



A Study To Assess Knowledge Regarding Safe Motherhood Among Antenatal Mothers Of Selected Areas Of Imphal East, Manipur.

Yumkhaibam Renubala Devi, Vice Principal, Royal School of Nursing, The Assam Royal Global University, Guwahati, Assam, Ph. D. Scholar, Desh Bhagat University, Punjab.

ABSTRACT:

Safe motherhood means creating the circumstances within which a woman can choose whether she wants to be pregnant and if she does ensure that she receives care for the prevention and treatment of pregnancy complications. Lack of knowledge regarding safe motherhood and available services by antenatal mothers can lead to many complications such as hemorrhage, Obstructed labor, Hypertensive disorders, Abortion, Sepsis, etc.

A descriptive study was conducted to assess the knowledge regarding safe motherhood among antenatal mothers of Takhel Awang Leikai, Imphal East, Manipur, 2021. The main objective of the study was to assess the level of knowledge and find the association between knowledge and selected socio-demographic variables. Data was collected from 50 antenatal mothers using a structured interview schedule. The instrument consists of two sections: section 1- Structured Interview Schedule to assess demographic data and Section 2- Structured Interview Schedule to assess knowledge regarding safe motherhood. In the study, most of the women i.e. 64% had moderate knowledge, 30% had adequate knowledge, and 6% had inadequate knowledge regarding safe motherhood among antenatal mothers.

Keywords: Knowledge, Safe motherhood, Antenatal Mothers.

INTRODUCTION:

Safe motherhood refers to enabling an environment for women in which they will be able to have safe pregnancies and healthy outcomes. Six components of safe motherhood include Family planning, Antenatal care, Clean and safe delivery, Emergency Obstetric care, Postpartum care, and Postabortion care. Each year an estimated 500,000 to 600,000 women die due to complications from childbirth, making this one of the leading causes of death globally for women in their reproductive years.

Over the past few decades, various techniques and initiatives have been successfully implemented to minimize maternal mortality globally. Despite all these efforts, 292 982 women worldwide pass away each year, and many more experience long-term disability because of avoidable causes during pregnancy, childbirth, and the postpartum period. Approximately 23 percent of these maternal deaths annually take place in India. As per the 5th Millennium Development Goal, India has not kept pace with other countries in reducing the maternal mortality ratio (MMR), with the current MMR standing at 178. India faces a great deal of difficulty in reaching Sustainable Development Goal 3, which calls for a reduction in MMR to 70 per 100,000 live births.

Furthermore, 40% of Indian pregnant women give birth before the age of eighteen each year. Research indicates that teenage females are more likely to experience pregnancy-related problems, delivery-related issues, and postpartum complications, all of which increase maternal mortality. Consequently, women in India's 15–29 age range accounted for 74% of maternal deaths.[8] Additionally, teenage girls' ability to thrive might be impacted by early pregnancy on their social, physical, and intellectual development.

Recent research indicates that preconception care, or treatment before conception, improves the health of expecting mothers, couples, and their unborn children. Preconception care targeted at young married women, their families, and front-line health workers at the community and health facility levels is successful in improving mother and child health outcomes

OBJECTIVES:

1. To assess knowledge regarding safe motherhood among antenatal mothers.
2. To identify the association between knowledge regarding safe motherhood among antenatal mothers and the demographic variables.

HYPOTHESIS:

H1: There is a significant association between the knowledge regarding safe motherhood of antenatal mothers and selected demographic variables.

NEED OF THE STUDY

Considering the high maternal death in developing countries, WHO in 1987 conceived the idea of the “Safe Motherhood” Initiative at a conference in Nairobi, Kenya.

According to a special bulletin released by the office of the RGI, India's MMR was 97 during 2018-2020 compared to 301 during 2001-03. The IMR has also been reduced to 27 (as of 2021) compared to 58 in 2005.

Many women get pregnant at a young age and do not leave adequate space between children and most women lack access to basic maternity care.

VARIABLES UNDER THE STUDY

Demographic Variables: Age, Place of residence, Educational level, occupation, gravida, parity, types of family.

Research Variables: Knowledge regarding safe motherhood.

MATERIALS AND METHODS:

A descriptive survey was carried out at Takhel Awang Leikai, Imphal East, Manipur, to assess knowledge regarding safe motherhood among antenatal mothers. Structured Interview schedule was used to collect the data from 50 samples. The reliability of the tools was tested by using Split half method with Spearman's Brown Prophecy formula and was found to be reliable at r (correlation coefficient) = 0.88

Description of tool:

Questionnaires consist of two sections:

Section I: Consists of 7 question items related to socio-demographic variables.

Section II: Consists of 26 Structured Interview schedules to assess knowledge regarding safe motherhood with four options. For each correct response, the score is given one; for every wrong response, the score is zero. So, the maximum score was 26.

In this study, the total score was:

- Inadequate knowledge < 50% (1-13)

- Moderate knowledge 51 – 70% (14 – 19)
- Adequate knowledge > 75% (20 and above)

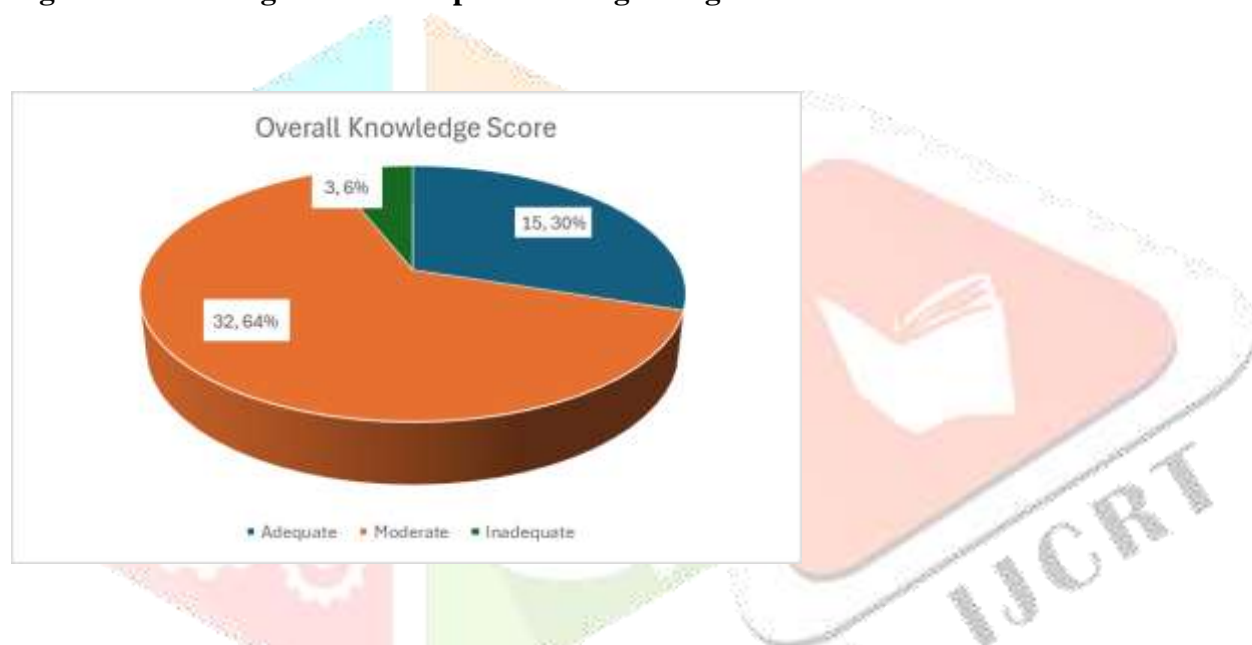
STATISTICAL ANALYSIS

The collected data were tabulated, analyzed and interpreted through frequencies, percentages, and standard deviation.

Result

The study was conducted among 50 antenatal mothers. The majority of the respondents (52%) were 20-25 years age group, 60% belonged to Urban, 86% were Hindu religion, 56% were joint family, 72% were housewives, 46% were higher secondary, 36% were 10,000-15,000 monthly income, 66% were primigravida and 64% were no parity.

Figure 1: knowledge score of respondents regarding safe motherhood.



Results of association between knowledge score and socio-demographic variables.

The association was also tested between the knowledge and selected socio-demographic variables. There was a significant association between knowledge score and age, area of residence, education, and occupation. Thus, H₁ was accepted for these variables. Similarly, there was no association between knowledge score and monthly family income, Past obstetrics history, and types of family.

CONCLUSION:

The study found that most of the respondents have moderate knowledge regarding safe motherhood. So, in this present scenario awareness related to safe motherhood among antenatal mothers and eligible couples is more needed to make them aware of the available services like family planning, essential newborn care, and emergency obstetric care which will reduce the maternal mortality and morbidity rate to some extent.

RECOMMENDATIONS:

Based on the findings of the present study, the following recommendations are stated-

- i. A similar study can be undertaken with large sample size to generalize the study.
- ii. An experimental study can be to assess the effectiveness of planned teaching programmes on safe motherhood.
- iii. An exploratory study may be done to identify the lack of awareness and knowledge regarding safe motherhood.

BIBLIOGRAPHY:

1. Dutta, D.C.(2004). Textbook of Obstetrics. 6th edition. Kolkata: New Central Books Agency (P) Ltd.
2. Basavanhappa, B.T. (2006). Text Book of Midwifery and Reproductive Health. 1" edition. New Delhi: Jaypee Brothers Publisher.
3. Indrani, T.K. (2003). Text Book of Midwifery. 1^a edition. New Delhi: Jaypee Brothers Publishers.
4. Park, K. (2000). Preventive and social Medicine. 16th edition. Jabalpur: M/S banarasidas mot Publisher..
5. Basavanhappa, B.T. (1998). Nursing Research, Bangalore: Jaypee Brothers Publisher.
6. Salhan, sadha. (2007). Textbook of Obstetrics. Ist edition. New Delhi: Jaypee Brothers Medical Publishers.
7. Frasor, M. Diane., & Cooper, A. Margaret. (2004). Myles: Text Book of Midwives. 14th edition, Churchill Living Stone: Elsevier.
8. Jacob, Annamma. (2005). A Comprehensive textbook of Midwifery. 1" edition. New Delhi: Jaypee Brothers Medical Publishers.
9. World Health Statistics. (2011).
10. Adhikari, Jamuna. (2012). Essential Research Methodology for Nurses. 2nd edition. Kathmandu: Advocate Jayanarayan Paudel Publisher.
11. Dawn, C.S. (2004). Textbook of Obstetrics, Neonatology and Reproductive and Child Health Education. 16th edition. Kolkata: Smt. Arati Dawn, Dawn Books.
12. Madhuri, GB. (2007). Textbook of Physiotherapy for Obstetric and Gynecological Conditions. I edition. New Delhi: Jaypee Brothers Medical Publishers.
13. Basavanhappa, B.T. (2007). Nursing Research. 2nd edition. New Delhi: Jaypee Brothers Medical Publishers.
14. www.who.int.com
15. www.pubmed.com
16. www.global.sisterhood.network.org/content
17. www.nationmaster.com
18. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6259544/>
19. <https://www.google.com/search>
20. <https://www.drishtiiias.com/daily-updates/daily-news-analysis/india-s-progress>