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# Knowledge on Birth Preparedness among Primigravida Women Attending Antenatal Clinics

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#### **ABSTRACT:**

**Introduction:** Birth preparedness is that the process of designing for the birth. Aim this study aimed to assess the birth preparedness knowledge, attitude and practice of primigravida women.

**Design:** A descriptive survey approach adopted to assess the knowledge regarding birth preparedness among primigravida women. **Tool:** Using 20 items questionnaire was conducted in non probability convenience sampling technique. The Sample setting is chosen hospital in Visnagar. Sample

Size: The sample size was 40.

**Result:** the study identified that the 8(20%) women having good, 27(67.5%) women have average and also the 5(12.5%) women have poor knowledge and birth preparedness among primigravida. Thus study result shows the pre test average is 11.95 and variance is 2.991.

KEY WORDS: Antenatal clinic, Birth preparedness, Knowledge, Primigravida.

### **BACKGROUND OF STUDY**

The knowledge of the way to give birth without outside interventions lies deep within each woman. Successful child birth depends on an acceptance of the method. -Suzanne Arms Motherhood could be a great responsibility and it's woman's highest crown of honour. Pregnancy is that the state of carrying a developing fetus within a body. The word "pregnant" comes from Latin word ' pre ' meaning before, (g) natus' meaning birth, that the pregnant means before (giving) birth. Pregnancy is that the vital event within the lifetime of a lady. It needs special attention from the time of conception to the postnatal stage. Antenatal care services are important for ensuring the reproductive health of the mothers and for the higher outcome of pregnancy.

Pregnancy isn't just a matter of waiting to provide birth. it's often a defining innovate women life; is joyful and pleasant experience It may also be one among misery and suffering for few. Pregnancy is natural but it doesn't mean it's problem free. Early and regular prenatal care is that the best thanks to make sure the healthy outcome for mother and child. Understanding the event of changes during pregnancy helps to higher provide anticipatory guidance and identifying deviation from the expected pattern of development. this case where within the potential for poor maternal & fetal outcomes is great, Is an especially worrying concern for ladies of childbearing age. Aim this study aimed to assess the birth preparedness knowledge, attitude and practice of primigravida women promoting birth and emergency planning helps to enhance preventive behaviour, increase awareness of mothers about danger sign and improvement seeking behaviour just in case of Obstetric complications.

Childbirth could be a universally celebrated event yet for several thousands of ladies on a daily basis. Birth preparedness is that the process of coming up with for the birth."Its Components include, Preparation for normal delivery, readiness to cater to complications, post natal and new born care. it's a method to market the timely use of skilled maternal care especially during childbirth, supported theory that preparing for childbirth reduces the delays in obtaining care. "It also helps make sure that women can reach professional delivery care when labour begins. Additionally, birth preparedness can help reduce the delays that occur when women experience obstetric complications, like recognising the complication and deciding to hunt care, reaching a facility where skilled care is on the market and receiving care from qualified providers at the power. These delays have many causes,

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including logistical and financial concerns, unsupportive policies, and gaps in services, moreover as inadequate community and family awareness and knowledge about maternal and newborn health issues."

Pregnancy may be a exciting time and great opportunity to be told about the kid development. every week of pregnancy include a description of baby's development yet as a explanation off the changes happening within the body.

Birth preparedness and complications readiness may be a strategy to market the timely use of skilled maternal and neonatal care especially during childbirth supported the idea that preparing for childbirth and being ready for complications reduces delays in obtaining this care.

#### METHODOLOGY

The investigation research approach indicates the essential procedure for conducting research. A descriptive survey approach adopted to assess the knowledge regarding birth preparedness among primigravida women attending antenatal clinic selected hospital in Visnagar. The hospital and sample were chosen employing a non probability convenience sampling technique. For this trial 40 primigravida women were chosen. It consists of 20 items of multiple choice questions and total score is 20.Purposive sampling may be a sample of the aim of meeting the objectives selected. Data collection tools are the instruments utilized by the investigation to look at or measure the key variables within the research problem the knowledge of primigravida women regarding birth preparedness would be analysed by descriptive and interstitial statistics like in terms of frequency, percentage, mean, median, mean-percentage, standard deviations and chi square test. The p value is < 0.05 was considered as statistical significant and it might be presented in sort of table and diagram.

#### **RESULT:**

|       |                 |                   |           | N=40       |  |  |
|-------|-----------------|-------------------|-----------|------------|--|--|
| Sr no | Variable        | Category          | Frequency | Percentage |  |  |
| 1.    | Age             | 18 to 20 year     | 5         | 12.5%      |  |  |
|       |                 | 21 to 25 year     | 20        | 50%        |  |  |
|       |                 | 25 to 30 year     | 12        | 30%        |  |  |
|       |                 | 30 to 35 year     | 3         | 7.5%       |  |  |
| 2.    | Pregnancy month | 1 to 3 months     | 11        | 27.5%      |  |  |
|       |                 | 4 to 6 months     | 12        | 30%        |  |  |
|       |                 | 7 to 8 months     | 7         | 17.5%      |  |  |
|       |                 | 9 months          | 10        | 25%        |  |  |
| 3.    | Education       | Illiterate        | 2         | 5%         |  |  |
|       |                 | Primary education | 21        | 52.5%      |  |  |
|       |                 | Higher Secondary  | 15        | 37.5%      |  |  |
|       |                 | education         |           |            |  |  |
|       |                 | Any degree        | 2         | 5%         |  |  |
| 4.    | Occupation      | House wife        | 27        | 67.5%      |  |  |
|       |                 | Asha worker       | 7         | 17.5%      |  |  |
|       |                 | Office worker     | 3         | 7.5%       |  |  |
|       |                 | Any other         | 3         | 7.5%       |  |  |
| 5.    | Type of family  | Nuclear           | 23        | 57.5%      |  |  |
|       |                 | Joint             | 17        | 42.5%      |  |  |
| 6.    | Income          | 75,000 per month  | 5         | 12.5%      |  |  |
|       |                 | 50,000 per month  | 20        | 50%        |  |  |
|       |                 | 20,000 per month  | 8         | 20%        |  |  |
|       |                 | 10,000 per month  | 7         | 17.5%      |  |  |

The result have been organised and presented in following headings: **Table 1:-** sample frequency and percentage distribution based on demographic characteristics

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The data presented in table 1 shows the following findings: age: majority (50%) of sample were of the age group of 21-25 years, whereas the least percentage (7.5%) were of the age group of 30-35 years. pregnancy month: the highest percentage (30%) of sample of 4 to 6 month pregnant women and the lowest percentage (17.5%) of 7 to 8 month pregnant women. education: the highest percentage (52.5%) of respondents had primary education, whereas the lowest percentage (5%) is illiterate or have any other degree. Occupation: majority (67.5%) of sample were house wife where as the least percentage (7.5%) office worker or any other workers. Type of family: whereas (57.5%) is from nuclear family and (42.5%) is from joint family. Income: whereas the highest percentage (50%) of women family income is 50,000 per month and the lowest percentage (12.5%) of women family income is 75,000 per month.

Table 2:- frequency and percentage distribution of level of knowledge and birth preparedness among primigravida women.

| Level of knowledge and birth | Frequency | Percentage |  |  |
|------------------------------|-----------|------------|--|--|
| preparedness                 |           |            |  |  |
| Good (15-20)                 | 8         | 20%        |  |  |
| Average (8-14)               | 27        | 67.5%      |  |  |
| Poor (0-7)                   | 5         | 12.5%      |  |  |
| Total                        | 40        | 100%       |  |  |

Table 2: shows that frequency and percentage distribution of level of knowledge and birth preparedness among primigravida women that 8(20%) women have good score, 27(67.5%) women have average score &5(12.5%) women have poor score. In this study good level is considered who women have 15-20 score, average level is considered who women having 8-14 score and the poor level considered who women having 0-7 score.

| S.N | Variable   | Category                   | Frequency  | Level | of knowl | edge and | Table | Df     | Chi-  |
|-----|------------|----------------------------|------------|-------|----------|----------|-------|--------|-------|
|     |            |                            | perception |       |          | value    | Value | square |       |
|     |            |                            |            | Good  | Average  | Poor     |       |        |       |
|     |            | 18 to 20                   | 05         | 00    | 05       | 00       | 0.73  |        | 5.36  |
| 1   | Age        | 21 to 25                   | 20         | 04    | 14       | 02       |       |        |       |
| 1   | 1150       | 25 to 30                   | 12         | 03    | 06       | 03       |       | 6      |       |
|     |            | 30 to 35                   | 03         | 01    | 02       | 00       |       |        |       |
|     |            | 1 to 3 month               | 11         | 00    | 11       | 00       |       | 6      | 16.23 |
| 2.  | Pregnancy  | 4 to 6 month               | 12         | 01    | 07       | 04       | 3.55  |        |       |
| 2.  | month      | 7 to 8 month               | 07         | 03    | 03       | 01       |       |        |       |
|     |            | 9 month                    | 10         | 04    | 06       | 00       |       |        |       |
| 3.  | Education  | Illiterate                 | 02         | 00    | 00       | 02       | 4.79  | 6      | 19.62 |
|     |            | Primary<br>education       | 21         | 07    | 13       | 01       |       |        |       |
|     |            | Higher Secondary education | 15         | 01    | 12       | 02       |       |        |       |
|     |            | Any degree                 | 02         | 00    | 02       | 00       |       |        |       |
| 4.  | Occupation | House wife                 | 27         | 07    | 15       | 05       | 0.88  |        | 6.04  |
|     |            | Asha worker                | 07         | 01    | 06       | 00       |       | 6      |       |
|     |            | Office worker              | 03         | 00    | 03       | 00       |       |        |       |
|     |            | Any other                  | 03         | 00    | 03       | 00       | 1     |        |       |

**Table 3:-** association of level of knowledge and birth preparedness among primigravida women with selected demographic variable.

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| 5. | Type of family | Nuclear          | 23 | 08 | 12 | 03 |      |   |      |
|----|----------------|------------------|----|----|----|----|------|---|------|
|    |                | Joint            | 17 | 00 | 15 | 02 | 6.96 | 2 | 7.80 |
| 6. | Income         | 75,000 per month | 05 | 00 | 05 | 00 | 0.56 |   |      |
|    |                | 50,000 per month | 20 | 05 | 13 | 02 |      | 6 | 4.57 |
|    |                | 20,000 per month | 08 | 02 | 05 | 01 | 0.50 | 0 | 1.57 |
|    |                | 10,000 per month | 07 | 01 | 04 | 02 |      |   |      |

Table 3 shows that the every variable level of knowledge is divided in good, average and poor.that the table value of every variable is write in that in age table value is 0.73, pregnancy month is 3.55, education is 4.79, occupation is 0.88, type of family is 6.96, income is 0.56. That every variable df value is 6 except one type of family and that is 2.the chi square of every variable is mentioned in table in age 5.36, pregnancy month16.23, education 19.62, occupation 6.04,type of family 7.80,income 4.57 the calculated chi square is less than table value 0.05 level.

### DISCUSSION

Birth preparedness is the process of planning for the birth. Pregnancy is not just a matter of waiting to give birth. It is often a defining phase in women life. Early and regular prenatal care is the best way to ensure the healthy outcome for mother and child. It Components include preparation for normal delivery, readiness to deal with complications, postnatal and new born care. It's also helps ensure that women can reach professional delivery care when labour begins. This study results shows that the pre test mean value is 11.95 and standard deviation is 2.991.the calculated chi square value were less than table value and checked at the level of 0.05 level. There was significant association between knowledge and birth preparedness among primigravida women attending antenatal clinic of selected hospital in Visnagar.

## CONCLUSION

In conclusion, data from the study provides data regarding the level of knowledge and birth preparedness among primigravida women attending antenatal clinic in selected hospital visnagar. In that age between 21 to 25 age group have good knowledge regarding birth preparedness in selected hospital antenatal clinic. Result of the study that provides enormous guidance to the illiterate wen regarding the birth preparedness care of the new born, complication after pregnancy, postnatal care and improving the knowledge regarding the birth preparedness. The findings of the study is the 8(20%) women have good, 27(67.5%) women have average and 5(12.5%) women have poor knowledge. in that poor knowledge score women have no adequate knowledge about birth preparedness.

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