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Research Article

A Descriptive Study to Assess Knowledge Regarding Antenatal Care among Pregnant Women at District Hospital Gopeshwar, Chamoli in View to Develop Pamphlets

Meena Negi*, K. M. Anjali, Anjali Pokhriyal, Krishna Nand Nautiyal, Monika Pant, Sonam Rana

Department of Medical Surgical Nursing, Government College of Nursing, Patiyaldhar, Gopeswar, Chamoli, Uttarakhand, India

Abstract

Aim: The aim of conducting the study was to improve knowledge of pregnant women regarding antenatal care (ANC). **Materials and Methods:** Non-experimental (descriptive) research design was adopted for this study and total 100 samples were selected using non-probability convenient sampling technique. The structured questionnaire regarding ANC was prepared and used to data collection. The obtained data were analyzed and interpreted in terms of the objectives of the study. Non-experimental research design was adopted for the study that focuses on obtaining information regarding knowledge related to ANC. Descriptive and inferential statistics were used for data analysis. **Results:** The result shows that 21 (21%) pregnant women were having good knowledge, 53 (53%) pregnant women were having average knowledge, and 26 (26%) pregnant women had poor knowledge about ANC. Demographic variables such as age, education, occupation, and monthly income have significant influence on knowledge of antenatal women ($P > 0.05$) regarding ANC. The conclusion of this study was that majority of pregnant women have average knowledge about ANC and there is a need to improve their knowledge so that maternal as well as fetal mortality rate can be reduced. **Conclusion:** This study was that pregnant women had average knowledge regarding ANC and there is a need to improve their knowledge through educating them related to ANC.

Key words: Antenatal care, Assess, Hospital, Knowledge, Pregnant women

Address for correspondence: Ms. Meena Negi, Department of Medical Surgical Nursing, Government College of Nursing, Patiyaldhar, Gopeswar, Chamoli, Uttarakhand, India. E-mail: meenun1987@gmail.com

Introduction

Antenatal care (ANC) is a vital component of the continuum of care for mothers and baby provides opportunities for the timely diagnosis of obstetric condition, educating women about the danger signs of pregnancy, important of family planning. It has been estimated that increased coverage and quality of maternal healthcare could be decreased 71% of neonatal death, 63% of stillbirth, and 54% of maternal death in low- and middle-income countries. Over the last few years, India has achieved significant improvement in the average of maternal health, including ANC and various programs.[1] The maternal health status of Indian women was note to be lower as compared to developed countries ANC is the clinical assistant of mother and fetus during the period of pregnancy used for getting best possible result for the mother and child early observation and ongoing care during pregnancy provided more favorable birth compare to no parental observation. It is a key entry point for pregnant women to receive multiple range of health services such as – nutrient maintenance, family planning, prevention and detection of diseases, early registration, diet, institution delivery, and immunization.[2] ANC can help women prepare for delivery and understand warning signs during pregnancy and childbirth. Through preventive healthcare, women

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can access micronutrient supplementation, treatment of hypertension to prevent eclampsia, as well as immunization against tetanus. ANC can also provide HIV testing and medications to prevent mother-to-child transmission of HIV. In areas, where malaria is endemic, health personnel can provide pregnant women with medications and insecticide-treated mosquito nets to help prevent this debilitating and sometimes deadly disease.[3] The majority have shown the patient effect on ANC on newborn mortality, the occurrence of still birth and preterm labor and low-birth weight. However, they exclusively focus on regular screening which can detect and prevent early complication such as hypertension and pregnancy diabetes, both of which can dramatically affect the fetus. ANC is a careful systematic assessment and follow-up of pregnant women that include education, counseling, screening, prevention, and treatment to assure the best possible health of the mother her fetus. Pregnancy and childbirths are normal event in the life of the woman.[4] Although most pregnancies result in the normal birth, it is estimated about 15% may develop, complication which cannot be predicted. The WHO recommends that women starts ANC at a gestational age of <12 weeks this is refers to as early ANC, between 1990 and 2013 the estimated worldwide coverage of early ANC visits increased by 43% to cover nearly out of 10 women in the world.[5] Early ANC is a crucial moment for health provide to provide no of screenings and test, which are most effective early in pregnancy, including those which helps to correctly assess the length of [gestational age] to allow for accurate treatment of preterm labor.

Objectives

This study was to assess the knowledge level of pregnant women regarding ANC and to find out the association between knowledge of pregnant women regarding ANC with their selected demographic variables.

Hypothesis

H1 - There will be a significant relationship between the knowledge of pregnant women with their selected socio-demographic variables.

Materials and Methods

Research design and approach

Descriptive research approach is used for this study. Non-experimental research design was adopted for the study that focuses on obtaining information regarding knowledge related to ANC. A well-structured questionnaire was prepared to assess the knowledge regarding ANC.

Setting of the study

District Hospital Gopeshwar, Chamoli.

Population of the study

Pregnant women of district hospital Gopeshwar Chamoli.

Sample size

The sample size was 100 pregnant women.

Sampling technique

Non-probability convenient sampling was used select the samples for the study.

Inclusion criterion

The pregnant women who are attending OPD at district hospital, Gopeshwar, Chamoli at the time of study were included in the study.

Exclusion criterion

Pregnant women absent at the time of study were excluded from the study.

Description of tools

The tool contains three sections are as follow:

Section A

It consists of seven demographic variables such as Age, education, occupation of antenatal mother, occupation of husband, monthly income of spouse, type of family, and parity.

Section B

It consists of questionnaire to assess the level of knowledge among pregnant women regarding ANC.

Section C

It deals with the association of knowledge score with demographic variables.

Data analysis and interpretation

This section deals with the results and statistical processing the obtained data were analyzed, organized, and presented under the following headings:

Section A

Frequency and percentage distribution of pregnant women regarding level of knowledge.

Section B

Knowledge score of demographic variables of the study subject.

Section C

Association of knowledge score with selected demographic variable.

Section A

Table 1 shows that (21%) pregnant women were having good knowledge, (53%) were having average knowledge, and only (26%) had poor knowledge about ANC.

Section B

Table 2 shows that majority of samples were of age between 22 and 25 who had average knowledge regarding ANC. According to educational status of pregnant women graduate and postgraduate majority had good knowledge about ANC. According to their occupation majority of house wife had average knowledge regarding ANC. According to monthly income pregnant women who had low-income <6000 majority had poor knowledge. According to types of family of pregnant women who resides in joint family majority of pregnant women had good knowledge regarding ANC and according to parity of pregnant women majority of primigravida mother had poor knowledge. Overall, Table 2 shows that majority of pregnant women had average knowledge regarding ANC and there is need to improve their knowledge.

Table 1: Frequency and percentage distribution of pregnant women regarding level of knowledge *n*=100

Level of Knowledge	Frequency	Percentage
Good	21	21
Average	53	53
Poor	26	26
Total	100	100

Section C

Table 3 shows the results of association between knowledge and demographic variables of pregnant women such as age, educational qualification, occupation of pregnant women, monthly income, and types of family and parity. The Chi-square analysis was carried out to determine the association between knowledge and demographic variables. The association between the age, educational level, occupation of pregnant women, and monthly income was significant associated. It was evident from result that knowledge of pregnant women was influenced by age, educational level, pregnant women occupation, and monthly income; hence, the research hypothesis H1 was accepted for these variables and significant association was not established for demographic variables such as type of family and parity

Table 2: Knowledge score of demographic variables of the study subject *n*=100

Demographic Variables	Poor		Average		Good	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Age (in years)						
18–21	9	9	12	12	1	1
22–25	10	10	21	21	13	13
26–29	3	3	12	12	8	8
30 and above 30	1	1	6	6	4	4
Education status						
Illiterate	3	3	4	4	0	0
Primary	11	11	12	12	2	2
Intermediate	6	6	17	17	5	5
Graduate and Postgraduate	3	3	18	18	19	19
Occupation						
Housewife	22	22	48	48	20	20
Private job	0	0	0	0	1	1
Government job	0	0	0	0	4	4
Others	1	1	3	3	1	1
Income						
<6000	13	13	19	19	8	8
6000–10,000	8	8	16	16	4	4
10,000–20,000	5	5	19	19	2	2
>20,000	0	0	0	4	12	12
Type of family						
Nuclear	8	8	14	14	07	7
Joint	17	17	31	31	20	20
Extended	1	1	2	2	0	0
Parity						
Primigravida	18	18	32	32	13	13
Multigravida	5	5	19	19	13	13

Table 3: Association of knowledge score with their selected demographic variables $n = 100$

S. No.	Demographic variables	Poor	Average	Good	df	X^2	Tabulated value	Inference
1	Age							
	18–21	09	12	01	06	10.3734	12.59	*Significant
	22–25	10	21	13				
	26–29	03	12	08				
	30 and above 30	01	06	04				
2	Education level							
	Illiterate	03	04	00	06	20.4	12.59	*Significant
	Primary level	11	12	02				
	Intermediate	06	17	05				
	Graduate and postgraduate	03	18	19				
3	Occupation of pregnant women							
	Housewife	22	48	20	06	14.976	12.59	*Significant
	Private job	00	00	01				
	Government job	00	00	04				
	Others	01	03	01				
5	Monthly income							
	Below 6000	13	19	08	06	25.422	12.59	*Significant
	6000–10,000	08	16	04				
	10,000–20,000	05	09	02				
	Above 20,000	00	04	12				
6	Type of family							
	Nuclear	08	14	07	04	3.15	9.49	Not significant
	Joint	17	31	20				
	Extended	01	02	00				
7	Parity							
	Multigravida	18	32	13				Not significant
	Primigravida	05	19	13	03	4.16	7.89	

*Level of significant at 5% level ($P > 0.05$).

of pregnant women, research hypothesis H1 was rejected for these variables.

Discussion

We have taken that study sample of 100 pregnant women was selected conveniently after meeting the inclusion and exclusion criteria and a cross-sectional study on knowledge and attitude of women toward ANC in primary health-care centers in Libya was conducted in 2014. 300 pregnant women taken as sample. In our study, the structured questionnaire method was used to assess the knowledge regarding ANC and the other study which is conducted in 2014 they used structured interview questionnaire to collect the data. Our result shows that 21 (21%) pregnant women were having good knowledge, 53 (53%) pregnant women were having average knowledge, and 26 (26%) pregnant women had poor knowledge about ANC. According to their study the result shows that the percentage of pregnant women having high knowledge regarding ANC is 85.3%; 96.0 women show positive attitude toward ANC; and 76.4% of women had good practice score.[6] We found that in our study demographic variables such as age, education, occupation, spouse's occupation, and monthly income have significant influence on knowledge of antenatal women ($P > 0.05$) regarding ANC. Moerover, whereas their study shown that it had a significant correlation with the attitude and knowledge of antenatal mothers. Another cross-sectional study was conducted to assess knowledge and practice of pregnant women among the pregnant women in Pune, Maharashtra. They have taken 384 sample size and we have taken 100 pregnant women as sample. They used questionnaire method to collect data same method we used in our study to collect data. They concluded that 58% women had adequate knowledge regarding ANC rather than our study concluded that 21 (21%) pregnant women were having good knowledge, 53 (53%) pregnant women were having average knowledge, and 26 (26%) pregnant women had poor knowledge about ANC. Their study reveals that there is significant association of education with ANC.[7] However, we found that in our study demographic variables such as age, education, occupation, spouse's occupation, and monthly income have significant influence on knowledge of antenatal women (*P*

> 0.05) regarding ANC. The another study was conducted in Punjab, Amritsar to assess the knowledge and practice among mothers in urban area in 2018. 332 pregnant women were taken as sample. In our study, we have taken 100 samples. They used structured questionnaire method to assess the knowledge and practice regarding ANC. Our result shows that 21 (21%) pregnant women were having good knowledge, 53 (53%) pregnant women were having average knowledge and 26 (26%) pregnant women had poor knowledge about ANC. According to their study the result shows that 22.0% women had poor knowledge, 45.6% had good knowledge, and 32.4% had average knowledge. In their study, there is significant relation between age and education of pregnant women.[8] However, we found that in our study demographic variables such as age, education, occupation, spouse's occupation, and monthly income have significant influence on knowledge of antenatal women ($P > 0.05$) regarding ANC.

Conclusion

The conclusion of the study is that pregnant women had average knowledge about ANC and health education was provided through pamphlets regarding ANC.

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