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"A Descriptive Study To Assess The Knowledge Of Antenatal Mothers Regarding Antepartum Hemorrhage In Village Joghon Nalagarh, Solan H.P"

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ABSTRACT

"A Descriptive study to assess the knowledge of antenatal mothers with a view to develop and distribute pamphlet regarding antepartum hemorrhage in village Joghon Nalagarh, dist. Solan" Was undertaken by Dr. Rahul Sharma and Ranjna Thakur in the partial fulfillment of the requirement for the degree of BSC nursing at lord Mahavira nursing college Nalagarh .Following objectives were set for the study .To assess the knowledge regarding antepartum hemorrhage among antenatal mothers. To find the association between demographical variables and knowledge among antenatal mothers. To provide pamphlets to antenatal mothers regarding antepartum hemorrhage. The design of the study was Non experimental research design based on descriptive approach the study was conducted in village Joghon Nalagarh ,and sample was antenatal mothers. Purposive sampling technique was used to select 40 samples for the study The tools used for the study were structured knowledge questionnaire to assess the knowledge regarding antepartum hemorrhage . the data gathered was analyzed by employing descriptive and inferential statistics. The major findings of the study were: The majority of antenatal mothers (65%) were in the age group of 24-28. The majority of antenatal mothers (25%) were having primary education The majority of antenatal mothers (87.5%) are Hindu the majority of antenatal mothers i.e. (100%)belongs to rural area. The majority of antenatal mothers(92.5%) were vegetarian The majority of antenatal mothers i.e. (100%) were housewife : The majority of antenatal mothers (12.5%)were having monthly income 8000.

CONCLUSION:

The research study explored and describe the level of knowledge antenatal mothers regarding antepartum hemorrhage . The aim of the study was to assess the level of knowledge and demographic variables, to associate the level of knowledge with demographic variables. This study uses to make changes in health care services in order to reduce infant mortality rate and complications for both mothers and new born. It was concluded that there is non-significant association between knowledge and demographic variables regarding antepartum hemorrhage among antenatal mothers

INTRODUCTION

"Health is real wealth & pieces of gold and silver"

(Mahatma Gandhi)

Pregnancy is a unique experience of physiological phenomena in which a sexual union between a man and a woman leads to the procreation of new life. This new life results in the creation of many new and unprecedented relationships. Hence the following newborn represents the synthesis of three distinct entities: the mother's relationship to the partner, the mother's relationship to the newborn as the representative of herself, and the mother's relationship to the newborn as a unique individual. Adverse pregnancy outcomes including maternal and perinatal morbidity and mortality constitute major public health problems in the developing world. The risk of dying from maternal causes is 100 times higher for women in developing countries compared to those in developed countries. Pregnancy and child birth are common and highly important aspects of women's life. The focus of midwifery is on the care of essentially healthy women, and the care extends to women with social, medical or obstetric risk factors.

Antepartum hemorrhage is an obstetrical emergency contributing to a significant amount of perinatal morbidity and mortality. Antepartum Hemorrhage is defined as bleeding from the vagina after 20 weeks. It occurs in 2% of pregnancies and an important cause of fetal and maternal death. 30% of maternal deaths are caused by Antepartum hemorrhage of which 50% are associated with avoidable factors. Death from hemorrhage still remains a leading cause of maternal mortality. Antepartum hemorrhage has always been one of the most feared complications in obstetrics. it is still a grave obstetric emergency contributing to a significant amount of perinatal complications

ACC TO THE WORLD HEALTH AUTHORITY

Antepartum hemorrhage is defined as any bleeding from or into the genital tract after 28 weeks of gestation and before the period of viability.

Antepartum hemorrhage quantified as

- Minor hemorrhage: blood loss < 50 ml
- Major hemorrhage: blood loss 50-1000 ml
- Massive hemorrhage: blood loss > 1000 ml.

ACC TO NATIONAL LIBRARY OF MEDICINE

Antepartum hemorrhage is defined as the bleeding from the genital tract from its time of viability of pregnancy for intrauterine survival to the delivery of baby

ACC TO ROYAL COLLEGE OF OBSTETRICS AND GYNECOLOGY

Antepartum hemorrhage is defined as the bleeding from the genital tract from 24+0 week of pregnancy and prior to the birth of baby

it is a very serious and one of the most frequent obstetrical emergencies, and is the most common preventable cause of maternal death, responsible for 25–60% of maternal mortality occurring without warning signs. In developing countries like India, women frequently experience adverse effects of obstetric hemorrhage due to widespread pre-existing anemia, difficulties with transport, overwhelming inadequacies of maternity services, restricted medical facilities & decreased awareness on part of patients are responsible for high mortality rates. Although antepartum hemorrhage cannot be prevented but maternal and perinatal morbidity and mortality associated with APH can be reduced significantly by aggressive expectant management.

It occurs in 2% of pregnancies and an important cause of fetal and maternal death.30% of maternal deaths are caused by Antepartum hemorrhage of which 50% are associated with avoidable factors. Death from hemorrhage still remains a leading cause of maternal mortality maternal and perinatal morbidity in our country. Hemorrhage was a direct cause of maternal death in about 30% of cases. It complicates about 2-5% of all the pregnancies with incidence of placenta previa about 0.33% to 0.55% and incidence of abruptio placenta about 0.5-1%.

Maternal mortality continues to be a major health problem worldwide. Nearly 600,000 women die each year due to preventable complications of pregnancy and childbirth. The worldwide maternal mortality ratio (MMR) is estimated to be 390 per 100,000 live births. Ninety-nine per cent of all maternal deaths occur in developing countries including India. Although India's MMR has been reduced from 212 deaths per 100,000 live births in 2007 to 178 deaths in 2012 due to various measures taken by the Government, the figure is still considerably higher.

In India, the prevalence of APH is reported to be 18.8% Although etiology of APH is not fully understood, its generally multifactorial, that is, placental insufficiency, intrauterine hypoxia, uteroplacental under perfusion ,hypertensive disorders of pregnancy, non-vertex presentation, polyhydramnios, intrauterine

growth restriction, advanced maternal age, maternal trauma, cigarette smoking, alcohol consumption, short umbilical cord, sudden decompression of the uterus, retroplacental fibromyoma, retroplacental bleeding from needle puncture, prior fetal demise, previous miscarriage, grand multiparity, preterm rupture of membranes (PROM), trauma, and/or low pre-pregnancy body mass index .

The Causes of antepartum hemorrhage include placenta previa, placental abruption, vasa previa, rupture of marginal sinus, local lesions in the vulva, vagina or cervix and unclassified. Obstetrical hemorrhage along with hypertension and infections as one of the infamous triad of causes of maternal deaths in both developed and developing countries.

The main causes are: -

1. PLACENTA PREVIA

Placenta previa refers to a placenta situated partially or completely within the lower uterine segment. Incidence is 4-5 per 1000 pregnancies.

Placenta previa is classified as:

- *Type 1 or Low lying*: Encroaches lower uterine segment but does not reach internal os

Type 2 or Marginal: Reaches margin of the internal os but does not cover it.

- *Type 3 or Partial:* Partially covers the internal os.
- *Type 4 or Total or Central*: Completely covers the internal os.

The etiology of placenta previa remains controversial. The major theories focus on endometrial damage in the corpus and defective genetics or placental mechanism. In humans the blastocyst is completely embedded in the substance of endometrium so abnormalities of endometrial vascularization, delayed ovulation, and prior trauma to the endometrium appear to influence the site of implantation, therefore contributing to the probability of Placenta Previa.

A number of studies have established its association with

- Advanced maternal age (>40 years)
- Multiparity
- Previous placenta previa
- Deficient endometrium due to presence or history of: uterine scar (previous caesarean section, pregnancy termination followed by curettage), endometritis, manual removal of placenta, or submucous fibroid.
- Multiple pregnancy
- Smoking

PLACENTAABRUPTION

It is the separation of placenta either partially or totally from its implantation site before delivery. It is initiated by hemorrhage into the decidua basalis which results in retroplacental hematoma. The phenomenon of impaired trophoblastic invasion with subsequent atherosis is related and inflammation or infection may also be contributory.

Risk factors for placental abruption include advanced maternal age, multiparity, low body mass index (BMI), abruption in a previous pregnancy, pre-eclampsia, polyhydramnios, intrauterine infection, premature rupture of membranes, abdominal trauma, smoking, drug misuse (cocaine and amphetamines), pregnancy following assisted reproductive techniques and maternal thrombophilia's.

During the clinical experience, it is found that Antepartum hemorrhage is one of the leading causes of maternal and fetal mortality and morbidity and so many complications arise due to antepartum hemorrhage which demands special attention. The maternal complications in patients with Antepartum hemorrhage` are malpresentations, premature labor, postpartum hemorrhage, sepsis, shock and retained placenta. Various fetal complications are preterm baby, low birth weight, intrauterine death, congenital malformation and birth asphyxia

Presently increase in use of ultrasound for placental localization and to diagnose abruption placenta, improved obstetrical and anesthetic facilities, increase in use of blood and its products to correct anaemia and advanced neonatal care facilities to make increased chances of survival of a preterm infant, all totally have played important role in decreasing perinatal as well as maternal morbidity and mortality .More than 99% of all maternal deaths occur in the developing world and the great majority of these are avoidable. Prompt diagnosis, resuscitation and management are essential to save the mother and fetus. In the day-to-day practice, an obstetrician has to tackle life threatening condition of APH and take a timely

judicious decision of terminating pregnancy, keeping in mind the welfare of both the mother and the fetus without exposing either of them to undue risk

Vaginal bleeding after mid-pregnancy is associated with maternal and fetal risks. Maternal morbidity may be caused by acute hemorrhage and operative delivery, and the fetus may be compromised by uteroplacental insufficiency and premature birth. Effective management of vaginal bleeding in late pregnancy requires recognition of potentially serious conditions, accurate and timely identification of the cause of bleeding, the team system or approach, which optimizes women's safety, and well-timed intervention specific to diagnosis.

Antepartum hemorrhage could be prevented by early registration, regular antenatal care, early detection of high-risk cases, and early referral to a higher center. Good facilities for cesarean section, availability of blood banks, and use of contraceptives can improve maternal and perinatal outcome of antepartum hemorrhage, primarily caused by abruption placenta and placenta previa, is a common complication of pregnancy and cause of maternal and perinatal mortality. The risk of adverse maternal and newborn outcomes including maternal mortality, perinatal mortality, and low birth weight is higher among antepartum hemorrhage cases Efforts to improve geographical access, referral services, and quality of comprehensive emergency obstetric care are needed to improve maternal and newborn outcomes.

Thus, we concluded that Hemorrhage is likely to be fatal to the mother or her baby in situations where actions cannot be taken immediately to stop further bleeding, replace excessive blood loss, and prevent fetal complications. Women with a history of antepartum hemorrhage are at increased risk for adverse perinatal outcomes including small for gestational age and growth restricted fetuses, therefore initiation of serial ultrasounds is recommended. Evidence shows that variability in the burden of antepartum hemorrhage is primarily a result of variations in outcomes instead of variations in incidence, suggesting the vital role that improved obstetric care can reduce maternal as well as the fetal complications.

"Birth and death are not two different states, but they are different aspects of the same state there is a little reason to deplore the one there is to be pleased over the other."

(Mahatma Gandhi)

NEED FOR THE STUDY

"It is impossible to think about the welfare of the world unless the condition of the women is improved. It is impossible for a bird to fly on only one wing"

(*Swami Vivekananda)*

In the life cycle, a female has to undergo various stages like daughter, wife, mother-in-law and grandmother. Among these one of the most beautiful and memorable events is becoming the mother. Every mother to be hopes for an-easy and trouble-free pregnancy. The reality is some women may have jeopardized outcomes during pregnancy, the significant complications on maternal and perinatal health. mother is considered as high-risk. Pregnancy is the major exciting period of expectation and fulfillment in a women's life and its unique natural gift to women. The birth of a normal infant is the expectation of parent when pregnancy is considered, however there is threat to the fulfillment of the prospective parent's dreams, resulting from the very dangerous disorders that contribute to unhealthy babies. There are a number of illness and disorders of pregnancy that can threaten the well-being of both mother and child. In every country mother and child are constitute a major segment of the total population. Therefore, a service to women during pregnancy and delivery is tremendously significant in health care delivery system.

Antepartum hemorrhage is an obstetrical emergency being one of the top 5 most cause of maternal mortality and morbidity in both resource abundant and resource limited countries, although the absolute risk of death from antepartum hemorrhage is much higher. It is one the most alarming and serious emergency a midwifery may face and may occur

before the birth of the baby. This condition is always a stressful experience for women and may undermine her confidence and influence her attitude to future child bearing and delay her recovery. More than 99% of all maternal deaths occur in the developing world and the great majority of these are avoidable. Women continue to die unnecessarily in pregnancy and child birth in these countries due to obstetrics complications, especially Antepartum hemorrhage.

Antepartum hemorrhage is an emergency contributing to a significant amount of perinatal morbidity and mortality. Antepartum Hemorrhage is defined as bleeding from the vagina after 20 weeks.

A study conducted at Medical College, Mysore, India showed that, in spite of a lot of improvement in the form of antenatal care and intrapartum surveillance, antepartum hemorrhage has not reduced. It still continues to constitute a major portion of obstetrical hemorrhage. Antepartum hemorrhage is very serious and one of the most frequent obstetrical emergencies, and is the most common preventable cause of maternal death, responsible for 25–60% of maternal mortality. Antepartum hemorrhage occurs without warning signs. Thus, there is a need to identify the risk factors associated with antepartum hemorrhage to help obstetricians in the early diagnosis and treatment. These risk factors include previous antepartum hemorrhage, previous cesarean section, advanced maternal age (age greater than 35), urban/rural residence, previous termination of pregnancy (curettage), pregnancy-induced hypertension (PIH), multi- parity, and multiple pregnancy. In the day-to-day practice, an obstetrician has to tackle life threatening condition of antepartum hemorrhage and take a timely judicious decision of terminating pregnancy keeping in mind the welfare of both the mother and the fetus without exposing either of them to undue risk. Efforts to improve access and quality of comprehensive emergency obstetric care services are required.

Obstetric emergencies are responsible for 70.6% of the maternal mortality and 86% of the perinatal mortality within the period. Obstetrical hemorrhage is the leading cause of maternal and perinatal mortality and morbidity. It comprises 46% of maternal mortality worldwide. Indian Maternal Mortality rate currently is 174/1000 live births. According to a survey about 6,000 mothers die during childbirth and due allied complications of pregnancy in Kashmir, Jammu and Kashmir has a maternal mortality rate of 2400, which is the highest Maternal Mortality Rate in the world.

If we are serious about stopping these unnecessary maternal deaths, with the proper resources and implementation we can build a future for these communities. Antepartum hemorrhage, irrespective of cause, increases prenatal morbidity and mortality, hence the condition demands full investigation and careful management. Hence, it is necessary to create awareness among antenatal mothers which might improve their health seeking behaviors. This can be achieved by giving health education to the antenatal mothers. The need of thorough Antenatal assessment includes not only determining the pregnant woman's overall health status, but also identifying factors which may adversely affect pregnancy outcome

During our clinical postings we observed many cases of antepartum hemorrhage but still many women did not have the adequate knowledge regarding their condition due to poor education and awareness among the society which made us realize that the need of the hour is to assess their knowledge, taboos and myths prevailing in the communities, promote the awareness related to high-risk pregnancies, complications leading to widespread maternal and fetal morbidity and mortality.

As stated by the WHO in 2005 World Health Report "Make Every Mother and Child Count"

In all country mothers and children constitute a major segment of the total population. Therefore, a service to women during pregnancy and delivery is tremendously significant in health care delivery system. Worldwide nearly 600,000 women between the age of 15 and 49 die every Year, due to complications arising from pregnancy and childbirth. This means almost every minute of every year, there is a maternal death. The maternal mortality ratio in developing countries in 2015 is 239 per 100 000 live births versus 12 per 100 000 live births in developed countries.

A forementioned information suggests that antepartum hemorrhage is a grave obstetrical emergency and is one of the leading causes of perinatal mortality and morbidity in developing countries like India. Women continue to die

unnecessarily in pregnancy and child- birth in these countries due to obstetrics complications, the incidences of antepartum hemorrhage, identify preventable risk factors associated with especially antepartum hemorrhage. Women with a history of antepartum hemorrhage are at increased risk for adverse perinatal outcomes including small for gestational age and growth restricted fetuses, therefore initiation of serial ultrasounds is recommended. Timely access to quality obstetric services is the major determinant of both maternal and newborn outcomes after antepartum hemorrhage Therefore, understanding the risk factors for antepartum hemorrhage in the health facility settings and developing strategies to reduce the number of preventable risk factors is critical. The present need of the hour is to estimate antepartum hemorrhage and study the maternal a fetal outcome of antepartum hemorrhage in tertiary care setting. It is essential that advance practice nurses to be knowledgeable and skilled in the case of women, ensuring care and enhancing the quality of women lives. Along with assessment, diagnosis and treatment various women's health conditions, advanced practice nurse can manage or co-manage treatment and follow up.

There is no hope for that family or country where there is no estimation of women where they live in sadness. For this reason, they have to be raised first. An educated women is an asset to the country as well as the health team hence it is essential that women have adequate knowledge about various complications arising during pregnancy

"Whether your pregnancy was meticulously planned, medically coaxed, or happened by surprise, one thing is certain- your life will never be the same."

STATEMENT OF THE PROBLEM

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF ANTENATAL MOTHER REGARDING ANTEPARTUM HEMORRHAGE IN VILLAGE JOGHON , NALAGARH DISTT. SOLAN(HP)

OBJECTIVES

1. To assess the knowledge regarding antepartum hemorrhage among antenatal mothers.
2. To find the association between demographical variables and knowledge among antenatal mothers.
3. To provide pamphlets to antenatal mothers regarding antepartum hemorrhage.

HYPOTHESIS

H1: There is association between knowledge score with selected demographic variables. H0: There is no association between knowledge score with selected demographic variables. OPERATIONAL DEFINITIONS

Assess: estimate the value .in this study it refers to evaluate or estimate the knowledge regarding antepartum hemorrhage among antenatal mothers

Knowledge: information gained through experiences or education. in this study knowledge refers to information regarding antepartum hemorrhage

Antenatal mothers: In this study antenatal mothers refers to women who are pregnant and giving birth to child in future.

Antepartum hemorrhage: Antepartum bleeding, also known as antepartum hemorrhage or prepartum hemorrhage, is genital bleeding during pregnancy after the 28th week of pregnancy up to delivery.

ASSUMPTIONS:

- The level of knowledge and skills are increased in antenatal mothers regarding antepartum hemorrhage.
- To develop adequate knowledge regarding antepartum hemorrhage in antenatal mothers

METHODOLOGY

Research methodology is a way to systematically to solve the research problem.it is a sense of study how research is done scientifically .it explains the steps are generally adopted by the researcher in studying the research problem alone with logic behind it.

This chapter deals with the research approach research design setting of the study population, sample and sampling technique, description, scoring and interpretation, content validity of the tool from a data collection procedure and data analysis.

RESEARCH APPROACH: In this study the descriptive research approach is used

RESEARCH DESIGN: In this study research design is non experimental research design

SETTING OF THE STUDY: The study is going to be conducted in the community area of village Joghon Nalagarh. The setting is chosen because of easy accessibility and feasibility to conduct the study.

POPOLATION: The population of the study 'the entire aggregation of the antenatal mothers at village Joghon Nalagarh.

SAMPLE AND SAMPLING TECHNIQUE: Sample is a portion to represent the entire population. in this study the sample size is antenatal mothers. Sampling technique is used in the study is the purposive sampling technique.

SAMPLING CRITERIA: In this study the sample is selected with following predetermined criteria.

INCLUSIVE CRITERIA: In this study the antenatal mothers who are willing to participate in the study.

In this study antenatal mothers who are present during the period of data collection.

EXCLUSIVE CRITERIA: Antenatal mothers, who are ill during the data collection, who are not willing to participate.

INSTRUMENT:

Description of tool:

The tool used for study is semi structured interview schedule. The interview consists of two parts.

PART 1: consist of demographic variable such as age, education, marital status, type of family, religion, domicile, dietary pattern and monthly income.

PART 2: Self structured questionnaire:

It consists of 20 multiple choice question with four options, among which one is correct answer.

LEVEL OF KNOWLEDGE SCORE:

LEVEL OF KNOWLEDGE	SCORE
Inadequate knowledge	0-7
Moderate knowledge	8-13
Adequate knowledge	14-20

CHAPTER-4

DATA INTERPRETATION AND ANALYSIS SECTION-A

The chapter describes the analysis and interpretation of data collected from 40 antenatal mothers. The data was organized and presented under the following headings : SECTION A Description of demographic variables.

Table no.1:The frequency and percentage distribution of demographic variable of antenatal mothers

Sr No.	Demographic variables	Frequency(F)	Percentage(%)
1	AGE	4	10%
	a) 19-23 years	26	65%
	b) 24-28 years	10	25%
	c) above 29 years		
2	EDUCATIONAL STATUS	10	25%
	a) Primary education	23	57.5%
	b) Secondary education	7	17.5%
	c) Graduate and above		
3	TYPE OF FAMILY	25	62.5%
	a) Joint	14	35%
	b) Nuclear	1	2.5%
	c) Extended		
4	RELIGION	35	87.5%
	a) Hindu	2	5%
	b) Sikh	0	0%
	c) Christian	3	7.5%
	d) Muslim		
5	DOMICILE	40	100%
	a) Rural	0	0%
	b) Urban		
6	DIETARY PATTERN	37	92.5%
	a) Vegetarian	0	0%
	b) Non vegetarian	3	7.5%

	c) Both		
7	OCCUPATION a) House wife b) Employed c) Self Business	40 0 0	100% 0% 0%
8	MONTHLY INCOME a) Less than 8000 b) 8000-12000 c) 12000-15000 d) More than 1500	5 11 10 14	12.5% 27.5% 25% 35%

DESCRIPTION OF TABLE -1

AGE: The majority of antenatal mothers 65% were in the age group of 24-28 ,25% were in the age group of above 29 and 10% in 19-23 years.

EDUCATIONAL STATUS: The majority of antenatal mothers ,25% were having primary education, 57.5% were having secondary education and 17.5% were graduate and above respectively.

TYPE OF FAMILIY: The majority of antenatal mothers 62.5% lived in joint family, 35% lived in nuclear family and 2.5% lived in extended family.

RELIGION: The majority of antenatal mothers 87.5% are Hindu , 7.5% Muslims and 5% Sikh.

DOMICILE: The majority of antenatal mothers i.e. 100% belongs to rural area.

DIETARY PATTERN: The majority of antenatal mothers 92.5% were vegetarian, 0% were non vegetarian and 7.5% were mixed.

OCCUPATION: The majority of antenatal mothers i.e. 100% were housewife.

MONTHLY INCOME: The majority of antenatal mothers 12.5% were having monthly income 8000, 27.5% were having monthly income 8000-12000, 25% were having monthly income 12000-15000 and 35% were having monthly income 15000 above.

GRAPHICAL PRESENTATION OF DEMOGRAPHICAL VARIABLES

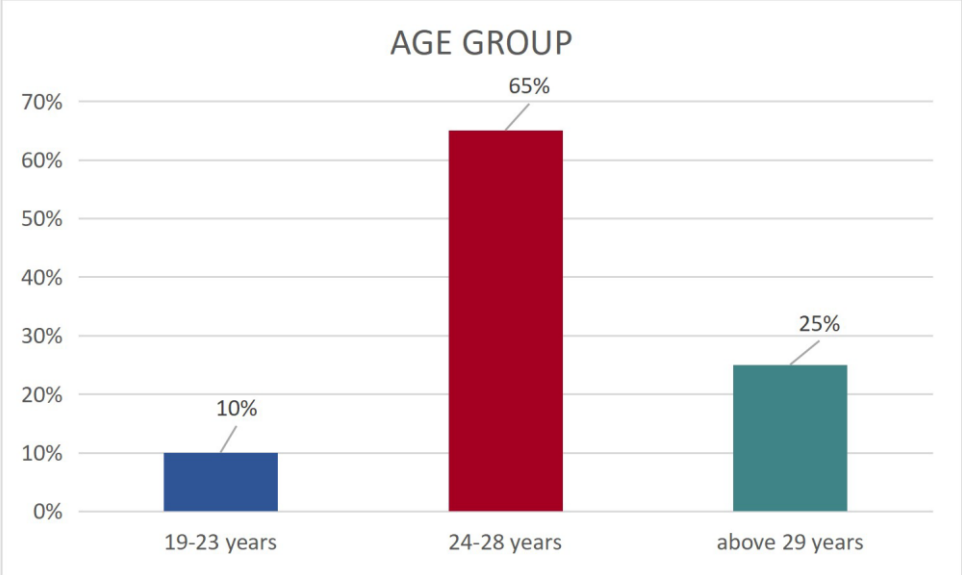

FIGURE 1.1 The percentage distribution of antenatal mothers according to their age group

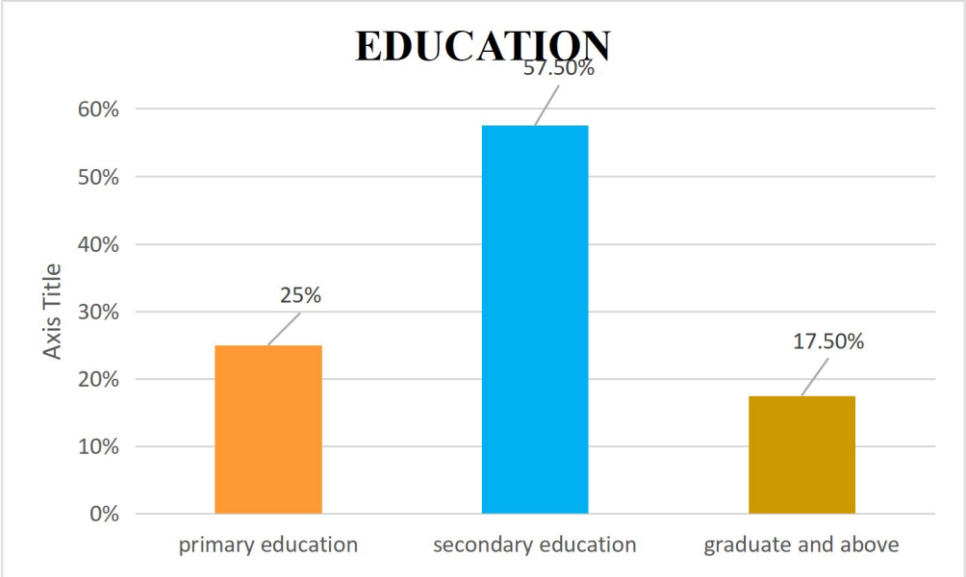

FIGURE 1.2 The percentage distribution of antenatal mothers according to their education status

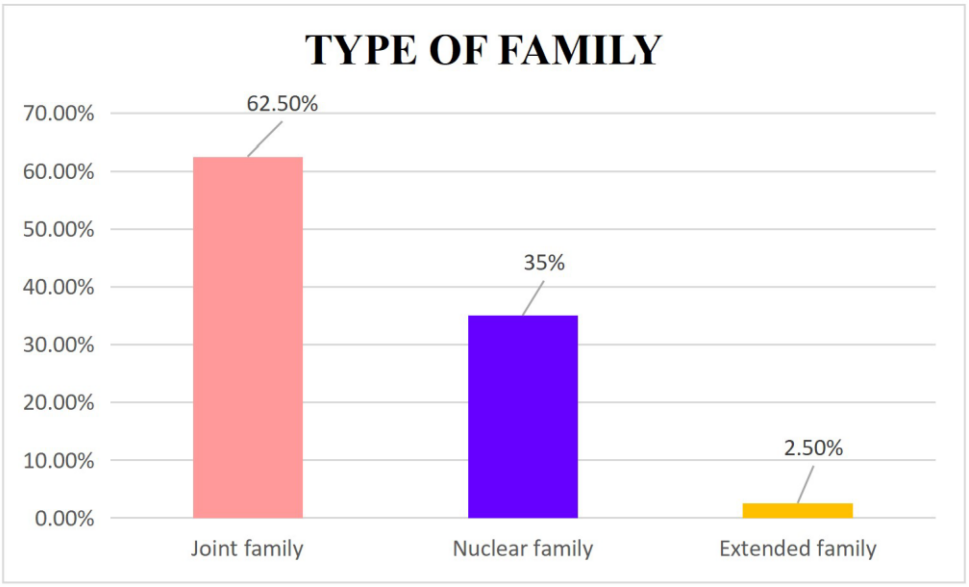

FIGURE 1.3 The percentage distribution of antenatal mothers according to their family type

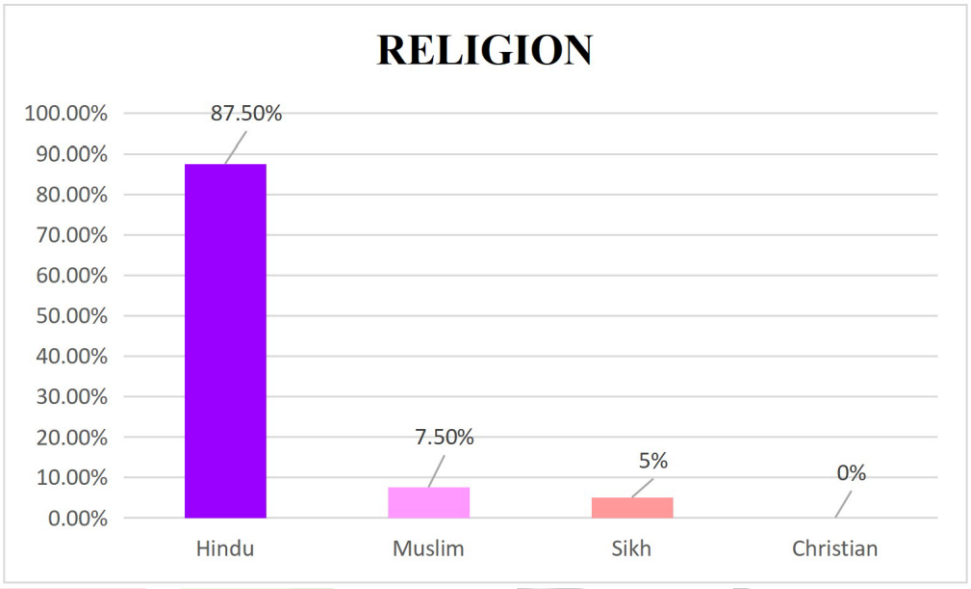

FIGURE 1.4 The percentage distribution of antenatal mothers according to their religion

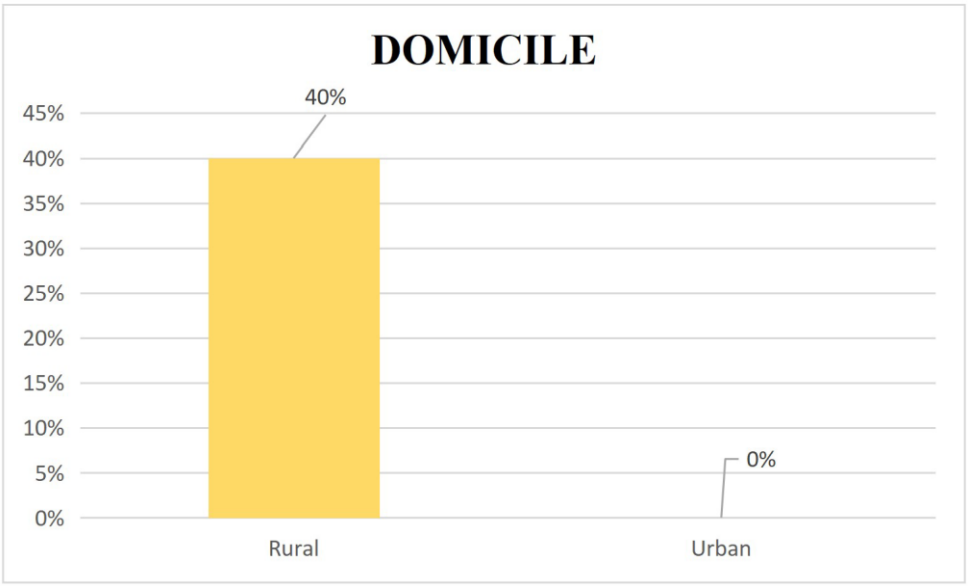

FIGURE 1.5 The percentage distribution of antenatal mothers according to their domicile.

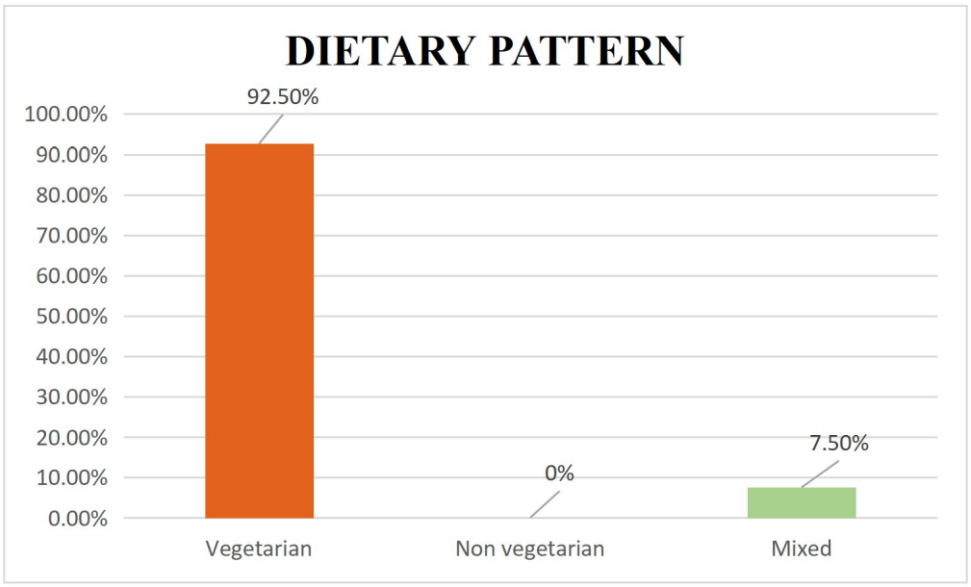

FIGURE 1.6 The percentage distribution of antenatal mothers according to their dietary pattern.

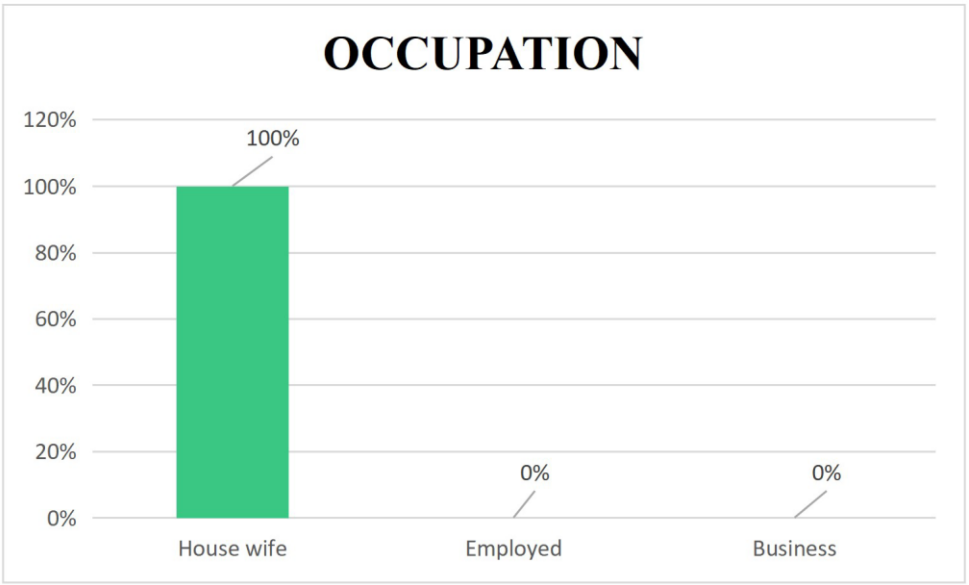

FIGURE 1.7 The percentage distribution of antenatal mothers according to their occupation

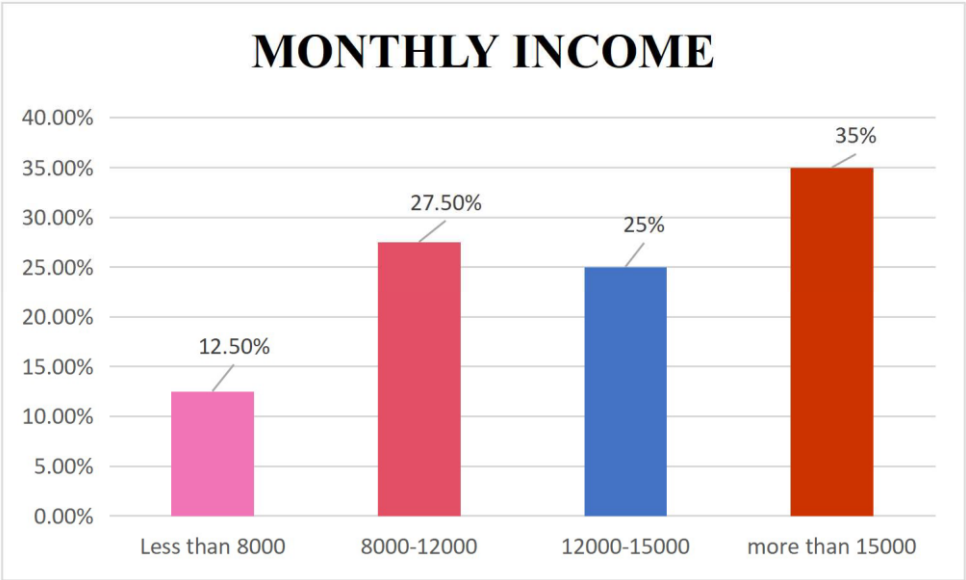

FIGURE 1.8 The percentage distribution of antenatal mothers according to their monthly income

SECTION – B

The section deals with the level of knowledge regarding antepartum hemorrhage among antenatal mothers

Table No.2: Knowledge of antenatal mothers regarding antepartum hemorrhage

Sr no.	Score	Level of knowledge	Frequency (F)	Percentage (%)
1	0-7	Inadequate knowledge	9	23%
2	8-12	Moderate knowledge	28	70%
3	13-20	Adequate knowledge	3	7.5%

This table shows that the antenatal mothers having inadequate knowledge (23%)having moderate knowledge (70%) and having adequate knowledge (7.5%) regarding antepartum hemorrhage.

Frequency and percentage of knowledge of antenatal mothers regarding antepartum hemorrhage :

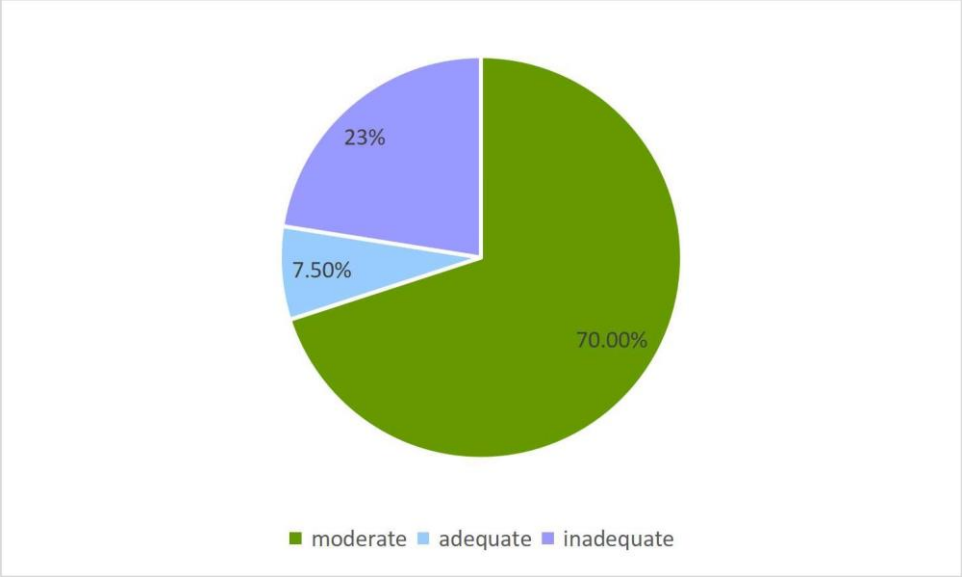

FIG .2.1 Percentage distribution of level of knowledge of antenatal mothers regarding antepartum hemorrhage

SECTION – C

Table no. 3 : This section deals with analysis of association between level of knowledge and selected demographic variable

Sr no.	Demographic variable	Option	Level of knowledge			X^2	Table valu	df
			inadequate	moderate	adequate			
1	Age	a) 19-23 years	1	2	2	NS 1.176	9.49	4
		b) 24-28 years	1	9	0			
		c) above 29	7	17	1			
2	Education status	a) primary	2	8	1	NS 0.035	9.49	4
		b) secondary	5	17	2			
		c) graduate	2	3	0			
3	Type of family	a) joint	7	16	2	NS 2.928	9.49	4
		b) nuclear	2	11	1			
		c) extended	0	1	0			
4	Religion	a) Hindu	9	26	0	NS 2.447	12.59	6
		b) Sikh	0	2	0			
		c) Muslim	0	1	2			
		d) Christian	0	0	0			
5	Domicile	a) rural	9	28	3	NS 0	5.99	2
		b) urban	0	0	0			
6	Dietary pattern	a) veg	9	27	1	NS 0.118	9.49	4
		b) non veg	0	0	0			
		c) mixed	0	1	2			

7	Occupation	a) housewife b)employed c)business	9 0 0	28 0 0	3 0 0	NS 2.31	9.49	4
8	Monthly income	a) <8000 b) 8000-12000 c)12000-15000 d)15000 above	3 3 3 0	3 9 7 9	0 0 3 0	NS 1.356	12.59	6

ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE AND SELECTED DEMOGRAPHIC VARIABLES.

In this study the table shows that the association between the level of knowledge and age (9.49) education status is (9.49) type of family is (9.49) religion is (12.59) domicile is (5.99) dietary pattern is (9.49) occupation is (9.49) and monthly income is (12.59)

CONCLUSION:

It was found that there is no significant association between level of knowledge and demographic variables. Hence, research hypothesis that "there is non- significant association between knowledge and selected demographic variables regarding antepartum hemorrhage."

DISCUSSION

This chapter represents the interpretation of the statistical findings. It has been discussed as based on the objectives of the study. The aim of the study is to assess the knowledge and demographic variables of antenatal mothers. These findings are discussed under the following:

OBJECTIVES:

1. To assess the knowledge regarding antepartum hemorrhage among antenatal mothers.
2. To find the association between demographical variables and knowledge among antenatal mothers.
3. To provide pamphlets to antenatal mothers regarding antepartum hemorrhage

The first objective of the study is to assess the knowledge regarding antepartum hemorrhage among antenatal mothers.

The Table no.2 shows that the antenatal mothers having inadequate knowledge (23%)having moderate knowledge (70%) and having adequate knowledge (7.5%) regarding antepartum hemorrhage.

The second objective of the study is to find the association between demographical variables and knowledge among antenatal mothers.

The Table no.3 shows that the association between the level of knowledge and age (9.49) education status is (9.49) type of family is (9.49) religion is (12.59) domicile is (5.99) dietary pattern is (9.49) occupation is (9.49) and monthly income is (12.59)

The third objective is to provide pamphlets to antenatal mothers regarding antepartum hemorrhage

The pamphlets distribution helped in enhancing the knowledge level of antenatal mothers regarding antepartum

hemorrhage which further added valuable results in our study.

CHAPTER-6 SUMMARY,CONCLUSION,FINDINGS AND RECOMMENDATIONS

SUMMARY:

This chapter gives account of study including conclusion drawn from findings, limitations of study, implications of study, recommendations for further research.

STATEMENT OF THE PROBLEM:

A descriptive study to assess the knowledge of antenatal mothers regarding antepartum hemorrhage among antenatal mothers in village Joghon Nalagarh Distt. Solan.

OBJECTIVES:

1. To assess the knowledge regarding antepartum hemorrhage among antenatal mothers.
2. To find the association between demographical variables and knowledge among antenatal mothers.
3. To provide pamphlets to antenatal mothers regarding antepartum hemorrhage.

THE HYPOTHESIS OF THE STUDY WERE:

H1: There is association between knowledge score with selected demographic variables. H0: There is no association between knowledge score with selected demographic variables. MAJOR FINDINGS:

- The majority of antenatal mothers(65%) were in the age group of 24-28 years
- The majority of antenatal mothers(25%) were having primary education
- The majority of antenatal mothers (100%)lived in rural area.
- The majority of antenatal mothers (62%) lives in joint family
- The majority of antenatal mothers (87.5%) belongs to Hindu religion
- The majority of antenatal mothers (92.5%) were having vegetarian dietary pattern.
- The majority of antenatal mothers (100%) were housewife.
- The majority of antenatal mothers (35%) Were having their family monthly income above 15000.
- IMPLICATIONS:

The findings of the study have the following implications in nursing practice, nursing research, nursing education, community health nursing.

NURSING PRACTICE:

- Nurse can assess the knowledge of antenatal mothers regarding antepartum hemorrhage and aware the mothers for antepartum hemorrhage.
- Nurse can create a general awareness in community area while providing care to antenatal mothers.
- The nurse can provide health education to antenatal mothers regarding antepartum hemorrhage.

NURSING EDUCATION:

- Nurse educator can prepare the students to provide health education to antenatal mothers regarding antepartum hemorrhage.
- Nurse can provide health education to the student nurse in order to increase their knowledge regarding antepartum hemorrhage.

LIMITATIONS:

- Some of the mothers were not cooperative as expected.
- Some illiterate antenatal mothers were not able to understand the questions up to the mark.

RECOMMENDATIONS:

- A descriptive study to assess the knowledge regarding antepartum hemorrhage.
- A study to correlate the knowledge regarding antepartum hemorrhage among the demographic variables.

CONCLUSION:

The research study explored and described the level of knowledge of antenatal mothers regarding antepartum hemorrhage. The aim of the study was to assess the knowledge and to associate the level of knowledge with demographic variables. This study uses to make changes in health care services in order to reduce maternal mortality rate and complication for mothers. It was concluded that there is non-significant association between knowledge and demographic variables regarding antepartum hemorrhage among antenatal mother.

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