ASSESS THE KNOWLEDGE REGARDING ANAEMIA AND ITS PREVENTION AMONG ANTENATAL MOTHERS

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Introduction

Women's health is central to the survival the society. They are pivot of the family, the nurtures of the next generation and care givers for elderly. Apart from their familiar duties, women are first and foremost free human beings who have a primary responsibilities towards their own health and happiness. Pregnancy is a special event in women 's life and joyful anticipation but sometimes it can be a time of fear of suffering and death in case women begins pregnancy with low or absent stores of iron because of heavy menstrual period , poor intake of iron or vitamins and minerals , infectious diseases can lead to anaemia.

Anaemia is defined as a decrease in the concentration of circulating red blood cells or in the haemoglobin concentration and a concomitant impaired capacity to transport oxygen. It has multiple precipitating factors that can occur in isolation but more frequently co-occur. Normal haemoglobin level in the blood is 14gms/dl= 100%. According to WHO, the cut off value for adult women (pregnant) is 11gms/dl.

Pregnancy is a most happy event for any women, there is joy and celebration and it is when women receives good wishes and she is made to feel very important and is provided with undivided attention .she is made to feel special and content over this period, the women is over protected and treated like queen with all care. Anaemia is the most common nutritional disorder in the world .It is very common across all age groups, but highest among pregnant mothers affecting approximately 25% of the world population.

Objective

- To assess the knowledge regarding anaemia & its prevention among antenatal mothers attending outpatient department at selected hospital of district Fatehgarh sahib, Punjab.
- To find out the association of knowledge score among antenatal mothers with their selected demographic variables.

Delimitations
- Who are willing to participate in study.
- Who are present at the time of data collection

Research design
A descriptive research design
Research setting
Civil hospital district Fatehgarh Sahib, Punjab
Sampling techniques
Purposive Sampling technique.
Sample size
Total sample was 60 antenatal mothers
Tool for data collection
Socio-demographic data ,Self- Structured questionnaire.
Analysis and interpretation of data
Section I: This section includes analysis of socio-demographic data of sample.
Section II: This section includes objective wise analysis and interpretation.
Table 1
Frequency and Percentage Distribution of Socio- Demographic Characteristics of Antenatal Mothers

N=60

Variables	Opts	Frequency	% percentage
1.Age	18-22 yrs.	14	23
	23-27yrs.	34	57
	28-32yrs.	12	20
	33 or above	00	00
2. Gravida	Prim gravid	37	62
	Multigravida	23	03
3. Qualification	Illiterate	04	07
	Primary	26	43
	Secondary	28	47
	Graduate	02	03
	Above Graduate	00	00
4. Type of Family	Nuclear	09	15
	Joint	49	82
	Extended	02	03
5. Occupation	Housewife	47	78
	Labourer	03	05
	Self Employed	06	10

	Govt. Employed	04	07
6. Residence	Rural	39	65
	Urban	21	35
7. Religion	Hindu	09	15
	Sikh	32	53
	Muslim	14	23
	Christian	05	08
8. Source of Information	Health professionals	07	12
	Mass media	14	23
	Friends/ relatives	27	45
	Conferences	12	20

Table1 depicts the frequency and percentage distribution of socio demographic characteristics of pregnant women. As per percentage distribution of pregnant women according to **age,** it was found that Maximum pregnant women were in the age group 23-27 years (57%), followed by 18-22years (23%), followed by 28-32years (20%) and followed by above 33 years (0%).

As per **gravida** percentage distribution of pregnant women was found that maximum pregnant women primigravida were belong to (62%) and followed by (38%) were belong to Multigravida.

Maximum pregnant women were **qualified** up to secondary (47%), followed by primary (43%) followed by Illiterate (7%) and followed by graduate (3%) and followed by above graduate (0%).

As per percentage distribution of pregnant women according to **type of Family** maximum pregnant women belong to Joint family (82%) followed by Nuclear (15%) and followed by Extended Family (3%).

As per percentage distribution of pregnant women according to **occupation**maximum pregnant women was found Housewife (78%), followed by Self-employed (10%), followed by Govt. Employed (7%) and followed by Labourer (5%).

As per **residential area** percentage distribution of pregnant women was found that maximum pregnant women were belong to (65%) Rural area and followed by (35%) urban area.

As per **religion** percentage distribution of pregnant women was found that maximum pregnant women were belong to Sikh (53%), followed by Muslim (23%), followed by Hindu (15%) and Followed by Christian (8%).

As per **source of information** distribution of pregnant women was found that maximum pregnant women were belong Friends/ relatives (45%), Mass media (23%) and followed by (20%) Conferences and followed by Health Professionals (12%).

Hence, it is concluded that Maximum pregnant women (57%) were in the age group of 23-27 years. Maximum pregnant women were from prim gravida (62%), Maximum pregnant women were belong to secondary Qualification (47%).
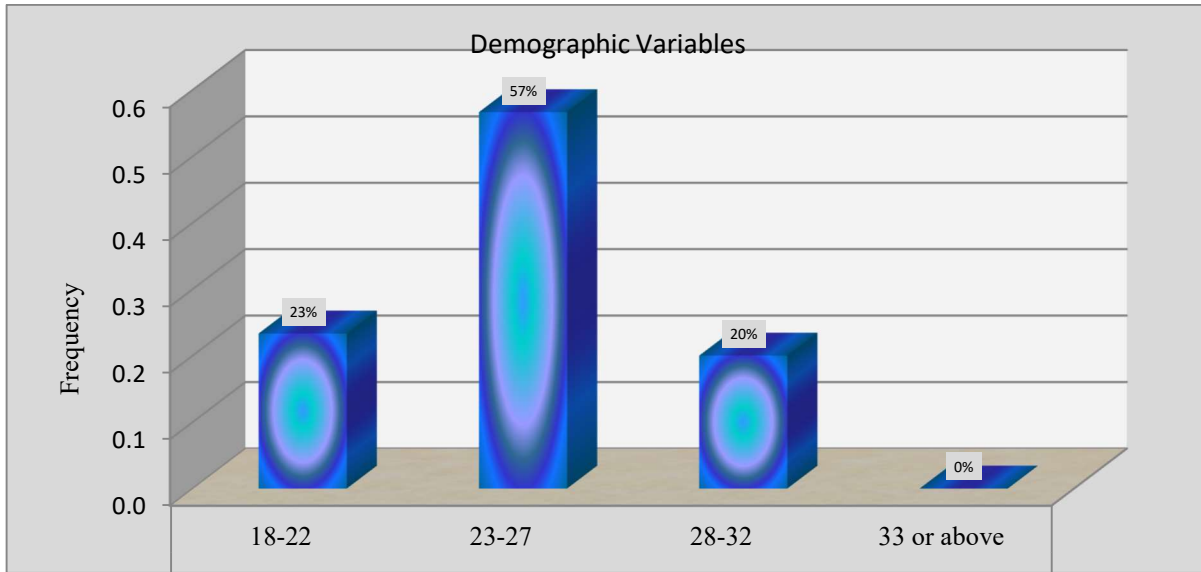
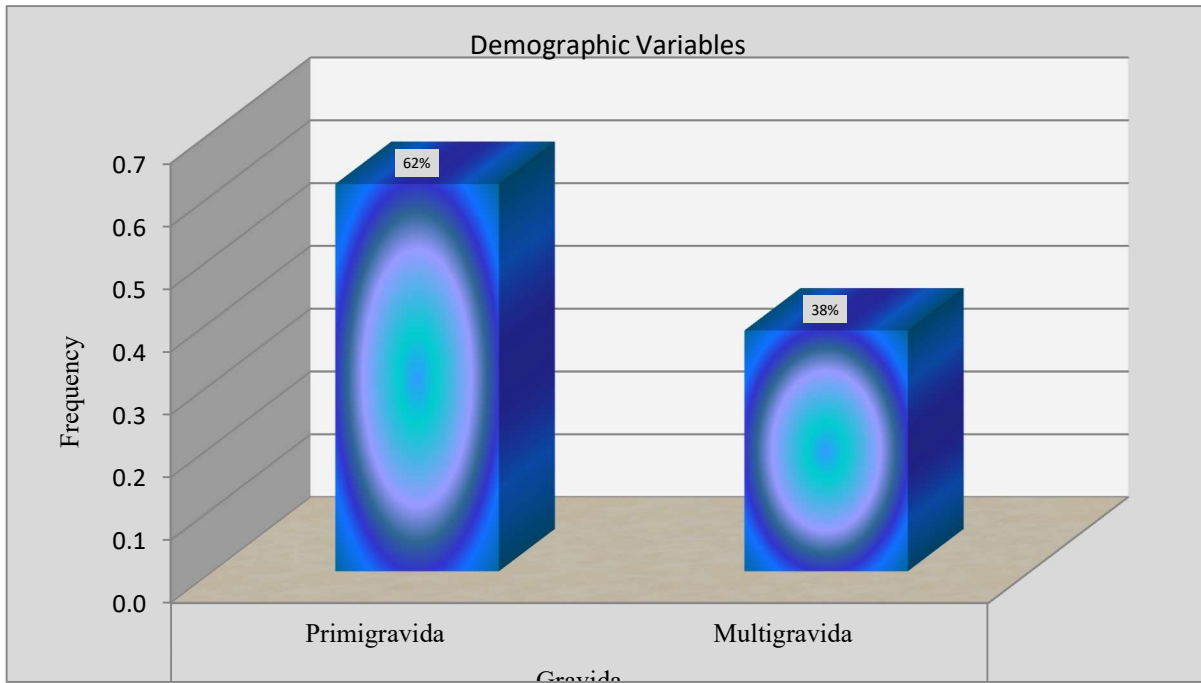**Figure:1 Bar diagram represents the age group of antenatal mothers**

Figure no: 2 Bar Diagram represents the gravida of antenatal mothers.
TABLE 2
Percentage Distribution of Subjects as per their Level of Knowledge

Level of Scores	Frequency (f)	Percentage (%)
Good Knowledge (21-30)	12	20
Average Knowledge (11-21)	45	75
Poor Knowledge (0-10)	3	5

<div align="center">Maximum=30 Minimum=0</div>

Table 2 depicted that level of knowledge of antenatal mothers regarding anaemia and its prevention. The data revealed that maximum antenatal (75%) had average knowledge score followed by (5%) had poor knowledge score and (20%) had good Knowledge score regarding anaemia and its prevention.

Hence it was concluded that the majority of antenatal mothers had average knowledge score regarding anaemia and its prevention.
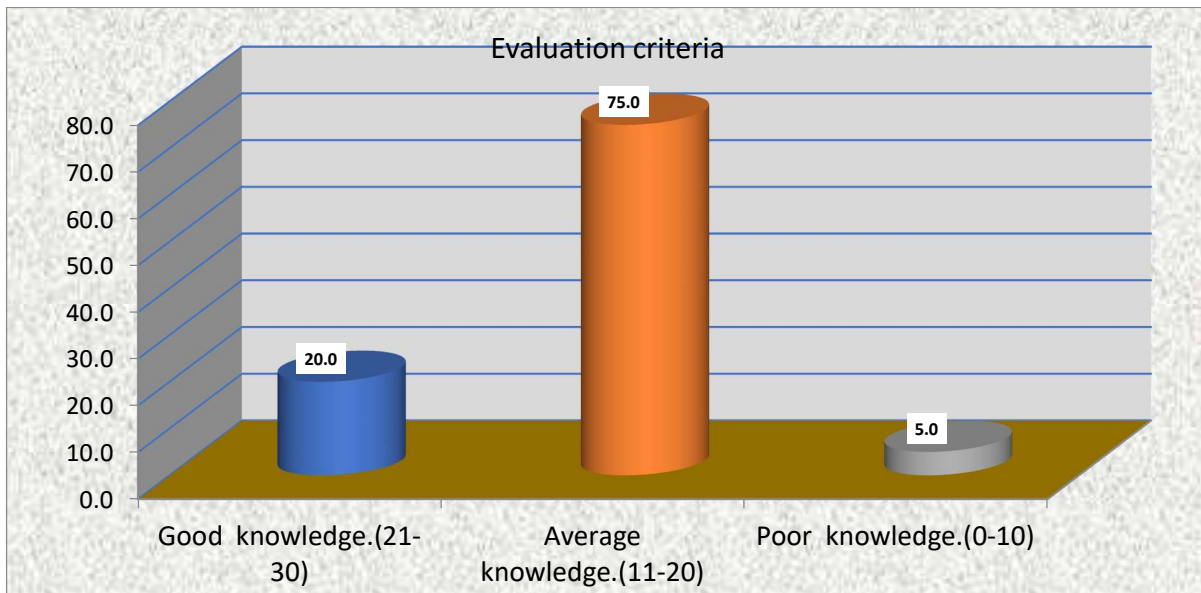

Figure No. 3 Column Bar Graph Showing the Level of Knowledge

<div align="center">**SECTION-B**</div>

Objective-2 To find out the association of knowledge Score among antenatal mothers with their selected socio-demographic variables.

Table 3 Showing association of knowledge score level with demographic variables.

Sr. No.	Demographic Characteristics	Good	Average	Below	df	X^2	Table Value	Result
1.	**Age**							
	18-22	1	12	1				
	23-27	9	24	1	04	2.922	9.488	NS
	28-32	2	9	1				
	33 or above	0	0	0				
2.	**Gravida**							
	Primigravida	9	28	0	02	5.734	5.991	NS
	Multigravida	3	17	3				
3.	**Qualification**							

				df	χ² calc	Table value	
Illiterate	2	2	006		3.795	12.592	NS
Primary	4	21	1				
Secondary	6	6	2				
Graduate	0	2	0				
Above Graduate	0	0	0				
4. Type of Family							
Nuclear	2	7	0	04	1.839	9.488	NS
Joint	9	37	3				
Extended	1	1	0				
5. Occupation							
House wife	6	39	2	06	10.181	12.592	NS
Labourer	1	2	0				
Self Employed	3	2	1				
Govt. Employed	2	2	0				
6. Residence							
Rural	9	28	2	02	0. 684	5.991	NS
Urban	3	17	1				
7. Religion							
Hindu	2	6	1	06	8.242	12.592	NS
Sikh	9	23	0				
Muslim	112	1					
Christian	0	4	1				
8. Source of Information							
Health Professionals	1	05	01	06	3.053	12.592	NS
Mass Media	04	10	0				
Friends/relatives	05	21	01				
Conferences	02	09	01				

*=significant p_< 0.05, Ns= non-significant

Table 3- Illustrates the association of knowledge score among antenatal mothers with their selected demographic variables. There is no significant association between the level of knowledge scores and other demographic variables. The calculated chi- square values were less than the table value at the 0.05 level of significance.

Conclusion

The findings of the study found moderate level of knowledge regarding anaemia among antenatal mothers District Fatehgarh Sahib, Punjab. The study shows non-significant association between level of knowledge regarding anaemia and its prevention among antenatal mother and selected demographic variables at p<_0.05 level of significance.

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