

Research Article

A Study to Assess the Knowledge an Institutional Delivery among Primi Gravida Mother's at Selected Hospital of Jabalpur City, Madhya Pradesh

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A B S T R A C T

Background: The institutional delivery is being widely promoted because of its ability to promote child survival and reduce risk of maternal mortality. A woman is likely to go through pregnancy complications at the time of labor. Institutional delivery gives a safe environment for the mother to avoid any risk of medical complications during labor.

Aim: The present study was to evaluate the effect of planned teaching programme on the knowledge regarding premenopausal problem of women.

Subject and Methods: Total sample size consumed of 100 women and convenience sampling was used area in Jabalpur Madhya Pradesh. Data was collected using a self-structured question are purposive sampling.

Results: Regarding demographic variables majority highest number of respondents were in the age group of 24-29. Majority of the respondent (49%) had higher secondary education. 57% of them were house wives, 42% were belongs to 10,001-15,000 income group, 68% were in Hindu religion, 68% were in nuclear family, 56% were residing in urban area, 32% got information from magazines, newspapers, journals or books and 76% of them had not experienced in institutional delivery before.

Conclusion: It was found that self-instructional module was very effective in improving the knowledge of mothers of adolescent girls on knowledge regarding institutional delivery.

Keywords: Effectiveness, Institutional Delivery, Knowledge, Mothers of Primi Gravida

Introduction

Health is related to individual and attained through individual efforts to quite an extent but, it also depends

upon the concerted and co-operative efforts of people in the community to which the individuals belong. The health care providers including the large number of doctors and nurses, who claim to be promoters of health concentrate

on making diagnosis and give therapeutic care to ill clients increasing emphasis is on preventive and promotive aspects of health.¹

Most maternal and neonatal deaths take place at home, beyond the reach of health facilities. Reported that 96% of deliveries were conducted at home. Studies on few urban slums have indicated that despite availability of public hospitals up to 90% of deliveries in certain slums take place at home and antenatal care is minimal.²

But the studies conducted in India show that majority of births more particularly in the rural areas are still delivered at home and India has a long way to achieve universalization delivery. But particularly in the developing countries as it is evidenced that pregnancy complication are the major causes of death among women in their reproductive ages.³

as per sample registration system 2005, IMR in india was 301 whereas karnatka.⁴ the causes of such mortality rate of socio economic status of the family, long distance to assess health facility, illiteracy, home delivery, early age of conception.⁵

the national health policy 2001 recognize that morbidity and mortality level in the country are still unacceptably high, the assess of public health services is nominal and health standard are grossly inadequate for the vulnerable section of the society in the rural state.⁶

most maternal death that place at home, beyond the reach the health facility, reported that 96% of deliveries are conducted at home in urban slum of Ludhiana, but the studies conducted in India show the majority of birth more particularly in the rural areas are still delivered at home and India has a long way to achieve universalization delivery.⁷

Subject and Methods

A description survey design with non-probability purposive sampling techniques was used to collect the data from 100 primi gravida mother's in selected area of Jabalpur. The data was collected in maternity hospital from structured interview schedule.

A tool was developed through extensive review of books, journals, and published articles, based on the objective of study. Structured knowledge question was prepared in order to associate the knowledge of primi gravida mother.

Description of the tool consists of a structured knowledge questionnaire and 3-point attitude scale (Liker's type). It is divided into 3 parts are as follows.

Methodology

Research methodology organizes all the study deals with type of research approach used.

A descriptive research design was used in the study. Research setting refers to the area where the study is conducted. The

study was conducted in NSCB Medical Coolege, Jabalpur, Madhya Pradesh, India. In present study, sample includes the primi gravida women who were attending in selected hospital. The size of sample was 100 primigravida mothers. Nonprobability purposive sampling technique was used to select the samples.

Inclusion Criteria

- Primi gravida mothers who were admitted in selected hospital, Jabalpur
- Primi gravida mothers who can understand and read in Hindi

Exclusion Criteria

Primi gravida mothers who were not willing to participate in the study.

Data Collection Method

Method of data collection includes selecting and development of tools .testing the validity and reliability and administering on few sample for data collection.⁸

Selection of Tools

Tools to the instruments used by the researcher to collect the data are students question and the attitude scale based on the objective of the study.

Development of the Tools

Based on the objective of study, the structured knowledge question was prepared in order to associate the knowledge of primi gravida mother.

Description of the tool consists of a structured knowledge questionnaire and 3-point attitude scale (Liker's type). It is divided into 3 parts are as follows.

Part I: It consists of demographic variable which includes are age group, educational status occupation family occupation, family income trilogy and type of family.

Part II: Questionnaire condoling 30 knowledge question. Regarding importance of institutional delivery, which is divided under 2 sections:

Section A: Concept of institutional delivery

Section B: Importance of institutional delivery

Pilot Study: Pilot study small scale version or trial non was done for major study.⁹ after obtaining formal permission. The pilot study was conducted on 10 May 2021 to 17 May 2021 at NSCB Medical College, Jabalpur, Madhya Pradesh, India.

Section I: Classification of Demographic Characteristics

Table 1 and Figure 1 depicts that among 100 respondents 15% of the respondents were in the age group of 18-23

years, followed by 74% were in the age group of 24-29 years, 8% were in the age group of 30-35 years and remaining 3% found to be above 35 years.

Table 1. Distribution of Respondents by Age

Characteristics	Category	Respondents	
		Number	Percentage
Age group (years)	Below 15	15	15
	18-23	74	74
	24-29	08	08
	30-35	03	03

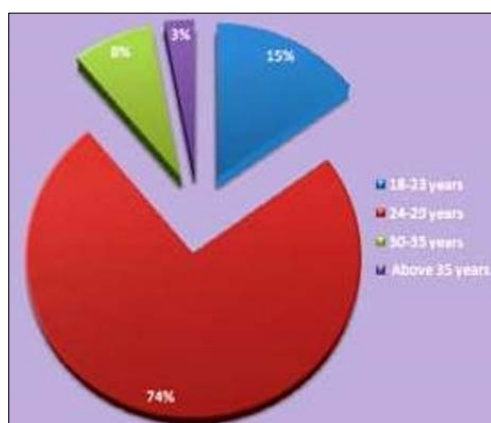


Figure 1. Distribution of Respondents by Age

Table 2. Distribution of Respondents by Educational Status

Characteristics	Category	Respondents	
		Number	Percentage
Educational status	Primary	07	07
	Secondary	29	29
	Higher Secondary	49	49
	Graduation & above	15	15
Total		100	100

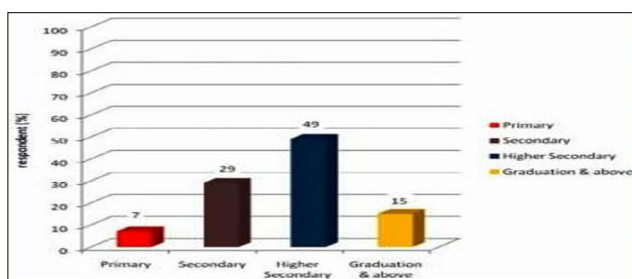


Figure 2. Distribution of Respondents by Educational Status

Table 2 and Figure 2 give a description of classification of respondents by Educational status. Out of 100 samples 7% of the respondents were identified as primary school category, 29% of the respondents were in secondary school category, 49% of the respondents were noticed as higher secondary category and 15% of the respondents were found to be Graduation & above category.

Table 3. Distribution of Respondents by Occupation

Characteristics	Category	Respondents	
		Number	Percentage
Occupation	Housewife	57	57
	Private employee	25	25
	Government employee	13	13
	Business	05	05
Total		100	100

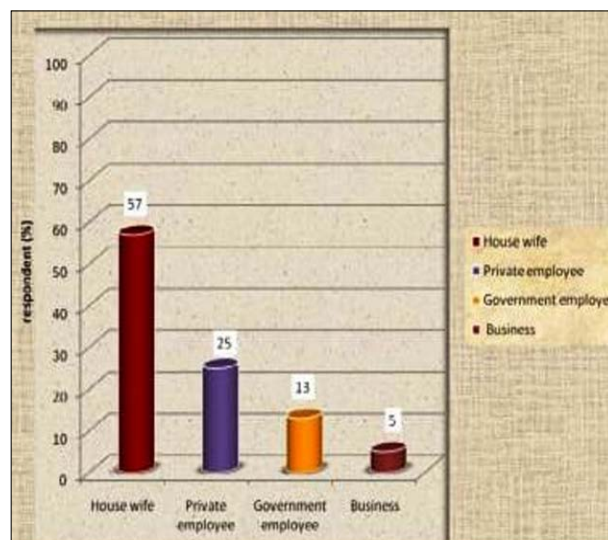


Figure 3. Distribution of Respondents by Occupation

Table 3 and Figure 3 give the description of classification of respondents by occupation. The result indicates that 57% of the respondents were found to be housewives, 25% of the respondents were private employees, 13% of the respondents were noticed to be Government players, followed by 5% of the respondents belong to business group.

Table 4 and Figure 4 give a description of classification of respondents by income. It shows 11% of the respondents have the income of less than Rs 5,000, 34% of the respondents have the income from Rs. 5,001 to 10,000, 42% of the respondent's income were from Rs. 10,001 to

15,000 and 13% of the respondents have the income of above Rs. 15,001 per month.

Table 4. Distribution of Respondents by Income

(N=100)

Characteristics	Category	Respondents	
		Number	Percent
Income	Less than 5	11	11
	5001-10	34	34
	10,001-15	42	42
	15	13	13
Total		100	100

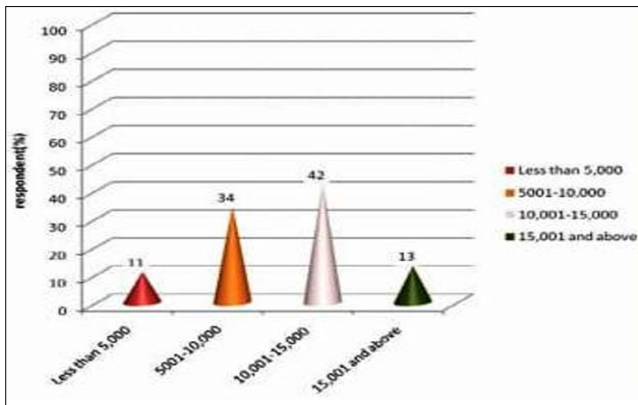


Figure 4. Distribution of Respondents by Income

Table 5. Distribution of Respondents by Religion

(N=100)

Characteristics	Category	Respondents	
		Number	Percentage
Religion	Hindu	68	68
	Muslim	02	02
	Christian	30	30
	Others	00	00
Total no. of respondents		100	100

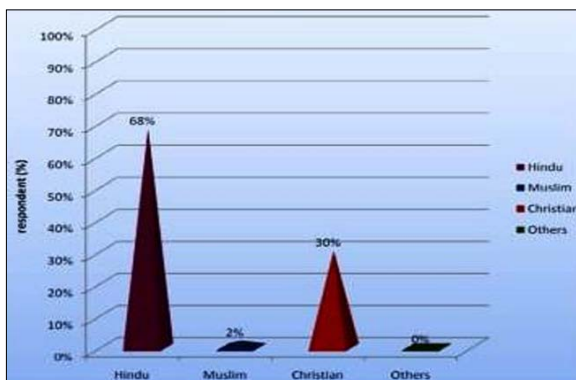


Figure 5. Distribution of Respondents by Religion

Table 5 and Figure 5 depicts the classification of respondents by religion; 98.0% of the respondents belonged to Hindu religion, 2% belonged to Muslim religion and the remaining 30% were in Christian religion.

Table 6. Distribution of Respondents by type of Family

(N=100)

Characteristics	Category	Respondents	
		Number	Percentage
Type of family	Nuclear	68	68
	Joint	32	32
Total no. of respondents		100	100

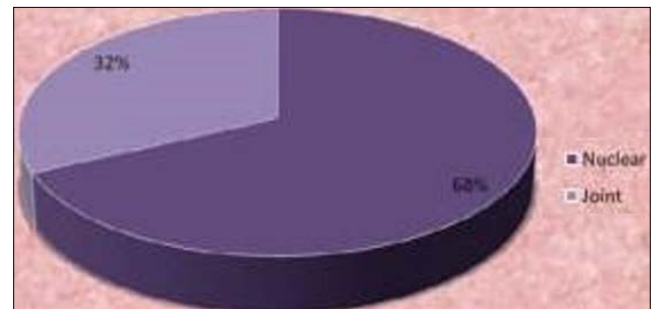


Figure 6. Distribution of Respondents by type of Family

Table 6 and Figure 6 depict the classification of respondents by type of family. It shows that 68% of the respondents belonged to nuclear family followed by 32% joint family.

Table 7. Distribution of Respondents by Place of Residence

(N=100)

Characteristics	Category	Respondents	
		Number	Percentage
Place of residence	Urban	56	56
	Rural	44	44
Total no. of respondents		100	100

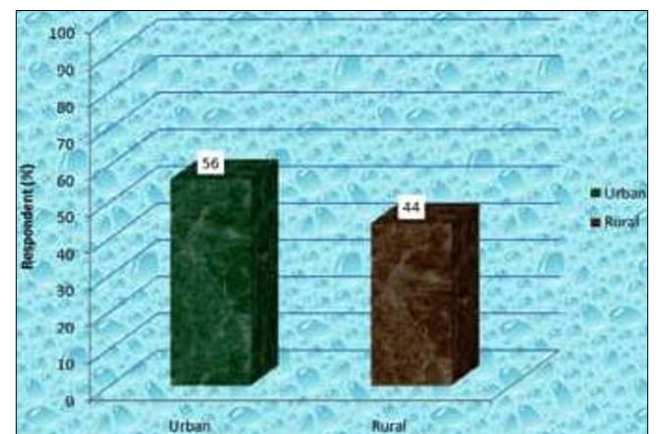


Figure 7. Distribution of Respondents by Place of Residence

Table 7 and Figure 7 depict the classification of respondents by place of residence. 56% of the respondents belonged to urban area, followed by 44% respondents in rural area.

Table 8. Distribution of Respondents by Source of Information

(N=100)

Characteristics	Category	Respondents	
		Number	Percentage
Source of information	Neighbors/ family members/ friends	68	68
Source of information	Magazines/ news papers/ journals and books	02	02
	Radio internet/ television	30	30
	Health professionals	00	00
Total no. of respondents		100	100

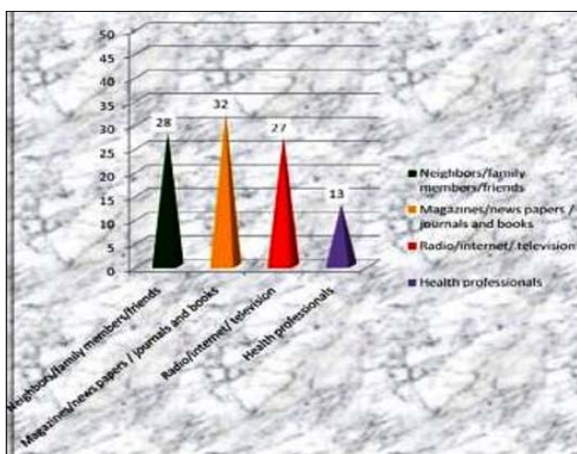


Figure 8. Distribution of Respondents by Source of Information

Table 9. Distribution of Respondents by Previous Knowledge in Institutional Delivery

(N=100)

Characteristics	Category	Respondents	
		Number	Percentage
Place of residence	Yes	24	24
	No	76	76
Total no. of respondents		100	100

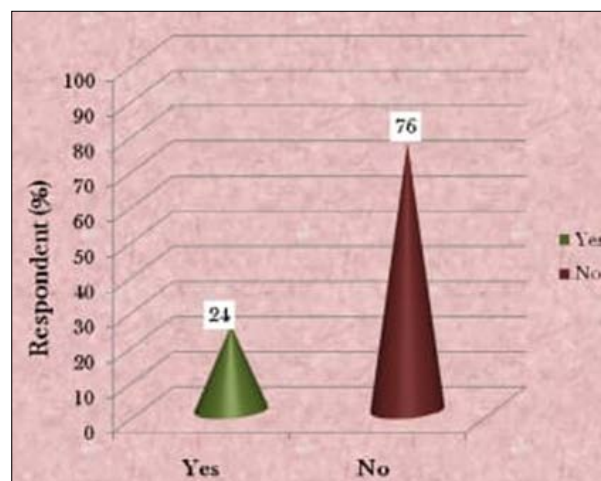


Figure 9. Distribution of Respondents by Previous Knowledge in Institutional Delivery

Table 8 and Figure 8 depict the classification of respondents by source of information 28% of the respondents got the information on institutional delivery from Neighbors/Family members/Friends, 32% from Magazines/News paper/Journals books, 27% from Radio/internet/television and 13% from the health personnel.

Table 9 and Figure 9 depicts the classification of respondents by previous knowledge about institutional delivery. Out of 100 postnatal Primi mothers 24% have knowledge on institutional delivery and 76% have not knowledge on institutional delivery before.

Section II: Assessment of Knowledge Regarding Institutional Delivery

Table 10. Aspect Wise Mean Knowledge Score Related to Institutional Delivery

(N=100)

S. No.	Knowledge aspects	No. of questions	Maximum score	Knowledge score		
				Mean	Mean (%)	SD
1.	Concept of in- situational delivery	23	23	8.56	37.22	2.56
2.	Importance institutional delivery	07	07	3.3	47.14	1.08
Combined		30	30	11.86	39.53	2.75

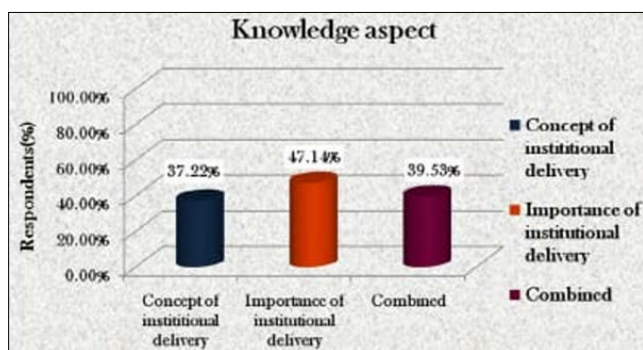


Figure 10. Aspect Wise Mean Knowledge Score Related to Institutional Delivery

Table 10 reveals the mean knowledge score related to institutional delivery. The aspect wise mean knowledge score ranges from 37.22% to 47.14%. Highest mean knowledge score is found in the aspect of institutional delivery (47.14%) followed by concept of institutional delivery (37.22%). The combined mean knowledge score is 39.53% and SD is 2.75% (Figure 10).

Discussion

The main aim of the study was to assess the knowledge regarding institutional delivery among Primi gravida mothers in selected maternity hospital Jabalpur. This chapter presents major findings of this study and discussion in relation to similar studies conducted by other members.¹⁰

Comparison with the Other Study

A similar study was done on knowledge about institutional delivery among Primi gravida mothers attending MCH clinic at damauli hospital tanahun. The finding of this study that most of the respondent were literate 50 (100%) and the most were between age 15-21 years; 30 (60%) were Mongolian. Main religions were Hindu 37 (74%). The study shows majority of respondent residency was city 28 (56%). The majority of respondent delivery practice was found 36 (72%).

Limitations

The limitations of the study are:

- Study is a limited to Primi gravida mothers who are admitted in selected maternity hospital Jabalpur
- study was limited to Primi gravida mothers

Sources of Funding: None

Conflict of Interest: None

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