



## **Need of the study**

The latest available statistics released by the Office of the Registrar General (India) offer some interesting trends in maternal health indicators. It revealed that Maternal Mortality (MMR) \* dropped by 16 percent from 212 in 200709 to 178 in 201012. However, in view of historical trends, India's MMR is likely to reach 140 out of 100,000 births in 2015, losing the MDG5 target of 109 births by 100100,000 by 31 points, indicating the MDG India Country Report 2014 'Department of Statistics and Implementation Plan (MoSPI)

Maternal death has a devastating effect on the family in view of the very important role of motherhood in the health and well-being of her children. The mother's death increases the risk for the survival of her young children especially if the family is unable to provide a place for the role of the mother. Safe motherhood has been adopted in many countries as a strategy to reduce maternal morbidity and mortality. Antenatal care is one of the four pillars of a safe motherhood program.<sup>7</sup> Maternal care is an important contributor to the high maternal mortality rate and one of the most important factors in maternal and infant health care.

## **OBJECTIVES**

1. To assess the pre test knowledge of Pregnant women regarding importance of Antenatal Visits.
2. To assess the Post test knowledge of Pregnant women regarding importance of Antenatal Visits.
3. To assess the effectiveness of informational programme regarding importance of antenatal visits.
4. To find out association between pre test knowledge score with selected demographic variables.

## **METHODS AND MATERIAL**

**Research approach-** Experimental Approach

**Research Design-** Pre Experimental one group pre test and post test research design

**Setting of the study-** Selected rural area of Indore M.P.

**Population-** Pregnant women in selected rural area of Indore M.P.

**Sample Size-** 100 Pregnant women in selected rural area of Indore M.P.

**Sampling technique-** Non probability Purposive sampling technique.

**Criteria for sample selection-**

***Inclusion criteria-***

- Pregnant women who are willing to participate in the study.
- Pregnant women present at the time of data collection.

***Exclusive Criteria-***

- Pregnant women who are not available at the time of data collection
- Pregnant women who are not willing to participate in the study
- Pregnant women who have other associated illness.

An extensive review of literature was undertaken. The conceptual framework based on modified Roy's adaptation model. An experimental research approach was used to assess the knowledge regarding importance of antenatal visit among pregnant women. A pre experimental research design was considered appropriate for the study "to assess the effectiveness of informational programme regarding importance of antenatal visit. One group pre test and post test design was used. In order to measure the content validity of the tool, the questionnaire schedule was given to the 12 experts from the field of maternal health Nursing. The experts were chosen on the basis of their clinical expertise, experience, qualification and interest in the problem area. The tool was found reliability of tool was calculated with split half method and found 0.89 which is statically reliable for the present study.

**DATA COLLECTION-**

The researcher meets to pregnant women and explained the purpose of the study. The investigator assured the confidentiality of their responses and consent was obtained from each pregnant women. The structured knowledge questionnaire was administered to assess the pre test knowledge level of pregnant women regarding importance of antenatal visit. Approximately 45 minutes were taken to administer the informational

programme. Post test was conducted on the 30<sup>th</sup> day after administration of informational programme by using same structured knowledge questionnaire.

## **RESULT**

The data for main study was calculated in the month of March. Data collection was analyzed by using descriptive & inferential statistics. The analysis depicted that majority of mothers by (69%) belonged to the age group of 26-30 years Regarding the Educational status of pregnant women majority of respondent (48%) had their primary education Majority of the respondent (71%) were Hindu, Majority of the samples (53%) were living with joint family , Majority respondent (72%) are primigravida.

Pre test Knowledge score Maximum Number of pregnant women 43% of the mothers had average knowledge, 13% of antenatal mother had good knowledge, and only 44% had poor knowledge regarding Importance of antenatal visits.

Post test score that majority 79% of the mothers had good knowledge, 21% of mother had average knowledge, and no one have poor knowledge regarding Importance of antenatal visits.

The effectiveness of informational programme for antenatal visit that, there is significant difference between pre and post knowledge score 29.12. **t test value ItI=19.01**. Tabulated value of t test 5% level of significance & 5 degree of freedom .**Tabulated t value t=2.015** t calculated>t tabulated.H2 is accepted that means informational programme for antenatal visit is effective. Age, education living area is significant with pre test knowledge score.

## **LIMITATIONS**

The present study has the following limitations-

- The study was limited to only 100 samples.
- The study did not have a control group.
- The study was limited to only pregnant women in selected rural area of Indore M.P.

## **RECOMMENDATION-**

- The present study was conducted in small sample. A more extensive study on large sample is recommended to arrive at generalization.

- It would be of immense value to conduct a study in different settings like, community area, OPDs. etc.
- A follow up study is needed to be conducted to find the effectiveness in term of retention of knowledge and to improve practices and change attitude towards antenatal care.
- Different teaching methods will be used.

## **CONCLUSION**

Education of pregnant women should include these education in practice that will helpful to reduce MMR and early detection of any complications.

## **REFERENCE**

1. Dr. Geeta Baruah Nath Importance of antenatal care
2. <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm>:  
[www.un.org/popin/icpd2.htm](http://www.un.org/popin/icpd2.htm). International Conference on Population and Development (ICPD).
3. Mullany BC. Barriers to and attitudes towards promoting husbands' involvement in maternal health in Katmandu, Nepal. *Social science and medicine*. 2006; June; 62(11):2798-809.
4. News alerts Maternal mortality down but nowhere close to MDG target IM 4  
Change Page No. 1
5. Geoffrey Chamberlain & Margery Morgan. *Antenatal Care*. Fourth edition London. BMJ Books is an imprint of the BMJ Publishing Group: 2002
6. Manju Rani, Sekhar Bonu. Steve Harvey. *Differentials in the quality of antenatal care in India*. Advance Access Publication; 2007
7. Manju Rani, Sekhar Bonu. Steve Harvey. *Differentials in the quality of antenatal care in India*. Advance Access Publication; 2007
8. Mohamed S, Mauni T. Reproductive Health : The issues of maternal morbidity and mortality. *Int J Health*. 2004 ; 3 (2) : 21. Available from: [www.ispub.com/journal/the\\_internet\\_jo](http://www.ispub.com/journal/the_internet_jo)
9. World health organization, *Trends in estimates of maternal mortality ratio* Geneva 2014.
10. Raymond Tweheyo, Joseph Konde-Lule, Nazarius M Tumwesigye and Juliet N Sekandi.