



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 9, Issue, 1(F), pp. 23259-23262, January, 2018

**International Journal of
Recent Scientific
Research**

DOI: 10.24327/IJRSR

Research Article

ASSESSMENT OF KNOWLEDGE REGARDING POST NATAL CARE AMONG ANTENATAL MOTHERS

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DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0901.1432>

ARTICLE INFO

Article History:

Received 9th October, 2017

Received in revised form 1st

November, 2017

Accepted 05th December, 2017

Published online 28th January, 2018

Key Words:

Antenatal mother, knowledge, assess, postnatal care

ABSTRACT

Quantitative research approach with descriptive research design was adopted to assess the knowledge regarding post natal care among antenatal mothers. 100 antenatal mothers with ≥ 32 weeks of gestation were enrolled by using non-probability convenient sampling technique. Research findings have indicated majority of the mothers (i.e., 42%) belongs to the age group 24-29 years, majority (i.e., 46%) of the mothers was educated up to higher secondary level. Maximum samples under the study (i.e., 89%) were house makers, most of the mothers (i.e., 55%) were multipara. Maximum mothers taken for the study (i.e., 47%) were with gestational age 32-34 weeks and 35-37 weeks. Occupation and parity (<0.05) were found to have significant association with the knowledge of the antenatal mothers regarding postnatal care that may be due to the impact of receiving information from the elders in home as well as the neighbors and relatives and the previous experience of childbirth respectively.

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INTRODUCTION

“The very damaging and frightening part of postpartum,
Is the lack of perspective, and the lack of priority
And understanding what is usually important.”

--- Brooke Shields

The World Health Organization (WHO, 2016) envisions a world where every pregnant woman and newborn receives quality care throughout the pregnancy, childbirth and the postnatal period. Within the continuum of reproductive health care, antenatal care (ANC) provides a platform for important health-care functions, including health promotion, screening and diagnosis, and disease prevention. It has been established that by implementing timely and appropriate evidence-based practices, ANC can save lives. Crucially, ANC also provides the opportunity to communicate with and support women, families and communities at a critical time in the course of a woman's life. The process of developing these recommendations on ANC has highlighted the importance of providing effective communication about physiological, biomedical, behavioral and sociocultural issues, and effective support, including social, cultural, emotional and psychological support, to pregnant women in a respectful way. These communication and support functions of ANC are key, not only

to saving lives, but to improving lives, health-care utilization and quality of care. Women's positive experiences during ANC and childbirth can create the foundations for healthy motherhood.

The Safe Motherhood Initiative which was initiated in 1987, is a worldwide programme aimed at a multiple variety of care providers involved in care during pregnancy, birth and the postpartum period, aimed at stimulating a global effort to reduce maternal mortality by half by the year 2000. Safe motherhood is not only about avoiding death and morbidity but also about concern for the health of mother and baby. This includes the physical, mental and social wellbeing of the childbearing woman before, during and after childbirth, so as to facilitate the birth of a healthy baby, which will be able to thrive into a healthy childhood. This approach is in keeping with the constitution of the World Health Organization (1948) which defines health as “A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. (Essential Antenatal, Perinatal and Postpartum Care-Training modules. Europe: World Health Organization; 2002)

The postpartum period is a very special phase in the life of a woman and her newborn. For women experiencing childbirth for the first time it marks probably the most significant and

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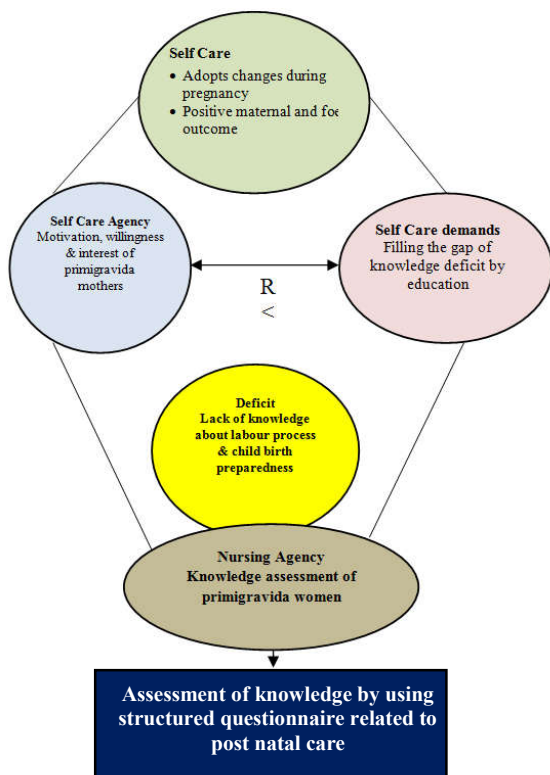
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life-changing event they have yet lived. It is marked by strong emotions, dramatic physical changes, new and altered relationships and the assumption of and adjustment to new roles. It is a time of profound transition, making great demands on the woman's resilience and capacity to adapt. For a young girl, this period marks a sometimes-bewildering acceleration of the normal transition to a new identity as a woman and as a mother. The postpartum period is a social as well as a personal event and has meaning well beyond the simple physiological events which mark it. For the most part it holds no great dramas and is a reason for celebration and a sense of achievement, although for some the loss of a child or its birth with severe abnormality brings grief and pain. (WHO; 1998) Postnatal care is regarded as one of the most important maternal health care services for the prevention of impairment and disability resulting from childbirth. Maternal mortality is a tragedy for individual women, for family and their community. Worldwide nearly 6,00,000 mothers between the age of 15-49 years die every year due to complication arising from pregnancy and childbirth. (WHO, 1998)

The Maternal Mortality Rate worldwide is 216/100000 live births. About five women die every hour in India from complications developed during childbirth. The current Maternal Mortality Rate in India is 178/100000 live births (UNICEF, 2015).

Conceptual Framework

Conceptual framework refers to the interrelated concepts of abstracts that are assembled together in some rational scheme by the virtue of their relevance to a common theme. They serve as a springboard for the generation of the hypothesis to be tested as stated by Polit and Hungler (1999)



R=Relationship, <= deficit relationship, current or projected
Figure 1 Conceptual framework of the study based on Orem's self care deficit theory (supportive educative)

MATERIAL AND METHODS

Quantitative research approach with descriptive research design was adopted for the study. 100 antenatal mothers with ≥ 32 weeks of gestation were enrolled by using non-probability convenient sampling technique. Data were collected by using self structured questionnaire related to various aspects of postnatal care.

RESULTS

Table A Frequency and percentage distribution of the antenatal mothers according to their demographic variables

n = 100			
Sr. No.	Characteristics	Frequency	Percentage (%)
1	Age:		
	a) 18 - 23 years	41	41
	b) 24 - 29 years	42	42
	c) 30 - 35 years	15	15
	d) Above 35 years	02	02
2	Education:		
	a) Primary	19	19
	b) Secondary	24	24
	c) Higher secondary	46	46
	d) Graduation	10	10
	e) Post- Graduation	00	00
	f) Others	01	01
3	Occupation:		
	a) Home maker	89	89
	b) Working,	11	11
	If yes, specify the type of job/place.		
4	Gravida:		
	a) Primipara	45	45
	b) Multipara	55	55
5	Weeks of gestation:		
	a) 32-34 weeks	47	47
	b) 35-37 weeks	47	47
	c) 38-40 weeks	06	06

The data provided in the above table shows that in the category of age, majority (42%) of the mothers fall in the age group of 24 - 29 years, 41% of the mothers are of the age group of 18 - 23 years, 15% of the mothers are under the age group of 30 - 35 years and only (02%) of the mothers were above 35yrs. In the category of education, 19% of the mothers had undergone primary education, 24% had completed secondary education, a majority (46%) of the mothers was educated up to higher secondary, 10% of the mothers had completed their graduation and none of the mothers were educated up to post-graduation level. Majority of the mothers (89%) were home makers and only (11%) were doing job. 55% of the mothers were multipara and 45% of the mothers were primipara. 47% of the mothers were of the gestational age 32-34 weeks and 35-37 weeks and only 06% of the mothers were of the gestational age 38-40 weeks.

Table B Frequency and percentage distribution of the antenatal mothers according to their knowledge score

n = 100		
Marks obtained	Number of samples	Percentage (%)
0-07: poor knowledge	03	03
08 - 15: average knowledge	66	66
16-22: good knowledge	31	31
Total	100	100

Table B shows that majority of the antenatal mothers (66%) were having knowledge score (8-15) which was considered as average knowledge. (31%) antenatal mothers were having knowledge score (16-22) which was considered as good

knowledge. (03%) antenatal mothers were having score of (00 – 07) which was considered as poor knowledge.

Analysis of data related to frequency and percentage distribution of the antenatal mothers having average knowledge according to their age.

n = 66

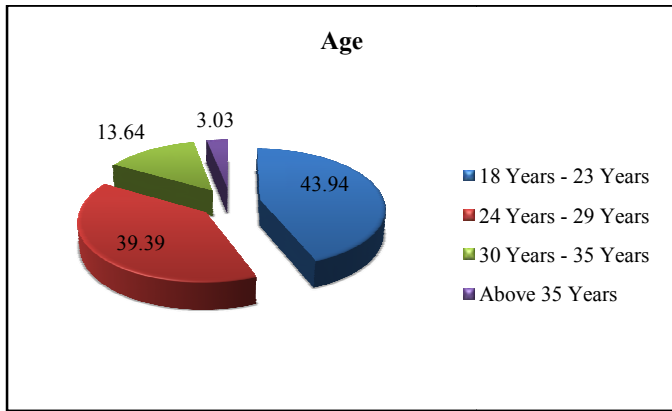


Figure 2 Pie Diagram Showing Frequency And Percentage Distribution Of The Antenatal Mothers Having Average Knowledge According To Their Age.

Figure 2 depicts that majority of the mothers having average knowledge (43.94%) are between 18 – 23 years. Minority of the mothers having average knowledge (3.03%) are above 35 years of age.

Analysis of data related to frequency and percentage distribution of the antenatal mothers having average knowledge according to their education.

n = 66

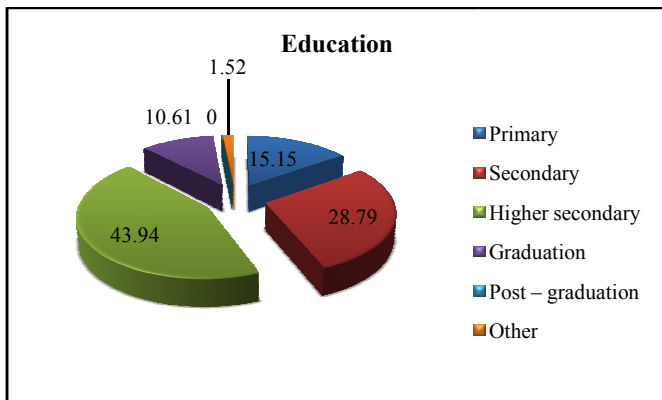


Figure 3 Pie Diagram Showing Frequency And Percentage Distribution Of The Antenatal Mothers Having Average Knowledge According To Their Education

Figure 3 shows that majority of the antenatal mothers having average knowledge (43.94 %) are educated up to higher secondary level. None of the antenatal mothers having average knowledge (0%) are educated up to post graduation.

Analysis of data related to frequency and percentage distribution of the antenatal mothers having average knowledge according to their occupation.

Table C Frequency and percentage distribution of the antenatal mothers having average knowledge according to their occupation

n = 66

Occupation	Frequency	Percentage (%)
Home maker	57	86.36
Job	9	13.64
Total	66	100

The above table shows that majority of the antenatal mothers having average knowledge (86.36%) are home makers. Minority of the antenatal mothers having average knowledge (13.64%) are doing job. Home makers are found to have more knowledge than working women regarding postnatal care that may be associated with the fact that they are able to gain more information from their elders and from other experienced family members, neighbours.

Analysis of data related to frequency and percentage distribution of the antenatal mothers having average knowledge according to their gravida status.

Table D Frequency and percentage distribution of the antenatal mothers having average knowledge according to their gravida status

n = 66

Gravida	Frequency	Percentage (%)
Primipara	26	39.39
Multipara	40	60.61
Total	66	100

Table D shows that majority of the antenatal mothers having average knowledge (60.61%) are multipara. Minority of the antenatal mothers having average knowledge (39.39%) are primipara. Multipara mothers are having more knowledge than primipara mothers regarding postnatal care might be because of their previous knowledge of pregnancy and the postnatal period.

Analysis of data related to the association of the findings with the selected demographic variables

Association of the knowledge score of the antenatal mothers with their selected demographic variable was assessed by using chi square test is tabulated below:

Table E Chi square test for association of the findings with the selected demographic variables of antenatal mothers under study.

Demographic variables		Poor	Average	Good	p-value	
Parity	Primipara	2	32	14	0.769087	
	Multipara	1	34	17		
Demographic variables		Poor	Average	Good	0.692531	
	Occupation	Home Makers	3	57		28
		Job	0	9		3

*Significant at 0.05 level of significance.

Table E depicts the data related to the association of the findings with the selected demographic variables of antenatal mothers under study. Parity and occupation (<0.05) were found to have significant association with the knowledge they have. Multipara mothers were found to have more knowledge than

primipara mothers that might be because of their previous knowledge of pregnancy and the postnatal period and home makers were found to have more knowledge than job holder mothers that might be because of with the fact that as they are most of the time is surrounded by the elders and experienced family members, neighbors so they are able to gain more information from them time to time.

DISCUSSION

The present study findings were supported by a study conducted on knowledge of postnatal care among postnatal mothers by Sandhya Timilsina in 2015, Nepal. The study concluded that participants had average knowledge on postnatal care. The study shows most of the respondents 79 (40.31%) belongs to 22-25 age groups. Highest knowledge was in the area of danger sign of mothers and newborn and the lowest in the areas of family planning. Awareness program is required to improve maternal knowledge on different aspects of postnatal care. Further studies can be conducted to make more clear views, to plan for future on reproductive rights, and to utilize the reproductive health services by people.

Sahbanathul Missiriya in 2016 conducted a study on knowledge and practice of postnatal mothers regarding personal hygiene and newborn care. A total number of 60 postnatal mothers were selected by random sampling method in order to assess their knowledge and practice. The study shows that regarding knowledge on personal hygiene, 42(70%) were having inadequate knowledge and 18(30) were having moderately adequate knowledge and none had adequate. About their practice, 38(63.3%) were having poor practice and remaining 22(36.7%) were having satisfactory practice and none had good practice. The study concluded that there is a need to create awareness among the postnatal mothers regarding personal hygiene and newborn care aspects in rural areas.

A study conducted to evaluate the knowledge, awareness, and practice of postnatal care among mothers by Charul Purani in Gujarat, 2015 showed that out of the 200 postnatal mothers, knowledge of mothers regarding breastfeeding practices (78%), thermal care (89%), skin and eye care (72%) was good. They have poor knowledge regarding dangers of pre-lacteal feeds (45%), timing of first bath after birth (60%), umbilical cord care (60%), and vaccination (36%). The study highlights that there is vital need to improve the knowledge and awareness in the society regarding community-based newborn care.

A contradictory result with the current study was identified in a study in Ethiopia conducted on knowledge, perception and utilization of postnatal care of mothers.

The study showed that majority of the women (84.39%) were aware and considered postnatal care important. The high rate of awareness could be due to the range of government and non-government programs involved in the distribution of health information to the women such as Integrated Family Integrated Program for motivation of mothers to use maternal health services.

CONCLUSION

The samples under study comprised of the following demographic variables: majority of the mothers (i.e., 42%) belongs to the age group 24-29 years, majority (i.e., 46%) of the mothers was educated up to higher secondary level. Maximum samples under the study (i.e., 89%) were house makers, most of the mothers (i.e., 55%) were multipara. Maximum mothers taken for the study (i.e., 47%) were with gestational age 32-34 weeks and 35-37 weeks. Occupation and parity (<0.05) were found to have significant association with the knowledge of the antenatal mothers regarding postnatal care that may be due to the impact of receiving information from the elders in home as well as the neighbors and relatives and the previous experience of childbirth respectively. The study concluded that there is a need to create awareness among mothers regarding various aspects of post natal care in order to reduce maternal and neonatal complications. Keeping in view the research findings the same kind of study can be replicated in large setting.

Acknowledgement

Our sincere & whole hearted thanks to the administrators of Smt. Ksibai Nawale Hospital, Sonawane Maternity Home for granting us permission to conduct the study. We are also grateful to all the antenatal mothers participated in the study for their time and providing data. We are indebted to all the faculty of Bharati Vidyapeeth University College of Nursing, Pune for their timeless effort and sincere guidance, co-operation to complete the study.

References

- WHO recommendations on antenatal care for a positive pregnancy experience. Luxembourg: World Health Organization; 09 p. 2016.
- Mutiso S.M, Qureshi Z, J. Kinuthia. Birth preparedness among antenatal clients. *East African Medical Journal*.2009June 09; Vol. 85:275-283.
- Timilsina S, Dhakal R. Knowledge on postnatal care among postnatal mothers. *Saudi Journal of Medical and Pharmaceutical Sciences*.2015 Dec; 1 (4).87-92. Available from: <http://scholarsmepub.com/sjimps/>
- Polit, Back, Hogle. Essential of nursing research methods, appraisal and utilization: 5th ed. Philadelphia: Lippincott publishers; 2001: p325

How to cite this article:

Manna Moumita et al.2018, Assessment of Knowledge Regarding Post Natal Care Among Antenatal Mothers. *Int J Recent Sci Res*. 9(1), pp. 23259-23262. DOI: <http://dx.doi.org/10.24327/ijrsr.2018.0901.1432>
