

INFORMATION NEEDS OF RURAL PREGNANT WOMEN IN GUNTUR DISTRICT

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ABSTRACT

The study (2018-'19) focused to identify the information needs of rural pregnant women by adopting exploratory research design in order to address the existing knowledge gaps. A sample size of 90 rural pregnant women from nine villages of Guntur district were selected for the study. Results indicated that majority of the pregnant women have expressed their information needs on antenatal registration process, laboratory tests, obstetric complications, high risk pregnancy, nutrition during pregnancy, etc. Awareness about various Govt. schemes and programmes was appreciable among the pregnant women as great majority (87.77%) of the respondents availed them. Information sources for the pregnant women were mainly parents (91.11%) which ranked first, followed by health department (88.88%) which ranked second, and Department of Women Development and Child Welfare (86.66%) which ranked third.

Keywords: Information needs, Rural, Pregnant women, Guntur District.

INTRODUCTION

Pregnancy is a crucial period in women's life. It is a physiological condition where great care should be taken during this phase as it involves the dual life of mother and foetus. In rural India, much significance is not given considering it as a normal condition. Hence whatever information that was given by their family members, elders and neighbours were taken into consideration for their health care leading to various complications in pregnancy sometimes resulting in increasing Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). This is due to lack of adequate knowledge and information availability to the rural folk in India. Hence, there is a great need to empower the rural pregnant women with scientific

knowledge and technological development in the field of health.

There is a declination in Maternal Mortality Rate (MMR) from 130 per one lakh live births in 2014-16 to 122 per one lakh live births in 2015-17. However, the study was formulated on pregnant women as the state of Andhra Pradesh have not shown any change in the ratio (GoI,2017). This approach will contribute indirectly to reach the Millennium Development Goals by reducing complications of rural pregnant women thereby decreasing maternal mortality rate and infant mortality rate.

Mulauzi and Daka (2018) revealed that maternal health information is a foundational

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element of women's positive health during prenatal period, childbirth and the postnatal period. All around the world, a lot of attention is provided on mother and child health care, but still many maternal information needs are unfulfilled. Rural women generally possess inadequate information and education on health care during pregnancy and as a result, the mortality rate during child birth is still high, chiefly in developing countries. Hence, the study was focused on identification of information needs of rural pregnant women.

MATERIAL AND METHODS

This study was conducted in Guntur district of Andhra Pradesh during the year 2018-19. Three mandals and three villages from each mandal were selected randomly. Ten pregnant women were selected from each village, thus, making a total sample of ninety respondents from nine villages for the study. After thorough literature

survey, an interview schedule was developed using dichotomous items such as 'Unaware' and 'Aware' duly assigning '1' and '2' scores respectively to elicit the informational needs on prenatal and postnatal care from the pregnant women. Based on the total score of each type of information the highest score given for the 'unaware' option represents the information gap and were finalised as the information needs of the selected pregnant women.

RESULTS AND DISCUSSION

Information needs during prenatal period

Identifying the information needs of the selected respondents is vital to assess the existing knowledge gaps of the pregnant women on prenatal care. Prenatal period refers to the stage in which a baby develops from a single cell after conception into an embryo and later into a foetus *i.e.* during the period of pregnancy.

Table 1. Classification of rural pregnant women based on the information needs during prenatal period (n=90)

S. No.	Information need	Unaware		Aware	
		Frequency (f)	Percentage (%)	Frequency(f)	Percentage(%)
1.	Expected date of delivery calculation	88	97.77	2	2.22
2.	Antenatal registration	53	58.88	37	41.11
3.	Symptoms during the pregnancy	52	57.77	38	42.22
4.	Laboratory investigations	47	52.22	43	47.77
5.	Scanning	48	53.33	42	46.66
6.	High risk pregnancy	73	81.11	17	18.88
7.	Obstetric complications	77	85.55	13	14.44
8.	Nutrition during the pregnancy	68	75.55	22	24.44
9.	Personal care to be taken during the pregnancy	48	53.33	42	46.66

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Information needs during prenatal period includes expected date of delivery (EDD) and its calculation, antenatal registration, symptoms during pregnancy, laboratory investigations, scanning, high risk pregnancy, obstetric complications, nutrition during pregnancy and personal care to be taken during pregnancy.

The results (Table 1) revealed that majority of the pregnant women were unaware about information on calculation of Expected Date of Delivery (97.77%) followed by obstetric complications during pregnancy (85.55%) high risk pregnancy (81.11%), nutrition during pregnancy (75.55%), antenatal registration (58.88%), symptoms during pregnancy (57.77%), scanning (53.33%), personal care to be taken during pregnancy (53.33%) and laboratory investigations (52.22%). The answer 'unaware' by the respondents was considered as information needs.

Kamali *et al.* (2017) in their study on information needs of pregnant women in Iran,

reported that most of the pregnant women needed information about care of the foetus development and growth, pregnancy nutrition, special tests during pregnancy and vaccination in pregnancy etc.

Although many pregnant women were aware about various components of prenatal care, they were eager to know the latest and detailed information due to increasing number of abortions at first time conception and complications during past pregnancy. Hence, the pregnant women preferred the detailed information on the above aspects.

Information needs during postnatal period

Information needs during postnatal period included nutritional care, postpartum threat signs of mother, new born care and personal care to be taken after delivery.

Majority of the rural pregnant women needed information on postpartum threat signs of mother, new born care (93.33%), nutritional

Table 2. Categorization of rural pregnant women based on the information needs during postnatal period (n=90)

S. No.	Information need	Unaware		Aware	
		Frequency	Percentage	Frequency	Percentage
1.	Nutritional care during postnatal period	77	85.55	13	14.44
2.	Postpartum threat signs of mother	89	98.88	1	1.11
3.	New born care	84	93.33	6	6.66
4.	Personal care to be taken after delivery	28	31.11	62	68.88

care during postnatal period (85.55%) and personal care to be taken after delivery (31.11%). The reason behind expressing the requirement of above information might be the lack of knowledge and excessive information availability and accessibility which leads to dilemma among the pregnant women (Table 2).

Superstitions on Pregnancy

Superstitions are any beliefs or practices that are prevailing in the society due to false conceptions. There are various kinds of superstitions regarding pregnancy and the study focused on the existing superstitions.

Table 3. Classification of respondents based on their superstitions (n=90)

S. No.	Superstitions	Not existed		Existed	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1.	Food	4	4.44	86	95.56
2.	Medical	62	68.88	28	31.12
3.	Social	5	5.55	85	94.45

Results indicated that superstitions during pregnancy were existing among the respondents and they were categorised as food, medical and social superstitions. A great majority of the women had superstitions regarding food (95.55%) followed by social (94.44 %) and medical superstitions (31.11 %) (Table 3). The reasons for existing superstitions were due to the outdated taboos, myths prevailing in the rural families which were deep rooted and transferred from generation to generation. The other major causes might be due to the lack of scientific knowledge about pregnancy.

Awareness on Government schemes and programmes

In order to benefit the rural pregnant women, Govt. implements various schemes

and programmes to maintain the health of both the pregnant women and the children. Hence, awareness about such schemes and programmes among the pregnant women helps to access the benefits.

The results revealed that 87.77 per cent of pregnant women were aware about current schemes of Government, while 12.22 per cent of the respondents were unaware about the schemes and programmes (Fig.1).

The increased awareness on the schemes and programmes among pregnant women was due to its higher rate of adoption, as these services were offered by the initiation of local extension units such as anganwadi centres and Primary Health Centres (PHC's). The current schemes and programmes such as *Janani Suraksha Yojana, Anna amruthahastham, and*

Pradhan Manthri mathru Vandana Yojana are effectively implemented by the government and various monetary and non-monetary benefits are given to the pregnant women irrespective of the caste and creed. Hence, the information related to schemes and programmes for the pregnant women is not considered as information need.

Information source

In order to gain any information, the source of information plays an essential role by providing knowledge (Table 4). Among the family and friends, the major information source was parents (91.11%) followed by in-laws (80.00%), relatives (36.66%), neighbours (27.77%) and friends (5.55%).

Awareness of rural pregnant women on Government Schemes & Programmes (n=90)

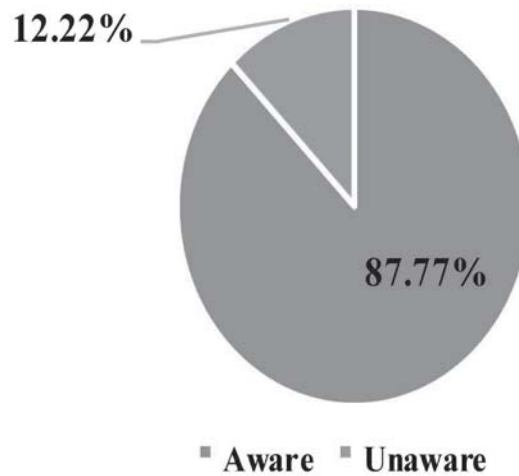


Fig. 1. Pie diagram showing the awareness of Government schemes and programmes of rural pregnant women

Among the extension personnel, information source for pregnant women was health department (88.88%) followed by Anganwadi centre from Women Development and Child Welfare Department (86.66%).

Information source for pregnant women from media was less and it was as followed in the order from internet (20%), television (16.66%) and newspaper (2.22%). The reason could be due to the lack of knowledge and accessibility to media and its usage. A meagre per cent of pregnant women (2.22%) expressed

other sources such as school teachers, Non-Government Organizations etc as the information source.

With regard to rank order of the Information source for the selected respondents on care during pregnancy, parents (91.11%) were placed in first rank followed by Health Department – in second rank (88.88%) and Department of Women Development and Child Welfare – in third rank (86.66%), in-laws – in fourth (80.00%) and relatives – in fifth rank (36.66%).

Table 4. Classification of respondents based on their information source (n=90)

S. No.	Category	Frequency (f)	Percentage (%)	Rank order
1.	Family and friends			
	Parents	82	91.11	I
	In-laws	72	80.00	IV
	Relatives	33	36.66	V
	Neighbours	25	27.77	
	Friends	5	5.55	
2.	Extension personnel			
	Health department	80	88.88	II
	Department of Women Development and Child Welfare	78	86.66	III
3.	Media			
	Newspaper	2	2.22	
	Television	15	16.66	
	Internet	18	20.00	
4.	Any other sources (school teacher, NGO, etc.)	2	2.22	

The Rank 'I' was given to parents as they were the most trustworthy, experienced and well informed members in the society, wherein, women can freely share and express their views. Extension personnel from Health Department were placed in Rank 'II' due to their reliable technical expertise and frequent interactions with the pregnant women.

Onuoha and Amuda (2013) reported that majority of the respondents (93.4%) stated that doctors were the most available source of

information followed closely by the nurses, prenatal health education classes, television, friends and family members etc.

CONCLUSION

Results revealed that information needs of pregnant women during prenatal period were on calculation of expected date of delivery followed by obstetric complications during pregnancy, high risk pregnancy, nutrition during pregnancy, etc. Information needs during

postnatal period were on postpartum threat signs of mother, new born care, nutritional care during postnatal period and personal care to be taken after delivery. Awareness about various government schemes and programmes was appreciable among the pregnant women as a great majority of the respondents availed them. Major information source for pregnant women were parents followed by health departments.

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