



# KNOWLEDGE OF PRIMIGRAVIDA MOTHERS REGARDING ATTENDING ANTENATAL CLINIC

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**Abstract:** Antenatal care is necessary for a pregnant mother and baby's health at the end of gestation. A cross sectional design study was conducted to assess the knowledge regarding antenatal care among primi mothers. The study was conducted on 30 primi mothers who were selected by using total enumerative sampling technique was used to select 30 primi mothers from antenatal OPD of Nootan General Hospital, Visnagar. Knowledge questionnaire to assess the knowledge regarding antenatal care among primi mothers and demographic variables use to collect the baseline data of primi mothers. The purposes of data collection explained to participants and written consent was taken. Tools were structured knowledge questionnaire that contain 30 question related to antenatal care. Each question carries 1 mark for correct response and 0 mark for wrong response. The scoring of tool was interpreted as 1-10 poor, 11-20 average, 21-30 good. In this study 30 antenatal mother included for assess the knowledge regarding antenatal care among primi mothers. In antenatal mothers 7% having a poor knowledge, 16% having a average knowledge, 7% having a good knowledge. the study result shows that the mean value is 15.26 and standard deviation is 5.95. Antenatal affects the global health of individual. Antenatal care its self care activity and more important to carefully we can do it. It required mother activity , participation and motivation. Structured teaching program significantly increases the knowledge on antenatal care among first and second trimester primigravida mother. So in future nurses can prepare an effective structured teaching program to reduce the maternal mortality rate.

## Introduction:

Pregnancy and Child birth are special events in women's lives and indeed in the lives of their families. This can be a time of great hope and joyful anticipation. The primary aim of antenatal care is to achieve, at the end of pregnancy, a healthy mother and healthy baby. The quality of care is more important than the quantity. Pregnancy requires specialized care generally agreed to preventive activity.

Antenatal care is the systemic medical supervision of women during pregnancy. Its aim is to preserve the physiological aspect of pregnancy and labor and to prevent or detect, as early as possible, all that is pathological. Early diagnosis during pregnancy can prevent maternal ill health, injury, maternal mortality, fetal death, infant mortality and morbidity. Hence, the earlier in pregnancy a woman comes under the supervision of an obstetrician, the better.

Antenatal care refers to pregnancy related health care provided by a doctor or a health worker in medical facility or at home. Antenatal care should monitor a pregnancy for signs of complication detect and treat pre-existing and concurrent problems of pregnancy. It should also provide advice and counseling or preventive care, diet during pregnancy, delivery care, postnatal care and related issues. An antenatal care is necessary for ensuring a healthy mother and baby at the end of gestation. The antenatal period is a time of physical and psychological preparation of birth and parenthood. Becoming a parent is a time of intense learning both for parents and for those close to them. (Dutta)

Maternal care includes care during pregnancy and should begin from the early stages of pregnancy. Women can success antenatal care service either by visiting a health center where such services are available or from health workers during their domiciliary visits.

One of the most important components of antenatal care is to offer information and advice to women about pregnancy related complication measures for early detection and management of complication. Antenatal care can also play a critical role in preparing a woman and her family for birth by establishing confidence between the woman and her health messages. Primi mothers can visit to 1<sup>st</sup> visit - 16 weeks, 2<sup>nd</sup> visit- between 24 to 28 weeks, 3<sup>rd</sup> visit-at 32 weeks, 4<sup>th</sup> visit-at 36 weeks.

### **Methodology:**

A cross sectional design study was conducted to assess the knowledge regarding antenatal care among primi mothers. The study was conducted on 30 primi mothers who were selected by using total enumerative sampling technique was used to select 30 primi mothers from antenatal OPD of Nootan General Hospital, Visnagar. Knowledge questionnaire to assess the knowledge regarding antenatal care among primi mothers and demographic variables use to collect the baseline data of primi mothers. The purposes of data collection explained to participants and written consent was taken. Tools were structured knowledge questionnaire that contain 30 question related to antenatal care. Each question carries 1 mark for correct response and 0 mark for wrong response. The scoring of tool was interpreted as 1-10 poor, 11-20 average, 21-30 good. In this study 30 antenatal mother included for assess the knowledge regarding antenatal care among primi mothers. In antenatal mothers 7% having a poor knowledge, 16% having a average knowledge, 7% having a good knowledge. The study result shows that the mean value is 15.26 and standard deviation is 5.95.

**Results:****Table 1: Frequency and percentage distribution of selected demographic profile of primi mothers**

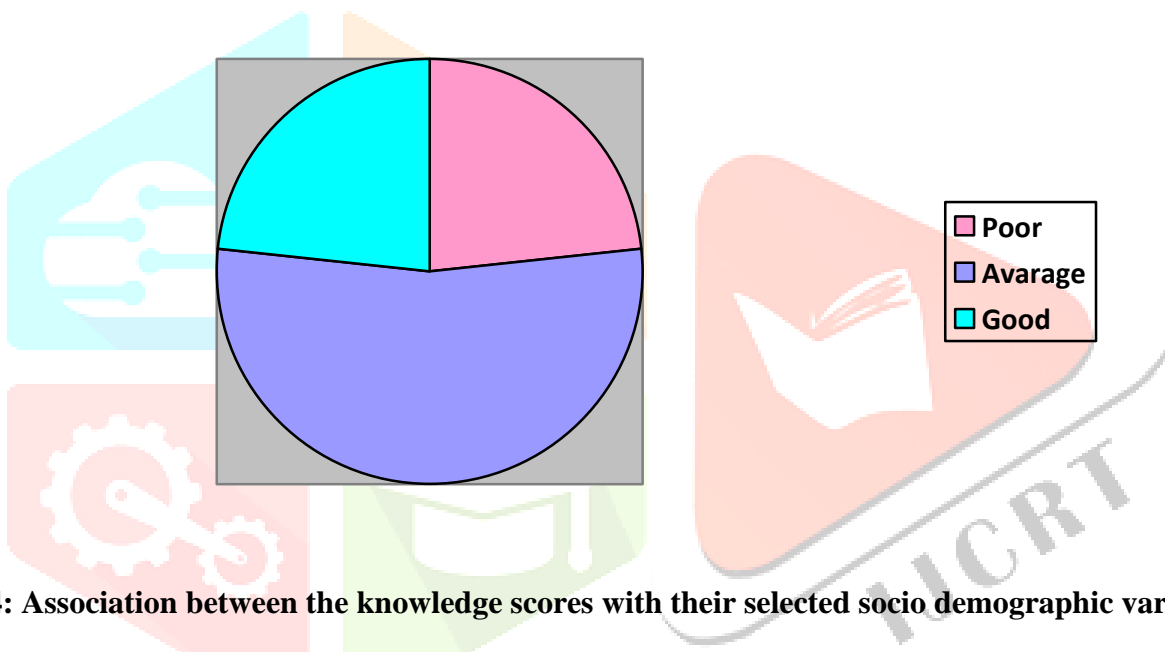
Sr. No	Background variables	Frequency	Percentage (%)
1	Age of mother a) 21 – 25 years b) 26 – 30 years c) 31 – 35 years d) Above 36 years	13 6 5 5	43.33 20 16.66 16.66
2	Education status a) Illiterate b) Primary education c) Higher education d) Profession	15 6 5 3	50 20 16.66 10
3	Occupation a) House Wife b) Private employee c) Government employee	21 8 1	70 26.66 3.33
4	Income per month a) Below Rs.5000 b) Rs.5001-Rs.10000 c) Rs.10001-Rs.20000 d) Above Rs. 20000	18 4 6 2	60 13.33 20 6.66
5	Religion a) Hindu b) Muslim c) Christian	11 5 14	36.66 16.66 46.66
6	Type of family a) Nuclear b) Joint c) Extended family	19 4 7	63.33 13.33 23.33
7	Place of residence a) Urban b) Semi-urban c) Rural	17 8 5	56.66 26.66 16.66
8	Dietary pattern a) Vegetarian b) Non Vegetarian	19 11	63.66 36.66
9	Parity a) Primigravida mother b) Multigravida mother	17 13	56.66 43.33
10	Months of gestation a) I Trimester b) II Trimester c) III Trimester	16 9 5	53.33 30 16.66

**Table 2: Mean, SD value of knowledge score about level of knowledge of antenatal care among primi mothers**

No of sample	Total score	Mean	Standard Deviation
30	458	15.26	5.950

**Table 3: Level of knowledge**

Level of knowledge	Score	Frequency	Percentage
Poor	1-10	7	23.33%
Average	11-20	16	53.33%
Good	21-30	7	23.33%

**Figure 1: Level of knowledge****Table 4: Association between the knowledge scores with their selected socio demographic variables**

Sr.no	Socio-demographic variables	Good	Average	Poor	Chi square $\chi^2$ value
1	Age of mother				$\chi^2=2.72$ df-6 ns
	a) 21 – 25 years	3	8	2	
	b) 26 – 30 years	2	2	3	
	c) 31 – 35 years	1	3	1	
	d) Above 36 years	1	3	1	
2	Education status				$\chi^2=3.81$ df-6 ns
	a) Illiterate	2	10	3	
	b) Primary education	3	2	2	
	c) Higher education	1	3	1	
	d) Profession	1	1	1	
3	Occupation				$\chi^2=4.617$ df-4 ns
	a) House Wife	4	12	5	
	b) Private employee	3	4	1	
	c) Government employee	0	0	1	
4	Income per month				$\chi^2=8.57$ df-4
	a) Below Rs.5000	3	12	3	
	b) Rs.5001-Rs.10000	2	0	2	

	c) Rs.10001-Rs.20000 d) Above Rs. 20000	1 1	4 0	1 1	ns
5	Religion a) Hindu b) Muslim c) Christi	3 3 1	4 0 12	4 2 1	$\chi^2=13.50$ df-4 s
6	Type of family a) Nuclear b) Joint c) Extended family	5 2 0	9 0 7	5 2 0	$\chi^2=10.96$ df-4 s
7	Place of residence a) Urban b) Semi-urban c) Rural	3 4 0	9 3 4	5 1 1	$\chi^2=5.57$ df-4 ns
8	Dietary pattern a) Vegetarian b) Non Vegetarian	4 3	12 4	3 4	$\chi^2=2.31$ df-2 ns
9	Parity a) Primigravida mother b) Multigravida mother	3 4	9 7	5 2	$\chi^2=1.16$ df-2 ns
10	Months of gestation a) I Trimester b) II Trimester c) III Trimester	3 3 1	9 4 3	4 2 1	$\chi^2=0.80$ df-4 ns

### Conclusion: -

Antenatal affects the global health of individual. Antenatal care its self care activity and more important to carefully we can do it. It required mother activity, participation and motivation. Structured teaching program significantly increases the knowledge on antenatal care among first and second trimester primigravida mother. So in future nurses can prepare an effective structured teaching program to reduce the maternal mortality rate.

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