



# Evaluation of Maternal Health Knowledge Among Rural Women: A Social Work Study

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## Abstract

*The present paper is an attempt to understand maternal health-related knowledge among rural women. This paper is an outcome of empirical research conducted in Sandur Taluk, Ballari District, Karnataka. Maternal health knowledge is significant for every woman to have a healthier maternal life. The present study was conducted in rural areas with 600 respondents; the study has found that nearly half of the respondents' age is between 21 and 25, and nearly one-fifth of the respondents' age is 18 years. Notably, more than three-fifths of the respondents became pregnant for the first time before the age of 18. The amount of associated knowledge regarding birth control and harmful indications, as well as maternal health, demonstrated that rural women have a lack of information.*

**Key words:** Maternal-health, knowledge, Rural-women.

## Introduction

Despite sustained and concentrated efforts to reduce mother's mortality and the accessibility to effective interventions to advertise maternal health and tackle obstetric complications, general maternal health care usage in India regarding key indicators like at least three ANC's and institutional transport is inadequate. Nearly one in every five women did not get any antenatal care of their most recent child, which is frightening. However, the percentage of births to ever-married ladies delivered in wellness facilities has continuously increased from twenty-six percent in 93 to 34 % in 1997 plus 41 percent five years ago, and it remains considerably lower compared to developed countries (Desai & Alva, 1998).

The mother's health, the well-being of the previous kid, and the family's financial circumstances impact the decision to space the following birth. While the hazards to mother and new-born associated with pregnancies occurring within two years of the previous birth were acknowledged when specifically asked,

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no one immediately stated that the benefits of spacing included avoiding issues during pregnancy, delivery, and the neonatal period (WHO, 2016).

The interval between births provides the most excellent health, social, and economic benefits to a family. Couples who space their deliveries by 3 to 5 years improve their children's odds of survival, and moms have a better chance of survival. It also lowers abortions and unintended pregnancies, improves children's health, nutrition, and development, promotes equity among community members, and aids in environmental preservation (Bhutta et al., 2012).

The Maternal Health Task Force consulted 26 international maternal health academics in 2014 to identify chronic and critical knowledge gaps that needed to be addressed to reduce maternal morbidity and mortality and improve maternal health. Among the knowledge creation priorities were increased availability, accessibility, acceptability, and quality of institutional labour and delivery services, as well as other effective interventions such as contraception and safe abortion services. Respondents emphasised the importance of health systems research in developing models that can offer what works at scale in a variety of settings for disease prevention and treatment. Researchers also emphasised the necessity of developing systems for monitoring care quality and promoting ongoing quality improvement at the facility, district, and national levels (Kendall and Langer, 2015).

Another pitiful paradox is why women do not seek health care, even when it is free (or is it?) during their pregnancy, despite misery and death, during birth, or even afterward. It is also terrible that many mothers do not seek health care for themselves or their children, even when they see other children dying young and are assured that sickness and death can be avoided. Their reluctance to use the services, their indifference to their risk or their children, or their inability to access or ignorance of the services' availability might be linked to social, cultural, and economic issues (Bhutta et al., 2012).

Improving maternal health has been a major concern around the world, particularly at the Millennium Summit, when it was designated as one of the eight Millennium Development Goals in 2000 (World Health Organization, 2010).

Every year, more than 500,000 women die globally due to pregnancy and childbirth problems, and an estimated 10 million mothers suffer severe effects from childbirth. The vast majority of maternal deaths (99 percent) occur in underdeveloped countries (World Health Organization et al., 2012).

### **Statement of the Problem:**

Maternal health knowledge is seen as a critical component in lowering the risk of maternal death and morbidity. Women should have a working knowledge of maternal health and its associated aspects in the modern era of knowledge change. The current study was undertaken with the objective of understand the maternal health knowledge among rural women.

### **Objectives of the Study:**

- ❖ To Understand the Level of Associated Knowledge on Birth Control and Dangerous Signs during Pregnancy.

- ❖ To Understand Level of Knowledge on Maternal Health among Mothers.

### Methodology:

To satisfy the objectives of the study the qualitative as well as quantitative methodologies were employed. The study constitutes a descriptive research design, and the data was collected directly from the respondents.

To gather information on various factors Maternal health knowledge and its elements associated with. The Semi-structured interview schedule was used for data collection through the interview and focused group discussion techniques. The universe constitutes all the lactating mothers living in rural areas of Sandur taluk. It was adopted simple random sampling. The sample size was limited to 600.

The primary data collected from the mothers were subjected to processing. Qualitative data were quantified. The computer software, namely the statistical package for social sciences (SPSS), calculated the percentage, frequency, and correlation.

### Results and Findings:

To understand the various elements of Maternal Health, a systematic attempt was made to draw the results; the following tables are the study's outcome and contain the results and findings.

**Table-01 The Present age and Age at first Pregnancy**

Age of the Respondent		Age at First Pregnancy					Total
		18 Years	19 Years	20Years	21 Years	22> Years	
18 Years	Count	102	00	00	00	00	102
	% of Total	17.0%	0.0%	0.0%	0.0%	0.0%	17.0%
19 Years	Count	36	27	00	00	00	63
	% of Total	6.0%	4.5%	0.0%	0.0%	0.0%	10.5%
20Years	Count	39	17	01	00	00	57
	% of Total	6.5%	2.8%	0.2%	0.0%	0.0%	9.5%
21 to 25 Years	Count	124	133	16	02	02	277
	% of Total	20.7%	22.2%	2.7%	0.3%	0.3%	46.2%
26 to 30	Count	34	15	08	01	01	59
	% of Total	5.7%	2.5%	1.3%	0.2%	0.2%	9.8%
30>	Count	37	00	00	05	00	42
	% of Total	6.2%	0.0%	0.0%	0.8%	0.0%	7.0%
Total	Count	372	192	25	08	03	600
	% of Total	62.0%	32.0%	4.2%	1.3%	0.5%	100.0%

Source: Field Survey

The above table illustrates the association between respondents' current ages and their ages at their first pregnancy. Knowledge about the appropriate age for marriage and the appropriate age for pregnancy is critical for the health of mothers and children. According to the above data, 62.0 percent of respondents became pregnant for the first time at the age of 18; 17.0 percent of respondents' ages and their first pregnancy occurred in the same year; and 32.0 percent of respondents became pregnant for the first time at the age of 19, which is a very close margin to the age of 18, indicating that early marriages and early

pregnancies occur concurrently. Between the ages of 20 and 30, a substantially lower percentage (4.2 percent) of respondents aged 30 years had become pregnant for the first time; this situation reflects a lack of reproductive health awareness.

Government and non-governmental organisations are working hard to raise awareness about the need of avoiding early marriages and pregnancies in order to reduce maternal mortality and morbidity. The Ministry of Women and Child Development (MWCD), Health and Family Welfare (MoHFW), and Human Resource Development have launched the new Beti Bachao, Beti Padhao scheme to eliminate gender inequality and child marriage.

**Table-02 Knowledge of Birth Control and Danger Signs during Pregnancy**

Level of Associated Knowledge on Birth Control and Dangerous Signs					
S. No	Variable		Yes	No	Total
1	Do You think Minimum Birth Intervals improves your maternal and Reproductive Health	Count	208	392	600
		Percentage	34.7%	65.3%	100.0%
2	Are you aware of family planning methods?	Count	245	355	600
		Percentage	40.8%	59.2%	100.0%
3	Do you aware of danger signs during pregnancy/delivery?	Count	216	384	600
		Percentage	36.0%	64.0%	100.0%

Source: Field Survey

Birth control knowledge is demonstrated in the preceding table. The majority of women, 65.3 percent, are unaware that establishing Minimum Birth Intervals between pregnancies and birth helps maintain maternal and reproductive health and also helps prevent health hazards; more than half of women (59.2 percent) agree that they are unfamiliar with various methods of family planning; and 64.0 percent of women are unaware of possible danger signs during pregnancy and birth. The data demonstrates the gravity of the difficulties inherent in various forms of knowledge regarding birth control and warning signs.

**Table-03 Knowledge of Maternal Health among Mothers**

Level of Knowledge on Maternal Health						
S. No	Variable		Yes	No	Don't Know	Total
1	Do you think Regular health check-ups are essential during the prenatal period	Count	162	221	217	600
		Percentage	27.0%	36.8%	36.2%	100.0%
2	Do you Know Check-up during Pregnancy reduces maternal risks	Count	233	114	253	600
		Percentage	38.8%	19.0%	42.2%	100.0%
3	Do you Know First gynaecological investigation should be done within the first three months	Count	216	150	234	600
		Percentage	36.0%	25.0%	39.0%	100.0%
4	Do you Know Tetanus injection helps in preventing Health Hazardous for both mother and child	Count	216	114	270	600
		Percentage	36.0%	19.0%	45.0%	100.0%
5	Do you Know Pregnant women need calcium tablets	Count	216	150	234	600
		Percentage	36.0%	25.0%	39.0%	100.0%
6	Do you Know pregnant women need to check blood pressure often during	Count	216	134	250	600
		Percentage	36.0%	22.3%	41.7%	100.0%

Pregnancy						
7	Have you known delivery at a medical facility reduces the risks that occur during delivery?	Count	216	144	240	600
		Percentage	36.0%	24.0%	40.0%	100.0%
8	Do you think a pregnant woman needs more nutritious foods than a non-pregnant woman?	Count	270	216	114	600
		Percentage	45.0%	36.0%	19.0%	100.0%

Source: filed Survey

The above table was an attempt to ascertain women's degree of awareness about several aspects of maternal health. Nearly two-fifths of women believe that routine health check-ups are unnecessary during the prenatal period; only a small percentage of respondents, nearly three-tenths, agreed to have such knowledge. Concerning routine check-ups, the following question was asked: "Does check-up during pregnancy lessen maternal risks?" 38.8 percent of women were aware of this, and 19 percent stated that it would have an effect on the marginal level of risk. This maternal threat is unknown to 42.2 percent of respondents.

The question was developed to ascertain the respondents' level of knowledge of the importance of having the first prenatal examination within the first three months. The following are the responses. A sizable proportion of respondents (39.0 percent) stated that they were unaware. The question was designed to gauge respondents' awareness of Tetanus vaccination in order to avoid health hazards for both mother and child; the responses were recorded as follows. Only 36.0 percent of those polled reported Yes, 19.0% said No, a sizable proportion of respondents indicated (45.0 percent) I am unaware of how to administer tetanus injections. The majority of pregnant women do not consider taking calcium supplements. The question sought to ascertain respondents' awareness of the importance of frequently testing blood pressure during pregnancy; the outcome was as follows. Yes, 36.0 percent, and 22.3 percent, respectively. No, a sizable proportion (41.7 percent) said they are unsure.

One of the critical questions asked concerned the location of delivery and the associated risks; a sizable proportion of respondents (40.0 percent) were unaware that delivering in a medical facility reduces the risk of complications during delivery, followed by 36.0 percent who stated yes, and 24.0 percent who stated no. To ascertain knowledge regarding the need for nutritious foods for pregnant women, the following question was asked: (Do you believe that a pregnant woman requires more nutritious foods than a non-pregnant woman?) The following illustrates the response: 45.0 percent of respondents agreed that women should consume a healthy diet during pregnancy, while 36.0 percent disagreed. In comparison, only a small percentage (19.0 percent) stated that they Don't Know.

The above table is a systematic attempt to ascertain women's basic knowledge about several areas of maternal health; the majority of women reported having limited or no understanding. A substantially smaller but still considerable proportion of respondents reported being familiar with maternal health.

## Significant Findings and Social Work Interventions

- Very high and significant numbers of respondents don't have knowledge of minimum birth intervals, family planning methods, and dangerous signs during pregnancy and birth.
- In assessing the knowledge segment on maternal health, it was found that respondents were not aware of regular health check-ups, the first antenatal examination, the importance of taking Tetanus injections, calcium tablets, and delivering at a medical facility.
- The social work interventions will play a significant role in delivering the information to the rural population, especially mothers.
- Maternal health methods such as group work and community organization help in changing the level of a mother's knowledge of maternal health.
- Community-based counselling and actions are needed to provide holistic approaches for the betterment of maternal health.

## Conclusion:

This study contributed significantly to our understanding of women's current maternal health knowledge and experience. In general, greater emphasis should be placed on promoting awareness of and encouragement of healthy maternal health behaviours. It is vital to equip health care practitioners with culturally appropriate and realistic instructional materials for delivering critical reproductive health information to women of reproductive age.

## Acknowledgement:

The data is the outcome of a minor research project undertaken by Boruka trust, and permission has been obtained from the concerned parties to publish the findings. I am Sincerely thankful to the Boruka trust for permitting to obtain and publish these findings.

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