

Original Research Article

Assessment of Birth Preparedness in Terms of Knowledge and Practices among Primigravida Mothers in Selected Hospitals of Ambala, Haryana

Chetna Mehta¹, Poonam Sheoran²

¹Assistant Nursing Superintendent, M.M. Hospital, Mullana, India.

²Obstetrical and Gynaecological Nursing Department/ M.M. University, Mullana, India.

Corresponding Author: Chetna Mehta

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ABSTRACT

A co-relational descriptive study was conducted with the aim to assess birth preparedness in terms of knowledge and practices among primigravida mothers in selected hospitals of Ambala, Haryana. Objectives: The objective of the study is to assess the knowledge, practice, determine the correlation between knowledge and practice score of primigravida mothers and to determine the association of knowledge and practices with their demographic variables regarding birth preparedness. Sample: Purposive sampling is used to collect data from 100 primigravida mothers.

Setting: Setting of the study was Civil Hospital Ambala, Haryana. The data was collected by administering the structured knowledge questionnaire and express practice checklist.

Results: More than half of primigravida mothers (52%) had below average knowledge and majority of primigravida mothers (99%) had good level of expressed practices. There is a negligible positive non significant co-relation between the knowledge and practice score of primigravida mothers regarding birth preparedness.

Conclusion: This study concluded that primigravida mothers had below average knowledge but following good practices regarding birth preparedness.

Keywords: Birth preparedness, Knowledge, Primigravida mothers.

INTRODUCTION

Maternal mortality is a substantial burden in developing countries. Improving maternal mortality has received recognition at the global level as evidenced by the inclusion of reducing maternal mortality in the Millennium Development Goals. ^[1]

Birth preparedness and complication readiness is a strategy to promote the timely use of skilled maternal and neonatal care, especially during childbirth. Birth preparedness and complication readiness is a strategy to promote the timely use of skilled maternal and neonatal care, especially during childbirth. ^[2] Birth preparedness and complication readiness include many elements, including:

knowledge of danger signs; plan for where to give birth; plan for a skilled birth attendant; plan for transportation; a birth companion; and identification of compatible blood donors in case of emergency. ^[3]

MATERIALS AND METHODS

This study was conducted in Civil Hospital Ambala, Haryana. The collection was done in the month of January 2014 from the Civil Hospital, Ambala. On the basis of inclusion and exclusion criteria, informed consent was taken from the primigravida mothers who attended OPD in selected hospitals during third trimester of pregnancy and was assured about the confidentiality of their response. In this

study 100 primigravida mothers was selected by purposive sampling technique. Demographic Performa was given to assess the sample characteristics, structured knowledge questionnaire was given to assess the knowledge of and checklist was given to assess the expressed practices primigravida mothers regarding birth preparedness. Knowledge questionnaire consisted of 30 multiple choice questions and 1 open ended question. Score for each item was one for correct and zero for incorrect item respectively. The maximum possible score was 30 and a minimum score was zero on the structured knowledge questionnaire. Expressed Practice Checklist comprised of 12 statements. Each statement had two possible responses i.e. done or not done. The total score on checklist was 12. The correct response scored as 1 and incorrect response scored as 0.

RESULT

For analysis and interpretation of the data descriptive and inferential statistics were used. Data analyzed for statistical significance using chi square test and hypothesis tested at 0.05 level of significance. Majorities (63%) of mothers were in age group of 18-23 years and 37% were between 24-29 years. Majorities (63%) of mothers were Hindu and 32% belonged to Sikh and only 5% belonged to Muslim religion. Nearly all (97%) of mothers were married whereas 2% of them were widow

and 1% were divorcee. The duration of marriage among more than half (59%) of mothers were less than 1 year and among 30% mothers it was 1-2 years and among 11% were more than 4 years. More than half (57%) of mothers belong to nuclear family and 43% were living in joint family. Majorities (78%) of mothers were homemaker and only 11% mothers were in government job. Majorities (62%) of mothers were resident of rural area and only 38% were resident of urban area. More than half (60%) of mothers had monthly income between 5000-10,000 and only 19% of mothers had monthly income more than Rs.10, 000/-. Less than half (46%) of mothers were educated up to secondary level and 38% of mothers completed their graduation and only 16% of mothers were educated up to senior secondary level. More than half (56%) of mothers were having period of gestation of 28-32 weeks, 33% were having period of gestation 32-36 weeks and only 11% of primigravida mothers were having gestational age between 36-40 weeks. Majority (63%) of mothers were not taking folic acid. Majority (93%) of mothers had no knowledge regarding birth preparedness and only (7%) of mothers had some knowledge regarding birth preparedness. The sources of information for 85% of primigravida mothers were health personnel and for only 14.3% were family members.

Table 1: Mean, Median, Standard Deviation and Mean percentage of Knowledge Score among Primigravida Mothers Regarding Birth Preparedness. N=100

	Range	Mean	Median	Standard deviation	Mean percentage
Knowledge Score	4-25	14.50	14	±4.56	48.33

Maximum score: 30, Minimum score: 0

The data in Table - 1 depicts that mean knowledge score of primigravida mothers regarding birth preparedness was 14.50 with the range of 4-25. Median of

knowledge scores of primigravida mother was 14. Standard deviation of primigravida mothers was ± 4.56 with mean percentage of 48.33.

Table 2: Range, Mean, Median and Standard Deviation of Expressed Practice Scores of Primigravida Mothers Regarding Birth Preparedness

	Range	Mean	Mean percentage	Median	Standard deviation
Practice Score	9-12	11	48.33	11	± 0.73

Maximum score: 12, Minimum score: 0

Data presented in table-2 reveals that mean expressed practices score of primigravida mothers regarding birth preparedness was 11 ± 0.73 , mean percentage 48.33, median 11 with range of score between 9-12.

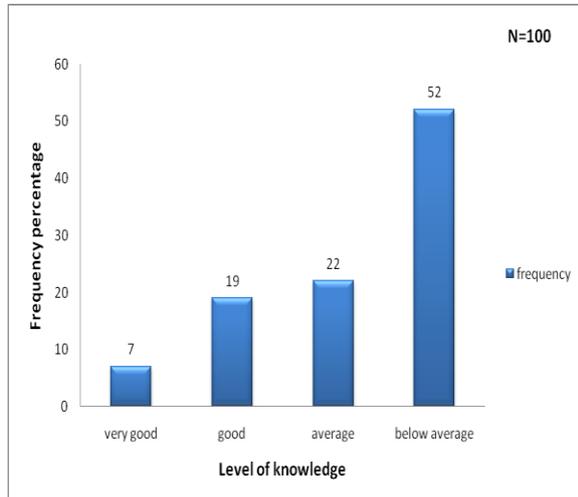


Fig 1: Bar diagram showing distribution of level of knowledge of primigravida mothers regarding birth preparedness.

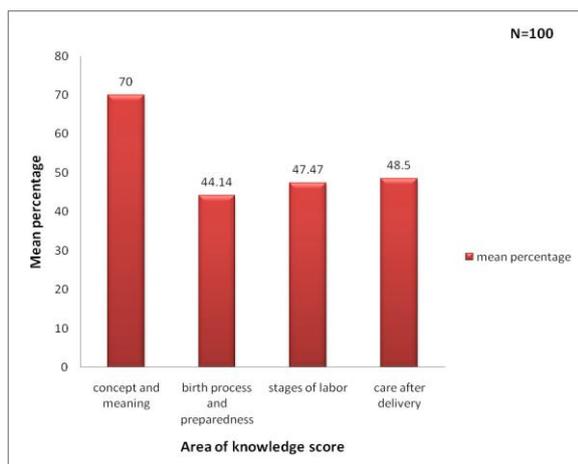


Fig 2: Bar diagram showing the area wise mean of primigravida mothers regarding birth preparedness.

Data presented in table-3 reveals that there is a positive negligible co-relation between the knowledge and practice score of primigravida mothers regarding birth preparedness which is found to be statistically non significant ($p = 0.16$) at 0.05 level of significance.

Table3: Correlation between the Knowledge Score and Practice Score of Primigravida Mothers Regarding Birth Preparedness N=100

Pearson's correlation	Mean	r	P value
Knowledge score	14.5	+0.14 ^{NS}	0.16
Practice score	11		

t (df= 98)=0.197; ^{NS} Non-significant(p> 0.05)

DISCUSSION

In present study less than half (46%) primigravida were educated upto secondary level which is contradicted by a study conducted by Agarwal et al [4] which reveals that the illiteracy rate was high in primigravida mothers.

In the present study more than half (52%) of primigravida mothers had knowledge below average regarding birth preparedness whereas the significant difference was observed in the level of knowledge and education that is similar to the study conducted by Messay Hailu et al. [5] which showed that 38% of the respondents revealed some level of awareness of birth preparedness, whereas statistically significant difference in the source of information, level of education and the expression of danger signs (all p value <0.005) among these group of women.

This study shows that almost all the primigravida mothers planned for institutional delivery which is contradicted by study conducted by Agarwal et al, [4] Messay Hailu et al [5] which shows only 63.8% and 6% of mothers identified health care facilities for their delivery. The mothers who did not identified a health facility mentioned that they did not face any problem during their pregnancy and, hence planned their delivery be conducted in home.

This study reveals that majority of mothers saved money for the delivery and obstetrical emergencies which are similar to study conducted by Agarwal et al [4] which showed majority of mothers (86.9%) saved money for delivery and obstetrical emergencies.

The present study revealed that majority of primigravida mothers (95%) had awareness regarding practices identification of health facility, arrangement of transport and financial preparations which was similar to study conducted by David P. Urassa et. al. [6] which showed that the majority (86.2%) of the women had awareness regarding place of delivery,

financial preparation, and assistance during delivery and transport facility.

CONCLUSION

Majority of primigravida mothers had average knowledge regarding birth preparedness and had good level of practices regarding birth preparedness. There was positively very low non significant co-relation between knowledge and practice score of primigravida mothers regarding birth preparedness. The knowledge of primigravida mothers regarding birth preparedness was independent upon of age, religion, marital status, duration of marriage, type of family, occupation, place of residence, income per month, intake of folic acid and knowledge regarding birth preparedness. The practices of primigravida mothers were non dependent on age, duration of marriage, type of family, occupation, education, period of gestation, place of residence, intake of folic acid and knowledge regarding birth preparedness.

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