

# Knowledge on Maternal and Child Health Service among Women in Reproductive Age Group in Mahabalipuram, Kanchipuram District, Tamil Nadu, India

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## Abstract

The study to assess Knowledge on maternal and child health services among women in reproductive age group in Mahabalipuram, Kanchipuram District, Tamil Nadu, India” The objectives were to assess the knowledge of women regarding maternal and child health services and associate the level of knowledge with selected demographic variables among women in reproductive age group. 184 samples were selected by convenient sampling technique. Data collected by structured questionnaire. The collected data was tabulated and analysed. Descriptive and inferential statistical were used. The results are majority 60% of women had moderate knowledge where as minority 12% had inadequate knowledge. Demographic variables like Age  $\chi^2=12.14$ , Educational status  $\chi^2=16.572$ , Monthly income  $\chi^2=16.4828$ , Type of family  $\chi^2=23.788(p\leq 0.05)$  were significant where as Marital status  $\chi^2=1.0432$ , Occupational status  $\chi^2=0.7601$ , Number of pregnancy  $\chi^2=0.8079$  ( $p\leq 0.05$ ) not significant with the selected demographic variables among women in reproductive age group.

**Keywords:** Maternal and child health services, Reproductive age group women.

## Introduction

The Maternal and Child Health program standards provide an evidenced-based framework for the consistent, safe and quality delivery of the maternal and child health service. The program standards support the provision of clinical and corporative governance within the service and provide a systematic to improving service delivery and safety. (Nnenaya N. Kalu- Umeh, MBBS, MPH, Mohammed N. Sambo, MBBS, FWACP).<sup>1</sup>

In MCH Programme, Village Health Nurses visit villages in their Health sub centre area and register the Antenatal Mothers in early stage and use to conduct free Lab investigation, IFA, Albendazole Tablets and Immunization given to them and Sonography Investigation in the PHCs.<sup>2</sup>

**Immunization:** Under National Immunization Schedule, for Children below One Year to be immunized with 1 dose of BCG, 3 doses of OPV and Pentavalent, IPV 2 doses, 3 doses of Rota Vaccine and 1 Dose of MR Vaccine. Out of target 40914, achievement in BCG 38959 (95%), 3rd dose of OPV and Penta achievement 39873 (97%) and 39904 (97%) achieved in MR Vaccine.<sup>3</sup>

## Need for the Study:

**National Health Outcome Goals for the 12th Plan:**

**Reduction of Maternal Mortality Ratio (MMR) to 100:** At the recent rate of decline of 5.5% per annum

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India is projected to have an MMR of 143 by 2015 and 127 by 2017. An Accomplishment of the Millennium Development Goal (MDG) of Minimizing MMR to 109 by 2015 would require an advancement of this historical rate of decline. At this accelerated rate of decline, the country targeted to achieve MMR of 100 per 1000 by 2017, but it is not yet achieved. current MMR ratio 137 per 10000 in the year 2017 so they reset the target of achievement by 70 per 10000 in the year 2030.

**India MMR Ratio:** In Indian maternal mortality rates ratio is 137 per 10000 at 2017

**Tamil Nadu MMR:** In Tamil Nadu maternal mortality rates ratio is 66 per 10000 at 2015 -2016.

**Hemant Mahajan et al(March 2014):** A longitudinal epidemiological study conducted on utilization of maternal and child Health services by primigravida female in urban and rural area of India with consecutive 240 primigravida mother . Maternal complications and poor perinatal outcome are highly associated with non utilisation of antenatal and delivery care services and poor socioeconomic conditions of the patient. It is very important that all pregnant women have permission to high quality of obstetric care throughout the pregnancy. The study was carried out to Associate utilization of Maternal and child health services by urban and rural primigravida females and (240) study samples were enrolled in this study . And illiteracy and less mean age at the time of marriage were noted in rural population. Poor knowledge about prelacteal feed, colostrums, tetanus injection and iron-folic acid tablet consumption was noted in both urban and rural areas. Very few study participants from both areas were counselled for HIV testing before pregnancy. Abortion rate was (19.2%) were noted in urban compared to rural area . The Utilization study was poor in both urban and rural areas A Assisted and Focussed IEC Campaign to upgrade the awareness amongst community on maternal and child health services will enhance the community participation. This may improve the quality, accessibility and utilization of maternal health care services provided by the government agencies in both rural and urban areas almost 17% of rural subjects were illiterate compared to urban population (7.5%) Early marriage (below 18 years) was more in urban and rural area. However, more rural subjects than urban subjects (46.70% rural and 34.10% urban primi females) were married before the age of 18 years. In this study, majority of subjects were from age group 18 to 21 years, that is, 79 (65.80%) in

rural and 56 (46.70%) in urban area. The mean age at the time of marriage was years in rural and years in urban group. With mention to socio economic class, major part of rural and urban samples were from socioeconomic class was 62 (52%) and urban 67(56%) . Major part of urban samples 118 (98%) were house wives and 2 (2%) were working as tailor. Comparably, among rural study population only 92 (77%) sample were housewives.

**Statement of the Problem:** Knowledge on Maternal and Child Health service among women in reproductive age group in Mahabalipuram, Kanchipuram District, Tamil Nadu, India.

#### **Objectives:**

- Assess the knowledge of women regarding maternal and child health service.
- Associate the level of knowledge with selected demographic variables among women in reproductive age group.

#### **OPERATIONAL DEFINITION:**

##### **Knowledge on Maternal and child health services**

The information regarding the knowledge level of

Dr. Muthulakshmi Reddy maternity benefit scheme, Amma Baby Kit, Breast Milk Bank Programme, Janani Suraksha Yojana, Janani Sishu Suraksha Karyakram Scheme.

**Reproductive age group women:** The female who all are in the reproductive age group of 18-60 years .

**Research Methodology:** A quantitative approach with descriptive design was used in study. The study was conducted among women who are all in the age group of 18-60 years in Mahabalipuram. A Convenient sampling technique was used to select 184 samples with the following inclusion criteria. Women who are all: In the age group of 18 to 60 years, who are all present during data collection, who are able to read and understand Tamil. The data was analyzed by using descriptive and inferential statistics.

**Data Collection Procedure:** The study was conducted in Mahabalipuram after the written permission from the authorities, 184 Samples were selected, using convenient sampling technique who are willing to participate to study. The objectives of the study was explained and informed consent was obtained from the

samples. Demographic data were obtained from each sample and answers for self administered questionnaires collected. The investigator thanked the participants for their cooperation throughout the data collection period.

**Plan for Data Analysis:** The data of the present study was planned to be analyzed based on specific objectives. The data obtained from 184 samples were analyzed by using descriptive and inferential statistics as follows.

Descriptive statistical method such as frequency and percentage was used for describing demographic variables.

The association between the level of knowledge with the selected demographic variables was analyzed by inferential statistical method (i.e.) Chi square test.

**Ethical Consideration:**

- Obstetrics and Gynecological Nursing department clearance was obtained from Chettinad College of Nursing.
- UG Committee Clearance was obtained.
- Ethical Committee Clearance was obtained.
- Formal Permission was obtained from the Principal, Chettinad College of Nursing.
- Formal Consent was obtained from the study samples before collecting the information.

**Results and Discussion**

The discussion is presented as follows:

1. Frequency and percentage distribution of demographic variables among women in reproductive age group.
2. Describes about the level of knowledge on about maternal and child health services among women in reproductive age group.
3. Association of level of knowledge on maternal and child health services with the selected demographic variables among women in reproductive age group.

**1. Frequency and percentage distribution of demographic variables among women in reproductive age group:** The study revealed that majority (39%) of the samples were in the Age group of 38-60 yrs and (91%) of samples were Married. (53%) of the samples were received

Education from secondary & degree. (39%) of the samples Monthly income of 10357-20714. (79%) samples were a House wife. (70%) of samples were Multiple pregnancy. (63%) of samples were belong to Nuclear family.

**2. Describes about the level of knowledge on about maternal and child health services among women in reproductive age group.**

**Table 1: Describes about the level of knowledge on about maternal and child health services among women in reproductive age group.**

Level of Knowledge	Total Number of Sample	Percentage
Adequate	52	28%
Moderate	110	60%
Inadequate	22	12%
Total	184	100%

**Table 1:** Showed that majority 60% of women had moderate knowledge where as minority 12% had inadequate knowledge.

3. Association of level of knowledge on maternal and child health services with the selected demographic variables among women in reproductive age group.

Demographic variable like Age  $X^2=12.14$ , Educational status  $X^2=16.572$ , Monthly income  $X^2=16.4828$ , Type of family  $X^2=23.788$  were significant to  $p \leq 0.05$  where as Marital status  $X^2=1.0432$ , Occupational status  $X^2=0.7601$ , Number of pregnancy  $X^2=0.8079$  were not significant to  $p \leq 0.05$  with the knowledge on Maternal and Child Health Services among women in reproductive age.

**Conclusion**

A study to assess the knowledge on maternal and child Health services among women in reproductive age group in mahabalipuram, Kanchipuram District, Tamil Nadu, India. A total of 184 samples were selected by using convenient sampling technique. The knowledge level of samples was assessed by using a self structured questionnaire. The collected data were analyzed by using the descriptive statistic and inferential method. The study showed that majority 60% of women had moderate knowledge where as minority 12% had inadequate knowledge.

**Ethical Clearance:** In this study researchers have got prior permission to conduct the study and got

informed consent from each participant. We ensured that no physical harm to the samples. Confidentiality maintained.

**Source of Funding:** Self

**Conflict of Interest:** Nil

### **References**

1. MCH program resource guide . Maternal and Child Health Service guidelines. february 2013;
2. <https://vellore.nic.in/health/>..(accessed).(https://vellore.nic.in/health/)
3. Vipin M Vashishtha, Convener. Indian Academy of Pediatrics (IAP) recommended immunization schedule for children aged 0 through 18 years, India, 2013 and updates on immunization. pubmed. gov 2013 Dec; (50(12)):
4. Eschen A. Acting to save women lives report of the parter's for safe motherhood World Bank, Washington, DC.. 1992.