

A Study to Assess and Compare the Knowledge and Attitude Regarding Antenatal Care among Pregnant Women Consulting in Selected Urban and Rural Hospitals of Uttar Kannada District, Karnataka.

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ABSTRACT

The antenatal care refers to care provided to the pregnant mother during their antenatal period which includes assessment, physical examination, obstetrical examination, antenatal advice which includes exercise, diet, adequate sleep, relaxation, breast feeding and breast care. Antenatal checkup prevent most medical problem, even if there is a problem early detection help to control the problem. Antenatal care ensures health of mother and the baby.

A study to assess and compare the knowledge and attitude regarding antenatal care among pregnant women consulting selected urban and rural hospitals of Uttar Kannada District, Karnataka. A descriptive comparative design was used for this study. Ninety samples were selected by purposive sampling method. Data were collected by using structured questionnaire which is designed to assess and compare the knowledge and rating scale to assess attitude regarding ANC. The data collected were analyzed using descriptive statistics.

The findings revealed that the mean knowledge score was 21.2 in urban and 23.9 in rural area and attitude mean score was 23 in urban and 24 in rural area. On comparison it is found that pregnant women consulting in rural hospital have more knowledge and attitude regarding antenatal care than the pregnant women consulting in urban hospital.

KEY WORDS: ANC: Antenatal care, IMR: Infant Mortality Rate, MMR: Maternal Mortality Rate

INTRODUCTION

Antenatal care (ANC) is a careful, systematic assessment and follows up of pregnant a woman that includes education, counseling, screening and treatment to assure the best possible health of the mother and fetus. ^[1] The ANC program was designed in Europe in the first decades of 20th century and was 1st directed at women in socially difficult living condition, with the objective of improving maternal and prenatal outcomes. Gradually ANC was

expanded to include more specific screening procedures to detect defined medical problems for all pregnant women. The principle of ANC for women with uncomplicated pregnancies are to provide advice, education, reassurance, and support to address and treat the minor problems of pregnancy, and to provide effective screening during pregnancy. ^[2]

Ideally the mother should attend the antenatal clinic once a month during the 1st 7months. Twice in the 8th month and

thereafter once in a week if everything is normal. [3] It is a primitive public health intervention to ensure healthy pregnancy outcomes and improve survival and health of newborns. Pregnancy, Labour and child birth are important milestones in a couples life Goal 5-A of Millenium Development Goals aims to improve maternal health with the target of reducing Maternal Mortality Ratio (MMR) by 75% between 1990 and 2005. In India it is heartening to note that MMR has declined from 2012 (178). [4]

The infant mortality refers to the death of young children, typically those less than one year of age which is the number of deaths of children under one year of age per 1000 live birth. Globally 9.2 million infant and children die each year before their 5th birthday; more than 60% of these deaths are seen as being avoidable with low cost measures such as breast feeding, vaccination and improved nutrition which could have been provided through ANC. [5]

Health outcome goals were established in the 12th five year plan are to reduce IMR to 100 per 1000 live birth, to reduce MMR to 100 100.000 live birth by 2017. [6] The availability of routine antenatal care including prenatal screening and diagnosis has played a part in reducing maternal death rates and miscarriages as well as birth defects, low birth weights, neonatal infection and other preventable health problems. [7]

MATERIALS AND METHODS

Descriptive comparative study was conducted among pregnant women consulting in selected rural and urban hospitals of Uttar Kannada district Karnataka. The study was done for a period of two weeks. Pregnant women who were consulting in selected rural and urban hospitals, completed at least one ANC visit, who were available during the period of data collection, able to read and understand Kannada were selected and those who were not willing to participate in the study were excluded. Study population included 90 selected pregnant women. Purposive

sampling method was used for the selection of samples. Data were collected by using a structured knowledge questionnaire, and attitude rating scale. Knowledge questionnaire includes 4 sections. Section A had question related to demographic performa, section B had 20 questions related to knowledge regarding antenatal care and section C had 20 questions related to attitude regarding antenatal care and section D had attitude rating scale contain 10 questions. Informed consent was obtained from the study participants and ethical clearance was obtained from the institute ethics committee. The data collected were analyzed using descriptive statistics.

Statistical methods:

The reliability and validity of the tool was established before data collection. The demographic data collected were analyzed and categorized into groups according to the frequency and percentage. Analysis and interpretation of level of knowledge and attitude scores were done by calculating mean, median, standard deviation. Chi-square test established at 0.05 level of significance, to find out association between socio demographic variables of pregnant women and knowledge and attitude scores regarding antenatal care.

RESULT

The study was conducted for 2 weeks in june 2017. A total of 90 pregnant women (n=20) took part in the study. The level of knowledge and attitude regarding antenatal care were assessed by using structured questionnaire and rating sale. The data were analyzed using proportions and percentage. The details are presented in the table 1.

Table-1 shows finding related to socio demographic variables of pregnant women in urban area according to frequency and percentage. Table -2 shows findings related to socio demographic variables of pregnant women in rural area according to frequency and percentage.

Table1. Findings related to socio demographic variables of pregnant women in urban area

SL.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE(YEARS)		
	18-21 years	6	13.6%
	21-30 years	27	61.3%
	30 years and above	11	25%
2.	AGE OF MARRIAGE(YEARS)	11	25%
	18-21 years		
	21-30 years	30	68.1%
	30 years and above	3	6.8%
3.	EDUCATIONAL STATUS	1	2.2%
	Illiterate		
	Primary	5	11.3%
	High school	22	50%
	Degree	16	36.3%
	Post graduate	00	00%
4.	MONTH OF PREGNANCY	5	11.3%
	1-3 month		
	4-6 month	13	29.5%
	6-9 month	26	59.0%
5.	OCCUPATIONAL STATUS	37	84.0%
	House wife		
	Working women	7	15.9%
	Farming	00	00%
6.	ECONOMIC STATUS	34	77.2%
	Less than 10,000		
	10,000-20,000	10	22.7%
	More than 20,000	00	00%
7.	MOTIVATION FOR ANC CHECKUP	14	31.8%
	a)Self		
	b)Family member	20	45.4%
	c)Health worker	8	18.1%
	Friends	2	4.5%
8.	NUMBER OF ANC VISIT	18	40.9%
	1-3		
	3-5	7	15.9%
	More than 5	19	43.1%
9.	HUSBANDS EDUCATION	2	4.5%
	Illiterate		
	High school	28	63.6%
	Degree	14	31.8%
	Post graduate	00	00%
10.	GRAVIDA		
	a)Primigravida	28	63.6%
	b)Multigravida	16	36.3%
	c)Grandmultipara	00	00%

Table2. Finding related to socio demographic variables of pregnant women in rural area

SL.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	AGE(YEARS)		
	18-21 years	5	10.8%
	21-30 years	32	69.5%
	30 years and above	9	19.5%
2.	AGE OF MARRIAGE(YEARS)	7	15.2%
	18-21 years		
	21-30 years	35	76.0%
	30 years and above	4	8.6%
3.	EDUCATIONAL STATUS	2	4.3%
	Illiterate		
	Primary	13	28.2%
	High school	24	52.1%
	Degree	7	15.2%
	Post graduate	00	00%
4.	MONTH OF PREGNANCY	2	4.3%
	1-3 month		
	4-6 month	19	41.3%
	6-9 month	25	54.3%
5.	OCCUPATIONAL STATUS	39	84.7%
	House wife		
	Working women	5	10.8%
	Farming	2	4.3%
6.	ECONOMIC STATUS	26	56.5%
	Less than 10,000		
	10,000-20,000	16	34.7%
	More than 20,000	4	8.6%
7.	MOTIVATION FOR ANC CHECKUP	15	32.6%
	a)Self		
	b)Family member	14	30.4%
	c)Health worker	13	28.2%
	Friends	4	8.6%
8.	NUMBER OF ANC VISIT	15	32.6%
	1-3		
	3-5	15	32.6%
	More than 5	16	34.7%
9.	HUSBANDS EDUCATION	7	15.2%
	Illiterate		
	High school	30	65.2%
	Degree	9	19.5%
	Post graduate	00	00%
10.	GRAVIDA		
	a)Primigravida	27	58.6%
	b)Multigravida	15	32.6%
	c)Grandmultipara	04	8.6%

Level of knowledge

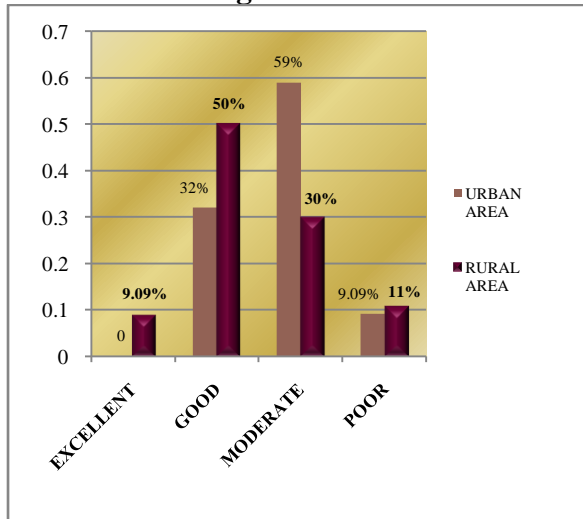


Fig-1 Frequency and percentage distribution showing the level of knowledge regarding the antenatal care among the antenatal mothers in rural and urban area.

Level of attitude

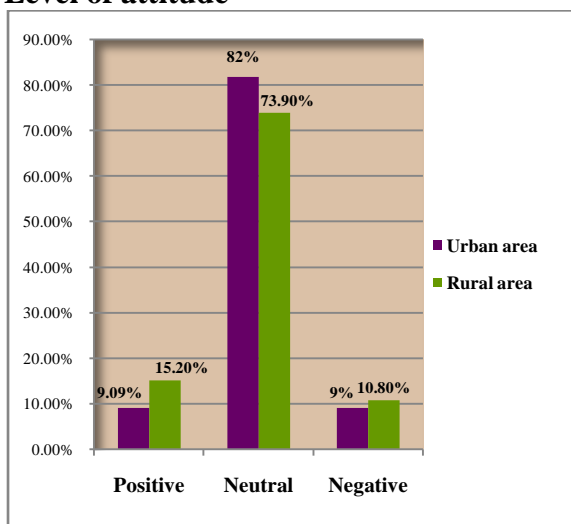


Figure 2: Frequency and percentage distribution showing the level of attitude regarding antenatal care among pregnant women in urban and rural area.

DISCUSSION AND FINDINGS

The study shows that 61.3% in urban and 69.5% of pregnant women in rural area are in the age group of 21-30 years. The study shows that 68.1% in urban and 76.0% in rural are married at the age group of 21-30 years. Majority (50%) in urban and 52.1% of pregnant women in rural area have educational qualification of high school. The study shows that 59.0% in urban and 54.3% of pregnant women in rural area are in the 6-9 month of pregnancy. Most of the pregnant women (45.4%) in urban and 30.4% of pregnant women in rural area are

motivated by family member for ANC checkup.

The comparison between knowledge scores in urban and rural area shows that pregnant women in rural area have more knowledge 23 (50%) compared to knowledge 14 (32%) of pregnant women in urban area. Majority of the Pregnant women in urban area 36 (81.8%) and 34 (73.9%) are having neutral attitude regarding antenatal care. Pregnant women in rural area have had positive attitude 7 (15.2%) compared to pregnant women in urban area 4 (9.09%). The mean value of knowledge in rural area is 23.9 and urban area is 21.2. Mean value of attitude scores in rural area is 24 and urban area is 23. This shows that pregnant women in rural area have more knowledge and attitude compared to urban area and women in rural area had positive attitude than women in rural area.

The study is supported by an experimental study was conducted by V Yashodha in selected rural and urban PHC (kodusonapahalli PHC for rural & Narayanapuram PHC for urban) of Chennai in November 2014. The objective of the study is to assess the knowledge of primigravida mothers regarding antenatal care in rural and urban area. Fifty primigravida mothers between (21-28 yrs) are selected by convenient sampling technique. Self prepared a structured interview and questionnaire was prepared for data collection. Majority of primigravida mothers (82%) has inadequate knowledge and 18% has moderately adequate knowledge in rural area and in urban area 54% has moderate and 10% had adequate knowledge regarding antenatal care. The study suggests that by providing information guide sheet, can improve the knowledge of antenatal mother related to antenatal care. [8]

CONCLUSION

The study concluded there was increase in level of knowledge and attitude among pregnant women. Hence the research hypothesis (H1) and (H2) were accepted and

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null hypothesis was rejected. Nursing education and nursing services should be strengthened to improve the ANC care. Nursing administrator plays a major role in constantly updating the knowledge on ANC care among staff nurses and the pregnant women. Similar experimental study can be conducted with control group. Constant reminders in the form of posters, leaflets, notices should be placed in every corner of the hospital to improve the knowledge, attitude and practice of pregnant women related to antenatal care.

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