



INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact Factor: 6.078

(Volume 8, Issue 1 - V8I1-1244)

Available online at: <https://www.ijariit.com>

Maternal health and child care knowledge among farm women and associated factors

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ABSTRACT

A study on 'Maternal health and child care knowledge among farm women and associated factors' was conducted at University of Agricultural Sciences, on 300 farm women selected from Hubballi and Dharwad talukas of Dharwad district, Karnataka state. Maternal health and child care knowledge questionnaire developed by AICRP-CD unit from PJTSAU was used for the study. Results on component wise maternal health and child care knowledge revealed that, more than 50 per cent of rural women were found to have average knowledge level of health, hygiene and high knowledge level of nutrition. Overall maternal health and child care knowledge showed that, about 54.3 per cent of women had 'poor' knowledge about maternal health and child care while 45.7 per cent had 'average' and none of the respondents had 'good' knowledge regarding maternal health and child care. Among associated factors age, occupation and SES factors were found to have significant influence on maternal health and child care knowledge of rural women. Knowledge of rural women was found to be associated with age and literacy status of the mother. So, there is a need to give educational interventions to improve knowledge level of all reproductive age group women especially adolescent girls, married, pregnant and lactating mothers.

Keywords: Maternal health, Child care, Knowledge, Farm women, Occupation

1. INTRODUCTION

Maternal and child health are important indicators for describing mortality conditions, health progress and the overall social and economic wellbeing of a country. Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. Pregnancy is a natural process and every woman have the right of access to appropriate health care services that will enable her to plan and go safely through pregnancy and child birth. The health of women is a crucial factor in the health of children. Since maternal and newborn health is inextricably linked, of those women who die, only one in four of their babies will survive their first week of life. The maternal and neonatal deaths can be appropriately addressed with antenatal, intra natal and postnatal care.

Despite an array of national programs since independence for improving the health of the child as well as the mother, inadequate access and underutilization of modern health services are among the prime reasons for the high maternal mortality rate in India. Other common reasons include high illiteracy among females, early marriages, ignorance, low quality as well as high cost of service, social structure, detrimental health beliefs, personal characteristics, and malnutrition, especially among the rural and tribal populations. So, utilization of these services by the beneficiaries remains unsatisfactory (WHO, 2014).

Majority of India's population lives in rural areas. Women in rural India experience more episodes of illness than males. These women have less access to health care facilities before the illness is well advanced. This situation is directly linked to poverty; a vast majority of poor women caught in this vicious circle are young mothers in the reproductive age, who are deprived of their basic right to be healthy (Kulkarni et al., 2010). Thus, awareness of women regarding their health assumes special significance in the Indian context because the maternal health problems are mainly due to ignorance, poverty, and lack of knowledge regarding the issue. It is therefore very important to create awareness among rural women regarding maternal health and child care services. Thus, present study was under taken with objectives to assess maternal health knowledge and to know factors influencing maternal health knowledge of rural women.

2. METHODOLOGY

Population for the study: The population of the study consisted of the married, pregnant and mothers having single child (below one year age) in the age group of 18-35 years from 8 villages of two talukas of Dharwad district, Karnataka state.

Sample for the study Purposive sampling method was used to select the samples for the study. Door to door survey was done to select 300 women in the age group of 18-25 years from agrarian families who were married, pregnant and mothers having children below five years of age. These women were selected from 8 villages of two talukas of Dharwad district of Karnataka state. Among the samples, pregnant and mothers were identified with the help of record which is maintained in the Anganwadi centers in the respective villages. Household survey was also conducted to gather the information from married women samples.

2.1 The tools used for the study

Maternal and child health care knowledge questionnaire

This was assessed using a structured questionnaire developed by AICRP-CD unit from PJTSAU. The questionnaire consists of 45 statements with Yes/ No response with a score of 2 and 1 respectively. Tool consists of three components i.e., Health (25 statements), Hygiene (8 statements) and Nutrition (12 statements). Based on the total score of the respondents they were grouped into three categorized as given below.

Components	Health	Hygiene	Nutrition
Poor	1-16	1-5	1-8
Average	17-33	6-11	9-16
Good	34-50	12-16	17-24

Socio Economic Status scale by Aggrawal (2005)

The socio-economic status of the respondents was ascertained by using socio-economic status scale developed by Aggrawal *et al.* (2005). The scale consists of 22 statements which assess education, occupation, monthly per capita income from all sources, family possessions, number of children, number of earning members in family, education of children, domestic servants in home possession of agricultural land and nonagricultural land along with animals and social status of the family.

SES Category	Score
Upper high	>76
High	61-75
Upper middle	46-60
Lower middle	31-45
Poor	16-30
Very poor	<15

3. RESULTS AND DISCUSSION

The background characteristics (Table 1) of women selected for study revealed that a greater number of respondent were in younger age group (94.66%). Majority of women (81.00%) had education less than SSLC and about 5.66 per cent were found to be illiterates. More number of women were working private (70.33%) followed by Central /state Govt sector (19.66%). Majority were belonged to Upper caste (44.33%) followed by OBC (42.66%). Highest percentage of women were from middle SES group (87.00%) and remaining were belonged to High SES group.

Table 1. Background information of farm women

Variables	Factors	Number (N)	Frequency (%)
	Categories		
Age	Younger (18-25 years)	284	94.66
	Older (26-35 years)	16	5.33
Education	Post graduation	10	0.33
	Graduation	30	10.00
	< SSLC	243	81.00
	Illiterate	17	5.66
Occupation	Central/Govt	59	19.66
	Private	211	70.33
	Self employment	20	0.66
	Laborers	10	0.33
Caste	Upper caste	133	44.33
	OBC	128	42.66
	SC/ST	39	13.00
SES	High	39	13.00
	Middle	261	87.00
	Poor	-	-

The data presented in the table 2 indicates the component wise maternal health and child care knowledge among rural women. With respect to health, more than half (55.3%) of rural women fell under average knowledge level followed by poor (35.3%) and good (9.33%). With regard to hygiene aspect, 61.6 per cent of women had average knowledge, 30.0 per cent of them had good level and 8.3 per cent of them had poor knowledge of hygiene. In case of nutritional aspect, it is important to note that higher per

cent (55.6%) of rural women had good knowledge followed by average (41.3%) and poor (3.0%) level of nutritional knowledge. Present research findings were supported by Biyyala et al., 2018, indicating that a greater number of reproductive age group women were found to have average to good level of awareness about maternal and child health. Further pointed out that about 69 per cent of them had average knowledge about personal hygiene and child’s hygiene practices. About 63%-69% women knew about nutrition aspects viz., feeding colostrums, breast feeding immediately after delivery, immunization.

**Table2. Component wise maternal health and child care knowledge among rural women
N=300**

Components	Knowledge Levels		
	Poor	Average	Good
Health	106 (35.3)	166 (55.33)	28 (9.33)
Hygiene	25 (8.33)	185 (61.67)	90 (30.00)
Nutrition	9 (3.0)	124 (41.33)	167 (55.67)

Table 3 indicates the overall maternal health and child health status of women. About 54.3 per cent of women had ‘poor’ knowledge about maternal health and child care while 45.7 per cent had ‘average’ and none of the respondents had ‘good’ knowledge regarding maternal health and child care. Butawa et al., (2010) reported that very less number of respondents (3% of men and 1% of women) received scored good in maternal health knowledge. A considerable number (44.2% of men and 45.7% of women) have fair knowledge of maternal health but the remainder has poor knowledge. More than 50% of men and 53% of women gave answers that fell into the category of poor knowledge.

**Table 3. Overall Maternal health and child care knowledge of rural women
N=300**

Maternal health and child care	Score	N (%)
Poor/Low	45-60	163 (54.3)
Average	61-76	137 (45.7)
Good/high	77-90	-

Data pertaining to factors influencing maternal health and child care knowledge of rural women was depicted in the table 4. Results revealed that, with respect to age, 55.3 per cent of younger women had average maternal health and child care knowledge, 34.9 per cent of them had poor and 9.9 per cent of them had good knowledge of maternal health and child care respectively. Among older age group women, 56.2 per cent of them had average and 43.8 per cent of them had poor knowledge of maternal health and child care respectively. The chi square analysis showed non-significant association between age of women and their maternal health and child care knowledge. However, correlation test revealed negative but significant relationship between age and knowledge level of women. Further, mean scores of age category 64.8 and 58.4 indicated that younger women had more maternal health and child care knowledge than older age group women. The t-value (3.05) noticed significant difference between maternal health and child care knowledge of younger and older age group women and the ‘r’ value shows that there was a significant relationship between age and maternal health of rural women. The results of the study conducted by Shirin S, (2011) were contradictory to present research findings indicating that more than half (56.1%) of older age group (<31 years) women had average knowledge level of maternal and child health as compared to 31-49 years and > 49 years of women.

More than half of respondents of women (58.8, 53.3, 56.0 and 58.8%) belonging to educational level of post graduation, <SSLC and Illiterate had average maternal health and child care health knowledge followed by poor (29.4, 36.7, 35.0 and 29.4%) and good (11.8, 10.0, 9.1 and 11.8%) maternal health knowledge. The chi-square value indicated non-significant association between educational category and maternal health and child care knowledge of rural women. Comparison of mean scores of educational categories indicated that mean score of post graduated women is more as compared to other educational category women which shows that post graduated women had more maternal health and child care knowledge. Further ‘r’ value shows negative but non significant relationship between education and maternal health and child care knowledge. Ugal D (2010) and Patra et al., (2016) found that women with higher levels of education have a positive impact on gaining knowledge on maternal health aspects. Further he pointed out that women with lowest education were found to experience more maternal problems viz., pregnancy and postnatal complications as compared to higher educated women.

With respect to occupation, in all category of occupation more number of women had average (59.3, 51.7, 70.0, and 80.0 %) knowledge followed by poor and good knowledge of maternal health and child care. The Chi-square value showed existence of significant association between different occupation and maternal health and child care knowledge of rural women. Comparison of mean score indicated that women having central/government occupation were better in maternal health and child care knowledge than others. The ANOVA analysis indicated significant influence of occupation on maternal health and child care knowledge of women. Irrespective of occupational cadre (traders, farmers, civil and others), all Nigerian women were found in the category of having average knowledge level of maternal health and noticed significant association between occupation and health knowledge among Nigerian women (Ugal, D, 2010).

With respect to caste, more than half of the respondents (55.3, 55.3 and 55.6%) belonged to average category in all the category of caste, followed by poor and good. There was no association between caste and maternal health and child care knowledge. Further mean scores indicated that mean scores of upper caste women was more than OBC & SC/ST. This showed that upper caste

women were better in maternal health and child care knowledge. The ‘F’ value indicated non significant contribution and relationship between caste and maternal health and child care knowledge of women. Results of Saroha E et al., (2008) are in line with present research findings indicating that maternal health care service use among both middle and lower caste women was very low which was due to lower level of knowledge about maternal and child health. Upper caste women were almost three times more likely to use antenatal care as compared to other caste. Caste was the one socio demographic factor that was significantly associated with the use of all maternal health care services.

With respect to socio-economic status, more than half of the respondents having high, middle and poor SES women had average maternal health and child care knowledge followed by poor and good knowledge on maternal health and child care. The Chi-square and F-test showed non-significant influence of SES on maternal health and child care knowledge of women. Shirin S (2011) reported that age and socio-economic status of women had significant influence on gaining knowledge regarding ANC with respect to maternal and child health in which women with high and middle SES category were more access to use. Results of Aseweh et al., (2011) are in line with present research finding in which the regression results revealed utilization of maternal health services and intensity of use of antenatal services are influenced by age of mother, type of birth, education of mother, ethnicity, economic status, geographic location, residence, and religious affiliation.

Table 4. Influence of selected variables on maternal health and child care knowledge of rural women

Factors		Maternal Health & child care knowledge			χ^2 value	r-value	Mean (SD)	t/F-value
Variables	Categories	Poor	Average	Good				
Age	Younger (17-26 years)	99 (34.9)	157 (55.3)	28 (9.9)	1.91	-0.12*	64.8 (8.29)	3.05**
	Older (27-36 years)	7 (43.8)	9 (56.2)	-			58.4 (3.05)	
Education	Post graduation	5 (4.7)	4 (2.4)	1 (3.6)	1.450 ^{NS}	-0.027 ^{NS}	64.40 (10.36)	1.211 ^{NS}
	Graduation	11 (10.4)	16 (9.6)	3 (10.7)			65.46 (6.56)	
	< SSLC	85 (80.2)	136 (81.9)	22 (78.6)			64.12 (8.20)	
	Illiterate	5 (14.7)	10 (6.1)	2 (7.1)			67.52 (9.57)	
Occupation	Central/Govt	20 (33.9)	35 (59.3)	4 (6.8)	16.341**	-	64.52 (7.78)	5.809**
	Private	36 (49.3)	30 (41.1)	7 (9.6)			64.65 (7.65)	
	Self employment	2 (7.7)	20 (76.9)	4 (15.4)			70.46 (7.38)	
	Laborers	48 (33.8)	81 (57.1)	13 (9.2)			63.62 (8.41)	
Caste	Upper caste	45 (34.1)	73 (55.3)	14 (10.6)	0.733 ^{NS}	-	64.68 (8.44)	0.494 ^{NS}
	OBC	44 (35.8)	68 (55.6)	11 (8.9)			65.14 (7.87)	
	SC/ST	17 (37.8)	25 (55.6)	3 (6.7)			65.24 (8.58)	
SES	High	61 (36.5)	90 (56.9)	16 (9.6)	0.684 ^{NS}	0.122*	63.73 (8.67)	2.348 ^{NS}
	Middle	22 (31.9)	40 (58.0)	7 (10.1)			64.47 (7.58)	
	Poor	23 (35.9)	36 (56.2)	5 (7.8)			66.34 (7.45)	

4. CONCLUSION

Majority of rural women had poor knowledge about maternal health and child care. It is very necessary to impart awareness regarding health, hygiene and nutritional aspects of mother as well as children. Knowledge of rural women was found to be associated with their age and literacy status. So, there is a need to give educational interventions to improve knowledge level of all age group women especially adolescent girls, married, pregnant and lactating mothers regarding related scientific information, personal, cultural and social stigma about health care practices predisposes of poor knowledge, attitude and practices of health and care.

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