

Evaluate the Knowledge about the WHO-Recommended Antenatal Visits among Antenatal Mothers in the Outpatient Department

Dr. R. Nimmi,

Professor, Sree Balaji College of Nursing Bharath
Institute of Higher Education and Research

Abstract:- One of the most crucial aspects of the World Health Organization's family welfare program in India is the promotion of maternal and child health. ANC is the care given to women during pregnancy to ensure that both the mother and the kid remain healthy. Reducing infant and mother mortality and morbidity as well as promoting, protecting, and preventing maternal and perinatal health are beneficial for the long-term growth and development of the nation. Sadly, a lot of women in underdeveloped nations do not get this kind of care.

➤ **Objectives:**

Assess the knowledge of WHO recommended ANC visit among pregnant women..

➤ **Methodology:**

- **Research Approach:** Qualitative study,
- **Research Design:** Descriptive study,
- **Population:** Antenatal mothers Antenatal mothers who are attending OPD.
- **Sample Size:** The sample size consider of 30 antenatal mothers.
- **Sample Technique:** Non probability sampling convenient sampling techniques adopted in this study.

➤ **Result:**

This study had given some clues that majority 22 (74%) of them had moderate knowledge. 6 (20%) of them had inadequate knowledge, 2(7%) of them had adequate knowledge about antenatal mothers.

➤ **Conclusion:**

This study experiences helped the investigator to spell out some recommendations and develop a self-instructional module so as to improve the knowledge about antenatal mothers.

I. INTRODUCTION

The true assets of society are children and mothers in good health (World Health Organization [WHO]). Pregnancy is not an illness, but it is a health risk in which all maternal systems are drastically altered to allow for the survival and growth of the conceptus. However, these changes may also lead to conditions including heartburn, constipation, and morning sickness. The World Health Organization estimates that problems during pregnancy and childbirth claim the lives of about 810 individuals per day. India has a startling maternal death rate of 212 per 100,000 live births, according to the 2011 Census. Common causes include asthma, obstructed labour, haemorrhage, and other conditions. As a result, ANC is crucial to global public health efforts to reduce maternal and new born morbidity and mortality.

II. REVIEW OF LITERATURE

In order to ensure a safe pregnancy, labour, and puerperium, Adesokan FO, prenatal services refer to the care, education, supervision, and treatment provided to expectant mothers from the moment of confirmation of conception until the onset of labour. Pregnant women must receive high-quality prenatal care from a qualified healthcare professional in order to support both the mother's and the child's survival. According to Ekabua et al., a minimum number of prenatal clinic visits should be part of the focused antenatal services, but each appointment should include particular pregnancy assessment, education, and care components to guarantee early diagnosis and timely management of complications.

III. RESEARCH METHODOLOGY

Research Design: Descriptive study; Population: Antenatal mothers; Research Approach: Qualitative study on pregnant women visiting the outpatient department. Sample Size: 30 expectant mothers are included in the sample. Sample Technique: This study used non-probability sampling approaches.

➤ *Data Collection*

Questionnaire construction: Keeping in mind the study's main goals, a schedule of interviews was created to find out what prenatal moms knew about the attitudes, practices, and knowledge of those who advised pregnant women to see an antenatal care provider.

➤ *The Data Tabulated Under the Following:*

- Distribution of Demographic Data by Number and Percentage.
- Distribution of Knowledge Level in Terms of Number and Percentage.

Table 1: Percentage Distribution of Demographic Data

S.NO	DEMOGRAPHIC DATA	TOTAL	PERCENTAGE
1.	MOTHER'S AGE <ul style="list-style-type: none"> • 18 to 20 years • b) 21 to 25 years • c) 26 to 34 years • d) > 35 years 	2 13 7 1	6% 43% 23% 3%
2.	AGE DURING PREGNANCY <ul style="list-style-type: none"> • >21years • 22-26years • 27-31years • >32years 	5 11 7 0	16% 36% 23% 0%
3.	RELIGION <ul style="list-style-type: none"> • Hindu • Muslim • Christian • Other 	11 6 6 0	36% 20% 20% 0%
4.	TYPE OF HOUSE <ul style="list-style-type: none"> • Joint families • Nuclear families • Single-parent families • Extended families 	8 11 1 3	26% 36% 3% 10%
5.	HOME AREA: <ul style="list-style-type: none"> • Urban • Rural • Suburban 	16 6 4	53% 20% 13%
6.	MONTHLY INCOME OF FAMILY <ul style="list-style-type: none"> • Less than RS. 10,000 • Between RS. 10,001 and RS. 20,000 • Between RS. 20,001 and RS. 30,000 • Over RS. 30,000 	3 7 10 3	10% 23% 33% 10%
7.	STATUS OF EDUCATION <ul style="list-style-type: none"> • Completely illiterate • High school • Higher secondary • Graduate 	1 7 2 13	3% 23% 6% 43%
8.	GESTATIONAL AGE <ul style="list-style-type: none"> • 1-4 week • 5-8week • 9-12 week • 13-15week 	3 10 9 1	10% 33% 30% 3%
9.	NUMBERTOF PREGNANCY <ul style="list-style-type: none"> • Primi gravida • Multi gravida • Nulli gravida 	15 6 2	50% 20% 6%

- The demographic characteristics of the data collection, such as the mother's age, her age during pregnancy, her religion, the type of family, the residential area, her educational status, her religion, the monthly family

income, and the number of pregnancies, are displayed in Table 1 along with their percentage distribution.

- With regard to the mother's age, the majority of women (13, 43%) fall into the 21–25 year age group, while seven, 23 percent, are between the 26–34 year age group, two, (6%) are between the 18–20 year age group, and one, (3), are between the 35–year age group.
- With regards to age during pregnancy, majority 11(36%) of them belong to 22-26years age during pregnancy, 7(23%) of them belong to 27-31years age during pregnancy, 5(16%) of them belong to >21years age during pregnancy
- With regards to religion of the in majority 11(36%) were Hindu, 6 (20%) were Muslim, 2(20%) were Christian.
- With regards to type of family of the mother in majority 11(36%) were nuclear family, 8(26%) were joint family, 3(10%) were single parent family.1 (3%) were extended family.
- With regards to residential area of the mother, majority 16 (53%) were urban, 6(20%) were rural, 4 (13%) sub – urban.
- vRegarding the mother's monthly income, 10 (33%) were between RS. 20,001 and RS. 30,000, 7 (23%) were between RS. 10, 001 and RS. 20, 001, 3 (10%) were below RS. 10, 000, and 3 (10%) were over RS. 30,000.
- With regards to the education status of the mother, majority 13(43%) were graduate, 7(23%) were high school, 2(6%) were higher secondary, 1(3%) were illiterate.
- With regards to the gestational age of the mother, majority 10(33 %) were
- 1-4week, 9(30%) were 5-8week, 3(10%) were 9-12week, 1(3%) were 13-15 week.
- With regards to the number of pregnancy of the mother ,majority 15(50%) were primi gravida, 6(20%) were multi gravida, 2(6%) were nulli gravida

Table 2: Knowledge Level Distribution and Percentage in Antenatal Mothers

S.NO.	LEVEL OF KNOWLEDGE	NUMBER	PERCENTAGE
1	ADEQUATE	2	7%
2	MODERATE	22	74%
3	INADEQUATE	6	20%

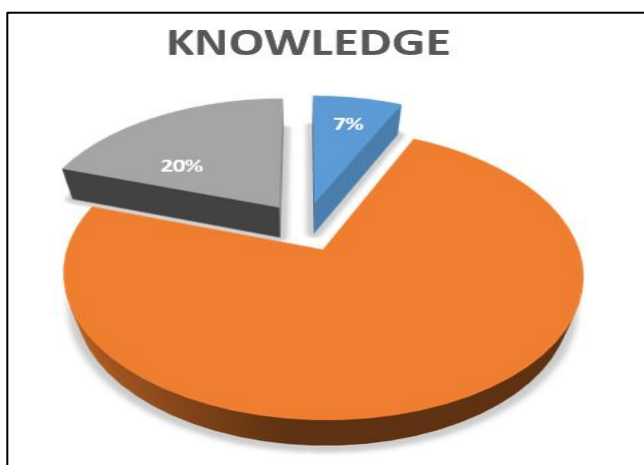


Fig 1: Knowledge Distribution on Antenatal Visit among Antenatal Mothers

According to the above data, 2 (7%), 6 (20%), and 22 (74%) of them had adequate knowledge, inadequate knowledge, and moderate knowledge at all regarding antenatal mothers.

IV. CONCLUSION

The majority of the pregnant women in our survey had mediocre understanding. For some intervention programs that must be designed and carried out to increase their understanding of ANC and ultimately improve their health condition, exploratory investigations are necessary. Improving educational possibilities for women will allow

them to study and in turn, empower them to make independent decisions.

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