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A Study to Assess the Level of Knowledge Regarding Warning Signs during Pregnancy among Antenatal Mother in Selected UPHC Clinic

Jency Jebapriya.J¹, Jonah Abraham.R² and Venugopal.U³

¹M.Sc. Nursing, Tutor, Department of Mental Health Nursing, Saveetha College of Nursing, SIMATS, Thandalam, India

^{2,3}B.Sc Nursing, 4th year, Saveetha College of Nursing, SIMATS, Thandalam, India

*Corresponding Author

ABSTRACT:

Introduction:

One of the most prevalent health issues and leading causes of death for women in poor nations is difficulties during pregnancy. For mothers to be safe, it is essential to educate them about the dangers of pregnancy, labour, and the postpartum period. In order to improve maternal and foetal health outcomes, pregnant women must be aware of obstetric danger signs.

Objectives:

The objective of the study was to assess the level of knowledge regarding warning signs during pregnancy among antenatal mother.

Methods:

The quantitative approach with non-experimental descriptive research design was adopted. A total of 60 study participants were recruited from Urban Primary Health Centre, Nerkundram-II using non-probability purposive sampling technique based on the inclusion criteria. The demographic and clinical data was collected by using self-structured questionnaire over a period of 1 week. Data was analysed using descriptive and inferential statistics.

Results:

The results of the study show that of 60 samples 40 (66.7%) of mothers had moderately adequate knowledge regarding warning signs of pregnancy. Chi square test showed no statistically significant association of level of knowledge regarding warning signs during pregnancy among antenatal mothers.

Conclusion:

This study demonstrates that existing level of knowledge regarding warning signs during pregnancy among antenatal mother was average and it was evident there is lack of awareness and knowledge on warning signs of pregnancy and there is need to improve the knowledge to promote positive attitude

Keywords:

Knowledge, Warning signs, Antenatal mothers, Pregnancy

I. INTRODUCTION

As difficulties during pregnancy can be unpredictable, every woman needs to be aware of the warning signs that can develop. These warning indicators include reduced foetal activity, vaginal bleeding, excruciating headaches, visual issues, high fevers, and swollen hands and faces. These warning signals typically denote the presence of an obstetrical problem that could occur before, during, or after delivery [1]. This risk-management strategy comprises the early identification of high-risk pregnancies to guarantee the avoidance of obstetric problems. In addition, the risk



approach calls for quick recognition of "warning indicators" such as vaginal bleeding, early membrane rupture, convulsions, leg swelling, headaches throughout pregnancy, decreased fetal movements, and fever [2]. India has made strides in recent years to reduce the MMR by 77%, from 556 per 100,000 live births in 1990 to 130 per 100,000 live births in 2016. The WHO applauds this achievement [3]. Promoting healthy habits and parenting abilities is especially important during pregnancy. Inadequate care during this period harms both women and newborns by rupturing a crucial link in the continuum of care [4]. Every pregnant woman runs the risk of unanticipated, abrupt problems that could result in their own demise or the demise of their unborn child. Complications during pregnancy cannot be accurately predicted. Antenatal care (ANC) may be used to recognize and treat pregnancy issues, inform pregnant women about their risks, and encourage skilled birth attendance during childbirth [5]. According to the animal involved, envenomation symptoms cause distinctive reactions that may be the same or may become more obvious during pregnancy due to physiologic changes in the mother [6].

In India, maternal mortality is a serious issue. Most women living in remote areas are unaware of this despite health departments' planned MCH programmes because of low literacy, ignorance, and social and cultural reasons [7]. Pregnant women who recognize danger signs and seek immediate obstetric care can reduce maternal mortality due to complications during childbirth in low-income countries. One of the most frequent reasons for failing to detect a complication when it develops and postponing the decision to seek care is a lack of awareness of warning signs. [8]. Every pregnant woman has the risk of unanticipated problems that could result in her own mortality or the harm of her unborn child. Therefore, it's important to use strategies to deal with these issues as they arise [9]. As the women would recognize the issue and seek prompt care, resulting in early detection and prompt institution of treatment, increasing awareness among pregnant women of the danger signs would be an important strategy to reduce morbidity and avert mortality [10].

Increasing awareness of pregnancy danger symptoms, which have a high link with early pregnancy risk detection, can help prevent pregnancy-related problems. Antenatal care and awareness of pregnancy hazard symptoms are strongly correlated [11]. If women who have issues have quick access to obstetric care, the majority of life-threatening obstetric complications are curable and most maternal deaths can be prevented. There are three stages of waiting to get obstetric care: waiting to decide to seek care, waiting to get to a medical facility, and waiting to get the right care once at the medical facility [12]. Additionally, in order so that ladies could get to the point where a suitable level of care is offered, and prior to giving delivery, preparations are necessary. Birth Getting ready for a woman requires finding a qualified attendant or medical institution the use of delivery services, and plans for transportation, monetary savings, and locating blood donors [13]. In the long run, increasing knowledge of them and their families to rapid decisions. For the purpose of millennium development various interventions were made under target, for the National Rural Health Mission to guarantee access to qualified emergency obstetric care for difficulties, birth care financial support for prenatal and intranatal care transit for referrals and, most critically, the community's and women's requests for the use of resources are equally crucial [14].

The objective of the current study to assess the level of knowledge regarding warning signs during pregnancy among antenatal mothers and to determine the association between the warning signs during pregnancy among antenatal mothers and selected demographic variables.

II. METHODS AND MATERIALS

A quantitative approach with non-experimental research descriptive design was adopted for the current study to assess the level of knowledge regarding warning signs during pregnancy among antenatal mothers. The study was conducted for the duration of one week from 14th March 2022 to 19th March 2022 in the antenatal clinic, UPHC Nerkundram-II. After obtaining the ethical clearance from the Institutional Ethical Committee of Saveetha Institute of Medical and Technical science and formal permission from the medical officer of UPHC, Nerkundram-II, the study was conducted. A total of 60 antenatal mother who fulfill and meets the inclusion criteria were recruited as study participants. The inclusion criteria include all the antenatal mothers between the age group of 18-35 years who are willing to participate in the present study and can able to read and write Tamil and English. The exclusion criteria for

the current study includes of antenatal mothers who are not willing to participate in the study and the antenatal mother who are not available during the study. A total of 60 antenatal mothers were recruited based on the inclusion criteria by non- probability purposive sampling technique. The purpose of the study was explained clearly in depth to each of the study participant and written informed consent was obtained from them. The demographic and clinical information was collected using self-structured questionnaires.

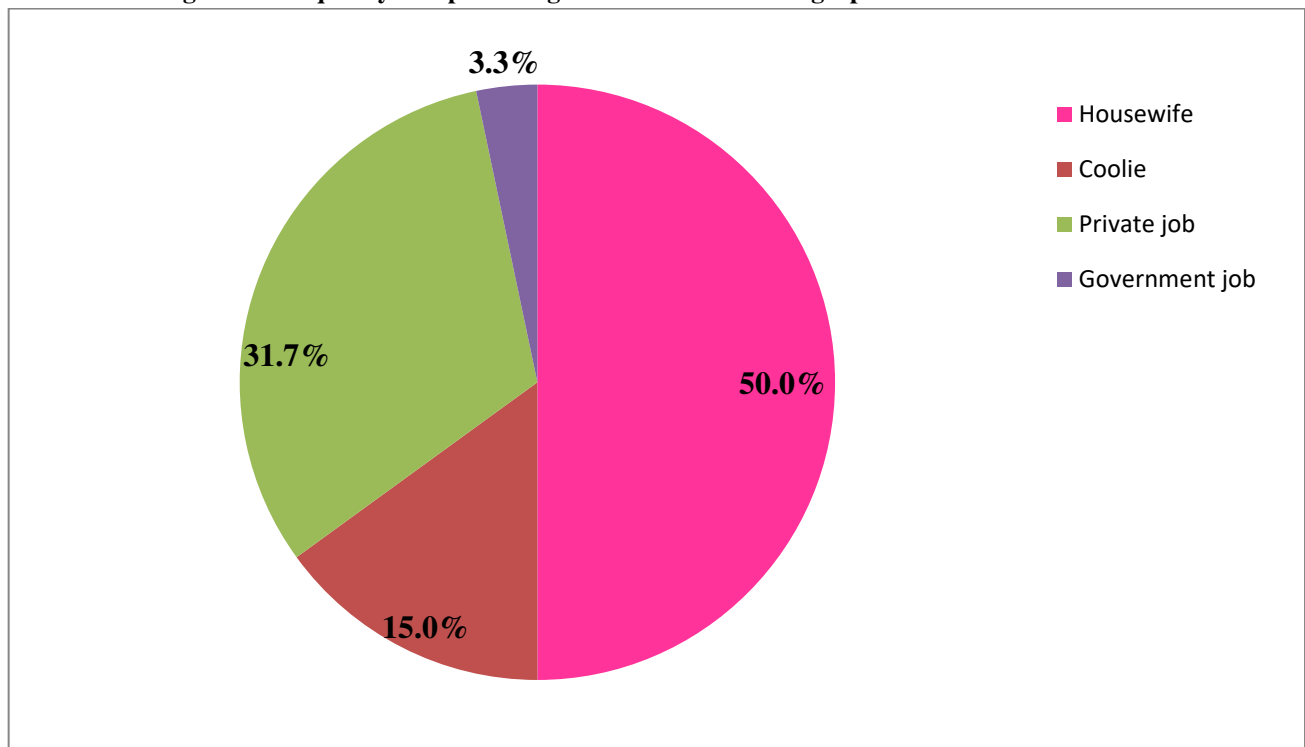
III. RESULTS AND DISCUSSION

The demographic variables assessed in this study are age, religion, educational status, occupation, family income, type of family, and area of residence, trimester and gravidity.

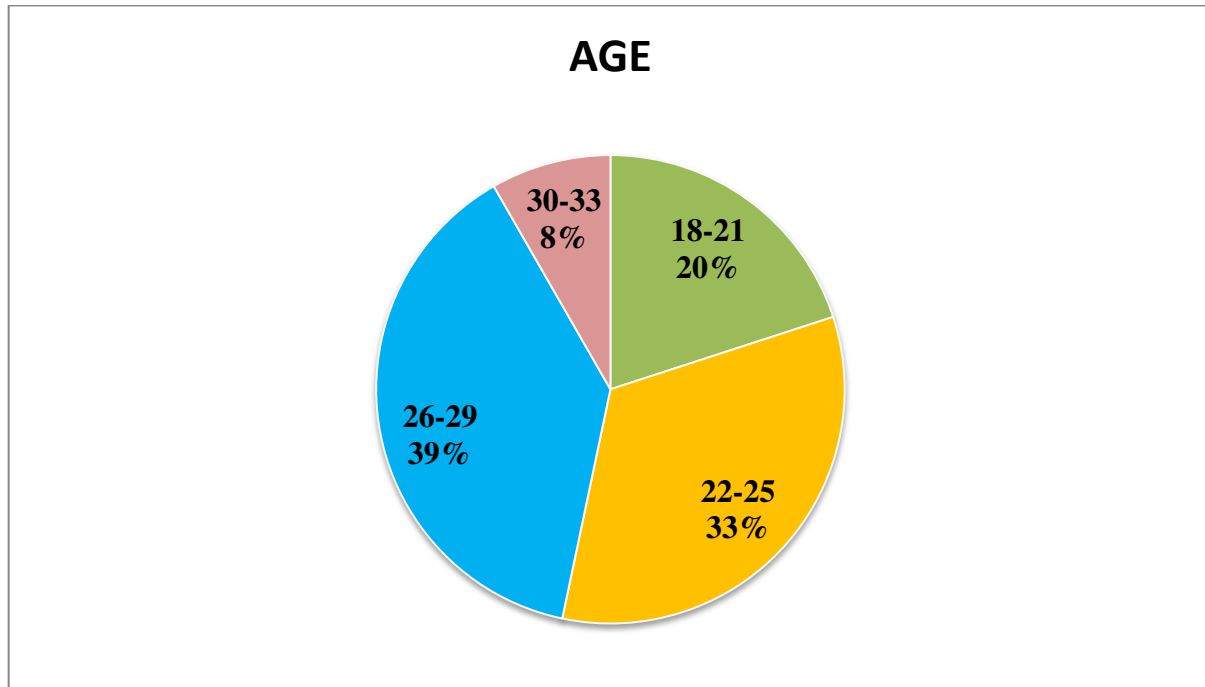
The investigator found that the higher percentage of mothers 23 (38.4%) belonged to the age group of 26-29 years followed by 12 (20%) between 18-21 years and 20 (33.3%) between 22-25 years. Majority of the mothers 19 (31.7%) had studied up to secondary school education and most of them (50%) were house wife. The present study result findings are corresponding to the findings of Haleema M et al., (2019) which reported that majority of the mothers (87.60%) belonged to the age group of less than or equal to 30 years of age, most of them (74.7%) had undergone education up to grade 10 and majority of them (91.8%) were house wife [2].

The present study results reported that majority of the mothers 32 (53.3%) were Hindu in religion and belonged to nuclear family 31 (51.7%) in which most of them 32 (53%) were residing in urban locality. A study on A Primary Investigation to Assess the Knowledge of Warning signs in pregnancy among antenatal women by Sreenivasa Rao P et al., (2013) supported the present study findings. The study reported that majority of the women (60%) were Hindu, most of them (63.3%) lives in nuclear family and higher percentage of them (60%) are residing in urban locality [7].

Figure 1: Frequency and percentage distribution of demographic variables of mothers



Percentage distribution of occupation of the antenatal mothers



Percentage distribution of Age of the Antenatal Mothers

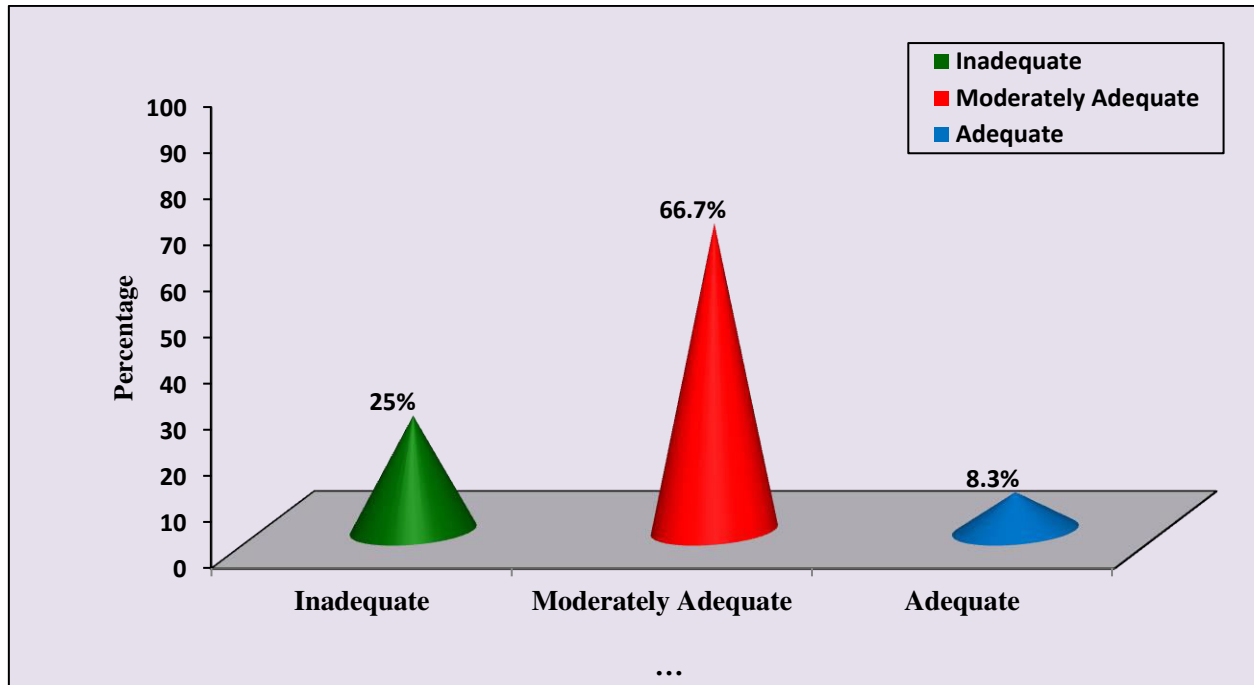
Table 1: Frequency and percentage distribution of level of knowledge regarding warning signs of pregnancy antenatal among mothers.

N = 60

Level of Knowledge	No.	%
Inadequate Knowledge (1 – 10)	15	25.0
Moderately Adequate Knowledge (11 – 20)	40	66.7
Adequate Knowledge (21 – 30)	5	8.3

The study results shows that majority of the mothers 40 (66.7%) has moderate adequate knowledge on warning signs of pregnancy among antenatal mothers followed by 15 (25.0%) has inadequate knowledge and 5 (8.3%) has adequate knowledge. The above study results are corresponding to the findings of Vijay R N., Kumare B., &Yerlekar S D (2015) which reported that majority of the mothers (46.6%) had average knowledge followed by (43.3%) had poor knowledge, (6.6%) had poor knowledge and (3.3%) had good knowledge[15].

The present study result findings are also contradicted by the study findings of Sreenivasa Rao P et al., (2013) in which majority of the mothers (51%) had poor knowledge followed by (26%) had average knowledge, (11%) had very poor knowledge, (10%) had good knowledge and (2%) had very good knowledge.



Percentage distribution of Level of Knowledge regarding Warning Signs of Pregnancy among Antenatal Mothers

Table 2: Assessment of knowledge scores regarding warning signs of pregnancy among antenatal mothers.

N = 60

Knowledge	Mean
Minimum Score	7.0
Maximum Score	25.0
Mean	13.08
Standard Deviation	4.22

The table 2 shows that mean score of knowledge on warning signs of pregnancy were 13.08, standard deviation 4.22 and the minimum score represents 7.0 and the maximum score was 25.0.

Table 3: Association of level of knowledge regarding warning signs of pregnancy among antenatal mothers.

N = 60

Demographic Variables	Inadequate		Moderately Adequate		Adequate		Chi-Square Value
	No.	%	No.	%	No.	%	
1.Age (in years)							$\chi^2=8.137$ d.f=6 p = 0.228 N.S
18 – 21	1	1.7	9	15.0	2	3.3	
22 – 25	5	8.3	14	23.3	1	1.7	
26 – 29	6	10.0	16	26.7	1	1.7	
30 – 33	3	5.0	1	1.7	1	1.7	
34 and above	-	-	-	-	-	-	
2.Religion							$\chi^2=2.008$ d.f=4 p = 0.734 N.S
Hindu	6	10.0	23	38.3	3	5.0	
Muslim	5	8.3	7	11.7	1	1.7	
Christian	4	6.7	10	16.7	1	1.7	
3.Educational Qualification							$\chi^2=13.092$ d.f=10 p = 0.219 N.S
No formal education	2	3.3	4	6.7	1	1.7	
Primary school	1	1.7	1	1.7	2	3.3	
Secondary school	5	8.3	13	21.7	1	1.7	
High school	2	3.3	9	15.0	1	1.7	
P.U.C	5	8.3	11	18.3	0	0	
Graduate	0	0	2	3.3	0	0	
Post graduate and above	-	-	-	-	-	-	
4.Occupation							$\chi^2=3.1889$ d.f=6 p = 0.785 N.S
Housewife	9	15.0	18	30.0	3	5.0	
Coolie	2	3.3	7	11.7	0	0	
Private job	3	5.0	14	23.3	2	3.3	
Government job	1	1.7	1	1.7	0	0	

Demographic Variables	Inadequate		Moderately Adequate		Adequate		Chi-Square Value
	No.	%	No.	%	No.	%	
5.Monthly income in rupees							$\chi^2=3.267$ d.f=6 p = 0.775 N.S
≤5000	2	3.3	1	1.7	0	0	
5001 – 10000	5	8.3	16	26.7	2	3.3	
10001 – 15000	4	6.7	13	21.7	2	3.3	
Above 15000	4	6.7	10	16.7	1	1.7	
6.Type of family							$\chi^2=1.902$ d.f=2 p = 0.386 N.S
Nuclear	8	13.3	19	31.7	4	6.7	
Joint	7	11.7	21	35.0	1	1.7	
7.Area of residential living							$\chi^2=0.536$ d.f=2 p = 0.765 N.S
Urban	9	15.0	20	33.3	3	5.0	
Rural	6	10.0	20	33.3	2	3.3	

The study result revealed that there is no statistically significant association between demographic variables and the level of knowledge regarding warning signs of pregnancy among antenatal mothers. The present study result finding is contradicted with the findings of Sreenivasa Rao P et al., (2013) which reported that there is significant association between educational status and family income and level of knowledge on warning signs of pregnancy [7].

Another study done by Kempa Cheluvamba General Hospital, Malleswaram, Bangalore reported that there is significant association between the knowledge scores of mothers with age, education, type of family, area of residence and income. The present study result is contrast with this regard [16].

IV. CONCLUSION

Findings of the present study revealed that, the existing level of knowledge regarding warning signs of pregnancy among antenatal mothers was moderately adequate 40 (66.7%) and it was evident there is a lack of awareness and knowledge on warning signs of pregnancy and there is a need to improve the knowledge to promote positive attitude in enhancing knowledge related to updated trends in regards to warning signs of pregnancy which can be provided through pamphlet distribution, role play, video assisted learning, conducting classes regularly in the antenatal clinic as a part of routine antenatal area.

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