

The Awareness On Preconception Care Among Women Of Reproductive Age In Selected Areas Lucknow

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Cite this paper as: Nidhi Rao, Dr Shivraj Singh Tyagi (2025) The Awareness On Preconception Care Among Women Of Reproductive Age In Selected Areas Lucknow Journal of Neonatal Surgery, 14, (1) 80-83

ABSTRACT

Introduction: Preconception health care is a care given to a woman before pregnancy to manage conditions and behaviors which could be a risk to women and babies. Preconception health applies to women who have never been pregnant, and also to women who could become pregnant again and it looks at a factor that will affect a fetus or infant such as taking prescription drugs or drinking alcohol. The key to promote preconception health is to combine the best medical care, healthy behaviors, strong support, and safe environments at home and at work.

Objectives: To assess the awareness on preconception care among the women of reproductive age in selected rural areas of Moradabad.

Materials and methods: Simple random sampling method (computing method) was used to select the participant for the study. The data was collected using structured awareness questionnaire including demographic Performa. The data was analyzed by using descriptive and inferential statistics using SPSS version 20 software.

Results: It reveals that 39.2% were having low level of awareness, 60.8% were having moderate level of awareness, where was no percentage lies over high level of awareness. It showed that the majority of women were having the moderate level of awareness regarding preconception care, hence there is no significant association between the level of awareness with the demographic variable.

conclusion: It concluded that preconception care is mainly focusing to bring out every women for the improvement of health and have to be aware regarding the aspects of preconception care and enroll themselves in every educational programme where it might makes an improvement to reduces the risk of getting the difficulties..

Keywords: Awareness, Preconception care, Reproductive age women.

INTRODUCTION

It is health that is real wealth and not piece of gold and silver According to Biermann,Dunlop et al.,2006., Every woman of reproductive age who is capable of becoming pregnant is a candidate for preconception care, even if she is not planning to conceive. Pregnancy is a unique, exciting and often joyous time in a woman's life, as it highlights the woman's amazing creative and nurturing powers while providing a bridge to the future. Pregnancy is a exciting and joyous period in women life as it mainly focuses on the women ability to born up a new life from their strengthing power. [3]

Pregnancy comes with some cost as from the beginning there is some responsible attitude focuses on the health of the nearer coming situations of preparing for pregnancy and healthy baby. Planning for pregnancy is an early phase of nurturing the pregnancy. Planning is to decide the proper moment to get pregnant and to create a healthy environment for both the mother and baby by preventing stress, nutrients deficiency, birth defects or any other pregnancy problem. [2] Beginning in 1990, the United States Public Health Service recommended that all primary health care providers should assess women of reproductive age for their preconception risk conditions and either directly provide or refer them for preconception interventions as needed the opportunities presented to physicians and care providers to intervene with their reproductive age patients and the actual provision of Preconception care prevention services is of considerable concern According to **Jack, Atrash et al. 2008.** Preconception care and its relevance to healthy outcomes for inspiring parents and their future children is relatively new. Since 1980 a specialty service were developed for women who had previously experienced compromised birth outcomes, education and development regarding Preconception care has grown substantially

According to **Hillemeier, Weisman et al. 2008**. There are several barriers that have been implicated in the slowed growth of PCC care provision. Jack and Culpepper (1990) identified the following seven barriers to the effective dissemination of PCC health information: 1) those populations most in need of services are those least likely to receive them (e.g., demographic barriers such as low socioeconomic status, lack of medical insurance and/or coverage, etc) 2) the provision of services is often significantly fragmented, 3) there is a dearth of accessible treatment services for high-risk behaviors, 4) reimbursement for risk assessment and preventive care is highly inadequate, 5) health promotion messages are not shown to be effective in the absence of patient motivation, 6) few preconception interventions have a substantial body of supportive data, and 7) many medical training programs do not emphasize the value of risk assessment and health promotion services. Taken together, these barriers serve to prevent women and couples from seeking information to maximize conception and pregnancy health outcomes, and represent a failure to effectively merge medical treatment philosophy with care delivery

According to **Elyse Corbett 2011**. Despite recent gains in the theoretical appreciation for the value of PCC information and its empowerment there has been only modest progress in the implementation of these concepts in the clinical practice.

According to **Sv dean, et al., 2014**. There is widespread agreement that to reduce maternal and childhood mortality, a continuum of care needs to be provided through pregnancy, childbirth, the postnatal period (addressing both mothers and infants), infancy, childhood, adolescence and adulthood. There is also widespread agreement that actions are needed at the community, primary care and referral care level to deliver this continuum of care. Based on these agreements, a package of health interventions for family planning, safe abortion care, and maternal, newborn and child health has been developed by the World Health Organization (WHO) in collaboration with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Bank and the Partnership on Maternal, Newborn and Child Health. There is increasing realization that a gap exists in the continuum of care.

Objectives

1. To assess the awareness on preconception care among the women of reproductive age in selected rural areas of Lucknow.
2. To find the association between the awareness on preconception care with selected demographic variables.

MATERIALS AND METHODS:

Sample was 120 reproductive age women and simple random sampling was used in the study. A demographic performa consisted of 8 items and Structured awareness questionnaire consisted of 25 items on awareness of preconception care and was undertaken for the data collection and the collected data was analyzed with the descriptive and inferential statistics.

RESULT :

The major findings of the study, regarding age 56.70% of participants belongs to the age group between 18-27years, 26.70% were under the age group of 28-37 years and 16.70% belongs to the age group of 38-45 years. Regarding the educational status, 37.50% participants were having no formal education, 20.80% were having primary education, 24.20% were having Secondary education, 15.00% were having higher education and 2.50% were graduates. About religion, 45.00% belongs to the Hindu religion, 55.00% belongs to the Muslim religion, None of them belongs to the Christian and others religion. Regarding Employment, 7.50% were employed, 80.50% were Unemployed, 0.80% were doing business, 5.00% were Homemaker, 5.80% were Farmer. About family monthly income, 19% of participants have Family monthly income less than 5000, 41.70% participant have Family Monthly income between 5000-10,000Rs, 28.3% participants between 10001-15000 and 14.20% participants Family monthly income more than 15000. About marital status, 66.7% of participants were Married, 33.30% participants were single and none of them were Divorced, separated and widowed. Regarding type of family, 63.30% of the participants belong to Joint family and 36.7% of the participants belongs to Nuclear family. Regarding sources of information, 30.8% of participants were received the information from the health care professionals, 35.8% were received the information from the family friends, 10% were from the magazines and newspaper, 3.3% were from the internet, 5% were received the information from the television and radio and 15% of them. About type of marriage, 20.8% were responded to consanguineous marriage and 80% were responded to non consanguineous marriage. Regarding ever been pregnant, majority (100%) of the participants have been pregnant. About pregnancy (if yes whether it was planned), majority (88.8%) of women have not planned their previous pregnancy and 11.3% of participants have planned the previous pregnancy. Regarding number of children, 20.00% were having 1 child, 52.50% were having 2 child and 27.5% were having more than 2 children. About history of abortion, 10% of participants had the history of abortion and 90% of participants were not having the history of abortion. About history of still birth, 100% of Participants were not having the history of still birth. Regarding plan about getting pregnant, 92.50% participant were not planning their pregnancy at present time, 5% are currently trying, 0% were not considering in next to year, 1.25% were having plan to consider in 3-5 years. About history of family planning use 1.25% were using family planning measures and 98.8% of participants were not using family planning measures. Similarly majority of respondents 39.20% were having low level of awareness, and 60.80% were having moderate level of awareness on preconception care. The analysis was done for association between the level of awareness with selected demographic variables of women revealed that there is no statistical significant association between

the level of awareness and demographic variables like Age, Educational status ,Religion, Employment, Family monthly income, Marital status, Type of family, Type of marriage , Ever been pregnant , If ever been pregnant whether it was planned ,Number of children, History of abortion, History of still birth, Plan about getting pregnant , History of family planning use, Sources of preconception care information at 0.05 level of significance. The mean awareness score of married women is 9.5 with the standard deviation 3.1 and mean awareness score of unmarried women is 8.7 with standard deviation 1.9. The 't' value of overall mean awareness score of married and unmarried women was 1.789. The calculated 't' value (1.789) was lesser than the table value (1.98) at 0.05 level of significance respectively. It indicates that there was no significant difference between the mean awareness score of married and unmarried women of reproductive age.

DISCUSSION :

- The first objective was to assess the level of awareness on preconception care among the women of reproductive age. In the present study majority of respondents (39.20%) were having low level of awareness, 60.80% were having moderate level of awareness.

Similarly the study conducted by Subah Devi sapkota et al (2017) on awareness and practice regarding preconception care among antenatal mothers showed that majority 51% of mothers were having low level of awareness and concluded that awareness and practice of antenatal mothers are relatively poor.

Other similar study conducted by Van der zee, B et al (2013) on preconception care concept and perceptions among a reproductive age women with the objective of assessing the level of awareness and the study showed the findings that 61% of participants having moderate level of awareness.

- The second objective was to find the association between the level of awareness with their selected demographic variables.

In the present study it showed that there is no significant association between the level of awareness with their selected demographic variables such as age, educational status ,religion, employment, family monthly income, marital status, type of family, type of marriage , ever been pregnant , whether it was planned ,number of children, history of abortion, history of still birth, plan about getting pregnant , history of family planning use, sources of preconception care information.

Similar study was conducted by Rosnani Kasim, Nani Draman et al (2016) on Knowledge, Attitudes and Practice of Preconception Care among Women Attending Maternal Health Clinic and the finding reveals that there is a significant association between the level of awareness with the selected demographic variable (age, number of pregnancies, race, employment, pregnancy, pregnancy related complication, obstetrical history, medical history).

Conclusion :

It concluded that preconception care is mainly focusing to bring out every women for the improvement of health and have to be aware regarding the aspects of preconception care and enroll themselves in every educational programme where it might makes an improvement to reduces the risk of getting the difficulties .

Ethical consideration:

This study is ethically considered by the panel of Teerthanker Mahaveer College of Nursing , Teerthanker Mahaveer University after discussing with each and every part of the study.

Conflict of interest : NIL

Source of funding : SELF

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