

Knowledge of Primigravida Women Regarding Birth Preparedness

Mrs. Balwinder Kaur

Ph.D Scholar, Professor, Shaheed Kartar Singh Sarabha College Of Nursing
Sarabha, Ludhiana, Punjab

ABSTRACT

Background: Maternal mortality is a substantial burden in developing countries. Improving maternal mortality has been received recognition at the global level as evidenced by the inclusion of reducing maternal mortality in millennium development goals. The figures state that every five minutes one woman somewhere in India dies, and 10 lakh newborn deaths each year. In this context, birth preparedness is a comprehensive strategy to promote the timely use skilled maternal and neonatal care, especially during childbirth, based on theory that preparing for childbirth reduces delays in obtaining this care. **Objective:** To assess the knowledge regarding birth preparedness among primigravida women. **Material and methods:** This was an exploratory study, where a structured questionnaire for assessing knowledge was administered in face- to- face interviews with primigravida women who agreed to participate in study in selected civil hospital Ludhiana. The pilot study was conducted in month of March 2013 on 6 primigravida women. Analysis of data was done in accordance with objectives. The data was collected in month of April 2013 with 50 samples in civil hospital, Ludhiana. The data analysis was done by using the descriptive and inferential statistics by calculating the frequency, percentage, standard deviation, t-test and ANOVA. The level of significance chosen were $p < 0.001$ level and pie and bar charts were used to depict the findings. **Findings:** The findings showed that majority of primigravida women i.e. 55% had average knowledge score and very few primigravida women i.e. 8.3% had poor knowledge. While analyzing knowledge of primigravida women with selected demographic variables it was found that there was a significant relationship of age, education, duration of pregnancy, income and source of information. **Conclusion:** The study revealed that majority of primigravida women had average knowledge score and few had poor knowledge score. As there is a lacunae in knowledge regarding birth preparedness among primigravida women, thus guidelines should be given to primigravida women to improve knowledge of primigravida women regarding birth preparedness.

Key Words: Knowledge, Primigravida, Birth Preparedness

Introduction

Birth preparedness is advance planning and preparation for delivery. It is a comprehensive strategy to improve the outcome of delivery. Birth preparedness ensures that women can reach for professional delivery care when labour begins and Ca also help to reduce the delays that can occur when women experience obstetric complications. Birth preparedness makes sense because

many pregnancies are unexpected. A developing foetus is susceptible to birth defects during first 8 weeks of pregnancy because all major organs are formed during this period. So care during this period of pregnancy is very important. So planning a pregnancy before conception decreases the chances of birth defects in foetus. **ANC Counselling (2006)¹**

Birth preparedness involves not only the pregnant women but also her family. The support and involvement of these persons can be critical in ensuring that women can adequately prepare for delivery and carry out a birth plan. Because life threatening complications can occur during early postpartum period, birth preparedness also includes preparing for accessing postpartum care during first week of delivery and at 6 weeks after delivery. **ANC Counselling (2006)¹**

Child birth plan courses or study help to prepare expectant couples for the physical and emotional aspects of childbirth and teach non-pharmacological methods of pain relief during labour and also help to prepare siblings and grandparents to learn more about their role. **Hiluf & Fanthun (2006)²**

NEED OF THE STUDY

Globally an estimated 536,000 women die each year in child birth. The United Nations millennium goal 5(a) is to reduce the maternal mortality ratio by three-quarters between 1990 and 2015 (UN2000). Maternal death and disability are the leading cause of healthy years of life lost for women of reproductive age in developing countries. Maternal, mortality is closely related to health status and believes regarding pregnancy and child birth. **Khan S (2010)³**

The five major direct obstetric cause of maternal mortality in India are haemorrhage, puerperal sepsis, hypertensive disorders of pregnancy, obstructed labour and unsafe abortions. Maternal anaemia is major contribute to the indirect obstetric causes. While most of these causes can't be reliably predicted, early detection and timely management can save many lives. Provision of emergency obstetric care is the answer to these problems. Every woman should be cared for by skilled birth attendants (SBA) during pregnancy, child birth and postpartum period. **Hota P (2005)⁴**

All pregnant women should have a written plan for birth and for dealing with unexpected adverse events such as complications or emergencies that may occur during pregnancy, child birth or immediate for postnatal period and should discuss and review this plan with skilled attendant at each antenatal assessment and atleast one month prior to the expected date of birth. **Nadan D (2008)⁵**

STATEMENT OF THE PROBLEM

An exploratory study to assess the knowledge regarding birth preparedness among primigravida women in selected civil hospital Ludhiana

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding birth preparedness among primigravida women.
2. To find out relationship of level of knowledge regarding birth preparedness among primigravida women with selected demographic variables such as age, education, occupation, type of family, duration of pregnancy, family income, source of information etc.
3. To prepare guidelines to enhance the knowledge among primigravida women regarding birth preparedness.

REVIEW OF LITERATURE

Agarwal S, Sethi V, Shrivastava K, Jha PK, Baqui AH (2010)⁶ done exploratory study on birth preparedness and complications readiness among slum women in Indore city, India was done on 312 mothers of infants aged 2-4 months in 11 slums of Indore. Mothers were interviewed to assess birth preparedness and complications readiness (BPACR) among them. The mothers were asked whether they followed the desired four steps transport while pregnant: identified a trained birth attendant, identified a health facility, arranged for and saved money for emergency. Taking two or less steps was considered being less-prepared. Deliveries in the slum home were high (56.4%). Among these skilled attendants during delivery were three times higher in well prepared mothers compared to less prepared mothers. Antenatal outreach sessions can be used for promoting BPACR.

A cross- sectional study was conducted among antenatal care clients at Kenyatta National Hospital antenatal care clinic to assess the knowledge of birth and complications readiness. The sample size was 394. Primigravidae constituted 32.5% of the respondents while grand multipara accounted for only 2%. Only 21.8% of the respondents initiated antenatal clinic attendance in the first trimester, 74.1% during the second trimester and the remainder (4.1%) during third trimester. The findings of the study reveal that the impact was more in primigravida than multigravida mothers. **ANC Clinic(2010)**⁸

Messy Hailu, Abebe Gebremariam, Fissehay Alemseged Kerbed Deride (2009)⁷ conducted community based cross – sectional study in 2007 to assess practice and factors associated with birth preparedness and complication preparedness (BPACR) among 743 pregnant women in Aleta Won do district in Sideman zone, South Ethiopia. Only (20.5%) of pregnant women identified skilled provider. Only (8.1%) identified health facility for delivery and 7.7% pregnant women were found to be transportation preparedness category which was very low. Thirty four and five percent (34.5%) families found to save money for cost of delivery. Only few (2.35%) was identified for blood donor in case of emergency. Total 87.9% were found to report that they intended to deliver at home while 8% planned to deliver at health centre. Overall 17% pregnant women were well prepared for BPACR (Birth Preparedness and Complication Readiness) but practice area in study was found to be low.

METHODOLOGY

Research Approach & Design

An exploratory approach with non experimental design was considered appropriate for the present study to assess knowledge regarding birth preparedness among primigravida women with selected variables age, education, occupation, trimester of pregnancy, type of family, family income, source of information.

Sampling Criteria

Sample for study consist of 60 primigravida women on the basis of purposive sampling technique.

Multiple choice questionnaires were formal instrument used to assess knowledge. The investigator firstly established rapport by exploring purpose of the study to sample and then obtained the data for the study. These techniques were suitable for data collection.

The self structured questionnaire was prepared which include two parts:

Section 1: Include demographic variables. This part consist of 7 items for obtaining personal information about primigravida women related to their age, education, occupation, trimester of pregnancy, type of family, family income, source of information.

Section 2: This part consist f 20 structured MCQ's having one best answer among four options to assess the knowledge of primigravida women regarding birth preparedness.

LEVEL	SCORE
Good	>14
Average	11-14
Below average	<11

Major Findings And Conclusion

Majority of primigravida women (65%) were in age group of 18-22 years, 23-37 years were 31.7% and 28-32 years were 3.3%. Majority (46%) of primigravida women were found illiterate, 35% were matrices pass, 16.6% were higher secondary and 1.7% were graduate and above. Majority of primigravida women (93.3%) were housewives and 6.7% were found laborer. Maximum number of primigravida women (50%) were found to be in 2nd trimester, 43.3% were in 1st trimester and 6.7% were in 3rd trimester. 1.7% primigravida women were found to be from families who earn 10000-15000/month and 26.7% are found who earn in between 5000-10000/month and majority of primigravida women (71.6%) belongs o families who earn <5000/month. Majority of primigravida women (53.3%) were from joint family and 46.7% were found to be from nuclear family.

Maximum no. of primigravida women 63.3% get information by elder in family and 16.7% get information from friends and relatives and 15% get by watching TV, radio, magazines and remaining 5% get information from health personnel.

TABLE 1
Relationship of knowledge regarding birth preparedness among
primigravida women

N=60

Level of Mean % Knowledge	Criteria measure marks	n
Good	Above 14	22
Average	11-14	33
Below average	Below 11	5

Maximum score=24; Minimum score=0

Majority of women i.e. 33(57%) had average knowledge score and 22 (36.7%) women had good knowledge score. Only 5 (8.3%) women had poor knowledge score. (Table 1)

TABLE 2
Relationship of knowledge score regarding birth preparedness among
primigravida women according to education

N=60

Education F	n	mean	SD
Illiterate	28	13.25	1.83
Matric	21	14	1.94
Higher secondary	10	14.3	2
Graduate and above	1	12	
Variance ratio		df	
Within group		3	
Between group		5	

Maximum score=24

Significant at **p<0.01level

Minimum score=0

The mean knowledge score was maximum (14.3) in higher secondary education primigravida women regarding birth preparedness and followed by (14) primigravida women with matric pass education. Illiterate primigravida women had 13.25 mean knowledge score regarding birth preparedness. This was found statistically significant at p<0.01level of significance. So, it is concluded that education had an impact on knowledge regarding birth preparedness among primigravida women.

Majority of primigravida women (65%) were in age group of 18-22 years, 23-27 years were 31.7% and 28-32 years were 3.3%. and found statistically significant. It is concluded that age had impact on knowledge regarding birth preparedness among primigravida women. But occupation had no impact on knowledge regarding birth preparedness among primigravida women. Duration of pregnancy and income had impact on knowledge regarding

birth preparedness among primigravida women. It is concluded that type of family had no impact on knowledge regarding birth preparedness among primigravida women. Maximum no. of primigravida women 63.3% get information by elder in family and 16.7% get information from friends and relatives and 15% get by watching TV, radio, magazines and remaining 5% get information from health personnel and statistically found that source of information had impact on knowledge regarding birth preparedness among primigravida women.

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