



“A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING SAFE MOTHERHOOD AMONG PRIMI GRAVIDA MOTHERS AND MULTI GRAVIDA MOTHERS IN A SELECTED HOSPITAL OF METROPOLITAN CITY IN VIEW TOWARDS DEVELOPMENT OF INFORMATION BOOKLET”

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Abstract:

Background: Pregnant and child birth are essential for existence of the entire impact on the women physically and emotionally. To prevent this” safe motherhood initiative was launched in 1987. But even then, India’s Maternal and under five child mortality remains high which can be attributed to lack of knowledge and poor attitude regarding these practices among pregnant women.

Aim and objective: A study was planned to assess the knowledge and attitude regarding safe motherhood among primi gravida and multi gravida mothers and to find the significant association between the Knowledge and Attitude regarding Safe motherhood among Primi gravida mother and Multi gravida mother with selected demographic variables. Material and method: A Non- Experimental Comparative Research design used for this study. The study was conducted on 30 Primi gravida mothers and 30 Multi gravida mothers in selected hospitals. The data gathering technique used was non-probability convenient sampling. Results: the analysis and interpretation revealed that the information booklet was an effective tool for improving the knowledge and attitude regarding safe motherhood among the primi gravida and multi gravida mothers. It is observed that statistically there is a significant difference between pretest and posttest mean of both knowledge and attitude.

Conclusion: Our result indicates that the information booklet was an effective tool for improving the knowledge and attitude regarding safe motherhood among primi gravida and multi gravida mothers.

Index Terms – Assess, Knowledge, Attitude, Motherhood, Primi gravida, multi gravida, Hospital, Information booklet.

I. Introduction

“Motherhood is a constant call to be on my feet, to deal with the challenges, and to learn everything I possibly could to do it right”. Pregnancy is the natural event and joyful moment in the life of women of reproductive age group. It is the fertilization and development of one or more offspring, known as an embryo or fetus, in a woman's uterus. In a pregnancy, there can be multiple gestations, as in the case of twins or triplets. Childbirth usually occurs about 38 weeks after conception and in women who have a menstrual cycle length of four weeks, this is approximately 40 weeks from phase in the start of the last normal menstrual period (LNMP). Conception can be achieved through sexual intercourse or assisted reproductive technology. However, every pregnant woman faces the risk of sudden, unpredictable complications that could end in death or injury to herself or to her infant.

II. Background of study

Pregnant and child birth are essential for existence of the entire impact on the women physically and emotionally. To prevent this safe motherhood initiative was launched in 1987. But even then, India's Maternal and under five child mortality remains high which can be attributed to lack of knowledge and poor attitude regarding these practices among pregnant women. Many countries have been able to improve the health and well-being of mothers and newborns over the last 20 years. Globally, the numbers remain staggering. each year there are at least 3.2 million stillborn babies, 4 million neonatal deaths and more than half a million maternal deaths. HIV/AIDS and malaria in pregnancy are having an impact on maternal mortality. A total of 11–17% of maternal deaths occur during childbirth itself, 50–71% occur in the post-partum period. These periods account not only for the high burden of post-partum maternal deaths, but also for the associated large number of stillbirths and early new-born deaths. A total of 98% of stillbirths and new-born deaths occur in low- and middle-income countries: obstetric complications, particularly in labour, are responsible for perhaps 58% of them. The care that can reduce maternal deaths and improve women's health is also crucial for new-borns' survival and health.

Statement of Problem:

"A Comparative Study to Assess the Knowledge and Attitude Regarding Safe Motherhood among Primi Gravida Mothers and Multi Gravida Mothers in A Selected Hospital of Metropolitan City in View Towards Development of Information Booklet"

Objectives of study:

1. To compare the Knowledge and Attitude regarding Safe motherhood among Primi gravida mothers and Multi gravida mothers in a selected hospital of Metropolitan city.
2. To assess the Knowledge and Attitude regarding Safe motherhood among Primi gravida mothers in a selected hospital of Metropolitan city.
3. To assess the Knowledge and Attitude regarding Safe motherhood among multi gravida mothers in a selected hospital of Metropolitan city.
4. To find the significant association between the Knowledge and Attitude regarding Safe motherhood among Primi gravida mother and Multi gravida mother with selected demographic variables.
5. To develop an Information booklet.

Assumption:

1. The Multi gravida mothers may have some knowledge and attitude regarding safe motherhood.
2. The primi gravida mothers may have some Knowledge regarding safe motherhood after getting some information.
3. The primi gravida mothers may have some change in attitude regarding safe motherhood after getting some information.
4. The Multi gravid Mothers gravida mothers may have some change in attitude regarding safe motherhood after getting some information and experience.
5. Comparative study may reveal the difference and relation between the knowledge and attitude regarding safe motherhood among primi gravida mothers and multi gravida mothers.

LIMITATION:

1. This study is limited to Primi gravida mothers and multigravida mothers.
2. This study is limited to Primi gravida mothers and multigravida mothers who are admitted in a selected hospitals at the time of study
3. This study is limited to Primi gravida mothers and multigravida mothers who are present in a selected hospitals at the time of study

III. Research Methodology:

The research design selected for this study was Non- Experimental Comparative Research design.

3.1 Population and Sample:

The study was conducted among 30 Primi gravida mothers and 30 multigravida mothers from selected hospitals

3.2 Data and Sources of Data

Data was collected by using non-probability convenient sampling, The tool was a structured questionnaire on the knowledge.

3.3 Theoretical framework

This theory is focusing on inter personnel Nurse patient relationship. This relationship describes four phases. In Orientation phases identifies and assessing demographic variables of Primi gravida and Multigravida because everyone's demographic details vary. Second phase is Identification phase: In this phase assessing their knowledge and attitude among Primi gravida Mothers and Multi gravida mothers towards Safe motherhood by providing Semi Structured Questionnaire which includes, Antenatal Care, Family support, Warning signs in pregnancy, Postnatal Care, New born care, danger signs in Newborn and Family planning. Third Phase is Exploitation: In this exploring by Comparing the Knowledge and Attitude regarding Safe Motherhood. Fourth phase is Resolution: Analysis of results and getting conclusion in view towards developing a Booklet for Primi and Multi gravida mothers based on their knowledge deficit and attitude change for future studies.

IV. Results and Discussion

Figure 4.1 Age Group (years) of Mothers

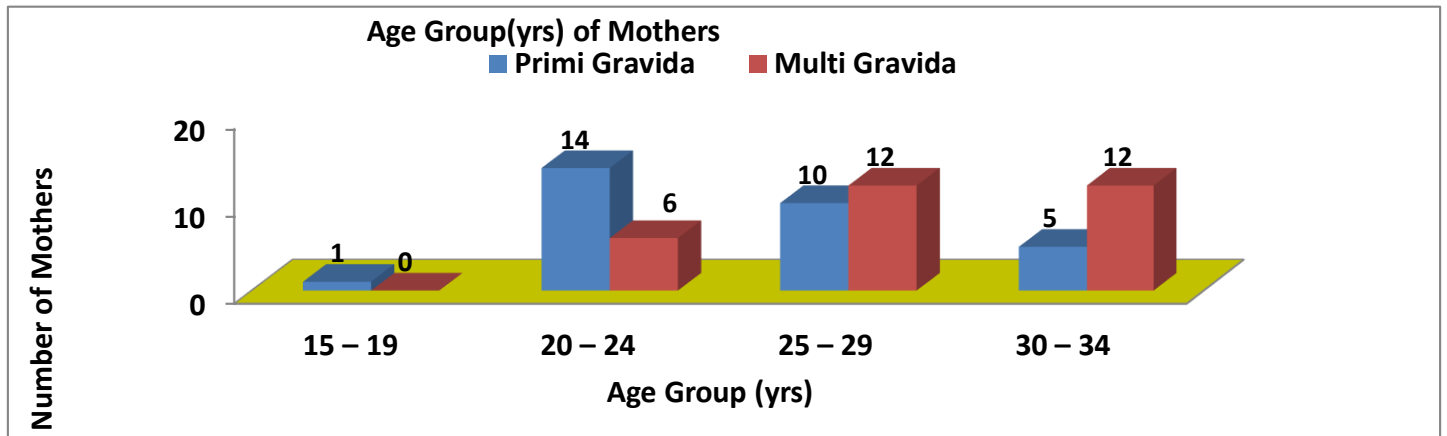


Figure 4.1 Suggest distribution of age group as per age group majority.i.e. 14 (46.7%) of the primigravida were in age group ranged from (20-24) years and 1 (3.3%) of Primi gravida were in age group ranged from (15-19) years.as compared to multi gravida 12 (40.0%) of multigravida mothers were in age group of (25-29) years, 12 (40.0%) of multigravida mothers were in age group of (30-34) years 6 (20.0%) of multigravida mothers were in age group of (20-24) years.

Figure 4.2 Gravida of mother

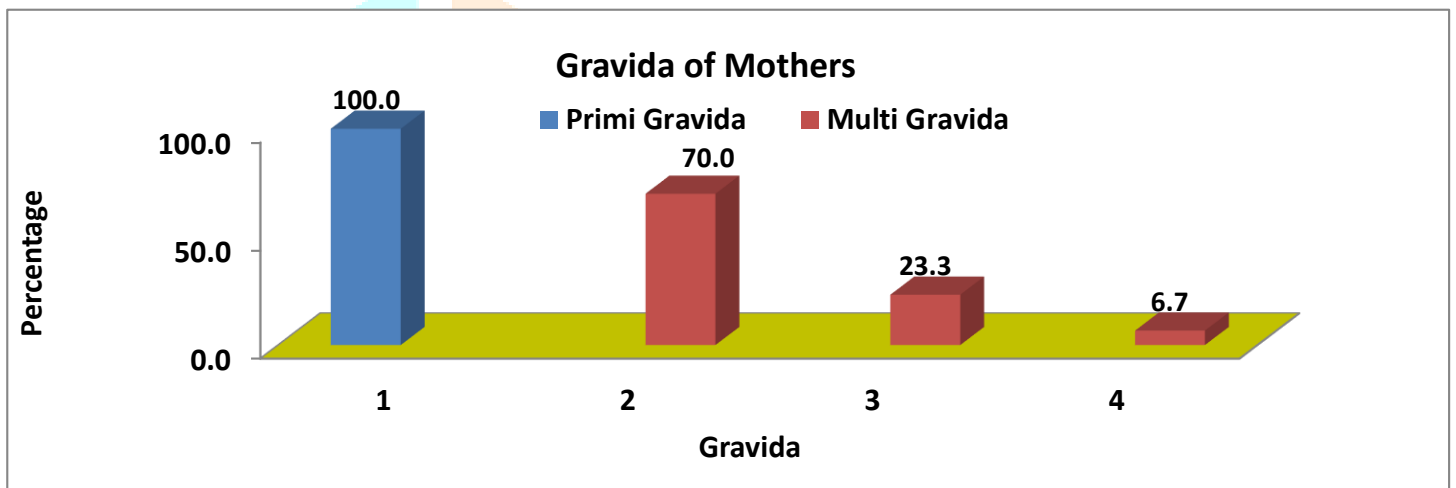
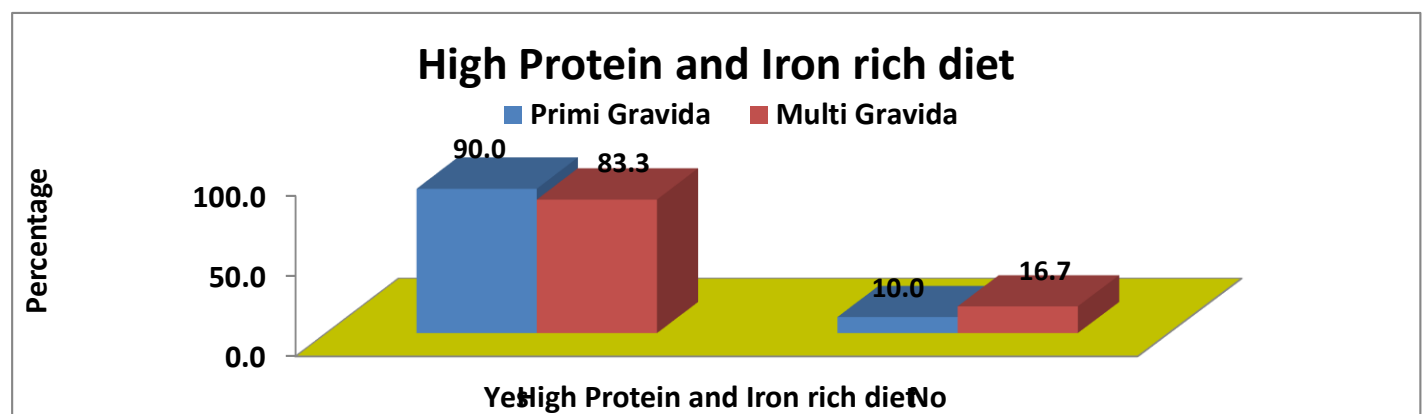


Fig. 4.2 Reveals distribution of data related to Gravida of mothers. as per gravida majority, i.e., All 30(100%) mothers were primigravida mothers and maximum 21(70%) of multi gravida were belonged to gravida II, 7 (23.3%) of multi gravida were belonged to gravida III, 2(6.7%) of multi gravida were belonged to gravida IV.

Table No. 4.1 Distribution of primi gravida mothers and multi gravida mothers according to high protein and iron rich diet.

Gravida	PRIMI GRAVIDA MOTHERS		MULTI GRAVIDA MOTHERS	
	f	%	f	%
High Protein and Iron rich diet				
Yes	27	90.0	25	83.3
No	3	10.0	5	16.7

Figure:4.3 High Protein and Iron rich diet



vegetarian and 3(10%) primi gravida mothers and 5 (16.7%) multi gravida mother are vegetarian.

Table no 4.2 Overall Knowledge regarding Safe Motherhood among Primi gravida mothers and Multi gravida mothers:

Overall Knowledge (Max Score =30)	Primi Gravida (1)		Multi Gravida (2)	
	Correct	%	Correct	%
Poor (0 – 9)	4	13.3	0	0.0
Average (10 – 19)	25	83.3	15	50.0
Excellent (20 – 30)	1	3.3	15	50.0

Figure – 4.4: Overall Knowledge regarding Safe Motherhood among Primi gravida mothers and Multi gravida mothers

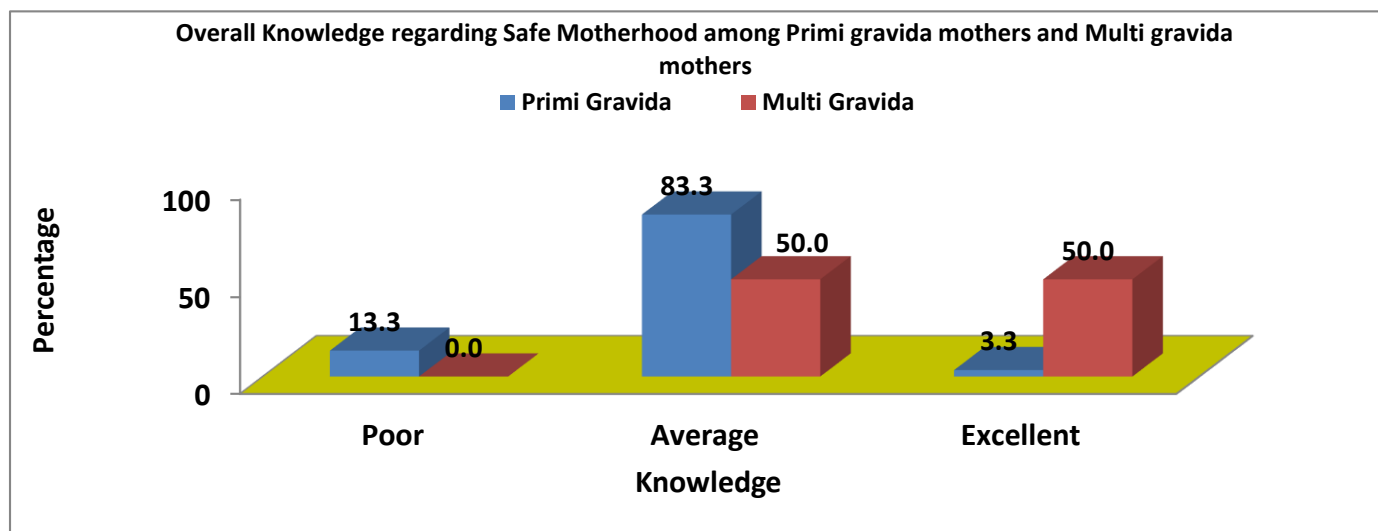


Table 4.2 and Figure 4.4 Shows distribution of overall knowledge regarding safe motherhood among primi gravida mothers and multi gravida mothers reveals as per knowledge majority, that multi mothers had better knowledge than the primi mothers i.e Multi gravida mothers scored (50%) average knowledge and (50%) excellent knowledge regarding safe motherhood as compared with primi gravida mothers (3.3%) excellent knowledge, (83.3%) average knowledge and poor knowledge (13.3%). This suggest that Multi gravida mothers have better knowledge than the primi gravida mothers.

Figure- 4.5 : Attitude related to Safe Motherhood

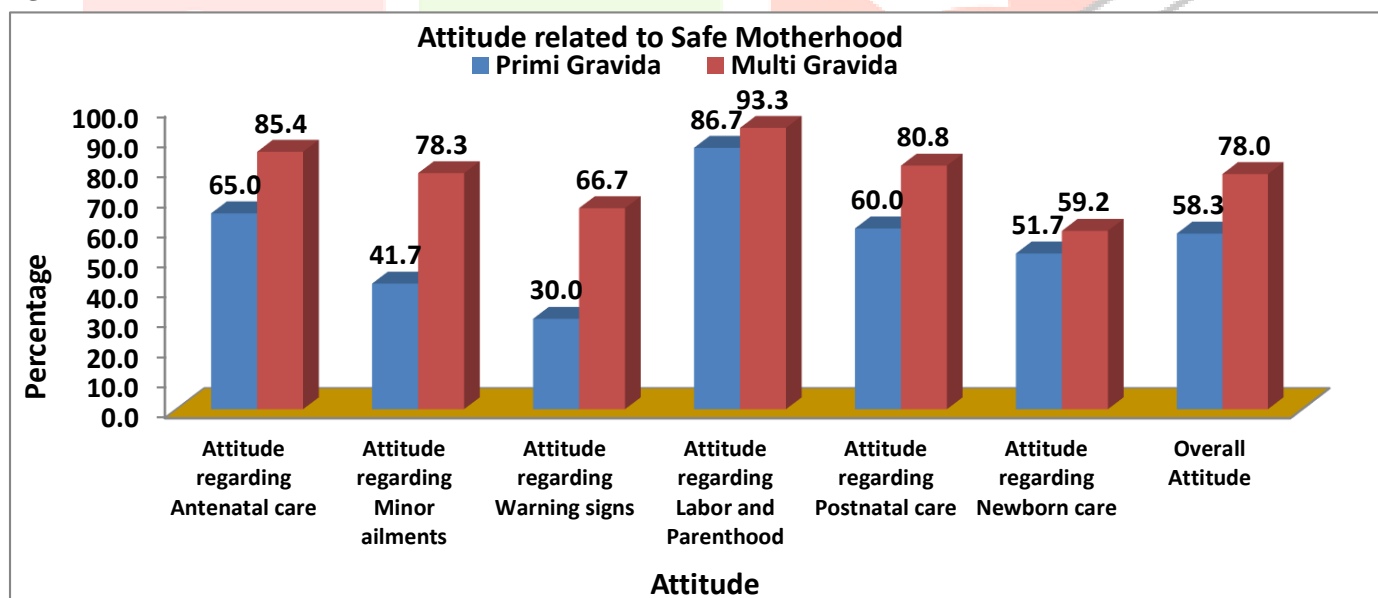


Figure no. 4.5 Shows distribution of overall attitude regarding safe motherhood among primi gravida mothers and multi gravida mothers as per majority i.e., primigravida mothers’ attitude regarding safe motherhood was (58.3%) as compared to (78%) was the attitude of multi gravida mothers. This suggest primigravida have unfavorable attitude regarding safe motherhood. Whereas, multi gravida mothers have favorable attitude regarding safe motherhood than primi gravida.

V. Acknowledgment

With sincere gratitude, the investigator wishes to acknowledge all those who have put their efforts in the making of this study. It was the contribution of many people, which helped in the successful completion of the study. I owe my heartfelt gratitude to those Primi gravida and multi gravida mothers who have participated in this study and provide me all the information required for the completion of the project and without whom this project would have been incomplete.

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