unsafe abortion pregnancy induced hypertension and obstructed labor. It is estimated that approximately 25% of maternal deaths are caused by hemorrhage, 15% by infections, 13% by unsafe abortion, 12% by pregnancy induced hypertension, 8% by obstructed labor and 8% by other direct causes and 20% are due to indirect causes including malaria, heart disease and iron deficiency anemia.⁴

A healthy mother brings forth a healthy baby, there by promotes a healthy nation for a mother to be healthy. She should know how to be healthy, so the mother will be prepared and alert

for any physiological and pathological alterations if only she has a previous knowledge about antenatal care. Assessing the knowledge of mothers on antenatal care helps in educating the mother in preparing her to deliver a healthy baby.⁵

MATERIAL AND METHODS

Prior permission was obtained from the medical superintendent of Sri Sai Hospital, suryapet. The investigators introduced self and explained the purpose of interviewing and each sample was given a separate structured questionnaire schedule. Ethical principles of justice, privacy and anonymity were maintained during and after the data collection. The main objective of evaluating the effectiveness of information pamphlets on knowledge regarding antenatal care among antenatal mothers in one group Pre test Post test design was adopted. 40 antenatal mothers of Sri Sai Hospital suryapet were selected by convenience sampling. After obtaining consent from the participants pretest was administered by using structured questionnaire. Teaching by lecture, demonstration, video clippings and verbalization. After pretest researcher distributed information booklet on knowledge regarding antenatal care to participants. Data were analysed using descriptive and inferential statistics.

Description of Research Tool

It consists of two sections.

Section A: Demographic Variables

It consisted of demographic data, such as age, educational status, occupation, income marital status, number of children, type of family and religion.

Section B: Tool to Assess the Level of Knowledge

It consisted of self-administered structured interview schedule to assess the knowledge of antenatal mothers. The interview schedule was in the following areas are antenatal care, antenatal visit, antenatal diet, antenatal exercise, do's and don'ts during pregnancy, child birth preparation, new born care.

Scoring Procedure

Section B

The total number of knowledge questions was 20. All the questions had four alternatives with one right answer. A score of “one” was given for every correct answer and score of “zero” was given for every wrong answers. The total score was converted into percentage and interpreted as follows,

- Adequate knowledge - >75%
- Moderate knowledge - 50 – 75%
- Inadequate knowledge - <50%

RESULTS AND DISCUSSION

Table 1: Comparison of pre and post test level of knowledge on antenatal Care among antenatal mother in the experiment group

N = 50

Domine	Mean	S.D	‘t’ value
Pre assessment	12.56	4.45	7.978***(S)
Post assessment	18.99	3.56	

***p<0.001, S – Significant

Table 1 shows that in the pre test the mean score of knowledge regarding antenatal care among antenatal mothers was 12.56 with S.D.4.45 and in the post test the mean score of knowledge was 18.99 with S.D. 3.56. The calculated t value was t =7.978 and was found to be statistically highly significant at p<0.001 level.

Table 2: Comparison of pre and post test level of knowledge on antenatal Care among antenatal in the control group

N = 50

Domine	Mean	S.D	‘t’ value
Pre assessment	8.50	8.89	0.7226
Post assessment	12.12	2.34	

N.S – Not Significant

Table 2 shows that in the pre test the mean score of knowledge regarding antenatal care among antenatal mothers was 8.50 with S.D.8.89 and in the post test the mean score of knowledge was 12.12 with S.D. 2.34. The calculated t value was t = 0.7226 in the control group which was lower than the table value and this indicate that there was a statistically no significant difference at the level of p<0.001.

Table 3: Comparison of post test level of knowledge between experimental and control group on antenatal Care among antenatal mother

N = 50

Group	Mean	S.D	‘t’ value
Experimental group	18.99	3.56	11.402***(S)
Control group	12.12	2.34	

***p<0.001, S – Significant

Table 3 shows that in the post test, the mean score of knowledge regarding antenatal care among antenatal mothers in the experimental group was 18.99 with S.D. 3.56 and in the control group the mean score of knowledge was 12.12 with S.D. 2.34. The calculated t value was t = 11.402 and was found to be statistically highly significant at p = 0.001.

DISSCUSION

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group was 18.99 with S.D. 3.56 and in the control group the mean score of knowledge was 12.12 with S.D. 2.34. The calculated t value was $t = 11.402$ and was found to be statistically highly significant at $p = 0.001$.

CONCLUSION

The present study assessed the effectiveness of knowledge of antenatal care among antenatal mothers. The study findings revealed that there is a significant difference in the level of knowledge of antenatal care and concluded that education on antenatal care was an effective method to improve the knowledge of antenatal mothers.

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