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Assess the Knowledge and Attitude on Maternal Care among Spouse of Pregnant Women at Selected Hospital in Chennai

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ABSTRACT: AIM: the present study aims to assess the knowledge and attitude on maternal care among spouse of pregnant women at selected hospital in chennai at smch.

METHODS AND MATERIALS: A descriptive research design was used for the present study. A total 100samples were collected using nonprobability purposive sampling technique. The demographic variableand the level of knowledge of maternal care among spousewas assessed using structured questioner and, followed by that data was gathered and analyzed. **RESULTS:** the results the study revealed thatvariable such as education had significant association with level of knowledge of maternal care at $p < 0.05$.

CONCLUSION: The study concludes that Maternal care the global health of individual. Antenatal care and postnatal selfcare activity and more important to carefully we can do it.

KEYWORDS: attitude, spouse, pregnant, knowledge

I. INTRODUCTION

Access to skilled health services during pregnancy, childbirth, and postpartum is a crucial element that promotes the health and wellbeing of the mother and newborn. However, maternal mortality and morbidity remains a substantial concern. Globally, an estimated 303 000 mothers died due to maternal causes during pregnancy and childbirth and postpartum (1). Developing regions account for 99% (302,000) of the global maternal deaths and sub-Saharan Africa accounts for two-thirds (201,000) (2). Ending preventable maternal mortality by reducing the maternal deaths to less than 710 per 100,000 live births by 2030 requires rigorous improvements in skilled maternal healthcare (3). However, only half of women in developing regions receive the amount of healthcare services they need. Currently, the Ethiopian government has made considerable progress in reducing maternal mortality. According to the Ethiopian Demographic Health Survey report, maternal mortality ratio has declined from 676 in 2011 to 412 in 2016 per 100,000 live births (4). Despite improvements in maternal healthcare, there are still significant barriers to access and low utilization of maternal health services. In Ethiopia, an estimated 2.9 million women give birth every year and of these only 62%, 28%, and 17% of women received skilled antenatal care, skilled birth attendants, and postnatal care, respectively (5). It is evident that maternal healthcare services are the most important interventions to prevent maternal morbidity and mortality but access to care alone is not enough to improve maternal health outcomes. Poor infrastructure, low quality care, and inequality substantially downplay efforts to escalate maternity services in low- and middle-income countries (6). There are several factors influencing skilled maternal health services utilizations. Previous literatures show that these factors can be assorted as individual (sociodemographic and obstetric factors) and structural level .(7) At the individual level, maternal level of education and awareness about skilled providers are perpetual predictors of antenatal care (8). Conversely, unplanned pregnancy and women giving birth more than once (multiparous) were less likely to utilize antenatal care (9).



II. MATERIAL AND METHODS

After obtaining and ethical clearance from the institutional ethical committee of saveetha institute of medical and technical science and formal permission letter obtained from the head of the smch, present study was conducted. For the present study descriptive research design was adopted. The data were collected using a nonprobability purposivesampling technique from 100samples. The inclusion criteria for the study, participants, who areavailable during the study period and who are cooperative and who understand both Tamil and English. exclusion criteria for the study are samples who not willing to participate in the study. The purpose of the study was explained by the investigator to each of the study participants and a written informed consent was obtained from them. the demographic variable and the level of knowledge of maternal care among spousewas collected from the samples using semi structured questionnaire. the data were analyzed by biostatistics. The sample characteristics were described using frequency and percentage, Chi- square was used to associate the with level of stress and level of blood sugar in the area of medicationswith their selected demographic variables

III. RESULTS AND DISCUSSION

SECTION A: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF SPOUSE

This study emphasizes that about 17 (17.0%) were in the age group of 18- 20 -yrs , 52(52.0%) of 21-25 yrs , 21(21%)were of 26-30 yrs and remaining 10(10.0) were above 30 yrs. Whereas, maximum of them were males. while assessing the educational status of the study population , 22(22.0%) was under primary schooling ., 39(39.0%) were of higher secondary , 36(36.0%) of them were above high school and remaining 8 (8.0 %) were illiterate. 42(42.0 %) of the study population were vegetarian and remaining (58.0%) were non vegetarian. Gathered data also despites that , 22(22.0%) of them were heavy workers, 16 (16.0%) were of secondary field , 57(57.0%) of them of moderate workers and 5 (5.0 %) were unemployed .family income status of the population reveals that about , 17 (17%) of them below 5000, 46 (46%) of them of earning 10,000 to 15,0000 , 14(14.0%) were earning 15,000 to20,000 and remaining 23(23.0%) were above 20,000.

SECTION B: ASSESSMENT OF LEVEL OF KNOWLEDGE ON MATERNAL CARE AMONG SPOUSE OF PREGNANT WOMEN

Table 2: frequency and percentage distribution of level of knowledge on maternal care among spouse of pregnant women

Variables	Inadequate		Moderate		Adequate	
	f	%	F	%	f	%
Level of knowledge	32	32.0	28	28.0	40	40.0

The table despites that , about (40.0%) of them had adequate knowledge on maternal care , (28.0%) of them moderate knowledge and (32%) of them had inadequate knowledge .

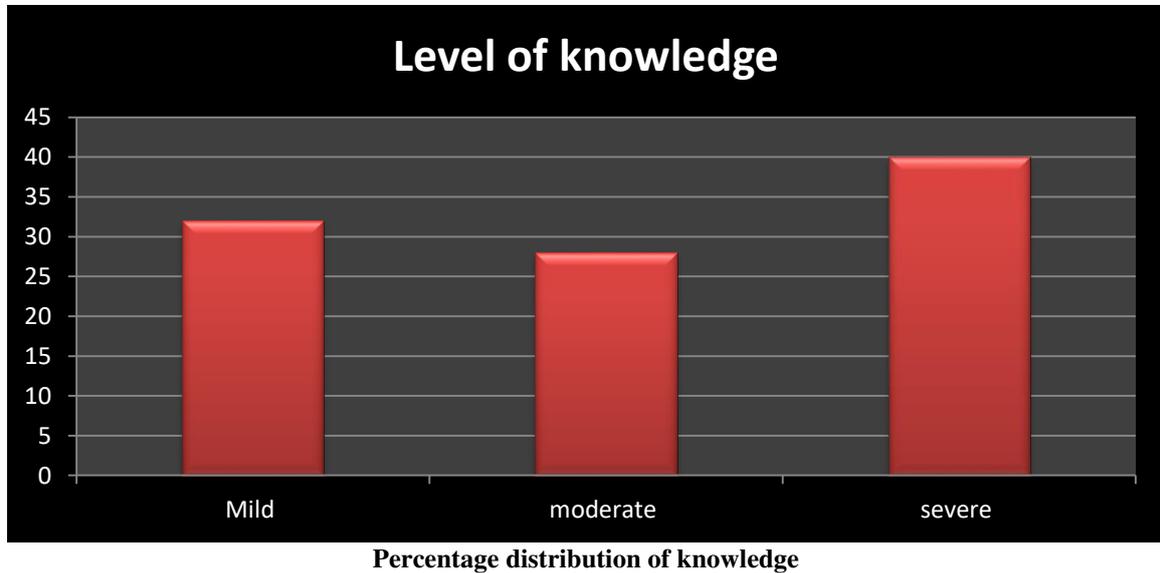


Table 3: Assessment of knowledge on maternal care .

N = 100

Attitude	Mean
Minimum Score	6.0
Maximum Score	18.0
Mean	15.72
Standard Deviation	4.45

The table shows that minimum score 6.0 , maximum score is 18.0 , mean is 15.72, and standard deviation is 4.45 for attitude on maternal care

SECTION C:ASSESSMENT OF LEVEL OF ATTITUDE ON MATERNAL CARE AMONG SPOUSE OF PREGNANT WOMEN

TABLE 1: frequency and percentage distribution of level of attitude on maternal care among spouse of pregnant women

Variables	Inadequate		Moderate		Adequate	
	f	%	f	%	f	%
Level of attitude	46	46.0	23	23.0	31	31.0

The table despite that , about (31.0%) of them had inadequate attitude , (23.0%) of them moderate attitude and (46.0%) of them had adequate attitude .

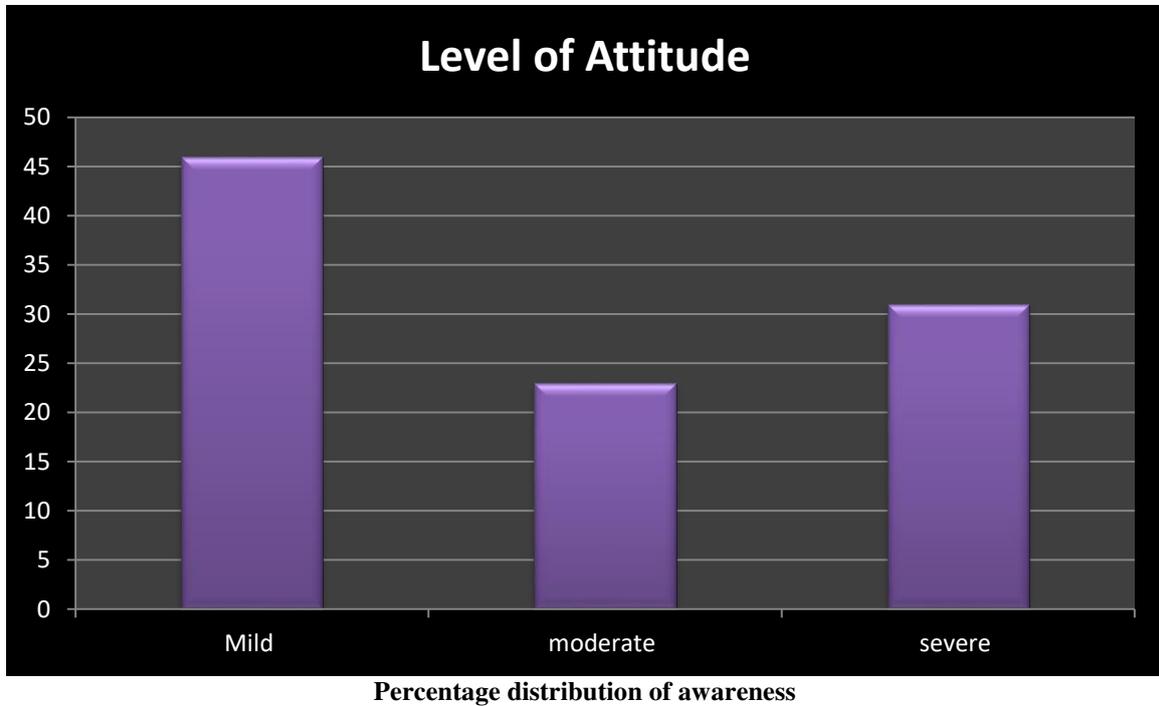


Table 3: Assessment of awareness scores on diabetic retinopathy .

N = 100

Awareness	Mean
Minimum Score	2.0
Maximum Score	8.0
Mean	17.54
Standard Deviation	6.79

The table shows that minimum score 2.0 , maximum score is 8.0 , mean is 17.54, and standard deviation is 6.79 for attitude of maternal care

SECTION D: ASSOCIATION OF LEVEL OF KNOWLEDGE WITH SELECTED DEMOGRAPHIC VARIABLES AMONG THE SPOUSE OF PREGNANT WOMEN.

The study despites that, variable such as education had significant association with level of knowledge of maternal care.

IV. CONCLUSION

From the results of the present study shows significant improvement for researcher.

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