ISSN (O): 2582-693X

Original Article

A DESCRIPTION STUDY TO ASSESS THE KNOWLEDGE RELATED TO SELF CARE AMONG ANTENATAL WOMEN VISITING THE OUTPATIENT DEPARTMENT AT THE SELECTED HOSPITALS IN PUNJAB

MS. NITIKA THAKUR¹ MRS. KAMLESH RANI²

¹Nursing Tutor, Kailash Institute of Health & Medical Sciences, Panchkula, Haryana

² Associate Professor, Saraswati Nursing Institute (Kurali, Punjab)

Corresponding Email: nmeetikathakur@gmail.com

ABSTRACT

Introduction: Pregnancy is unique, exciting often joyous time in a women's life, as it highlights the women's amazing creative and nurturing powers. Pregnant women need to be responsible so as to provide best support for the health of her future child. Self care is the activities of pregnant women regarding antenatal care, follow ups, high risk pregnancy, nutritional status, physical activities, personal hygiene, rest and sleep that the antenatal women perform to maintain their health and well-being.

Material & Methods: A study was conducted to assess the self care among antenatal women visiting the selected hospitals in Punjab. Descriptive design was used for this study. Total 200 subjects who fulfilled the inclusion criteria were selected by convenient sampling technique.

Result: Domain found in high risk pregnancy i.e 1.63 ± 1.57 whereas least mean $\pm$ SD was found in high risk pregnancy i.e 1.63 ± 1.08 . Results of the study revealed that 85% subjects had moderate knowledge, 7.5% subjects had good knowledge whereas 7.5% subjects had poor knowledge related to self care.

Conclusion: The study also concluded that the subjects had average knowledge related to self care but they had regular follow ups during the pregnancy.

Keywords: knowledge, self care, Antenatal women

INTRODUCTION

Safe Motherhood Initiatives, a worldwide effort was launched by the World Health Organization in 1987 which aimed to reduce the number of deaths associated with

pregnancy and childbirth. Appropriate antenatal care (ANC) is one of the pillars of this initiative. It highlights the care of antenatal mothers as an important element in maternal healthcare as appropriate care will

lead to successful pregnancy outcome and healthy babies.¹

Pregnancy is a unique, exciting often joyous time in a women's life, as it highlights the women's amazing creative and nurturing powers while providing bridge to the future. Pregnant women need to be a responsible so as to best support the health of her future child. The growing fetus depends entirely on its mother's healthy body for all needs consequently pregnant women must take steps to remain as healthy and well-nourished as they possibly can. Every women hope for a normal pregnancy and normal delivery so that she can cradle healthy baby. Pregnant women require adequate antenatal care to ensure a normal physiological process.²

Antenatal care (ANC) is the care a woman receives throughout her pregnancy in order to ensure that both the mother and child remain healthy. A healthy diet and lifestyle during pregnancy is important for the development of a healthy baby and may have long-term beneficial effects on the health of the child. In India, a maternity care model that encouraged husbands' participation in their wives antenatal and postnatal care found positive changes in

knowledge, gender roles and decision making. Men undoubtedly play a crucial role during pregnancy of their spouses and childbirth by preventing delay in seeking antenatal care. This is possible if they have appropriate knowledge regarding the importance of appropriate antenatal care, pregnancy complications and the need for timely intervention.³

OBJECTIVES

- To assess the knowledge related to self care among antenatal women.
- To determine the association between self care and selected demographic variables of antenatal women.

MATERIAL AND METHODS

Research approach: Non experimental quantitative

Research design: Descriptive design

Setting of the study: Civil hospital Fatehgarh Sahib, Civil Hospital Mohali, Civil Hospital Kharar, Community Health Centre Kurali

Population: Clients reporting at the hospital

Sample size: 200 clients

Sample technique: Convenient sampling

DEVELOPMENT AND DESCRIPTION OF TOOL

TOOL I: - Socio-demographic profile sheet

Socio-demographic profile sheet was developed by the investigator for the present study to collect the personal, social and occupational characteristics of the subjects which consists of nine items. It includes Age in years, Level of education, Place of residence, Occupation, Type of family, Family income per month, Reproductive information, Source of information, Attended any programme.

TOOL II:-Structured Questionnaire to assess the knowledge related to self care among antenatal women

This section consists of questionnaire to assess the knowledge related to self care among antenatal women in selected hospitals. The tool includes 43 items that is classified into 7 aspects:-

- General awareness – This includes five items focused on the knowledge about general awareness related to self care among antenatal women.
- Follow ups – This included ten items about follow ups among antenatal women.
- High risk pregnancy – It includes four items focused on high risk pregnancy.
- Nutritional status- This consists of ten items focused on nutritional status among antenatal women.

- Physical activity – It includes six items about exercise and activities undertaken by antenatal women.
- Personal hygiene- It includes four items about personal hygiene among antenatal women.
- Rest and sleep- This includes four items focused on rest and sleep among antenatal women.

Total score of the questions were 43. Each correct response was given one score and wrong response was given zero score.

SCORING	KNOWLEDGE	SCORE
1.	Poor	0-15
2.	Moderate	16-30
3.	Good	31-43

(Range 0-43)

VALIDITY OF THE TOOL:

The prepared tool along with the objectives, blue print, tool criteria were given o 10 experts from the department of obstetrical and gynecological nursing. The experts were requested to give their opinion regarding adequacy, relevance and appropriateness of content. The content validity was done only to validate the self structured tool.

DATA COLLECTION PROCESS:

Data collection of the study was carried out in the month of January, February and March 2019.

Structured interview schedule comprising of socio-demographic sheet and knowledge questionnaire was used to collect data from the subjects and researcher recorded to response tool by asking question to subjects and recorded on the performa. From 9am to 3pm the investigator remained in the OPD's of the hospitals and contacted the clients who visited the hospital during this time. Information given by respondents during interview schedule was recorded. The interview was conducted with each subject individually. It took 20-30 minutes to collect data from each subject. Pamphlet was developed by investigator regarding self care. It included the information regarding general awareness, follow ups, high risk pregnancy, nutritional status, physical activity, personal hygiene, rest and sleep among antenatal women.

DATA ANALYSIS

MAJOR FINDINGS OF THE STUDY:

PART A- Socio -demographic profile.

PART-B-Knowledge related to self care among antenatal women.

PART C- Association of knowledge score with selected demographic variables.

PART-A-SOCIO-DEMOGRAPHIC PROFILE

Table: 1(a) Frequency and percentage distribution of subject as their socio demographic variables

N=200

SOCIO DEMOGRAPHIC VARIABLES		FREQUENCY (%)
AGE	20-24 years	108 (54.0%)
	25 -29 years	071(35.5%)
	30-34 years	020(10.0%)
	<34 years	001(00.5%)
Level of education	Illiterate	019(09.5%)
	Upto secondary	180(90.0%)
	Above secondary	001(00.5%)
Place of residence	Urban Rural	019(09.5%)
		181(90.5%)
Occupation	Student	003(01.5%)
	Employed	009(04.5%)
	Housewife	188(94.0%)
Type of family	Nuclear family Joint family	025(12.5%)
		175(87.5%)
Family income	Rs.<5000	030(15.0%)
	Rs.5001-10,000	054(27.0%)
	Rs.10,001-15000	100(50.0%)
	Rs.>15,000	016(08.0%)

Table 1(a) depicts the frequency and percentage distribution of subjects as their socio demographic variables.

According to age, more than half of subjects 108(54%) were in the age group of 20-24yrs , 71(35.5%) subjects were in the age group of 25-29yrs, 20(10%) subjects were in the age group 30-34yrs whereas only 1(5)% subjects were in age group more than 34 yrs. Majority of the subjects 180(90%)were studied up to secondary, 19(9.5%)subjects were illiterate and only1(0.5%)subjects were studied above secondary level. Most of the subjects 181(90.5%) were from rural area whereas19 (9.5%) of the subjects were from urban area. Almost all the subjects 188(94%) were housewives, 9 (4.5%) subjects were employed, whereas only3 (1.5%) subjects were students. More than half of subjects 175(87.5%) were from joint family whereas 25(12.5 %) subjects were from nuclear family. Equal to half of the subjects 100(50%) had monthly income Rs. 10,000 - 15,000, 54 (27%) had Rs.5001-10, 000, 30(15%) had less than Rs.5000 and 16(8%) subjects had monthly income more than Rs.15, 000.

Table1(b): Frequency and percentage distribution of subjects as per their socio demographic variables.

N=200

SOCIO DEMOGRAPHIC VARIABLES		FREQUENCY (%)
REPRODUCTIVE INFORMATION Gestational age	4-14 weeks	037(18.5%)
	15-25weeks	043(21.5%)
	26-36weeks	117(58.5%)
	>36 weeks	003(01.5%)
Gravida	1	101(50.5%)
	2	072(36.0%)
	3	027(13.5%)
Parity	1	104(52%)
	2	068(34%)
	3	028(14%)
Abortion	0	196(98.0%)
	1	003(01.5%)
	2	001(00.5%)
Still birth	0	196(98.0%)
	1	001(01.5%)
	2	003(00.5%)
Antenatal visits	1	011(05.5%)
	2	012(06.0%)
	3	029(14.5%)
	>3	148(74%)
Source of information	Tv/radio	013(06.5%)
	Family	185(92.5%)
	Friends	002(01.0%)

According to reproductive information, more than half of subjects 117(58.5%) had gestational age of 26-36 weeks, 43(21.5%) subjects had gestational age of 15-25weeks, (37)18.5% subjects had gestational age of 4-14 weeks and 3(1.5%) subjects had gestational age of more than 36 weeks. Nearly half of subjects 101(50.5%) subjects were first gravida, 72(36%) subjects were second gravida, 27 (13.5%) subjects were third gravida. Less than half of the

subjects (34%) were para 2, 104(33.5%) subjects were para 3, 68(14%) subjects were primipara and 28(9.5%) subjects were more than para 3. Almost all the subjects 196(98%) had no abortion history, 3(1.5%) subjects had three abortion whereas 3(1.5) % subjects had abortion once. Most of subjects 196(98%) had no still birth, 1 (0.5%) subjects had one still birth whereas (3)1.5% subjects had three still birth previously. More than half of subject 148(74%) had more than three antenatal visits, 29(14.5%) subjects had three antenatal visit, 12(6%) subjects had two antenatal visit and 11(5.5%) subjects had one antenatal visit during pregnancy. Majority of subjects 185(92.5%) had family as a source of information, 13(6.5%) subjects had source of information from newspaper, tv/radio and 2 (1%) subjects had source of information from their friends related to antenatal self care.

PART B-KNOWLEDGE RELATED TO SELF CARE

Table:-2 Frequency and Percentage distribution of subjects as per knowledge score related to self care among antenatal women.

N=200

Knowledge	Frequency (f)	Percentage (%)
Good	015	7.5%
Moderate	170	85%
Poor	015	7.5%

Above table shows frequency and percentage distribution of subjects as per Knowledge score related to self care. Majority of subjects 170(85%) had moderate knowledge, 15 (7.5%) subjects had good and poor knowledge related to self care among antenatal women respectively.

Table:-3 Domain wise mean and SD related to self care among antenatal women.

N=200

S.NO	DOMAIN	Mean $\pm$ SD
1.	General awareness	1.89 $\pm$ 1.22
2.	Follow ups	6.49 $\pm$ 1.57
3.	High risk pregnancy	1.63 $\pm$ 1.08
4.	Nutritional status	5.21 $\pm$ 1.75
5.	Physical activities	2.80 $\pm$ 1.07
6.	Personal hygiene	2.17 $\pm$ 0.75
7.	Rest and sleep	1.73 $\pm$ 0.81
8.	Overall self care among antenatal women	21.93 $\pm$ 5.12

Above table revealed that the domain wise mean and SD related to self care among subjects. The overall mean and SD of self care among antenatal women score was 21.93 $\pm$ 5.12. Domain wise highest mean and SD was found in follow up domain i.e 6.49 $\pm$ 1.57, nutritional status 5.21 $\pm$ 1.75,

physical activities 2.80 ± 1.07 , personal hygiene 2.17 ± 0.75 , general awareness 1.89 ± 1.22 , rest and sleep 1.73 ± 0.81 whereas least mean and SD was found in high risk pregnancy i.e 1.63 ± 1.08 .

PART C-ASSOCIATION BETWEEN KNOWLEDGE AND SOCIO-DEMOGRAPHIC VARIABLES

Table:4(a) To find out association between knowledge with socio demographical variables.

N=200

SOCIO- DEMOGRAPHIC VARIABLES		f	Knowledge			Chi square value	df with P value
			POOR	Moderate	GOOD		
Age	20-24years	108	05	095	008	11.95	6(0.623)
	25-29years	071	05	059	007		
	30-34years	020	05	015	000		
	<34years	001	00	001	000		
Level of education	Illiterate	019	06	031	001	9.069	4(0.059)
	Upto secondary	180	07	115	009		
	Above secondary	001	02	024	005		
Place of residence	Urban	019	03	015	001	2.318	4(0.678)
	Rural	181	12	155	014		
Occupati on	Student	003	00	003	000	0.899	4(0.925)
	Employed	009	01	007	001		
	Housewife	188	14	160	014		

Table4 (a) Shows association between socio- demographical variables and knowledge related to self care. As per χ^2 test association between the knowledge

related to self care and age, level of education, place of residence, occupation found non-significant at level of $p > 0.05$. Hence there is no significant relationship between knowledge related to self care and age, level of education, place of residence, occupation.

Table: 4(b) To find out association between knowledge with socio demographical variables.

N=200

SOCIO DEMOGRAPHIC VARIABLES		f	KNOW LEDGE			Chisquare value	df with P value
			GO OD	MODE RATE	POOR		
Reproductive information Gestational age	4- 14wks	037 043	01 03	033 037	003 003	5.406	6(0.493)
	15- 25wks	117 003	11 0	097 03	009 000		
	26- 36wks						
	>36wks						
Gravida	1	101	07	086	101	0.165	4(0.997)
	2	072	06	061	072		
	3	027	02	023	027		
Parity	1	104	06	090	008	1.227	4(0.874)
	2	068	07	056	005		
	3	028	02	024	002		
Abortion	0	196	15	166	015	0.720	4(0.949)
	1	003	00	003	000		
	2	001	00	001	000		
Antenatal visits	1	011	01	010	000	12.914	18(0.79 7)
	2	012	01	010	001		
	3	029	02	024	003		
	>3	148	11	126	011		
Source of information	TV/radio	013 185	00 02	013 159	002 009	3.018	4(0.555)
	Family	002	00	013	002		
	Friends						

Table4(b) Shows association between socio- demographical variables and knowledge related to self care. As per χ^2

test association between the knowledge related to self care and reproductive information (gestational age, gravid, parity, abortion), antenatal visits, source of information found non-significant at level of $p>0.05$. Hence there is no significant relationship between knowledge related to self care and reproductive information (gestational age, gravid, parity, abortion), antenatal visits, source of information.

IMPLICATIONS

The findings of the study have several implications which were discussed in the following areas:

NURSING PRACTICE

- The study helps to obtain necessary information about practices for the improvement of self care among antenatal women.
- Nurse should conduct further research on same topic to explore more benefits of the study in which present research could not identify because of limitations.
- Nursing personal should utilizing the findings to patients.
- Nurses should actively participate in guidance and counseling of the patients for self care during pregnancy.

NURSING EDUCATION:

- The nurse educator can provide education to the patients regarding self care during pregnancy.
- The nurse educator can provide knowledge and organize the awareness program among public regarding self care.
- The nurse educator should improve the knowledge of nursing students regarding self care during pregnancy.

NURSING ADMINISTRATION

- Nurse administrator can organize in-service education programs to enhance the knowledge of staff regarding safe practices during care of pregnant women.
- Nurse administrator can organize seminars, workshops on self care strategies during pregnancy.

NURSING RESEARCH

- Research should be directed towards describing the self care among antenatal women.
- Nursing research should be conducted to explore self care strategies among antenatal women.

RECOMMENDATIONS

- A descriptive study can be done among antenatal women with different trimesters to assess the knowledge related to self care.

- A similar study can be done among women in post natal period.
- A similar study can be done on larger sample.

CONCLUSION

Present study results revealed that 85% subjects had moderate knowledge, 7.5% subjects had good knowledge and poor knowledge regarding self care among antenatal women. Overall mean and SD score related to self care among subjects was 21.93 ± 5.12 . As per domain wise highest mean and SD was found in follow ups 6.49 ± 1.57 , nutritional status 5.21 ± 1.75 , physical activities 2.80 ± 1.07 , personal hygiene 2.17 ± 0.75 , general awareness 1.89 ± 1.22 , rest and sleep 1.73 ± 0.81 whereas least mean and SD was found in high risk pregnancy domain 1.63 ± 1.08 .

REFERENCES

1. Patel B, Gurmeet P, Sinalkar D, Pandya K, Mahen A, Singh N. A study on knowledge and practices of antenatal care among pregnant women attending antenatal clinic at a Tertiary Care Hospital of Pune, Maharashtra. Med J Dr Patil Univ. 2016;9(3):354.
2. Jose N, Raddi SA, Kharde S. Assess the Knowledge Regarding Pre-eclampsia and Its Self-care Measures among Antenatal Women Attending Antenatal Outpatient Department of KLES Dr Prabhakar Kore Hospital, Belgaum. Malhotra N, editor. J SAFOG DVD. 2010 May;157–62.
3. Laishram J, Thounaojam UD, Panmei J, Mukhia S, Devi HS. Knowledge and Practice of Ante-natal Care in an Urban Area. Indian Med Gaz. 2013;6.
4. Kadham NM. Assessment of Self – Care Practices during Prenatal Period among Mothers in Babylon City. :8.
5. Priyadharshini. M, P. Mangala Gowri .Assess the Knowledge on Antenatal Care among Antenatal Care Giver. 2014;3(10):2.
6. Gadiya P, Patel V. Effectiveness of an information booklet on knowledge regarding antenatal care among primi-gravida mothers at selected villages of Waghodia Taluka.:3.
7. Yadav L. Assessment of the Knowledge Regarding Antenatal Care among Pregnant Women with a View to Develop Information Booklet at Selected Clinics of District of Punjab. 2015;6(6):7.