

A Study to Assess the Knowledge of Junior Health Assistants (Female) in Relation with the Leading Causes of Maternal Mortality and Morbidity in Selected PHC'S of Bagalkot District Karnataka State

¹Jayashree. Itti

Professor and HOD of Community Health Nursing
B V V S Sajjalashree Institute of Nursing Sciences Navanagar
Bagalkot-587102

²Shilpa. N. Kugali

Associate professor Community Health Nursing Department
B V V S Sajjalashree Institute of Nursing Sciences Navanagar
Bagalkot-587102

³Dr. Deelip S. Natekar

Principal and H.O.D Community Health Nursing Department
B V V S Sajjalashree Institute of Nursing Sciences Navanagar
Bagalkot-587102

⁴Mahesh. Koujalagi

Lecture of medical surgical nursing
Nandi institute of nursing sciences bagalkot
Bagalkot-587102

Corresponding Authors

⁵Sharavankumar Lachyan, ⁶Nitin. Jakati

Abstract:- The maternal mortality and morbidity problem in developing countries is high. Every year 6,00,000 women die because of problems during pregnancy. The maternal mortality is a complex relation between medical, cultural, logistic and socio economic factors and prevailing health care infrastructure in the community. The major immediate causes account for 75%of maternal death.

I. THE MAJOR CAUSES FOR MATERNAL MORTALITY AND MORBIDITY

1. Haemorrhage (APH and PPH and Abortion)
2. Hypertension disorder (Pre Eclampsia and Eclampsia)
3. Anaemia
4. Abortion
5. Sepsis
6. Hypertension (pre Eclampsia, Eclampsia)
7. Convulsion
8. Loss of consciousness
9. Shock
10. High Fever
11. Placenta does not come out within 30min of delivery.

74%Of India's population live in rural areas, most of deliveries take place in villiage at home rarely in the sub centre, with the aid of junior health assistant (Female) should be properly trained to identify the danger signals during labour and for immediate help in transferring the mother to the nearest primary health centre or hospital.

Junior health assistant (Female) become an important component for the maternal and child health interventions. Many of our programs have facility services for delivery and there are no alternative health providers will be available 24 hours a day, 7days a week to respond to delivery calls..

II. OBJECTIVES

1. To asses the knowledge and causes regarding maternal mortality and Morbidity among Junior health assistants (Female)
 2. To identify the relation between the JHA'S(Female) knowledge and causes about maternal mortality and morbidity with selected demographic variables.
- **HYPOTHESIS:** TO achieve the stated objectives following hypothesis has been developed. Junior Health maternal mortality and morbidity.

III. METHODOLOGY

Research methods refer to step, procedures and strategies for gathering and analyzing data in a research involved. Research methodology is a way to systematically solve the research problem. It is a science of studying how research is done scientifically. This chapter deals with the brief description of the different steps undertaken by the investigator for the study. It includes the research approach, research design, variables, setting of the study, population, sample and sampling techniques, development of tool, description of tool, content validity pre-testing of the tool, pilot study and data collection procedure and plan for data analysis.

➤ *Research Approach*

"An evaluating research is an applied form of research that involves finding out how well a program, practice, procedure or policy is working". The main goal is to evaluate the success of the program. The section of the research approach is the basic procedure for conducting research enquiry. A research tells the researcher what data to collect, and how to analysis it, it also suggests possible conclusion to be drawn from the data, in view of the nature of problem under study descriptive survey approach was considered as appropriate to describe and knowledge of the J H A'S(Female) in rural areas regarding selected maternal mortality and morbidity.

➤ *Research Design*

- Research design is a blue print for conducting a study that maximizes control over factors that could interfere with the validity of the findings. 71
- Research design is an arrangement of condition for collection and analysis of data in a manner that aims to Continue relevance to the research purpose with economy in procedure 71
- The Research design selected for the study is descriptive survey design. The study was carried out for providing an accurate portray of knowledge, regarding selected maternal mortality and Morbidity.

➤ *Variables*

Variable are the qualities or characteristics or persons, things or situations that changes or vary.

1. *Dependent variable:*

It is the outcome variable of interest the variable that is hypothesized to depend on or be caused by another variable, the independent variable.

2. *Extraneous variable :*

It is an uncontrolled variable that greatly influences the result of the study, in this study the dependent variable was knowledge as measured by structured knowledge questionnaire, The extraneous variable are the socio demographic data of respondents.

IV. SETTING OF THE STUDY

The physical location and conditions in which data collection take place in the study is known as setting, the study was conducted at rural areas of Bagalkot District.

➤ *Population:*

Population includes all possible element that could be included in research in this study population were the junior health assistant of the villages under 6 primary health centres of Bagalkot District in the rural areas during the period under investigation, were the selected population for the study.

➤ *Sample:*

Sample is a small portion of the population selected for observation and analysis. The sample for the present study of 100 JHAS.

➤ *Criteria For Selecting The Sample:*

The sample selection was based on the following inclusion and exclusion criteria.

V. DESCRIPTION OF THE TOOL

The structured questionnaire has 2 parts,

Part 1: Consisted of demographic data which included the age, village name, sub center, PHC Literacy status, marital status, religion, year of training, and experience.

Part 2: Consisted of knowledge related questionnaire about maternal mortality and Morbidity. (APH, PPH, Pre-eclampsia, Eclampsia and anemia) further it is divided into 5 sections.

Assess the knowledge of J H S's(Female) regarding maternal mortality and Morbidity. The result found that 49% J H S's(Female) had adequate mean knowledge as compared to 26% in adequate mean knowledge and 25% satisfactory mean knowledge. It can be seen from the data that overall mean knowledge found to be 49% as compared to SD as 1.05%. Regarding the aspect were to mean knowledge 75.38% noticed in APH as against least knowledge found in the aspect of 46.97% of anaemia.

- The chi-square value of 45% which even significant at 4% [P<001] revealed that there is no significant association between the age of the respondents and the level of the knowledge regarding selected maternal mortality and Morbidity.
- The chi-square value of 35% which was significant at 00% level [P<0.001 %] revealed that there is association between the religion and the level of knowledge regarding maternal mortality and Morbidity.
- The chi-square value of 47% which was significant at 00% level [P<001] revealed that there is significant association between the general education status and the level of the knowledge regarding selected medical mortality and Morbidity.
- The chi-square value of 31% which was significant at 2% level [P<0.01] revealed that there is association between the marital status and the level of the knowledge regarding maternal mortality and Morbidity.
- The chi-square value of 49% which was significant at 4% [P<0.01] revealed that there is significant association between the professional education and the level of knowledge regarding maternal mortality and Morbidity.
- The chi-square value of 12% which was significant at 0.23 level [P<001] revealed that there is significant association between the J H A's(Female) in service program and level

of knowledge regarding maternal mortality and Morbidity.

- The chi-square value of 33 level which was significant 2 level [P<01]revealed that there is association between the professional conference and level of knowledge regarding maternal mortality and Morbidity.
- The chi-square value of 67 which was significant at 2 level [P<01]revealed that there is association between the continuing education programme and level of knowledge regarding maternal mortality and Morbidity.
- The chi-square value of 85 which was significant at 4 level [P<001] revealed that there is association between the professional experience and level of knowledge regarding maternal mortality and Morbidity.

The study revealed that there is significant association between the religion, general education status, marital status, professional education, education programme, professional conference and professional experience with the knowledge regarding maternal mortality and Morbidity.

The study showed that there is no significant association between the age of respondents and with the knowledge regarding maternal mortality and Morbidity.

Section I: Description of demographic variables.

The present study used purposive sampling as the sampling technique. The size of the sample was 100 J H A’s (female) from selected rural areas of bagalkot district.

Sample characteristics included age, religion, and general education, marital status, and professional education of J H A’s (female) experience in year. The frequency & percentage of the sample by their demographic characteristics are presented in the following table.

Variables	No of respondents	Of respondents
Age groups (in years)		
20-30 years	22	22.00
31-40 years	41	41.00
41 and above	37	37.00
Religion		
Hindu	89	89.00
Muslim	6	6.00
Christian	5	5.00
General education status		
SSLC	85	85.00
PUC	10	10.00
Any other degree	5	5.00
Marital status		
Married	77	77.00
Unmarried	23	23.00
Divorced	0	0.00

Table 1:- Discription of study samples according to Age. Religion, general education status, Martial Status.

Distribution responds by age, religion, General education status, martial, status, is depicted in table1

Variables	No of respondents	Of respondents
Professional educational status		
ANM	73	73.00
LHV	20	20.00
DPHN	7	7.00
Service education programme		
Attended	81	81.00
Not allotted	19	19.00
Professional conference		
Attended	59	59.00
Not attended	41	41.00
Continuing education programme		
Attended	63	63.00
Not attended	37	37.00
Professional experience		
5-10years	33	33.00
11-15 years	52	52.00
16&above years	15	15.00

Table 2:- Distribution of subsection according Professional educational status, in service education programme, professional conference, continuing education programme, professional experiecd

Variables	Knowledge levels			Chisquare value	DF	p-value
	Inadequate	Satisfactory	adequate			
Continuing education programme						
Attended	13	1	49	67.9970	2	0.0000
Not attended	13	24	0			
5-10years	26	7	0	85.635	4	0.0000
11-15years	0	18	34			
16 & above years	0	0	15			
Total	26	25	49			

Table 3:- Knowledge levels and different socio demographic variables of J H A's (female).

This table deals with the analysis of association between the knowledge levels regarding selected maternal mortality and morbidity, and it would be analyzed frequency. Chi-square and mean percentage.

Percentage distribution of study subjects according to levels of knowledge level of J H A's (female) indicated the Table 3. The finding of this study indicate that respondents 26% noticed with inadequate knowledge 25% found with satisfactory knowledge, however present study sample shows that having adequate knowledge of 49%.

VI. CONCLUSION

The findings of the study showed that majority 25% of the respondent had moderate knowledge and 26% had inadequate knowledge, 49% of respondents had adequate knowledge. The study showed that adequate knowledge 70%. There is no association between the level of knowledge regarding maternal mortality and morbidity and the socio demographic variables. Inadequate knowledge could be due to lack of training, modern education, lack of provision, facilities, most of respondents learnt from their training period.

This section deals with the analysis of association between level of knowledge regarding selected maternal and morbidity and age of the respondents. In order to find out the association between the level of knowledge regarding selected maternal mortality and morbidity and age of the respondents the following hypothesis was formulated.

H_0 : There is no association between the level of knowledge regarding selected maternal mortality and morbidity and the age of the respondents. So hypothesis is accepted.

The chi square test was computed in order to determine the significance of association between the level of knowledge regarding selected aspects of aspect of maternal mortality and morbidity and the age of the respondents.

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