

Role of Health Awareness among Pregnant Women: A Study at Urban Health Centre in Tirupati

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Abstract:

Role of health and nutrition awareness, safe maternal age for pregnancy and spacing between pregnancies has been highly effective in improving the awareness and health habits of pregnant women. Creating awareness among the local women of childbearing age about the prevention of health problems in pregnancy, healthy practices during the gestational period, and the importance of the various procedures in antenatal care, will increase their satisfaction, improve prenatal outcome and ultimately reduce the burden of pregnancy-related preventable problems on the health services. The researcher in her study used the qualitative research methods, i.e. focused group discussions on importance of safe maternal care during the pregnancy and gained knowledge on various issues related to pregnancy like healthy maternal care, harmful effects of smoking and panparag/Gutka practices which lead to diseases in pregnancy, dietary pattern in pregnancy, number of hours of rest during the day, the necessity of care and exercise during the pregnancy etc. The study was carried out in the UHC (Urban Health Centers) in Bairagipattada, Tirupati in Chittoor District.

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INTRODUCTION

Health awareness, one of the essential elements in the delivery of Urban Health Care as dictated by the Alma Ata conference (1998) was expected to be conducted from the Urban Health Centers (UHCs) of the Domain in an effective manner. The national "Plan of Action" for activities of the PHCs, which is revised annually, emphasizes that health information on antenatal care and related matters must be properly disseminated so that women can improve their knowledge, attitude and skills for a healthy pregnancy and delivery. Health awareness on this subject is also promoted through the mass media, including the national TV and a wide range of informative literature distributed. In other countries too, efforts are made by the health-care providers to ensure that there is adequate health awareness among pregnant women. However, several studies have shown that many women either lack knowledge and lack of concern for certain health risks in pregnancy. It is indicated that there is the need for a more effective drive to educate women and help them to acquire appropriate knowledge and develop attitudes towards a healthy pregnancy. Therefore, the researcher conducted a study on Health Awareness among Pregnant Women in UHC (Urban Health Centers) in Tirupati.

Maintaining a healthy balanced diet is important for maintaining optimal health throughout life. For women of childbearing age, good nutrition is important for preparing the body for the demands of pregnancy. During the pregnancy, a woman's macronutrient (energy) and micronutrient (e.g. vitamins, mineral) requirements increase, and it is even more important that she consumes food which will give her both the energy and the specific micronutrients which are essential for maintaining her and her growing baby's health. For example, women require an additional 240 calories of energy per day in the second trimester and 452

calories per day in the third trimester of pregnancy to account for fetal growth. An additional 975 milligrams of iron is required in the course of the pregnancy to form fetal and additional maternal blood. While nutritional supplements can provide large quantities of particular micronutrients, a healthy balanced diet should form the basis of a woman's nutritional intake. Good nutrition is most important immediately prior to conception and during the first 12 weeks of pregnancy (including the very early stages, when the woman is unaware that she is pregnant). It is important for women to maintain a healthy diet and lose their bad habits throughout their childbearing and rearing period, particularly if they are planning to become pregnant.

Every pregnant woman also needs to know that the standard maternity care plays an important role in maternal health and nutrition, Rest in pregnancy, Exercise in pregnancy, Avoiding Smoking, alcohol and tobacco use and pregnancy, Safe maternal age for pregnancy and Spacing between pregnancies. Childbirth awareness can help women simplify pregnancy and birth and be a resource for understanding how decisions about maternity care influence the health and safety of mothers. Throughout the world, pregnancy and lactation are considered vulnerable periods for the mother. The role of maternal health and nutrition, Rest in pregnancy, Exercise in pregnancy, Avoiding Smoking and pregnancy, Safe maternal age for pregnancy and Spacing between pregnancies have been highly effective in improving the knowledge and healthy habits of pregnant women. Creating awareness among the local women of childbearing age about the prevention of health problems in pregnancy, healthy practices during the gestational period, and the importance of the various procedures in antenatal care, will increase their satisfaction, improve prenatal outcome and ultimately reduce the burden of pregnancy-related preventable problems on the

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health services. The lives of women will improve as health professional training becomes imbued with holistic, comprehensive strategies for the care of women. A curriculum that truly incorporates sex and gender medicine and expands women's health beyond reproductive medicine to the entire lifespan requires a robust multidisciplinary approach that blends biomedical, psychosocial, and public health aspects of health and disease. The academic framework for achieving this curriculum nurtures excellence in: educational innovation, clinical care, research endeavors, advocacy for patients, and mentorship and advocacy for students and future physicians. Throughout the world, pregnancy and lactation are considered vulnerable periods for the mother.

Health: "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Definition of Health Awareness: Health awareness is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes (WHO 2016).

Review of Literature

Review of literature helps to gain insight into the research problem and provide information of what has been done previously. It helps the researcher to be familiar with the existing studies.

It is deliberate some of the authors (Eiser C. Eiser J.C. (2013), Guillen RM et al (2015) Roth LK, Taylor H.S. (2016) came out that a large proportion of the women were well aware about certain health issues of pregnancy such as dietary intake of essential foods like dairy products (74.7%), Protein-rich foods (71.4%) and fruits (68.2%), the hours of daily rest necessary (81.9%), the need for exercise (83.6%), the importance and timing of antenatal visits, the risk of smoking in pregnancy (99.3%) and proper spacing of babies (97.7%). Still, many women had no knowledge of the importance of taking high-fiber foods and needful nutrition. A higher literacy level of the women was significantly correlated with better knowledge on certain health parameters. Physicians and nurses constituted poor sources of health information. Arnold CL, et al (2009) identified five hundred and eighty-one women who were eligible for the study. They were asked questions on issues relating to health in pregnancy by means of a specially designed questionnaire. The information was elicited by trained interviewers. Information was sought on (a) their demographic profile and parity status, (b) the recommended dietary pattern in pregnancy, that is, foods that would promote the health of mother and baby, and those that should be avoided in the first trimester of gestation to avoid nausea and vomiting and those that help to avoid constipation; (c) the number of hours of rest advisable during the day and at night; (d) the necessity and type of exercise encouraged in pregnancy; (e) the safe maternal age for a healthy fetal outcome and (f) the harmful effects diet and smoking diseases in pregnancy. The women were asked about their awareness of the importance of antenatal check-ups, the suggested frequency and timing of

antenatal visits, the significance of routine laboratory tests, the immunizations recommended and the breast-care practices in pregnancy for successful breastfeeding. The women's opinion was also sought on the ideal spacing of pregnancies. Finally, they were also asked the source(s) of their health information.

Madi BC, Crow R (2013) conducted a qualitative study to explore the level of information regarding childbirth among pregnant women. 33 pregnant women from urban health centers participated in the study. Data was collected using tape recorded unstructured interviews.

R.R. Venkatesh, A.G. Umakantha, J., Yuvaraj (2014) authors conducted a cross-sectional study on 510 mothers who had delivery prior to 3 months from the initiation of the study in 27 urban slums of Davangere, find out and study on health awareness in the antenatal and postnatal period. The results revealed that only 35.9% of the women had utilized all the three services i.e. antenatal and postnatal completely. The percentage of deliveries conducted by the trained attendants was 70.4% and 64.7% of the women had received at least one postnatal visit. The socio-demographic factors like literacy status, occupation, type of family, parity and an unwanted pregnancy were found to influence the pattern of utilization. The researcher in her study few related health aspects about authors and add some of new aspects to pregnant baby care.

Methodology

This section deals with the methodology adopted for the study. For any research work, the methodology of the investigation is of vital importance. Research methodology is a way to solve the problems. It is a systematic procedure in which the researcher starts from initial identification of the problems to final conclusions.

A study was conducted on Pregnant women who regularly visited UHC (Urban Health Centre) in Bairagapattada, Tirupati during a three-month period from September, to November 2018. All married women who were having the age of child-bearing (15-35 years) and pregnant women were selected for the study. It was assumed that poor women should have had adequate exposure to health information on pregnancy. Any deficiencies in their knowledge would perhaps be a reflection of the inadequacy of the education provided through the UHC. In this study, the researcher attended 581 pregnant women respondents at O.P (out patients) in Urban Health Centre; Tirupati which was elected for the study in the first phase. The researcher used the self-constructed socio demographic sheet for the data collection in this study and also the researcher selected the 53 respondents for purpose of case studies out 581 respondents, selected only having first pregnant or carrying women in second phase. In third phase the researcher was selected 32 respondents who were not having knowledge on health in pregnant period, which was selected 32 respondents were selected who are willing to attend and pay interest to know about maternal and child health care during the pregnancy.

Objectives:

1. To collect the socio economic profiles of the pregnant women respondents.
2. To find out the health awareness related to pregnancy and the sources of information visiting the Primary Health Centers.
3. To identify the knowledge of women during the pregnant period diet and the harmful habits effects in pregnancy.
4. To provide awareness on maternal health for the first pregnant women.

Sample Selection

Phase-I, this study the researcher collected data on Pregnant women who regularly visit UHC (Urban Health Centre) in Bairagapattada, Tirupati during a three-month period from September, to November 2018. All married women who were having the age of child-bearing (15-35 years) and pregnant women were selected for the study. Primarily the researcher used the socio demographic tool for data collection from the respondents. Then the researcher selected rationale 53 respondents having first pregnant out of 581, for case the study method as qualitative research.

Research Design

Research design is an umbrella that covers the basic procedure for conducting research. The research design refers to the researcher's overall plan for obtaining answer to the research question and it spells out strategies that the researcher adopted descriptive research design to develop information that is accurate, objective and interpretable.

Phase-II, the researcher collected the qualitative data from 53 respondents having first pregnant through the focus group discussions and selected 32 respondents out of 53 who are willing to attend the counseling sessions.

Phase-III, the researcher plan to go for providing counseling

Analysis

Socio Economic Profile: The socio-economic background details of the respondents are important to know the information about their health awareness.

Table I, distribution o the Socio economic profile of the respondents

Category wise distribution of the respondents			
Sl.No.	Category	No. of respondents	percentage
1	Scheduled Caste	105	18.2
2	Scheduled Tribes	63	10.8
3	Back ward Caste	147	25.3
4	Other Caste	173	29.7
5	Minorities	93	16.0
Total		581	100

Age wise distribution of the respondents			
6	Category of age	No. of respondents	percentage
7	15-25 years	235	40.3
8	25-35 years	347	59.7
Total		581	100
Education wise distribution of the respondents			
	Educational qualifications	No. of respondents	percentage
9	Illiterate	235	40.4
10	Primary school	202	34.8
11	Completed High school & collage	144	24.8
Total		581	100

The table show that, out of the 581 women who attended O.P in two months period in urban health Centre, Tirupati were selected for the study, 235 (40.4%) were illiterate and within the age range of 15-35 years. Most were in the 15-25 years 334 (57%) and 25-30 years 247 (43%) age groups. The women were grouped into three categories according to their literacy status as follows; 235(40.4%) were either illiterate or had no schooling, 202 (34.8%) had reached primary or intermediate level and 144 (24.8%) had completed high school or had college education or had college education women were have better knowledge on certain health parameters. A literacy high school level was completed.

Table II, Distribution of health awareness of respondents

Rest in hours pregnancy			
Sl.no.	Rest in hours	No. of the respondents	percentage
1	Saying need for rest 7-8 hours	471	82.0
2	Saying need for rest 2-3 hours	83	11.0
3	One hour or less	27	7.0
Total		581	100
Exercise in pregnancy			
4	Walking	433	74.6
5	Physical activity	53	9.1
6	Not favor of exercise	95	16.3
Total		581	100
Breast care in pregnancy			
7	Reproductive health	288	49.6
8	Safe Maternal health	298	50.2
9	Awarded maternal health	5	1.2
Total		581	100

Rest in pregnancy, the women was asked about the amount of daily rest necessary in pregnancy. A majority of the respondents 471 (82%) rightly thought that 7-8 hours of night rest was adequate. An afternoon rest period of 2-3 hours was suggested by 83 (11%) women while 27 (7%) of the women believed that one hour or less was enough.

Exercise in pregnancy, a majority of those who have knowledge on exercise considered walking 433 (74.6%) as the best form of physical activity. 53 (9.1%) had no knowledge of its importance. 95 (16.3%) women were not in favor of any exercise during pregnancy.

Breast care in pregnancy, out of 581 women, 288 (49.6%) were not aware of the importance of regular cleaning of the reproductive organs, 298 (50.2%) did not know regular cleaning. Only 5 (1.2%) women suggested that it was important to pregnant women, good for their health and not communicated infection for children.

Table III, Distribution of awareness on maternal health

Sl.no	Knowledge on diet and bad habits	No. of respondents	percentage
1	Milk /dairy foods good for health	58	10.8
2	Taking high fiber food	68	11.7
3	Protein food	90	15.3
4	Taking fruits for health	89	15.2
5	Daily rest and normal food	64	10.0
6	Daily exercise or walking	51	8.5
7	Important antenatal visits	30	5.1
8	Risk for taking panparag/gutka and smoking	43	7.2
9	Spacing baby to baby	35	7.0
10	Not aware above things	53	9.2
Total		581	100

A majority percentage of the women were less/on knowledge about certain health issues of pregnancy such as dietary intake of essential foods like dairy products 58 (10.8%), Protein-rich foods 68 (11.7%) and fruits 90 (15.3%), the hours of daily rest necessary 89 (15.2%), the need for exercise 64 (10%), the importance and timing of antenatal visits, the risk of smoking panparag and gutka in pregnancy 51 (8.5%) and proper spacing of babies 30 (5.1%). importance of taking high-fiber foods 43 (7.2%) However, many women had no knowledge avoiding constipation, the required dietary changes in early pregnancy to prevent nausea and vomiting, and the ill-effects of maternal smoking, panparag and gutka on the fetus infection and advancing maternal age on the fetus 35 (7%). They were also not aware of the importance of the various antenatal procedures such as blood examination, breast-care during pregnancy and immunizations to prevent infection. An overall 53 (9.2%) had no knowledge of its importance.

Conducted Awareness Session for pregnant women:

The researcher planned to conduct awareness sessions/meetings for 53 respondents less than with five months who are not having knowledge on maternal health. Out of 53 respondents, only 32 respondents were willing to attend the awareness sessions. Then the researcher formed the couple of groups with 16 respondents each group. The researcher discussed with the respondents regarding awareness to maternal health from 12 noon to 2 PM and 2 to 3 PM every Sunday with both groups. The awareness sessions were conducted on diet, harmful habits, Rest, Breast care, baby raring, baby caring and exercise/walking importance in pregnant period. The researcher planned four weeks and concentrated each awareness session with only two aspects like diet and harmful habits in first week. All respondents were participated actively and learned every aspect and also they asked many doubts that are clarified. After one awareness session/meeting the researcher conducted one more session/meeting to collect the feedback from the respondents with help of urban health center staff. All respondents attended and shared their learning experience happily; surrounding people also observed with attention and asked again to conduct this type of activities. They

appreciated for the health awareness services and at same time aware about the importance of maternal health. The researcher felt happy for the research study at urban health center.

Conclusion:

There is a need to restructure the Health Education programmes relating to pregnancy delivered through UHCs and the mass media for better knowledge among women of childbearing age that can decrease pregnancy-related problems and improve prenatal care. This study conducted at Urban Health Center Bairagipattada, Tirupati was conducted during a three-month period in September to November, 2018. Five hundred and eighty one women were selected for the study and interviewed with the help of a self-constructed questionnaire. Pregnancy and poor maternal Health is the key factor contributing to poor fetal development, which increases the risk mother and child health care. The outcome of health awareness for pregnant women is a need to redistribute Health awareness programmes relating to pregnancy delivered through UHCs and the mass media for better knowledge among women of childbearing age can decrease pregnancy-related problems and improve maternal health care during the pregnancy and child health care after delivery.

Keywords: Health education, Pregnancy, health knowledge

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