

Original Research Article

A Study to Assess the Knowledge and Attitude among Primigravidae Mothers Regarding Safe Reproductive Child Health in a Selected Hospital of Moga, Punjab

Mrs. Anna Bajaj¹, Ms. P.Latha², Mrs. Usha Sharma³

¹Asst. Professor, Dept OBG, State Institute of Nursing and Paramedical Sciences, Badal, Punjab.

²Associate Professor, HOD of OBG Dept, Narayana College of Nursing, Nellore, A.P.

³Professor & Principal, Dr. Shyam Lal Thapar College of Nursing, Moga, Punjab.

Corresponding Author: Mrs. Anna Bajaj

ABSTRACT

Background: Reproductive & Child Health care is an integrated and composite approach for safe motherhood which leads to healthy pregnancy and safe delivery. So, education regarding all aspects of safe Reproductive Child Health is essential for the mothers, will enable them to adopt positive attitude resulting in to reduction of IMR & MMR. ^[1]

Aim: The study is aimed to assess the knowledge and attitude deficit areas of primigravidae mothers regarding safe Reproductive Child Health and to provide information regarding RCH.

Materials and Methods: An exploratory research approach with purposive sampling technique including 100 primigravidae mothers, who were attending the antenatal OPD of Civil Hospital, Moga. Data was collected by using self structured questionnaire and attitude scale.

Results: The results revealed that, 44% of primigravidae mothers had average knowledge, 37% had below average knowledge and 19% had good knowledge regarding safe Reproductive Child Health. Also majority (82%) of primigravidae mothers had positive attitude and 19% had negative attitude regarding RCH. And there was a significant association between knowledge and attitude with educational status of mother & husband, occupation, family monthly income and source of information at P<0.05 level.

Conclusion: The study concluded that, majority of the mothers had average knowledge and positive attitude on safe Reproductive Child Health.

Keywords: Knowledge, Attitude, Primigravidae mothers, safe Reproductive Child Health.

INTRODUCTION

The moment a child is born, the mother is also born. She never existed before. The women existed, but the mother, never. A mother is something absolutely new. - Rajneesh

“Pregnancy is special, let’s make it safe” is the theme of World Health Organization observed on 7th April, 1998 under the slogan of safe motherhood. Safe motherhood is a woman’s ability to have a safe and healthy pregnancy and delivery. Health of women is not merely a state of physical well being but

also an expression of many roles they play as wives, mothers and health care providers in the family. ^[2]

Reproductive and Child Health care is an integrated and composite approach to improve the health status of women and children in India. It incorporates the inputs of the Government of India and the supports of donor agencies like World Bank, World Health Organization, European Commission and others. The aims of Reproductive and Child Health are to prevent malnutrition, infection and unregulated fertility. Obstetric

complications e.g. anaemia, pre-eclampsia, intra uterine growth retardation, pre-term, post partum haemorrhage, rupture of uterus etc. could be prevented to a large extent, once the above mentioned triad are taken care of. The main objectives are-(i) reduction of maternal and perinatal mortality and morbidity (ii) promotion of health for the mother, child and adolescent. [3]

NEED FOR THE STUDY

The reproductive and child health program addresses women's health across their life cycle. Women's health is important during all phases of their lives, from childhood to adulthood. Good health is cyclical in nature. In a women's lifetime, her health status during any phases of life impinges upon the next phase. When she gives birth, she passes on the gift of good health to the next generation. A healthy child grows up into a healthy adolescent, good health during adolescent years leads to health during reproductive years, the cycle continues into the next generation when a healthy pregnant ensures a healthy child. [4]

Reproduction though considered to be an unusual process in the life of a woman, is stressful and can lead to the risk and threats in the reproductive age group women. Unless appropriate measures are taken in time, it may reach its peak and endanger the life of the mother as well as the child. Studies also indicate that it is more with the illiterate or for those who have poor knowledge regarding safe reproductive and child health. [5]

The infant mortality rate for India has been declining over the years and has declined from 57 per thousand live births in 2006 to 53 per thousand live births in 2008. The maternal mortality ratio in India as per Sample Registration System (2004-2006) is 254 per lakh. In India, Madhya Pradesh has the highest Infant Mortality rate of 70 per thousand live births and Goa has the least Infant Mortality rate of 10 per thousand live births. Punjab has the Infant Mortality rate of 40 per thousand live births. [7] Every year about 200 million infants

of low birth weight are born worldwide which impose a heavy burden on healthcare and social system in developing countries. [6]

PROBLEM STATEMENT

An exploratory study to assess the knowledge and attitude among primigravidae mothers regarding safe Reproductive Child Health in a selected hospital of Moga, Punjab.

OBJECTIVES OF THE STUDY

1. To assess the knowledge and attitude of primigravidae mothers regarding safe Reproductive Child Health.
2. To identify the relationship between the knowledge and attitude of primigravidae mothers regarding safe Reproductive Child Health.
3. To find out the relationship between knowledge and practice with selected demographic variables.
4. To develop an information booklet on safe Reproductive Child Health.

ASSUMPTIONS

1. Primigravidae mothers will have some knowledge regarding safe Reproductive Child Health.
2. There will be a significant relationship between knowledge and attitude of primigravidae mothers regarding safe Reproductive Child Health.

DELIMITATIONS

1. The study was limited to the primigravidae mothers (18-35 years) who attend the antenatal OPD in the selected hospital of Moga, Punjab.
2. The study was limited to those who were willing to participate in the study.

MATERIALS AND METHODS

Research approach: An exploratory approach.

Research design: Descriptive design.

Setting: The study was conducted at Civil Hospital, Moga, Punjab.

Sample: Primigravidae mothers who fulfilled the inclusion criteria.

Sampling technique: Purposive sampling technique.

Sample size: The sample size of the study was 100 primigravidae mothers.

Criteria for sample selection:

Inclusion criteria

Primigravidae mothers;

- Who belonged to the age group of 18-35 years.
- Who attended the antenatal OPD of Civil Hospital, Moga.
- Who were willing to participate in the study.

Exclusion criteria

- Who were not present at the time of data collection.
- Who were not willing to participate in the study.

Description of tool

The tool is divided into two parts.

Part-I: Demographic characteristics:

Age in years, religion, mother’s educational status, husband’s educational status, mother’s occupation, husband’s occupation, family monthly income in rupees, type of family and source of information.

Part-II: A Structured Questionnaire to assess the knowledge of primigravidae mothers regarding safe Reproductive Child Health

This part consists of 28 multiple choice questions related to safe Reproductive Child Health. Each correct answer carries 1 mark and 0 mark for each incorrect answer.

Criterion Measures:

| S. No. | Level of Knowledge | Score |
|--------|--------------------|-------|
| 1. | Good | 22-28 |
| 2. | Average | 15-21 |
| 3. | Below Average | ≤14 |

Part-III: A Rating Scale to assess the attitude of primigravidae mothers regarding safe Reproductive Child Health

This part consists of 16 statements related to safe Reproductive Child Health. Positive items were coded 5, 4, 3, 2, 1 score and negative items were coded reversely (1, 2, 3, 4, 5). The statements were developed on 5 point scale (Likert’s scale) that is Strongly agree, Agree, Don’t know,

Disagree, Strongly Disagree with 5, 4, 3, 2, 1 respective scores. Maximum score was 80 and minimum score was 16.

| Level of Attitude | Percentage | Score |
|-------------------|------------|-------|
| Positive Attitude | >60% | >48 |
| Negative Attitude | ≤60% | ≤48 |

RESULTS & DISCUSSION

Table 1: Percentage distribution of Knowledge Score of primigravidae mothers regarding safe Reproductive Child Health. (N=100)

| Level of Knowledge | F | P |
|---------------------|----|----|
| Good (22-28) | 19 | 19 |
| Average (15-21) | 44 | 44 |
| Below Average (≤14) | 37 | 37 |

Table-1 depicts that, 19% of primigravidae mothers had good knowledge, 44% had average knowledge and 37% had below average knowledge regarding safe Reproductive Child Health.

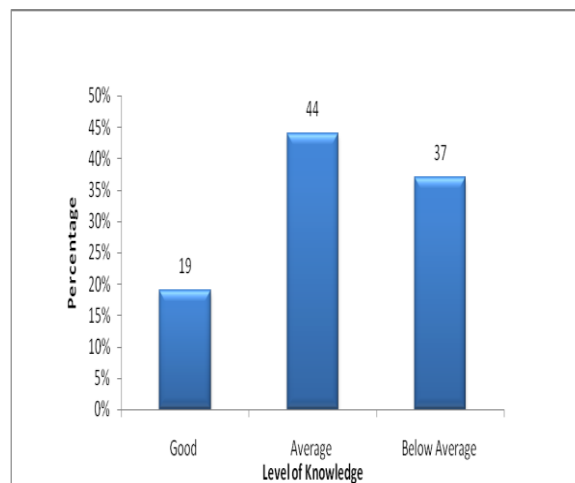


Fig-1: Percentage distribution of Knowledge Score of primigravidae mothers regarding safe Reproductive Child Health.

Table-2: Percentage distribution of Attitude Score of primigravidae mothers regarding safe Reproductive Child Health. (N=100)

| Level of Attitude | F | P |
|-------------------|----|----|
| Positive (>48) | 82 | 82 |
| Negative (≤48) | 18 | 18 |

Table-2 depicts that, majority (82%) of primigravidae mothers had positive attitude and 18% had negative attitude regarding safe Reproductive Child Health.

III. Relationship between the knowledge and attitude of primigravidae mothers regarding safe Reproductive Child Health.

There was highly positive correlation (0.686**) between knowledge and attitude regarding safe Reproductive Child Health at $p < 0.01$ level.

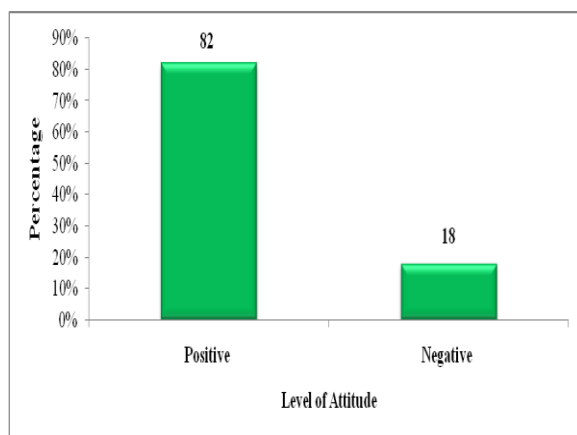


Fig-2: Percentage distribution of Attitude Score of primigravidae mothers regarding safe Reproductive Child Health

IV. Relationship between knowledge and attitude of primigravidae mothers with selected demographic variables:

There was statistically significant relationship between knowledge and attitude with demographic variables like educational status of mother & husband, occupation, family monthly income and source of information at $P < 0.05$ level.

CONCLUSION

The study concluded that, majority of the mothers had average knowledge and positive attitude on safe Reproductive Child Health. Reproductive & Child Health care is an integrated and composite approach for safe motherhood which leads to healthy pregnancy and safe delivery. So, education regarding all aspects of safe Reproductive Child Health is essential for the mothers, will enable them to adopt positive attitude resulting in to reduction of IMR & MMR.

RECOMMENDATIONS

1. A similar study can be conducted on a larger sample for wider generalization.
2. A quasi experimental study can be done to assess the knowledge and practices of health workers regarding Reproductive Child Health services.
3. A comparative study can be done to assess the knowledge, attitude and practices regarding safe Reproductive Child Health among working and non working mothers.
4. A comparative study can be done to assess the knowledge and attitude regarding safe Reproductive Child Health among the antenatal mothers living in urban and rural areas.

REFERENCES

1. Dutta D.C.; Textbook of Obstetrics; 6th edition; New central book agency publishers; 2004.
2. Kishore.J. National Health Programmes of India. 5th edition. Century publication. New Delhi; 2005.
3. Samu.K, Health/Epidemics-2009 (January to December-2009) Compiled & Edited by Human Rights Documentation.
4. Latha. P .Effectiveness of structured teaching program on newborn care among primi mothers at Govt.Hospitl, Bhadrachalam, Telangana, NNJ (2015),4(4),24-27(Cited).
5. Padmaja Ch, Latha P, Indira S. Effectiveness of peripartum protocol on maternal and fetal outcome among mothers in NMCH, Nellore, A.P. Int J Health Sci Res. 2017; 7(5):200-204.
6. P.N. Mari Bhat, "Indian Demographic Scenario 2025", Institute of Economic Growth, New Delhi, Discussion Paper No.27/2001.

How to cite this article: Bajaj A, Latha P, Sharma U. A study to assess the knowledge and attitude among primigravidae mothers regarding safe reproductive child health in a selected hospital of Moga, Punjab. Int J Health Sci Res. 2017; 7(6):262-265.
