



A Study To Assess T He Knowledge Level And Effectiveness Of Information Booklet Regarding Warning Signs In Pregnancy Among Primigravida Woman

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ABSTRACT

Pregnancy is a critical phase in a woman's life, particularly for primigravida women who are experiencing it for the first time. Lack of awareness about warning signs during pregnancy can lead to delayed interventions and adverse maternal or fetal outcomes. This study aimed to assess the baseline knowledge level of primigravida women regarding the warning signs in pregnancy and to evaluate the effectiveness of an information booklet in improving their understanding. A pre-experimental one-group pre-test and post-test design was adopted. A structured questionnaire was administered to 60 primigravida women attending antenatal clinics in a selected hospital. After the pre-test, participants were provided with an information booklet detailing common obstetric warning signs, followed by a post-test after one week. The findings revealed a significant increase in knowledge scores post-intervention, indicating the effectiveness of the information booklet. This study underscores the importance of educational tools in promoting maternal health awareness and early detection of complications among first-time pregnant women.

Keywords: Primigravida, warning signs in pregnancy, maternal health, information booklet, antenatal care, pregnancy education.

INTRODUCTION

“Maternal health is Nation’s wealth. There is chance for the welfare of the world only when the condition of the women improves. It is not possible for a bird to fly on only one wing.”

(Swami Vivekananda) World

Health Organization stated that the pregnancy and childbirth are special events in woman’s lives and indeed in the lives of their families. This can be a time of great hope and joyful anticipation. It can also be a time of fear, suffering and even death. Although pregnancy is not a disease but a normal physiological process, it is associated with certain risks to health and survival both for the woman and for the infant she bears. These risks are present in every society and in every setting. In developed countries they have been largely overcome because every pregnant woman has to take special care during pregnancy and childbirth. In developing countries where each pregnancy represents journey into the unknown from which all too many women never return, due to lack of care provision.⁽¹⁾

Gupta N mentioned that nature has bestowed a woman with the capability of producing children, the process that makes her mother. But sad part is that, this normal life furthering process of procreation can lead to as grim a situation as death. At least 40% of all pregnant women will experience some type of complications during their pregnancies. For about 15%, these complications will be potentially life threatening, and will require immediate obstetric care. Maternal death also compromises the health and survival of infants and children they have behind. The death of a woman during pregnancy and childbirth is not only a health issue but also a matter of social injustice.⁽²⁾

World Health Organization stated that worldwide, there are 430 maternal deaths for every 100,000 live births. In developing countries, the figure is 480 maternal deaths for every 100,000 live births. In developed countries, there are 27 maternal deaths for every 100,000 live births.⁽³⁾

In India, most of the mothers have poor knowledge regarding antenatal, intranasal care and postnatal care. Illiteracy, poverty and lack of communication and transport facility make them vulnerable to serious consequences. Though they are the prominent care providers within the family and key to human development and well-being, the fundamental right health is denied to them in most parts of the world. The death of mother increases the risk to the survival of her young children, as the family cannot substitute a maternal role.⁽⁴⁾

According to Park K Text Book of Preventive and Social Medicine, India has very high maternal mortality rate. It was 20 per 1000 births and declined to 10 per 1000 live births. Present maternal mortality rate for India was 407 per 1, 00,000 live births. This means more than 1, 00,000 women die each year due pregnancy related causes. It is mainly due to large number of deliveries conducted home at by untrained persons, lack of adequate referral facilities to provide emergency obstetric care for complicated cases and contribute to high maternal morbidity and mortality.⁽⁵⁾

Maternal Mortality in India is a subject of grave concern. The maternal mortality rate in Karnataka is 460 per 1, 00,000 live births. Important contributing causes are anemia, poverty, ignorance, malnutrition, inter current infections, haemoglobinopathies. Hemorrhage (25.6%) ranks first as the cause of maternal death, followed by sepsis (13%), toxemia of pregnancy (11.9%), abortions (8%), obstructed labor (6.2%), while other causes together total 35.3%.⁽⁶⁾

RESEARCH STATEMENT

A study to assess the knowledge level and effectiveness of information booklet regarding warning signs in pregnancy among primigravida woman at selected hospital jhabua (m.p.).

OBJECTIVES OF THE STUDY

- To assess the knowledge of Primi-Gravida women regarding selected warning signs in pregnancy.
- To determine the association of knowledge with selected socio-demographic variables.
- To develop an information booklet for the use of Primi- Gravida women on selected warning signs during pregnancy.

RESEARCH METHODOLOGY

This study was designed to assess the knowledge of Primi-Gravida women regarding selected warning signs of pregnancy in DISTRICT HOSPITAL IN JHABUA CITY. This study focuses on assessment of knowledge of Primi-Gravida women regarding selected warning signs in pregnancy.

Kothari CR. defined that the methodology of research indicates the general pattern of organizing the procedure of gathering valid and reliable data for the problems under investigation.

The study was conducted in antenatal OPD, at DISTRICT HOSPITAL JHABUA MP. Which is a 450 bedded hospital having outpatient and inpatient departments. The rate of attendance of patients is 50 to 60 per day, out of which 15 to 20 maternal cases. Everyday antenatal mothers were coming to OPD for antenatal checkup and the average monthly outpatient ratio was between 100 – 150 mothers. A self-structured interview schedule was prepared as an appropriate method of data collection for the study.

RESULT

Section I: - Description of Socio-Demographic Data of Primi- Gravida women this section represents the frequency and percentage distribution of selected demographic variables of Primi-Gravida woman.

Table – 1: The Frequency and Percentage Distribution of Primi- Gravida mothers according to Age

N=100

SI.No	Age in years	Frequency	Percentage
1.	Below 25	66	66.0
2.	26-30	18	18.0
3.	31-35	10	10.0
4.	Above 35	6	6.0
	Total	100	100.0

Table-2: The frequency and percentage distribution of Primi- Gravida women according to the Type of family

SI. No	Type of family	Frequency	Percentage
1.	Nuclear	63	63.0
2.	Joint	37	37.0
	Total	100	100.0

Table – 3: The frequency and percentage distribution of Primi- Gravida mothers according to Religion

S No	Religion	Frequency	Percentage
1.	Hindu	53	53.0
2.	Muslim	30	30.0
3.	Christian	14	14.0
4.	Others	3	3.0

Table: 4 Distribution of the frequency and percentage of the Primi-Gravida mothers according to the area of residence.

SI. No	Residence	Frequency	Percentage
1.	Rural	13	13.0
2.	Urban	87	87.0
	Total	100	100.0

Table-5: The distribution of the frequency and percentage of Primi-Gravida mothers according to the Educational status

SI No.	Educational status	Frequency	Percentage
1.	Illiterate	15	15.0
2.	Primary	45	45.0
3.	Secondary	17	17.0
4.	PUC	12	12.0
5.	Graduate and above	11	11.0
	Total	100	100.0

Table-6: The frequency and percentage distribution of Primi- Gravida mothers according to the Family income

S.No	Income (Rs)	Frequency	Percentage
1.	5000-10000	15	15.0
2.	10000-20000	37	37.0
3.	20000-25000	18	18.0
4.	Above 25000	30	30.0
	Total	100	100.0

Section II: Over all knowledge of the Primi-Gravida on selected warning signs in pregnancy.**Table – 7: Overall knowledge distribution of Primi-Gravida mothers based on the criteria measure.**

SINo	Knowledge score	Frequency	Percentage
1.	Very poor	11	11.0
2.	Poor	51	51.0
3.	Average	26	26.0
4.	Good	10	10.0
5.	Very good	2	2.0
	Total	100	100.0

Section III: - Area wise distribution of knowledge of Primi- Gravida mothers regarding selected warning signs in pregnancy**Table – 8: Mean, Mean Percentage and the Standard deviation of Primi-Gravida mothers knowledge as per the Areas of selected warning Signs in pregnancy**

Areas	No.of subjects	Maxi mum score	Range	Mean	Std. Deviation	Mean%	SD%
Concept	100	2	0-2	1.24	0.553	62.0	27.65
Warning signs	100	3	0-3	1.65	0.716	55.0	23.87
Bleeding PV	100	10	1-8	3.78	1.807	37.80	18.07
Severe vomiting	100	7	0-7	2.80	1.310	40.0	18.71
Unusual swelling	100	7	0-6	2.68	1.171	38.29	16.71
High fever	100	5	0-5	1.89	1.100	37.8	22.0
Decreased Fetal movements	100	6	0-6	2.39	1.363	39.83	22.72
Pallor (anemia)	100	5	0-5	1.88	1.085	37.60	21.6
Rupture of membranes	100	5	0-5	2.39	1.163	47.8	23.2
Total score	100	50	8-42	20.70	7.925	41.4	15.86

Section IV: Item wise distribution of knowledge of Primi-Gravida mothers related to selected warning sign in pregnancy

Table 9: Item wise distribution of knowledge of selected warning signs among Primi- Gravida mothers

SI No	ITEMS	CORRECT RESPONSE		WRONG RESPONSE	
		n	%	n	%
1.	Pregnancy is considered as a normal physiological process	77	77%	33	33%
2.	Pregnancy means a condition from conception to the delivery of the fetus	47	47%	53	53%
3.	Giving notice of possible danger indication during pregnancy regarding complications	55	55%	45	45%
4.	Bleeding per vagina, abnormal swelling of face, arms and feet, severe vomiting are the warning signs that should be aware during pregnancy	73	73%	23	23%
5.	Warning signs in pregnancy adversely affects the mother and the fetus	37	37%	63	63%
6.	Hormonal changes, implantation changes, failure in growth and development of placenta and fetus are the causes of bleeding during pregnancy	35	35%	65	65%
7.	Hypertension, multiparty, age 35 years or older, previous uterine surgeries	51	51%	49	49%
8.	Amount, colour, odour, number of pads soaked with blood and size of clots are the important characteristics should be checked during bleeding per vagina	41	41%	59	59%

9.	Ultrasound and speculum examination are the examinations required for vaginal bleeding	49	49%	51	51%
10.	Pregnant women with bleeding per vagina should observe the vulval pads for the pattern and amount of bleeding, report to obstetrician and take complete rest.	36	36%	64	64%
11.	Well balanced diet, bed rest, avoid sitting too long time reduces the bleeding per vagina	39	39%	61	61%
12.	Avoid participation of sexual intercourse during pregnancy	33	33%	67	67%
13.	Admitting in the hospital during severe vaginal bleeding	36	36%	64	64%
14.	Coconut water, fruit juices IV fluids and blood should be administered during severe Bleeding	30	30%	70	70%
15.	Threatened abortion and shock are the potential problems of vaginal bleeding	28	28%	72	72%

16.	Hormonal changes, histaminic and psychogenic factors are the causes of vomiting during pregnancy	29	29%	71	71%
17.	Colour, odour, amount and frequency are the important characteristics need to be checked during pregnancy	42	42%	58	58%
18.	Loss of water, nutrients and electrolytes from the body is the effect of vomiting during pregnancy	43	43%	57	57%

19.	Avoid oily and spicy foods like pickles, dry fish and appalam	42	42%	58	58%
20.	IV fluids, blood and fruit juices should take during severe dehydration	39	39%	61	61%
21.	Measure serum electrolytes, intake and output to know the fluid and electrolyte imbalance	40	40%	60	60%
22.	Excessive vomiting leads to dehydration and keto acidosis	45	45%	55	55%
23.	10 – 12 kg is the normal weight gain during pregnancy	28	28%	72	72%
24.	Round face, broad nose, puffy eyes, hands feet and itching are the features of unusual swelling	51	51%	49	49%
25.	Restrict excessive intake of salt when you have swelling over body during pregnancy	33	33%	67	67%
26.	Loose garments are preferable during pregnancy	45	45%	55	55%
27.	Left lateral position is preferable during pregnancy	37	37%	63	63%

28.	Avoid standing for long time, avoid constrictive clothing and lie in foot raised on a pillow to reduce swelling	39	39%	61	61%
29.	Pregnancy induced hypertension is the potential complication of unusual swelling	35	35%	65	65%
30.	98.6°F is the normal temperature of the human body	34	34%	66	66%
31.	High fever during pregnancy is considered as warning sign	36	36%	64	64%
32.	Infections may be the cause for high fever	52	52%	48	48%
33.	Taking cold sponging and cold bath helps to reduce high fever	40	40%	60	60%
34.	Providing rest & sleep, good diet and use of hypothermic blankets are the measures to get relief from high fever	27	27%	73	73%
35.	Quickening means first point at which the women recognizes the fetal movements in early pregnancy	41	41%	59	59%
36.	Quickening can be normally detected between 16 th to 20 th weeks of gestation	43	43%	57	57%
37.	Placental abnormalities like anterior placenta, placenta previa are causes of decreased fetal movements	41	41%	59	59%
38.	Counting the fetal movements is to assess the fetal activity	39	39%	61	61%

39.	Assess the fetal activity to identify the fetal risks, abnormalities and growth	44	44%	56	56%
40.	Fetal distress and fetal death will results when there is no fetal movements	31	31%	69	69%

41.	Observe the colour of eyes,lips, nails and tongue to identify the sign of anemia	34	34%	66	66%
42.	Increased requirement during pregnancy, rapid growth and insufficient intake of food may cause anemia	45	45%	55	55%
43.	Green leafy vegetables, liver, dry grapes and dates are good source of iron	37	37%	63	63%
44.	Iron supplementation prevents anemia during pregnancy	39	39%	61	61%
45.	Iron and folic acid tablets helps in formation of blood as well as for fetal respiration	33	33%	67	67%
46.	Sudden watery discharge other than urine during pregnancy before full term is considered as warning sign	42	42%	58	58%
47.	Amount, colour, odour are the important characteristics should be checked when there is a sudden watery discharge	43	43%	57	57%
48.	Preterm rupture of membranes leads to sudden watery discharge	34	34%	66	66%
49.	Report to obstetrician and follow advices when there is a sudden watery discharge	80	80%	20	20%
50.	Fetal death, preterm labor and miscarriage are the potential complications of sudden watery discharge	40	40%	60	60%

Section – V: - Association between knowledge of Primi-Gravida woman and Demographic variables

Table 10: Association of knowledge with Age group Statistical inference based on the chi-square test between above and below mean based on age

SI No	Age(yrs)	Below mean	Above mean	Total	Chi-squarevalue	Df	p-value
1.	Below25	55	11	66	37.94	3	<0.0001
2.	26-30	4	14	18			
3.	31-35	3	7	10			

4.	Above35	-	6	6			
	Total	62	.38	100			

Table 11: - Association of knowledge scores with type of family Statistical inference based on the chi-square test between above and below mean based on type of family

SI No	Type of family	Below mean	Above mean	Total	Chi-squarevalue	Df	p-value
1.	Nuclear	48	15	63	14.55	1	<0.0001
2.	Joint	14	23	37			
	Total	62	38	100			

Table 12: - Association of knowledge score and religion of Primi-Gravida woman Statistical inference based on the chi- square test between above and below mean based on religion

Religion	Below mean	Above mean	Total	Chi-squarevalue	df	p-value
Hindu	28	25	53	4.689	3	>0.196
Muslim	23	7	30			
Christian	9	5	14			
Others	2	1	3			
Total	62	38	100			

Table 13: - Association between knowledge scores and area of residence Statistical inference based on the chi-square test between above and below mean based on area of residence

Area of residence	Below mean	Above mean	Total	Fisher's * exact probabilities
Rural	13	-	13	

Urban	49	38	87	P=0.002
Total	62	38	100	

Table-14: - Association of knowledge scores between educational statuses of the mothers.

Statistical inference based on the chi-square test between above and below mean based on educational status

Educational status	Below mean	Above mean	Total	Chi-square value	df	p-value
Illiterate	14	1	15	65.283	4	<0.0001
Primary	42	3	45			
Secondary	5	12	17			
PUC	1	11	12			
Graduate and above	-	11	11			
Total	62	38	100			

Table-15: Association between the knowledge scores and family income regarding selected warning signs in pregnancy Statistical inference based on the chi-square test between above and below mean based on income

Income	Below mean	Above mean	Total	Chi-square value	df	p-value
501-1000	15		15	51.749	3	<0.0001
1001-2000	34	3	37			
2001-2500	8	10	18			
>2501	5	25	30			
Total	62	38	100			

Table 16: Distribution of association between the knowledge scores and selected demographic variables

SI. No	Demographic Variables	Chi- square value	df	P=value	Level of significance
1.	Age in years	37.94	3	□0.0001	Significant

2.	Type of family	14.55	1	□0.0001	Significant
3.	Religion	4.689	3	□0.196	Non significant
4.	Area of residence	-	-	=0.002	Significant
5.	Educational status	65.283	4	□0.0001	Significant
6.	Family income	51.749	3	□0.0001	Significant

CONCLUSION

Gradually the people views can change from wrong, unhealthy perception and practices to healthy practices through education. The goal of nursing practice is to increase the knowledge of the people and to promote healthy hood by providing good education and services.

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