International Journal of Current Advanced Research
ISSN: O: 2319-6475, ISSN: P: 2319-6505, Impact Factor: 6.614
Available Online at www.journalijcar.org
Volume 7; Issue 9(B); September 2018; Page No. 15319-15322
DOI: http://dx.doi.org/10.24327/ijcar.2018.15322.2795

Research Article

IMPACT OF "ANC EDUCATION SESSION" ON RURAL MOTHERS OF SOUTH DELHI: A STEP TO PREVENT MATERNAL MORTALITY AND MORBIDITY

Richa Sharma[1*]., Rahul Manchanda[2] and NidhiChandil[3]

[1]Fellow at Gynae Endoscopy Unit, Manchanda's Endoscopic Centre, PSRI Hospital and UCMS & GTB Hospital Delhi, India
[2]Head of the Gynae Endoscopy Unit, Manchanda's Endoscopic Centre & PSRI HospitalDelhi, India
[3]Fellow at Gynae Endoscopy Unit Manchanda's Endoscopic Centre, PSRI Hospital

A R T I C L E I N F O

Article History:

Received 6th June, 2018
Received in revised form 15th July, 2018 Accepted 12th August, 2018
Published online 28th September, 2018

Key words:

Rural Mothers, Eduction session, Antenatal care

A B S T R A C T

Background: According to WHO, 303 000 women and adolescent girls died as a result of Pregnancy and childbirth-related Complications. The effective interventions do exist at reasonable cost for the prevention or treatment of virtually all life-threatening maternal complications.
Aim: To Evaluate the Knowledge of Rural Mothers on Antenatal Care in Phased manner, Phase I is pre-education session & Phase II is post-education session and to explore the barriers to 'Pradhan Mantri Surakshit Matritva Abhiyan' (PMSMA).
Material and Methods: A cross-sectional Questionnaire based survey was performed on Antenatal women in 2 villages of South Delhi at Jonapur and Deoli in Phased manner.
Results: Comparison of net scores obtained by the women showed that 42 (9.7%) versus 153 (35.3%) had average score in Phase I & II respectively. 293 (67.7%) women had very poor score in phase I while 201 (46.4%) women scored good after the Session. only 128 (29.5%) women were aware of existence PMSMA Scheme and commonest barrier was lack of information.
Conclusion: Short & focused education intervention can give awareness, change their attitude and help the mothers to utilize the existing Healthcare Facilities, leading to reduced Maternal morbidity and Mortality.

INTRODUCTION

Antenatal care (ANC) can be defined as the care provided by skilled health-care professionals to the Pregnant women and adolescent girls in order to ensure the best health conditions for both mother and baby during pregnancy.

The components of ANC include: risk identification; prevention and management of pregnancy-related or concurrent diseases; and health education and health promotion[1].

According to WHO, 303 000 women and adolescent girls died as a result of Pregnancy and childbirth-related complications[2]. Around 99% of maternal deaths occur in low-resource settings and most can be prevented. The effective interventions do exist at reasonable cost for the prevention or treatment of virtually all life-threatening maternal complications and almost two thirds of the global maternal and neonatal disease burden could be alleviated through optimal adaptation and uptake of existing Healthcare.

Corresponding author:* **Richa Sharma
Fellow at Gynae Endoscopy Unit, Manchanda's Endoscopic Centre, PSRI Hospital and UCMS& GTB Hospital Delhi, India

Poor women in remote areas are the least likely to receive adequate health care. 89% versus 43% women were attended by skilled health personnel in the developed and developing countries respectively[3]. This means that millions of births are not assisted by a midwife, a doctor or a trained nurse.In 2015, only 40% of all pregnant women in low-income countries had the recommended antenatal care visits[2].

The government has launched the 'Pradhan MantriSurakshitMatritvaAbhiyan' (PMSMA), a new scheme in 2016 to provide comprehensive and quality antenatal care to pregnant women on the 9thof every month to achieve Sustainable Development Goals (SDG) by 2030.

India's Sustainable Development Goals target in next 15 years by 2030 for maternal mortality is less than 70 per 1,00,000 live births Factors that prevent women from receiving care during pregnancy and childbirth could be Poverty, lack of information, inadequate services, distance and cultural practices.

To improve maternal health, barriers that limit access to quality maternal health services must be identified andsolved. Hence, this Study aims to evaluate the knowledge of Rural

Mothers on ANC and to assess the barriers to the adoption of Pradhan Mantri Surakshit Matritva Abhiyan'.

Aims and Objectives

1. To Evaluate the Knowledge on Antenatal Care among Rural Mothers of 2 Villages of South Delhi ie. - Jonapur and Deoli
2. To compare the phase 1 (Pre-education session) and phase II (Post- education session) responses of the Mothers.
3. To explore the barriers to skilled Health care adoption by these women.

MATERIALS AND METHODS

A cross-sectional Questionnaire based survey was performed in 2 villages of South Delhi at and in Phased manner. Phase I means Before the Awareness session and Phase II was after the Awareness session on the same day.Antenatal women of any age, Parity and Gestational age were enrolled for the study & the Education session.

Set of Questionnaire consists of 10 questions to assess the Knowledge. Each question is scored (Score 0 – wrong, Score 1 - correct answer)

Impact of Awareness session was evaluated according to the net scores obtained by the women.

Level of Knowledge	Total score (10)
Very Poor	0-2
Poor	3-4
Average	5-6
Good	7-8
Excellent	9-10

RESULTS

Total number of Mothers enrolled for the study were 439, out of which 198 women belonged to Jonapur village and 241 belonged to Deoli.6 forms were incompletely filled and were excluded, so finally 433 forms were analysed.

Majority 152 (35%) of the women belonged to 26-30 years of age group and 47(11%) were beyond 40 years (Fig 1).

145(33.5%) women were illiterate while 206(47.6%) had received primary education upto std. V (Fig. 2).

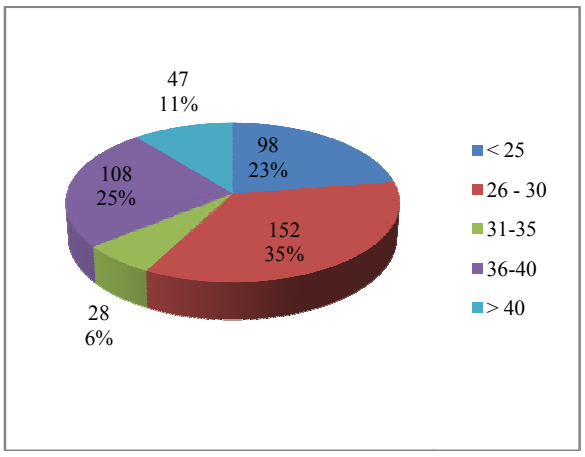

Fig 1 Age Distribution

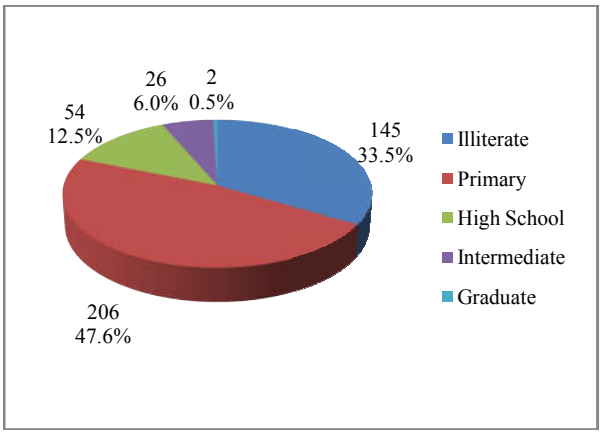

Fig 2 Educational Status

297 (68.5%) women were homemaker and followed by labourer, business and 6(1.4%) were Teachers (Table 1).Their mean monthly salary wasRs.10,005.10±9871.22.

Table 1 Occupational Status

Occupation	n (%)
Homemaker	297 (68.5%)
Labourer	89 (20.5%)
Business	41 (9.46%)
Teacher	6 (1.4%)
Total	433

Majority of Antenatal women had inadequate information about ANC. There was a drastic improvement in Phase II responses (Table 2,fig 3). Only responses to question numbers 4 & 8 had no statistically significant difference in both the Phases. Majority were aware of the importance of two doses of injection TT for both mother & the baby and were convinced with the delivery by skilled healthcare Personnel.Women were aware of tablets iron & calcium but were not aware of its duration and most of them believed to take it for one month.Despite so much advertisement, only 29.5% women were aware of importance of 9th day of each month and entitlements under PMSMA. Only 93 (21.5%) were aware of Chhaya and Antra Contraceptives available under Government Program. They were also laking in basic knowledge like mandatory 4 ANC check Ups, registration within 3 months of conception, importance of atleast one ultrasound and colostrums.

Table 2 comparison of Knowledge in Phase I &11

Knowledge	Phase I Correct answers	Phase II correct answer	P-value
1. At least 4 Antenatal checkups are mandatory	153 (35%)	430(99%)	<0.001
2. First checkup should be done within 3 months of conception	10(2.3%)	394(91%)	<0.001
3. At least one USG in 2nd or 3rd trimester to be done	2(0.45%)	431(99.5%)	<0.001
4. Two doses of Inj Tetanus helps both mother and baby	296(68.3%)	433(100%)	0.01 (NS)
5. Tab. Iron & folic acid should be taken for 6 months	3(0.7%)	426(98.3%)	<0.001
6. Every women should get deworming tablet in 2nd trimester	52(12%)	398(92%)	<0.001
7. Are you aware of the importance of "9th day" of every month	128(29.5%)	300(69%)	<0.001
8. Delivery by Skilled Healthcare person is healthy	371(85.6%)	402(93%)	0.05 (NS)
9. Is colostrums (yellow milk) healthy for the baby	12(2.8%)	358(83%)	<0.001
10. Aware of Contraceptions – Chhaya and Antra	93(21.5%)	427(98.6%)	<0.001

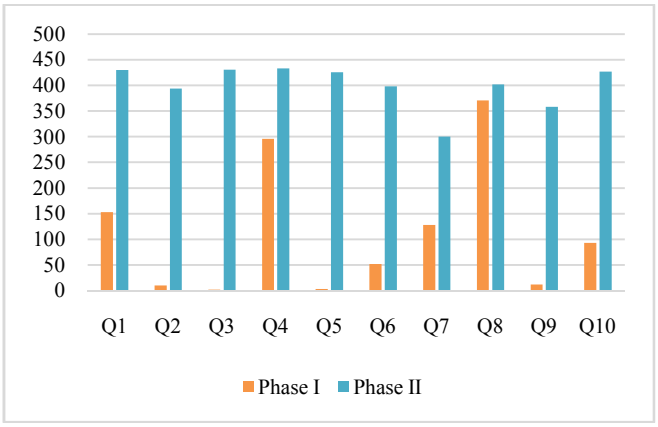

Fig 3 Graphical presentation of Comparison of Knowledge in Phase I & II

Comparison of net scores obtained by the women showed that 42 (9.7%) versus 153 (35.3%) had average score in Phase I & II respectively. 293 (67.7%) women had very poor score in phase I while 201 (46.4%) women scored good after the Session(Table:3 fig 4).

Table 3 Comparison of Knowledge scores in Phase I & II

Knowledge Scores	Phase I	Phase II
Very Poor	293 (67.7%)	9 (2.07%)
Poor	85 (19.6%)	53 (12.2%)
Average	42 (9.7%)	153 (35.3%)
Good	4 (0.92%)	201 (46.4%)
Excellent	9 (2%)	17 (3.9%)
Total	433	433

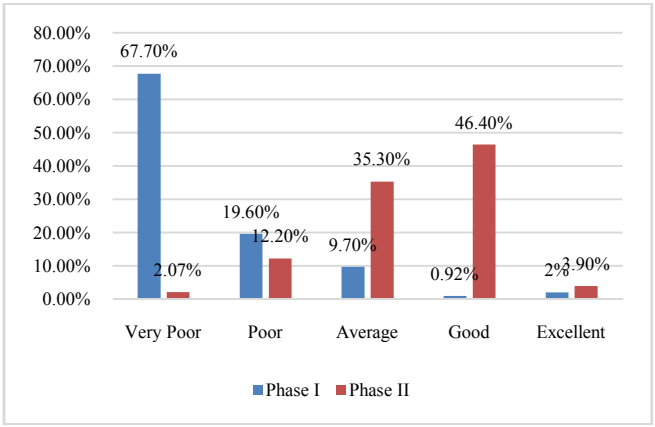

Fig 4 Graphical presentation of Knowledge scores in Phase I & II

It was observed that major source of information about ANC was Television & Radio 189 (63%), followed by neighbours 68(22.5%) (Table:4).

Table 4 Source of information – ANC

Source	n (%)
TV / Radio	189 (63%)
News Paper	37(12.2%)
Neighbour	68(22.5%)
Doctors	8 (2.64%)
Total	302

Out of 433 women, only 128 (29.5%) women were aware of existence PMSMA Scheme, out of which 102(79.8%) women had incomplete knowledge, 11(8.59%) were comfortable with traditional Dais (Table:5)

Table 5 Barriers to Utilisation of PMSMA on 9th every month

Not Aware of PMSMA	305(70.4%)
Aware of PMSMA	128 (29.5%)
• Incomplete information	102(79.8%)
• Distance from home	7 (5.46%)
• Comfortable with traditional Dais	11(8.59%)
• Customs & Religious inhibition	8(6.2%)

DISCUSSION

Evidence suggests that most maternal deaths and pregnancy-related complications can be prevented if pregnant women have access to good quality maternal health services, which include focused care during Pregnancy, care around delivery, and immediate post-partum care.

M Vega *et al* reported that in India, the rural–urban differences were huge and women belonging to urban areas reported higher use than those living in rural areas. The only exception was tetanus immunisation where the difference in use between rural 80.5%and urban 92% areas was little. Iron and folic acid supplementation usage was 62% and 72% among rural and urban women respectively. They also reported that the gap between the rich and the poor is substantial[4]

KK Deo *et al* revealed that women exposed to media had higher chance of receiving 4 or more ANC visits and richer women were twice (aOR = 2.3, 95% CI: 1.1–5.3) as likely to have ANC visits compared to women who had a lower level of autonomy and were economically poor[5,6].

Gupta RK *et al* conducted a survey in rural area of Jammu and reported that 86.2% women knew about early registration before 16 weeks and had knowledge about iron-folic acid (IFA) tablet supplementation. They also observed that 61.6% had adequate knowledge about the importance of TT injection during pregnancy[7].

One of the important components of Safe Motherhood Initiative is the provision of good ANC to all pregnant women. ANC utilization is associated with greater knowledge of it.

Recommendations

There should be Incentives for the Antenatal women upon completion of ANC. More media exposure in Rural areas especially Television/Radio and also Street plays related to the maternal health services and to overcome socio-cultural barriers for effective health care utilization.

CONCLUSION

Majority of women had inadequate knowledge about ANC and existence of PMSMA Scheme. After the educational intervention, there were a significant improvement in the knowledge level. It is suggested that Short and focused education intervention can give awareness, change their attitude and help the mothers to utilize the existing Healthcare Facilities.

Acknowledgement

I express my sincere gratitude to Dr. Rahul Manchanda (HOD, Manchanda's Endoscopic Centre & PSRI Hospital Delhi), whose expert suggestions and guidance has immensely motivated me for the accomplishment of this Survey.

References

1. Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gülmezoglu AM, Bahl R *et al*. Quality of care for pregnant women and newborns-the WHO vision. *BJOG*. 2015;122(8):1045–9.
2. WHO recommendations on antenatal care for a positive pregnancy experience 2016.
3. Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, *et al*. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *Lancet*. 2016; 387 (10017): 462-74.
4. Viegas Andrade M, Noronha K, Singh A, Rodrigues CG, Padmadas SS. Antenatalcare use in Brazil and India: scale, outreach and socioeconomic inequality. *Health Place*. 2012;18(5):942-50.
5. Deo KK, Paudel YR, Khatri RB, Bhaskar RK, Paudel R, Mehata S, Wagle RR.Barriers to Utilization of Antenatal Care Services in Eastern Nepal. *Front PublicHealth*. 2015;3:197.
6. Ponna SN, Upadrasta VP, BabuGeddam JJ, Dudala SR, Sadasivuni R, Bathina H. Regional variation in utilization of Antenatal care services in the state ofAndhra Pradesh. *J Family Med Prim Care*. 2017;6(2):231-239.
7. Gupta RK, ShoraTN, VermaAK, Jan R. Knowledge regarding antenatal care services, its utilization, and delivery practices in mothers (aged 15-49 years) in a rural area of North India. *Trop J Med Res* 2015;18:89-94.

How to cite this article:

Richa Sharma., Rahul Manchanda and NidhiChandil (2018) 'Impact of "Anc Education Session" on Rural Mothers of South Delhi: A Step to Prevent Maternal Mortality and Morbidity', *International Journal of Current Advanced Research,* 07(9), pp. 15319-15322. DOI: http://dx.doi.org/10.24327/ijcar.2018.15322.2795

****