KNOWLEDGE OF ANTENATAL WOMEN ON SELECTED WARNING SIGNS OF PREGNANCY WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET

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ABSTRACT

Maternal mortality still remains a major challenge to health systems worldwide. The risk of dying from pregnancy or child birth in developing countries of the world is very high compared to that of developed countries. The knowledge & awareness about risk associated with pregnancy among women can help them to seek maternal care services and reduce maternal mortality and morbidity. Hence this study aims at assessing the knowledge of antenatal women on selected warning signs of pregnancy with a view to develop an information booklet. The research design adopted for the present study was descriptive survey design. In this study 80 antenatal mothers who are attending the outpatient department for antenatal checkup were selected. A descriptive survey approach was used for assessing knowledge of antenatal women regarding warning signs of pregnancy. The reliability coefficient of the tool was calculated using Split half method followed by Karl Pearson’s coefficient of variation. (r=0.720)

Non-random Convenient Sampling technique was used to select the participants for the study. Data collected from the samples were analyzed by descriptive & inferential statistics. It was inferred that the majority (45%) of women had good knowledge regarding warning signs of pregnancy. There was significant association between knowledge of antenatal women and selected demographic variables like women’s age, education and monthly income of family. The findings of the study showed that the knowledge of antenatal women regarding selected Warning signs of pregnancy was good.

KEYWORDS: Knowledge, Antenatal Women, Warning Signs, Pregnancy, Information Booklet.

1. INTRODUCTION

1.1 Objectives of the Study

1. To determine the knowledge on warning signs of pregnancy among antenatal women.
2. To find an association between knowledge on warning signs of pregnancy among antenatal women and selected demographic variables.
3. To develop information booklet on warning signs of pregnancy.
1.2. Background

Maternal health is a critical topic in global development. Maternal ill health and death, has a great impact on families, communities and societies and has far reaching effects across socio-economic status. Pregnancy complications still pose a large and under-realized burden globally. Complications occur in approximately 40% of pregnancies worldwide, and can be severe in up to 15%. Of the 210 million women who are pregnant annually around the world, an estimated 30 million develop pregnancy complications, which are fatal in about 6,00,000 cases. Hemorrhage, pre-eclampsia, eclampsia and prolonged or obstructed labor are not the only causes of significant maternal morbidity and mortality but also contribute to perinatal and neonatal mortality. Maternal mortality rate reflects the number of maternal deaths in a population due to both direct obstetric causes and to conditions aggravated by pregnancy or child birth.\(^2\)

Maternal mortality remains a major challenge to health systems worldwide. Five lakh women die every year in the world as a result of pregnancy and childbirth. This means that every minute of every day, there is one maternal death. 99% of these deaths are occurring in developing countries. In India, 1,00,000 women die every year as a result of pregnancy and childbirth, which means one maternal death occurs in every 5 minutes. 20% of the world’s total maternal deaths takes place in India.\(^3\) According to UNICEF, every year about 78,000 mothers die in childbirth and from pregnancy related complications in India. The maternal mortality rate in India is 450 per 100,000 live births. The risk of dying from pregnancy or childbirth in developing countries of the world is 200 times higher than the developed countries. Hence, this problem has to be tackled immediately. One of the most important responsibilities of care providers is to alert the pregnant women to signs and symptoms that indicate potential complications of pregnancy.\(^5\)

A need based study conducted to study about obesity as a complication of pregnancy and labour, revealed that excessive maternal weight gain during pregnancy increased the risk of adverse outcomes like gestational diabetes mellitus, pre eclampsia, stillbirths, birth defects and even neonatal deaths.

If the woman is alert about warning signs of pregnancy, further complications can be prevented. So the investigators felt the need to conduct a study to identify the knowledge of antenatal mothers regarding warning signs of pregnancy and to educate them by providing information booklet.
2. MATERIAL AND METHODS

2.1. Research Approach
In order to achieve the objectives of the study a descriptive survey approach was found to be appropriate and selected for the study.

2.2. Research design
The research design adopted for the present study was descriptive survey design. This design was adopted to assess the knowledge of antenatal mothers regarding warning signs in pregnancy followed by administration of information booklet.

2.3. Setting of the Study
This study was conducted in the antenatal outpatient department of K.S. Hegde Hospital, Mangalore.

2.4. Population
In this study population consist of antenatal mothers attending the outpatient department of K.S. Hegde Hospital, Mangalore.

2.5. Sample and Sampling technique
In this study 80 antenatal mothers who are attending the outpatient department for antenatal checkup were selected. The sampling technique used for the study was Non-random Convenient Sampling technique. Out of the total population defined all those who met the criteria 80 subjects were selected for the study.

2.6 Data collection Instruments
Data collection tool are the procedures or instruments used by the researcher to observe or measure the key variables in the research problem. Following instruments are used for the present study.

- Demographic proforma
- Structured knowledge questionnaire

2.7 Reliability of the tool
In this study split half method were used to find out the reliability of the tool. It was carried out among 10 samples in a similar setting and was found to be reliable for the study. 

\( r=0.720 \)

2.8 Data collection procedure
Prior information was obtained from the Institution keeping in mind those ethical aspects of research, prior to data collection. The purpose of the study was clearly explained to the sample and the data was collected by structured knowledge questionnaire method.
3. THEORY / CALCULATION

A conceptual framework deals with concepts assembled together on the research problem that provides a certain frame of reference. It helps the researcher to gain insight into the problem, by explaining the relationship between the facts. One of the important purposes of theoretical framework provides a certain frame of reference for clinical practice, research and education.

From review of literature, several concepts and information were collected and a conceptual framework was developed for the present study. It is based on modified Becker’s Health Belief Model (1988). The Health Belief Model proposes that a person’s health related behavior depends on the person’s perception of four critical areas:

- The person’s susceptibility to that illness
- The severity of a potential illness
- The benefits of taking a preventive action
- The barriers to take that action

Health Belief Model is a popular model applied in nursing, especially in issues focusing on preventive health care practices. It includes the following components:

**Perceived susceptibility:**

It refers to a person’s assessment of their risk of getting the condition.

In this study, it refers to antenatal women’s perceived susceptibility of warning signs.

**Modifying factors:**

Modifying factors includes personality variables, patient satisfaction and socio demographic factors.

In this study, modifying factors are education, occupation, monthly income and previous information about warning signs in pregnancy.

**Perceived threat:**

Perceived threat refers to the dangers imposed by not undertaking certain health action.

In this study, perceived threat refers to warning signs of pregnancy like bleeding during any trimester, severe nausea and vomiting, fetal’s activity level significantly reduces, contractions early in the third trimester, water bag breaks, persistent severe headache, abdominal pain, visual disturbances and swelling during third trimester, flu symptoms which includes fever, cough, sore throat, running nose, sneezing, nausea, vomiting and diarrhoea.
Cues to action:
The cue to action makes the individual become conscious of feeling and begins to think about how to deal with the problem. It includes preventive, promotive and curative services\textsuperscript{22}.

In this study, cue to action refers to distribution of information booklet on warning signs in pregnancy.

Likelihood of action:
It is an estimate of the action potential benefits in reducing susceptibility or severity\textsuperscript{22}.

In this study, likelihood of action is the promotion of health and better management of pregnancy.

4.RESULTS

4.1 Distribution of overall respondent knowledge level about selected warning signs of pregnancy.

<table>
<thead>
<tr>
<th>Score range</th>
<th>Level of knowledge</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>POOR</td>
<td>9</td>
<td>11.2</td>
</tr>
<tr>
<td>11-21</td>
<td>AVERAGE</td>
<td>35</td>
<td>43.8</td>
</tr>
<tr>
<td>22-32</td>
<td>GOOD</td>
<td>36</td>
<td>45.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

Column diagram depicting distribution of overall respondent knowledge level towards warning signs of pregnancy
From the above diagram, it shows that 11.25% (9) of respondents have poor knowledge, 43.75% (35) had an average knowledge and finally 45% (36) had good knowledge about warning signs of pregnancy.

4.2. Association
The chi-square calculated for women’s religion (0.691), women’s locality (2.410), women’s occupation (2.702), type of family (0.508), women’s parity (0.132) and women’s source of information (2.285) are less than the chi-square table value (p>0.05). Hence the research hypothesis was rejected indicating that there is no significant association between knowledge of antenatal women and selected demographic variables like women’s religion, locality, occupation, type of family, parity and source of information.

The chi-square calculated value for women’s age (6.062), women’s education (9.755) and monthly income of family in rupees (8.409) are more than the chi-square table value (p<0.05). Hence the research hypothesis was accepted i.e there is significant association between knowledge of antenatal women and selected demographic variables like women’s age, education and monthly income of family.

5. DISCUSSION
Pregnancy may be natural, but it does not mean it is problem free. Today, nurses and midwives have an important role in health care promotion and prevention. Dissemination of health related information to clients, families and communities is one of the important functions of midwives in caring pregnant women to attain safe motherhood. Providing information to the pregnant women does not require an equipment or machinery. But an efficient midwife educator and the willingness to listen and follow instructions and their awareness makes pregnancy safer to have safe motherhood and childbirth.

The discussion brings the research report to closure; a well-developed section makes sense of the research results. The present study intends to assess the knowledge on warning signs of pregnancy among antenatal women.

Findings revealed that the highest 50% of the antenatal women were in the age group of 24-29 years, 41.3% were Hindus, 32.5% had secondary school (PUC) education, 60% were from rural areas, 60% were non-working women, 53.8% were from joint family, 72.5% were primiparas while 27.5% were multiparas among which 13.8% had underwent normal delivery, 37.5% got information from health personnel and 36.2% had monthly income
between Rs. 5001-7000. The result shows that 45% of respondents have good knowledge level; 43.8% respondents have average knowledge level and finally 11.2% of the respondents have poor knowledge level regarding warning signs of pregnancy. The results shows that there is a significant association between knowledge on selected warning signs of pregnancy among antenatal women and selected demographic variables such as age \( x^2=6.062(\text{HS}) \); education \( x^2=9.755(\text{HS}) \) and monthly income of family (in rupees) \( x^2=8.409(\text{HS}) \). Therefore, it was inferred that demographic characteristics such as age, education and monthly income of family (in rupees) shows that there is highly significant association between knowledge on selected warning signs of pregnancy among antenatal women and selected demographic variables (P>0.05).

6. CONCLUSIONS

The following conclusions were made on the basis of the present study topic to assess the knowledge of antenatal women on selected warning signs of pregnancy in a selected hospital at Mangalore. The findings of the study have implications in various areas such as nursing practice, nursing administration, nursing education and nursing research.

On the basis of findings of the study the following conclusion were made.

- The research revealed that majority 45.0%(36) of the subjects had good knowledge level about selected warning signs of pregnancy.
- The study disclosed that there was a significant association found between knowledge of antenatal women and selected demographic variables like the women’s age, education and monthly income of family (in rupees).

6.1 Nursing Practice

Most of the health problems are preventable or controllable, if anticipated, recognized and treated early. Nurses play a very vital role in health care delivery system. Patient education is a process of assisting people to learn and incorporate health related behavior in to everyday life. Commonly occurring warning signs and safe measures to reduce warning signs will enlighten the community nursing practice to design and formulate mass health education programme. The nurse should be equipped with up to date knowledge of self-care practices, prevention of warning signs in pregnancy and various treatment options available. Health education can be imparted through mass media i.e, through radio, television, documentary films, pamphlets, poster, information booklets etc.
6.2 Nursing Education

Today’s nursing graduates are more multitalented and diverse than ever & they are going to be tomorrow’s staff nurses, educators, administrators and supervisors. Hence this study has implication in nursing education as well. The curriculum is responsible for preparing the future nurses with more emphasis on preventive and promotive health practices. Students should take a positive step to impart health education in the hospital and community during their study period. Clinical and community posting should focus on health education. The midwifery students should be given an opportunity to find out the warning signs and give proper advice to the antenatal mothers.

6.3 Nursing Administration

The nurse administrators should take interest in disseminating the information through instructional materials such as pamphlets, posters, and modules etc. that impart health information to the patients. The findings of the present study motivate the nurse administrators to initiate and organize in service education programme for nurses and encourage nurses to participate in such activities. The administrators serve as resource person for other nurses, students, clients and relatives and provide adequate support in terms of manpower, money and material for disseminating health information. Periodical education sessions by health personnel should be conducted to the public. Health camps can be conducted and referral should be carried out adequately.

6.4 Nursing Research

The survey provides baseline data for conducting other research studies. Research should be done on all warning signs, identify the practice and intervention related to warning signs in pregnancy. The researcher may have to take up a role in preparing the pregnant women regarding antenatal care which includes designing management steps through scientific rationale and facts from critical reasoning. There is a great scope for nurses to conduct research in this area. Research should be done on the preparation of innovative methods of teaching, better practice of nursing care and development of good and effective teaching materials.
7. REFERENCES

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