# A Study to Assess the Knowledge of Warning Signs during Pregnancy among Primi Gravida Mothers at Antenatal OP in GRH

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#### **Abstract**

In worldwide population, 21 million pregnancies are occur every year, under these approximately 60In our country about 74% are getting minimized antenatal care and leads to maternal mortality ratio is 300 per 100000 live births. This study is done to assess the knowledge of warning signs during pregnancy. This study revealed that Majority of the subjects had moderate knowledge about warning signs who are admitted in antenatal ward, GRH, Madurai .This can be followed by an effective teaching programmes and in-service education can be conducted for the medical & health care professionals to update the goal.

Key words: Warning Signs; Primi Gravida; Antenatal; Knowledge; Semi Structured Questionnaire.

## Introduction

" Mothers need support from others to validate their relationship with their babies "- Hatheone (2007) Pregnancy is not just a matter of waiting to give birth.

It often a defining phase in women's life, can be joyful and pleasant experience. The duration of pregnancy has traditionally been calculated by the clinicians in terms of ten lunar months or 9 calender methods and 7 days or 250 days or 40 weeks calculated from the first day of the last menstrual period called as gestational age.

During pregnancy there is progressive anatomical and physiological changes not only confined to the genital organs but also to all system of the body. Rather than anatomical and physiological changes occurs normally, some disorders occurs during pregnancy like bleeding, watery discharge, heartburn, painful urination, blurred vision, continued backache, menstrual like cramping, intestinal cramping, sharp nonstop pain in belly, nausea, vomiting, swelling of face, hand and feet, hypertension etc.

In world wide population, 21 million pregnancies are occur every year, under these approximately 60%. In our country about 74% are getting minimized antenatal care and leads to maternal mortality ratio is 300 per 100000 live births. In our GRH, there are about 80% in antenatal ward, of these greater than 60 months does not get adequate knowledge about warning signs occuring in 1st , 2nd and 3rd trimester of pregnancy mainly primi gravida mothers does not have any knowledge about warning signs occurs during pregnancy 60% are carried out labour under safe condition.

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# Statement of the Problem

"A study to assess the knowledge of warning signs during pregnancy among primi gravida mothers at antenatal OP in GRH".

## **Objectives**

- To assess the knowledge of warning signs among primigrvida antenatal mothers.
- To associate the knowledge of warning signs among primi antenatal mothers with their selected demographic variable.

## Hypothesis

There is a significant association between knowledge of warning signs among primi antenatal mother with their selected demographic variable.

## Assumption

This study assumes that

- Primi gravida mothers may not have adequate knowledge of warning signs during antenatal period.
- Primi gravida mothers will have interest to know about warning signs in antenatal period.

# Research Methodology

# Research Approach

The research approach adopted for this study is a quantitative approach.

# Research Design

This study non-experimental research design is used.

# Settings

The study was conducted in antenatal OP in GRH, Madurai for one week.

## Sample

In this study sample consists of primigravida mothers.

## Sample Size

It include 30 primigravida mothers selected by using convenience sampling techniques.

## Sampling Technique

Sample is the process of selecting a portion of

Table 1: Frequency and distribution of primigravida antenatal mothers

S. No	Demographic variables	Variables	Numbers	Percentage	
1	Age	16-20 years	3	10%	
	<u> </u>	20-30 years	24	80%	
		Above 30 years	3	10%	
2	Residential Place	Urban	14	47%	
		Rural	16	53%	
		Semi urban	_		
3	Religion	Hindu	28	93%	
	O	Christian	_	_	
		Muslim		7%	
4	Educational status	Primary Education	3	10%	
		Higher Secondary Education	22	74%%	
		Graduate	5	16%	
		No Formal Education	_		
5	Occupation	Government	_	_	
	•	Private	3	10%	
		Self employment	_	_	
		Dependent	27	90%	
6	Duration of married life	1 month -1 year	12	40%	
		2 years	12	40%	
		3 years	3	10%	
		Above 3 years	3	10%	

population to represent the entire population present study is conducted by using convenience sampling technique.

## Sample Criteria

Sample were selected with the following predetermined set criteria during the period of study.

## Inclusion Criteria

- Antenatal primigravida mothers who are willing to participate in study.
- Those who are available at the time of data collection.
- Those who are speaking Tamil and English.

#### Exclusion Criteria

Those who are not available at the time of data

collection.

# Tools for Data Collection

The investigator prepare semi structured questionnaire which include socio demographic variable and knowledge based on questionnaire. (knowledge of warning signs during pregnancy)

#### Data Collection Procedure

After the permission granted from head of the department of obstetrics and gynecology to conduct study in antenatal OP, GRH. The investigator selected the sample by convenience sampling technique.

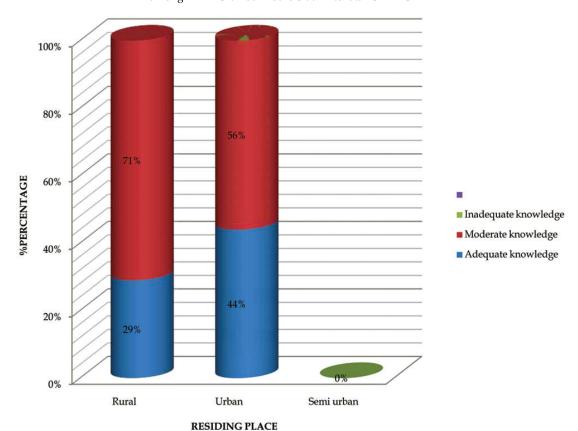
Data Analysis and Intrpretation

Section A.

Section B

Table 2: Association of Knowledge with Selected Demographic Variable

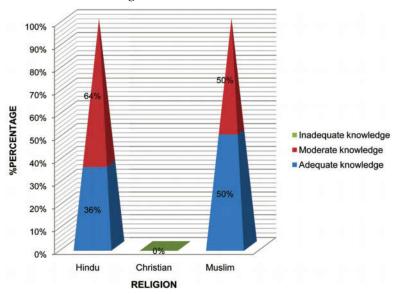
S. No	Characteristics	Adequate knowledge		Moderate Knowledge	Inadequate Knowledge	CHI Square		
		N	%	N	%	N	%	X2
1	Age							
	16 -20 years	1	33.3%	2	66.7	-	-	
	20-30 years	9	37.5	15	62.5	-	-	0.464
	Above 30 years	1	33.3	2	66.7	-	-	
2	Residential place							
	Urban	4	28.5	10	71.5	-	-	
	Rural	7	43.7	9	56.3	-	-	0.57
	Semi urban	-		-	-	-	-	
3	Religion							
	Hindu	10	35.8	18	64.2	-	-	0.532
	Christian	-	-	-	-			
	Muslim	1	50	1	50	-	-	
4	<b>Educational status</b>							
	Primary education	1	66.7	1	33.3			
	Higher secondary	5	22.8	17	77.2			4.46
	Graduate	4	80	1	20			
	No formal education	-						
5	Occupation							
	Government							
	Private	3	100	19	70.4			2.356
	Self employment	_	-					
	Dependent	8	29.6					
6	Duration of married life							
	1 month -1 year	5	41.6	7	58.4			
	2years	3	25	9	75			1.027
	3 years	1	33.3	2	66.7			
	Above 3 years	2	66.7	1	33.3			



Graph 1: Association of Knowledge with Residing Place

The above cylindrical diagram shows that 16-20 years age group people had 66.7% moderate knowledge, 33.3% adequate knowledge. 20-30 years of people had 62.5% moderate knowledge, 37.5%

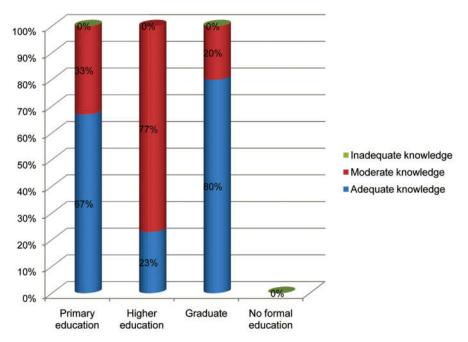
adequate knowledge above 30 years people had 66.7% moderate knowledge 33.3% adequate knowledge.



Graph 2: Association of Knowledge with Religion

The above conical diagram shows that 16-20 years age group people were muslims had 50% moderate

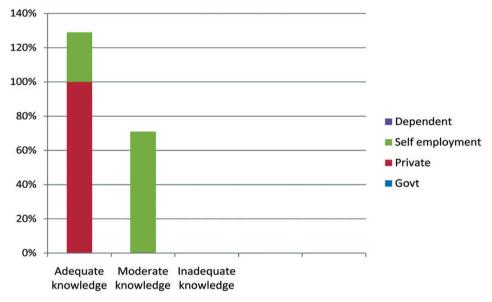
knowledge, 50% adequate knowledge.



Graph 3: Association of Knowledge with Education

The above cylindrical diagram shows that higher education had 77.2% of moderate knowledge and

22.8% adequate knowledge. The Chi-square is 4.46



Graph 4: Association of Knowledge with Occupation

The above bar diagram shows that Private employees had 100% of knowledge . The CHI square 2.356.

Summary

Major Findings of the Study

Findings Related to Demographic Data

- In this 30 samples, 80% were belongs to 20-30 yrs,10% were belongs to 16-20 and 10% were belongs to above 30yrs of age people.
- In this 30 samples, 47% belongs to urban & 53% belongs to rural area.
- In the 30 samples 93% belongs to hindu, 7% belongs to Muslim

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- In the 30 samples , 10% were have primary education, 74% have secondary education, 16% were graduate.
- In the 30 samples, 10% were employed in private sources, 90% were dependent.
- In the 30 samples 40% were have married life duration 1 month-1 year,10% were 3 yrs,10% were above 3 yrs.

Findings Related to Association of Knowledge Write Related Demographic Variables

- Obtained X<sup>2</sup> value is less than table value.50 level there is no significant association between age and knowledge. Hence, research hypothesis is rejected.
- Obtained value is greater than table value .50 level there is no significant association between the residence and knowledge . hence research hypothesis is accepted.
- Obtained value is greater than table value at .50 level there is significant association between religion and knowledge. Hence research hypothesis is accepted.
- Obtained value is greater than table value at .50 level. So there is significant association between education and knowledge. Hence research hypothesis is accepted.
- Obtained value is greater than table value at .50 level. So there is significant association between occupation and knowledge. Hence research hypothesis is accepted.
- Obtained value is greater than table value at .50 level. So there is significant association between duration of married life and knowledge. Hence research hypothesis is accepted.

#### Recommentation

The project recommends the following the further research

 An experimental study can be done to assess the effectiveness of semi structured teaching program to improve the knowledge on warning

- signs.
- This study recommended advertise regarding warning signs through mass media.

#### Conclusion

Majority of the subjects had moderate knowledge about warning signs who are admitted in antenatal ward ,GRH ,Madurai .This can be followed by an effective teaching programmes and in-service education can be conducted for the medical & health care professionals to update the goal.

#### References

- Myles ,(2005),"Textbook of midwives",14<sup>th</sup> edition, USA, Elsevier.
- Dc dutta,(2009),"Textbook of gynaecology",5th edition, Newdelhi, central book agency pvt Ltd.
- Reeder ,(1997),"Maternity nursing",18<sup>th</sup> edition, USA, Lippincott, williams & wilkins.
- 4. Annamma Jacob,(2008),"Textbook of midwifery", 2<sup>nd</sup> edition, Newdelhi, jaypee brothers.
- 5. BT Basavanthappa,(2006), "Textbook of midwifery & reproductive health nursing '',1st edition, Newdelhi, jaypee brothers.
- Lowder milk, (2003),"maternity & women's health care", 8th edition, USA, mosby.
- 7. E.Maleolm Symonds,(2004), "Essential obstetrics & gynaecology", 4th edition, Lippincott williams & wilkins.
- 8. Adele pillitten,(2003),"Maternal & child health nursing",4th edition, USA,Lippincott Williams & wilkins.
- Roger P.smith,(2002),"obstetrics & gynaecology & women's health", 1st edition,USA, Icon leaving systems.
- 10. Susan mattson study smith,(2007)," maternal newborn nursing" 3rd edition, USA, Elsevier.
- 11. Mrs.Bhuvaneswari, warning signs during pregnancy, journals of midwifery & women's health, volume 6,no 9.11-12,Dec 2010.
- 12. Mrs. Jeyasudha, warning sings during pregnancy, journals of midwifery & women's health,volume 5 no 12.51-52,may 2010.