

Pre and post-natal care: A study on knowledge level of young rural mothers

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ABSTRACT

The present study pre and post-natal care: A study on knowledge level of young rural mothers' was carried out in Jorhat district of Assam with the objectives to assess the knowledge level of rural women on pre and post-natal care and to study the knowledge of mothers about health, hygiene and nutrition. A total of eleven villages were selected randomly from Jorhat district for the study. The study was conducted among 325 young rural mothers having children below 6 years of age. The assessment was done with the help of a standardized questionnaire developed by AICRP-CD component. This tool consisted of 45 numbers of items measuring three different areas namely health, hygiene and nutrition. The findings revealed that majority (83.69%) of respondents had good knowledge regarding maternal health. While considering the three areas separately, knowledge level of all the respondents was found to be good, but still they lack in practicing their knowledge in certain aspects. Likewise more than half of the respondents were not aware that weight gain and numbness of feet are the part of pregnancy. As many as 33.23 per cent of respondents still believe that a child who suffers from diarrhea should not be given good amount of liquid. Likewise respondents (45.85%) still believe that a child should not be breastfed during his or her illness. Only 64 per cent of respondents believe that a child should be given variety of foods to supplement the balance diet.

INTRODUCTION

In India adolescent marriage and fertility rates are disturbingly high. Unlike most other countries, adolescent fertility in India occurs mainly within the context of marriage. As a result of early marriage, about half of them become pregnant by the time they are 18 and almost one in five by the time they are 15 (UNICEF, 2016). Poor health status in terms of high mortality and morbidity among women and children in India had been a major

concern for public health professionals even before attainment of independence. Maternal mortality is higher in women living in rural areas and among poorer communities. Young adolescents face a higher risk of complication and death as a result of pregnancy than other women. Skilled care before, during and after childbirth can save the lives of women and newborn babies (Pradhan and Rani, 2017). The maternal deaths in the South-East Asia Region are among the highest in the world, nearly every two minutes a woman dies as a result

of pregnancy or childbirth. Efforts to provide services to these vulnerable sections of the population were initiated under maternal and child health services as various national health programmes.

The WHO estimates show that out of 536000 maternal deaths globally each year, 117000 (22%) occur in India. In addition to these, millions suffer pregnancy related morbidity. Public health initiatives over the last two to three decades have helped India to improve health indicators such as life expectancy, total fertility rate, maternal mortality ratio (MMR) and infant mortality rate (IMR) to a great extent. Which is evident from the register general of India (RGI) report that at around 400 per 100 000 live births and 60 per 1000 live births in the 1990s has been dropped down to 174 per 1000000 and 37 per 1000 live births in 2015 in MMR and IMR, respectively. Despite a series of national level safe motherhood policies and programmatic initiatives over the past two decades there is little evidence that maternity has become significantly safer in India. The State of Assam continues to be the State with the highest MMR (328) followed by Uttar Pradesh/ Uttarakhand (292) and Rajasthan (255). The National Rural Health Mission (NRHM) was launched in April 2005 “to provide accessible, affordable and quality health care to the rural sections especially the vulnerable populations. An integral component of NRHM is the safe motherhood intervention in the form of Janani Suraksha Yojana (JSY) for reducing maternal and neo-natal mortality.

The young mothers of rural areas where health care facilities are not at par with their urban counterparts are deprived of many basic health care facilities, due to constraints like poor communication facilities, bad road conditions, non availability of medical personal at nearby centres and also due to lack of awareness regarding pre and post natal care. ‘Adolescent girls outside Indian cities are especially vulnerable as teenage marriage and pregnancies are very high in rural and hard to reach remote areas of the country’ (UNICEF, 2016).

Having a healthy pregnancy is one of the best ways to promote a healthy birth. Getting early and regular prenatal care improves the chances of a healthy pregnancy. Along with the prenatal care, postnatal care is also important. Postnatal care is pre-eminently about the provision of a supportive environment in which women, her baby and wider family can begin their new life together. Adequate utilization of postnatal care can help reduce mortality and morbidity among mothers and their

babies (Dhakal *et al.*, 2007). Postnatal care is the important part of maternal health care as it helps to assess the health status of mother and institute an effective therapy to rectify the defect and to note the progress the baby and solve the problems and to formulate any preventive measure to be taken. It also helps to provide necessary information to the mother regarding maternal and newborn care (Timilsina and Dhakal, 2015).

Keeping this in view a research study was undertaken to assess the knowledge level of mothers regarding pre and post natal with following objectives:

- To assess the levels of knowledge of mothers on prenatal and postnatal care
- To study the knowledge of mothers about health, hygiene and nutrition.

MATERIAL AND METHODS

A total of 325 young mothers having children below 6 years were selected randomly from eleven numbers of villages of Jorhat district of Assam. The selected samples were from the operational villages of All India Co-ordinated Research Project on Home Science. The data was collected to assess the knowledge level of rural mothers regarding pre and post natal care by interviewing the respondents individually at their home. Necessary additional information was collected from respondents through informal discussion and observation was also made during the time of data collection.

Two different tools were used to collect the required data for the study. To assess respondents’ socio-economic status Socio-Economic Status tool developed by Aggrawal *et al.* (2005) was used. This tool consisted of 22 questions. Depending upon the scores socio-economic status was categorized as very poor, poor, lower middle, upper middle, high, upper high. To assess the knowledge level of mothers on pre and post-natal care a standardized scale developed by AICRP-CD component was used. This tool consisted of 45 numbers of items measuring the knowledge level in three different areas namely health, hygiene and nutrition. After collection of data, raw data was scored, categorized and tabulated for statistical computation.

OBSERVATIONS AND ANALYSIS

Majority of the respondents (69.85%) belonged to

lower middle socio-economic status followed by upper middle and poor where none of the respondents belonged to very poor category and upper high level of socio-economic status (Table 1).

Data was collected to assess the knowledge level of the mothers regarding pre and post-natal care in three different areas namely health, hygiene and nutrition.

The frequency distribution of the respondents according to the knowledge level of women on pre and post natal care are presented in the Table 2. The data revealed that majority of the respondents had high level of knowledge on pre and post natal care in all the dimensions namely health (71.08%), hygiene (95.69%) and nutrition (89.85%). It is noteworthy to mention that the mothers of rural area are communicated about pre and post natal care through multitude of mass media sources and also through the initiatives of government and non government organizations. During last few

decades these organizations implemented different policies and programmes to reach the rural masses in the form of 'infotainment'. Moreover, they also gain information by interacting personally with neighbours, friends and medical professionals. But still they lack in developing positive attitude and skills towards proper practices which resulted in high rate of morbidity of infant and mothers, high IMR, MMR and low birth weight babies.

Data on women having specific knowledge on health is presented in Table 3. Less than half of the respondents (44.92%) had the knowledge that the sex of the fetus is determined by father. It is a common belief in rural areas that the girl child is born due to the characteristics of the mother, and when a couple has more number of daughters the wife is always blamed and consequently faces lots of problems. Almost 33 per cent of respondents believed that measles is due to the curse of goddess and they

| Classifications | No. of respondents | |
|-----------------|--------------------|------------|
| | Frequency | Percentage |
| Upper high | 0 | 0 |
| High | 5 | 1.54 |
| Upper middle | 57 | 17.54 |
| Lower middle | 227 | 69.85 |
| Poor | 36 | 11.07 |
| Very poor | 0 | 0 |

| Levels of knowledge | Pre and post-natal care | | | | | |
|---------------------|-------------------------|------------|-----------|------------|-----------|------------|
| | Health | | Hygiene | | Nutrition | |
| | Frequency | Percentage | Frequency | Percentage | Frequency | Percentage |
| Low | 0 | 0 | 0 | 0 | 0 | 0 |
| Average | 94 | 28.92 | 14 | 4.31 | 33 | 10.15 |
| High | 231 | 71.08 | 311 | 95.69 | 292 | 89.85 |

| Statements related to health | No. of respondents | |
|--|--------------------|------------|
| | Frequency | Percentage |
| Sex of the fetus is determined by the father | 146 | 44.92 |
| Measles is not due to some curse of goddess | 220 | 67.69 |
| Growth and development of the foetus is dependent on well being of the pregnant mother | 320 | 98.46 |
| De worming should be done for the child once in six months | 295 | 90.77 |
| Frequent pregnancies not only affect women's health but also increase their risk of maternal death | 313 | 96.31 |
| There are various government welfare programs and services for young mothers and child care | 323 | 99.38 |
| There is no need to feed water/sweetened water/honey to the new born | 243 | 74.77 |

observed rituals instead of consulting medical personnel. Though, almost all the mothers (98.46%) had knowledge that growth and development of the fetus is dependent on well-being of the pregnant mother, but they were seemed to give importance on physical and spiritual well-being rather than social and emotional wellbeing of the mother. Knowledge regarding deworming of children once in six months was possessed by majority (90.77%) of mothers. In reality, most of the mothers did not follow the proper way of deworming their children and that too not under supervision. The effect of frequent pregnancies on maternal health was realized by 96.31 per cent of women but some of them faced the problems of frequent abortion and thus affect their maternal health. Almost all the mothers (99.38%) had knowledge about various welfare programmes initiated by government. But it had also been reported by majority of them that they were not fully satisfied with the quality of the programmes. It is surprising to note that 5.32 per cent respondents still didn't know that the colostrums is very essential for babies and it boosts their immunity. They prefer honey or sweetened water just after the birth of a baby.

Table 4 presents the data regarding women's specific knowledge on hygiene. It had been reported by all the mothers (100%) that they have knowledge on maintaining cleanliness of nappies used for their new born babies. But it had been observed and also majority of them had

opined that due to poor socio-economic condition they cannot afford to buy such kind of materials for their babies. Non-availability of these materials in nearby shops was also a reason for not using nappies for their babies. Hence, they could not develop the habit of changing and washing the nappies regularly and instead they use a big wrapper made out of old unused clothes. Though the children should not be toilet trained at an early age *i.e.*, before one and the half years, but all the respondents (100%) had expressed their views that children should be toilet trained by the age of 1^{1/2} years which is particularly based on their traditional practices. Likewise, in case of toddlers, development of habit in children for regular brushing of teeth had been reported to be very difficult by most of the mothers, though majority of them (95.07%) had knowledge to maintain this hygienic practice for their children. A large number of respondents (46.46%) fumigated herself to avoid odema and infection which may be one of the major causes of morbidity among lactating mothers in rural areas.

Results regarding women having specific knowledge on nutrition are presented in Table 5. As far as the balanced diet of the mother is concerned, respondents (17.23%) believed that the pregnant mother should not have nutritious and balanced meal as it over stimulates the babies growth resulting which the mother suffers from painful or prolong labour during the birth of the baby. It is

Table 4 : Women having specific knowledge on hygiene (n=325)

| Statements related to hygiene | No. of respondents | |
|--|--------------------|------------|
| | Frequency | Percentage |
| The napkins of new born should be changed, washed and sterilized regularly | 325 | 100 |
| Children should be toilet trained by the age of 1 1/2 years | 325 | 100 |
| Brushing the teeth regularly should be regular practice for toddlers | 309 | 95.07 |
| Pregnant and lactating mothers need not have fuming hot water bath or fumigate her to avoid oedema and infection | 174 | 53.54 |

Table 5 : Women having specific knowledge on nutrition (n=325)

| Statements related to nutrition | No. of respondents | |
|--|--------------------|------------|
| | Frequency | Percentage |
| The mother should have a special balanced diet which is nutritious with cereal, pulses, milk, vegetable and fruits | 269 | 82.77 |
| Infant/child can be breastfed even during illness | 171 | 52.62 |
| Infants should be breastfed at least for six months after birth | 321 | 98.77 |
| Iron supplements should be given during pregnancy | 324 | 99.69 |
| It is required for the infant to feed the thick yellowish fluid called colostrums | 306 | 94.15 |
| The child who is suffering from Diarrhoea should be given good amount of liquids | 213 | 65.54 |

also a very common practice in rural areas that immediately after birth the mother is given restricted diet with less amount of water to avoid odema. A large number of respondents (47.38%) disagreed that the child should be breast fed during illness, which is a matter of major concern. Almost all the mothers (98.77%) have knowledge regarding exclusive breast feeding of infant upto six months, still some of them were insisted to adapt traditional infant feeding methods and practices by the elderly in-laws and neighbors. Consumption of iron supplements during pregnancy was realized by almost all (99.69%) the young mothers, but some of them had to ignore and forced to avoid consuming such tablets due to misinterpretation in terms of side effect and over growth of the fetus. This finding can be supported by the study conducted by Belsey (2015) who had also found that the dietary restrictions and prescriptions are common, and are often rationalized in terms of a wider set of cultural beliefs. In some settings pregnant women are forbidden to eat specific foods in order to avoid neonatal jaundice or aware of the difficulty of delivering a large baby, women avoided certain foods or limited the amount of food they ate.

A large number of respondents (34.46 %) did not give liquid to their children who are suffering from diarrhea as they did not know that the child should be given good amount of liquid in order to avoid dehydration.

Summary and conclusion:

Though the rural mothers seemed to have a high level of knowledge on pre natal and post natal care but in most of the cases they failed to develop practices in their real life. People from the remote areas prefer to follow age old traditional practices though sometimes they realize

and try to change their attitude and thus, adapt the newer practices. The role lies with social scientist to address those issues and to bridge the gap between the knowledge and practices of rural masses.

REFERENCES

- Aggarwal, O.P., Bhasin, S.K., Sharma, A.K., Chhabra, P., Aggarwal, K. and Rajoura, O.P. (2005). A new instrument (Scale) for measuring the socio-economic status of a family : Preliminary study. *Indian J. Community Medicine*, **30** (4): 111-113.
- Belsey, M.A. (2015). Maternal and child health: A basic part of Public Health. *Medical sciences*. **I**.
- Dhakal, S., Chapman, N.G., Simkhada, P., Teijlingen, R.E., Stephens, J. and Raja, E.A. (2007). Utilization of postnatal care among rural women in Nepal. *BMC Pregnancy & Childbirth*, **7** (19): 1186-1471.
- Pradhan, A. and Rani, U. (2017). Knowledge and practice on selected aspects of postnatal care among postnatal mothers. *J. Universal College of Medical Sciences*. **5** (1): 15.
- Report of UNICEF (2016). Retrieved from www.google.com
- Report of Register General of India, Ministry of Health (2017)
- Timilsina, S. and Dhakal, R. (2015). Knowledge on postnatal care among postnatal mothers. *Saudi J. Medical & Pharmaceutical Sciences*. **1** (4) : 87-92.

WEBLIOGRAPHY

- <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>.

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