



# “KNOWLEDGE REGARDING SELF-CARE ACTIVITIES AMONG PRIMIGRAVIDA WOMEN: A DESCRIPTIVE STUDY”

*“A descriptive study to assess the knowledge regarding self-care activities among Primigravida Women attending OPD’s of selected Maternity Hospitals of Belagavi in a view to prepare a health education module.”*

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**Abstract:** Pregnancy is a unique, exiting and often joyous time in a woman’s life. Fortunately some specific self-care activities can often relieve the symptoms of disorders which can occur during pregnancy as well as it may help to prevent complications. Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 per cent of these women are from India. Hence the focus of this study was to assess the knowledge regarding self-care activities among primigravida women attending OPD’s of selected maternity hospitals of Belagavi in a view to prepare a health education module. A descriptive design and quantitative approach were used in the study. The data was collected from 100 subjects in selected maternity hospitals, Belagavi, through non-probability purposive sampling technique. Data was collected using structured knowledge questionnaire. In the present study after analysis and interpretation of data with regard to knowledge scores regarding self-care activities during pregnancy it was found that the majority of subjects 72 (72%) had average knowledge, 12 subjects (12%) had good knowledge and 16 subjects (16%) had poor knowledge. The mean and standard deviation of knowledge score was 14.93 and 8.16 respectively. Findings of the study show that the mean score of knowledge of primigravida women is below 15 and it is categorized as poor knowledge. From this, it is concluded that primigravida women have poor knowledge regarding self-care activities during pregnancy.

**Keywords – Pregnancy, primigravida women, self-care activities, self-instructional module.**

## I. INTRODUCTION AND NEED FOR THE STUDY

Pregnancy and childbirth are the most important events of a woman's life. Pregnancy is a normal physiological process. Most of the time woman achieve normal pregnancy outcome without any complications. Slogan for world Health Day 2005 was 'make every mother and child count' reflect the reality that today government and the International community need to make the health of women and children of high priority. Too many mothers and children in the world are dying due to the effects of malnutrition and inadequate healthcare. Each year more than half a million mother died in childbirth at the same time 10.6 million children under the age of 5 years die from preventable and treatable conditions. Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 per cent of these women are from India. Annually, it is estimated that 44,000 women die due to preventable pregnancy-related causes in India. Nearly these deaths occur in low and middle income countries. Many of these deaths could be prevented using existing knowledge and affordable tools.

Every woman experiences pregnancy differently, but there is one very important consideration that all expecting women should need to create a sustainable pregnancy self-care routine and stick to it daily. During pregnancy the self-care is very important because the body of pregnant woman undergoes the amazing but strenuous process of growing an entire human being. For this reason, prioritizing self-care during pregnancy is important. Self-care is any action intended to preserve or improve self-health. So making sure her physical and emotional needs are met is key. Physical self-care including the way you care for your body.

Many women experience some minor disorders during pregnancy. Minor disorders may occur due to hormonal changes, accommodation changes, metabolic changes and postural changes. These disorders can be treated adequately by adopting specific self-care activities. Antenatal visits can play a critical role in preparing a woman and her family for birth by establishing confidence between the woman and the health-care provider, and by individualizing promotional health messages (WHO, 1996).

Millions of lives could be saved using knowledge we have today. The challenge is to transform this knowledge into the action. Not enough mothers and children are receiving existing and affordable life-saving interventions. For example a skilled attendant

assists globally just 61% of births, while in some low income countries the average is as low as 34%. To reduce maternal death dramatically, all women need access to high quality antenatal and delivery care.

## II. RESEARCH METHODOLOGY

The methodology section outline the plan and method that how the study is conducted. This includes Universe of the study, sample of the study, data and sources of data, study's variables and theoretical framework. The details are as follows;

### 2.1 Population and Sample

Population refers to the total category of persons or objects that meet the criteria for study established by researcher, any set of persons, objects or measurements having an observable characteristic in common. In the present study target population includes primigravida women attending OPD's of selected maternity hospitals, Belagavi. The subjects were selected by using non-probability, purposive sampling technique and those who were fulfilling the criteria. 100 subjects were selected from target population.

### 2.2 Data and Sources of Data

The study was conducted from the 22/07/2020 up to 25/07/2020. Planning of the time schedule as per the timings of activities of selected hospitals was done. Researcher introduced herself to the subjects and explained the purpose and objectives of the study. Subjects were taken into confidence and assured of confidentiality of their responses. Informed consent was taken from them. The subjects were selected by using non-probability, purposive sampling technique and those who were fulfilling the criteria. 100 subjects were selected from target population. A Structured knowledge questionnaire was administered to assess the knowledge regarding self-care activities during antenatal period among primigravida women.

### 2.3 Variables under study

Variables are quantities, properties or characteristics of person, things situations that changes or vary and are manipulated or measured in research. Two types of variables are identified in this study. They are research variable and demographic variables.

Research Variable - In this study the research variable is the knowledge regarding self-care activities.

Demographic Variables -The demographic variables in the study were age, education, religion, occupation, monthly family income, type of family and exposure to mass media.

### 2.4 Theoretical framework

The theoretical framework for the present study is developed from Pender's health promotion model. According to Pender, 'health promotion' is directed towards increasing the level of well-being and actualizing the health potentials of all individuals. Pender's health promotion model (1982) was designed to be a complementary counterpart to models of health promotion. It postulates the importance of cognitive processes in the changing of behavior, and expands to encompass behavior for enhancing health. It serves the function of identifying concepts relevant to health promoting behavior. This focuses on individuals to engage themselves in health activities by reasoning the same.

In the present study, the concepts from Pender's health promotion model (1996) are utilized where primigravida women act as an agent with their knowledge regarding self-care activities during pregnancy. Determinants of health promoting behavior are organized into cognitive-perceptual factors, modifying factors, participation and likelihood of being engaged in health promoting behavior, which depend on cues to action, such as health messages.

**Cognitive perceptual factors:** These are the primary motivational mechanisms for the activities related to health promotion, like importance of health, perceived control of health, self-efficacy, perceived health benefits and barriers of health promoting behaviors which are reflected by assessing their knowledge through the structured knowledge questionnaire regarding self-care activities during pregnancy.

**Modifying factors:** These are the demographical variables such as age, religion, occupation, education, monthly family income, type of family and exposure to mass media regarding the self-care activities during pregnancy and whereby the patient would be engaged in health promoting behavior.

**Participation in health promoting behavior:** The model represents the interrelationship between cognitive perceptual factors and modifying factors influencing the occurrence of health promoting behavior of the patient and the likelihood of being engaged in self-care activities through process like:

- Taking healthy diet and modifying her diet;
- Practicing breast care;
- Practicing proper rest and sleep;
- Doing exercise and activities;
- Taking immunization and medication;
- Lifestyle modification;
- Regular follow up.

**Cues to action:** Further, the planning has been done and developed health educational module on self-care activities during pregnancy, which, in turn, help in the promotion of health and prevention of complications.

## 2.5 Statistical tools

This chapter deals with the statistical analysis and interpretation of the data, which is a process of organizing and synthesizing the data in such a way that research question may be answered. Also it is a method of rendering quantitative information in a meaningful and intelligible manner to enabling the researcher to organize, interpret and communicate information meaningfully. For the present study the data obtained was analyzed in respect to the objectives of the study using descriptive and inferential statistics.

The plan of data analysis was as follow:

1. Organization of data in master sheet/computer.
2. Socio demographic variables were analyzed by using frequency and percentage distribution.
3. Tabulation of the data in terms of mean, median, mode, frequency, percentage, standard deviation etc.
4. The significant association between knowledge scores with socio-demographic variables.

### Equations

“Equation 1 is for the Reliability of the research data.”

$$r = \frac{n \sum xy - \sum x \sum y}{(\sum x^2 - (\sum x)^2) (\sum y^2 - (\sum y)^2)} \quad (1)$$

“Equation 2 is for testing the hypothesis of the research study.”

$$\chi^2 = \sum \frac{(o - e)^2}{e} \quad (2)$$

## III. RESULTS AND DISCUSSION

This section deals with the analysis and interpretation of data regarding self-care activities during pregnancy. The scores obtained by each sample were tabulated in a master data sheet. Score was analyzed using descriptive and inferential statistics.

Table 1: Knowledge scores of Primigravida Women regarding Self-care activities.

SL. NO.	SCORE LEVEL	CATEGORIES	NO. OF PARTICIPANT	PERCENTAGE
1	20-30 (>65%)	GOOD	12	12 %
2	16-19(50-65%)	AVERAGE	72	72 %
3	≤ 15 (≤ 50%)	POOR	16	16 %
TOTAL			100	100 %

The data presented in table - 1 shows that, 12% of primigravida women had good knowledge, 72 % of them had average knowledge & 16% were having poor knowledge regarding self-care activities during pregnancy.

The hypotheses are given;

H<sub>1</sub>: The mean score of knowledge regarding self-care activities among primigravida women will be significantly lower.

H<sub>2</sub>: There will be a significant association between the knowledge scores of primigravida women with selected socio-demographic variables.

Table 2: Overall Mean Median, Mode, Standard Deviation and Range of Knowledge scores of Primigravida Women regarding self-care activities during Pregnancy.

KNOWLEDGE SCORE	MEAN	MEDIAN	MODE	STANDARD DEVIATION	RANGE
KNOWLEDGE ASSESSMENT	14.93	16	14	8.16	10

Table- 2 reveals the mean, median, mode, standard deviation and range of the knowledge scores of the subjects regarding self-care activities during pregnancy are 14.93, 16, 14, 8.16 and 10 respectively.

The mean score of knowledge is 14.93. The score below 15 is categorized as poor knowledge. The mean score of knowledge 14.93 is below 15. Hence it shows that primigravida women have poor knowledge regarding self-care activities during pregnancy. So,  $H_1$  is accepted.

Table 3: Findings related to association between knowledge scores of the primigravida women with selected socio-demographic variables.

Sl. No.	Socio-Demographic Variables	Good	Average	Poor	Chi Square Value		df	Inference
					Cal	Tab		
1	<b>Age in years</b>							
	a) <20	4	23	3	30.51	12.59	6	(S)
	b) 20-24	6	46	5				
	c) 25-29	1	1	7				
	d) >30	1	2	1				
2	<b>Religion</b>							
	a) Hindu	6	61	7	22.49	12.59	6	(S)
	b) Christian	3	1	2				
	c) Muslim	2	9	5				
	d) Other	1	1	2				
3	<b>Education</b>							
	a) Illiterate	0	2	3	33.34	12.59	6	(S)
	b) Primary	1	37	7				
	c) Higher secondary	2	24	4				
	d) Collegiate	9	9	2				
4	<b>Occupation</b>							
	a) Housewife	3	57	8	17.54	12.59	6	(S)
	b) Private employee	6	11	6				
	c) Govt. Employee	1	2	1				
	d) Own business	2	2	1				
5	<b>Monthly Family Income</b>							
	a) < Rs .2000/-	2	3	2	18.25	12.59	6	(S)
	b) Rs.2000-3000/-	6	17	9				
	c) Rs.3000-4000/-	3	17	4				
	d) > Rs. 4000/-	1	35	1				
6	<b>Type of Family</b>							
	a) Nuclear family	7	45	7	1.9	5.99	2	(NS)
	b) Joint Family	5	27	9				
7	<b>Exposure to mass media</b>							
	a) Television	4	38	3	24.54	12.59	6	(S)
	b) Newspaper	3	1	6				
	c) Health professional	4	21	5				
	d) Radio	1	12	2				
<b>*Significant at 0.05% level</b>								

The table- 3 shows  $\chi^2$  value computed between the knowledge scores and socio-demographic variables such as age, religion, education, monthly family income and exposure to media were found to be significant at 0.05 levels. Therefore the hypothesis (H2) is accepted. The calculated and tabulated chi square values are\_

- There was significant association between age of primigravida women and knowledge score. The calculated  $\chi^2$  value (30.51) at df (6) and tabulated  $\chi^2$  value is 12.59 at 0.05 level of significant. Hence H2.1 is accepted.
- There was significant association between religion of primigravida women and knowledge score. The calculated  $\chi^2$  value (22.49) at df (6) and tabulated  $\chi^2$  value is 12.59 at 0.05 level of significant. Hence H2.2 is accepted.
- There was significant association between education of primigravida women and knowledge score. The calculated  $\chi^2$  value (33.34) at df (6) and tabulated  $\chi^2$  value is 12.59 at 0.05 level of significant. Hence H2.3 is accepted.
- There was significant association between education of primigravida women and knowledge score. The calculated  $\chi^2$  value (17.54) at df (6) and tabulated  $\chi^2$  value is 12.59 at 0.05 level of significant. Hence H2.4 is accepted.
- There was significant association between monthly family income of primigravida women and knowledge score. The calculated  $\chi^2$  value (18.25) at df (6) and tabulated  $\chi^2$  value is 12.59 at 0.05 level of significant. Hence H2.5 is accepted.
- There was no significant association between type of family and knowledge score of primigravida women. The calculated  $\chi^2$  value (1.9) at df (2) and tabulated  $\chi^2$  value is 5.99 at 0.05 level of significant. Hence H2.6 is rejected.
- There is significant association between exposure to mass media by primigravida women and knowledge score. The calculated  $\chi^2$  value (24.54) at df (6) and tabulated  $\chi^2$  value is 12.59 at 0.05 level of significant. Hence H2.7 is accepted.

#### IV. CONCLUSION

Based on the findings of the study, the following conclusions were drawn:

1. The study revealed that knowledge regarding self-care activities among primigravida women was low.
2. The study found that there is significant association between knowledge scores with their selected socio-demographic variables like age, religion, education, occupation, monthly family income, type of family and exposure to mass media. This suggests that reduced knowledge is due to their baseline characteristics.

#### V. REFERENCES

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