



ISSN Print: 2394-7500
 ISSN Online: 2394-5869
 Impact Factor: 8.4
 IJAR 2023; 9(4): 19-25
www.allresearchjournal.com
 Received: 17-01-2023
 Accepted: 22-02-2023

Mohammed Umar
 M. Sc. Nursing Tutor,
 Department Community
 Health Nursing, Gopal
 Narayan Singh University,
 Sasaram, Jamuhar, Bihar,
 India

Sundram Kumar
 B. Sc Nursing-4th year
 students, Gopal Narayan Singh
 University, Sasaram, Jamuhar,
 Bihar, India

Ujjala Kumar
 B. Sc Nursing-4th year
 students, Gopal Narayan Singh
 University, Sasaram, Jamuhar,
 Bihar, India

Abhilasha Kumari
 B. Sc Nursing-4th year
 students, Gopal Narayan Singh
 University, Sasaram, Jamuhar,
 Bihar, India

Corresponding Author:
Mohammed Umar
 M. Sc. Nursing Tutor,
 Department Community
 Health Nursing, Gopal
 Narayan Singh University,
 Sasaram, Jamuhar, Bihar,
 India

A study to evaluate the effectiveness of structured teaching program on knowledge regarding minor disorders of pregnancy and its management among antenatal mother in selected village of Sasaram Rohtas

Mohammed Umar, Sundram Kumar, Ujjala Kumar and Abhilasha Kumari

DOI: <https://doi.org/10.22271/allresearch.2023.v9.i4a.10712>

Abstract

Introduction: During pregnancy, many physiological, anatomical, biochemical, and immunological changes and adaptations happen within the mother. These changes and adaptations lead to minor discomforts¹. During the COVID-19 pandemic, the health services such as immunization, ANC, and other essential services for pregnant women and children were adversely affected. Over this period, the mortality numbers would, thus, expectedly have gone up. What is required is that the government, with the help of this useful data and analysis, undertakes steps that help the situation at the district and sub-district level. Reveling in aggregate numbers will not help solve the problem².

Objective

1. To assess the pre-test level of knowledge score regarding minor disorder of pregnancy among antenatal mother in selected village of Sasaram Rohtas.
2. To assess the post-test level of knowledge score regarding minor disorders of pregnancy among antenatal mother in selected village of Sasaram Rohtas.
3. To find out the association between score with their selected demographical variables.

Methodology: The current study was a pre-experimental one group pre-test and post test research study among the ante natal mothers at the selected village the total sample size was consists 30 mothers were selected by using purposive sampling technique. The researcher was using the semi-structured questionnaire to collect the data. Data was collected using a self structured questioner. After collection of data, the data was analyzed by using inferential statistics such as chi-square and paired “t” test to determine association between pre-test and selected demographic variable among ante-natal mothers.

Result: The currents study results shows out of 30 study participants that the highly majority of 80% of mothers had average knowledge, 20% of mothers had poor knowledge and 0% of mothers had excellent knowledge during the pre-test knowledge score. After the planned teaching programme differently changed the mother’s knowledge, whereas the post-test knowledge score majority of 70% of mothers had excellent knowledge, 20% of mothers had average knowledge regarding the prevention of minor ailments during the antenatal mothers. The mean post-test knowledge score ranged from 7-18 (df-11) which is higher than the pre-test knowledge score of 3-12(df-18). The mean post-test knowledge score (of 12.5±2.94) was higher than the pre-test knowledge score (6.67±2.69). The paired “t” value comparison was 7.39 while df 29 and the p-value for this comparison was significant (0.000) which is less than the normal p-value (<0.05).

Discussion and Conclusion: It can be inferred that the structured teaching programme was proved significantly highly effective in improving the knowledge of mother’s antenatal mother regarding prevention of minor ailments disorder.

Mean post-test knowledge score ranged from 7-18 (df-11) which is higher than the pre-test knowledge score of 3-12(df-18). The mean post-test knowledge score (of 12.5±2.94) was higher than the pre-test knowledge score (6.67±2.69). The paired “t” value comparison was 7.39 while df 29 and the p-value for this comparison was significant (0.000) which is less than the normal p-value (<0.05).

Keywords: Structured teaching programme, ante-natal mother, self-structured questionnaire, minor disorder

Introduction

During pregnancy, many physiological, anatomical, biochemical, and immunological changes and adaptations happen within the mother.

Every pregnancy and birth event is a unique process, and the pregnancy state is a more crucial stage for the both baby and the mother ^[1].

Maternal health is defined as the health of a woman during conception, childbearing, and after the birth of her child ^[2]. The study suggests that improvements in Antenatal Care (ANC), postnatal care within 48 hours of delivery, body mass index, maternal nutrition, years of schooling, and reduction of higher-order births, births in higher ages, and poor economic status will help in reducing MMR in the districts of India ^[3].

Pregnancy is the vital event in life of a woman. Every day approximately 830 women die from preventable causes related to pregnancy and child birth. 90% of all maternal death occurs in developing countries. Women died as a result of complications during and following pregnancy and child birth ^[4]. Most of these complications develop during pregnancy and most are preventable and treatable ^[5].

Every pregnancy is a unique experience for the women and each pregnancy that the women experience will be new and uniquely different. Reproduction though considered to be an usual process in the life of a women, is stressful and can lead to the risk and threats in reproductive age group women unless, appropriate measures are taken in time, it may reach its peak and endanger the life of mothers ^[6].

Whole pregnancy period is associated with number of ailments which are otherwise easily manageable at home. Some of common ailments of pregnancy during 1st trimester includes nausea and vomiting, fatigue, increased micturition. 2nd trimester is marked by backache, Leg cramps, constipation, hurt burn while 3d trimester by varicosities, sleep disturbance, haemorrhoids etc. According to WHO in low income settings about 70% of women report signs and symptoms of one or other minor ailments throughout whole period of pregnancy ^[7].

During pregnancy, an offspring, called an embryo or fetus, is fertilized and develops in the uterus of a woman. After conception, women give birth about 38 - 42 weeks after conception ^[8].

During the COVID-19 pandemic, the health services such as immunization, ANC, and other essential services for pregnant women and children were adversely affected ^[9].

WHO (2016), pregnancy-related mortality and morbidity rate was unacceptable high. In 2015 an estimated 303000 mothers die due to pregnancy-related diseases, and cause, 2.7 million newborn babies die during the first month of life, and 2.6 million mothers are born stillbirth. However, worldwide only 64% of pregnant women receive antenatal visits four or more throughout pregnancy ^[10].

However, worldwide only 64% of pregnant women receive antenatal visits four or more throughout pregnancy ^[11]. The Pradhan Mantri Matru Vandana Yojana (PMMVY) does give the money in instalments, but we do not have the data to evaluate how well it is working. If full ANC is received, there are lesser chances of getting an obstetric emergency. People going for institutional deliveries without obtaining full ANC could be due to two reasons one is incentive attraction, and the other is a requirement of emergency obstetric care because of missing ANCs. This comes out in the case of Bihar, where institutional delivery is high, but the number of ANC is low ^[12].

According to NITI aayog, maternal mortality rate of India has reduced from 167 per 1,00,000 live births in 2011-13 to 130 per 1,00,000 live births in 2014-16 and infant mortality

rate has reduced from 37 per 1000 live births in 2015 to 34 per 1000 live births in 2016. In Chhattisgarh, the maternal mortality has been reduced from 221 per 1,00,000 live births in 2011-13 to 165 per 1,00,000 live births in 2014-16 and infant mortality rate has been reduced from 41 per 100 live births in 2015 to 39 per 1000 live birth in 2016. This progress puts the country on track towards achieving the sustainable development Goal (SDG) target of a mortality rate below 70 by 2030 ^[13].

Antenatal care is an important intervention for the wellbeing of the pregnant mother and the expected infant, especially in regions where maternal and infant mortality rates are high. The main reason for high maternal mortality in India is that many women are not aware of the measures that are available to prevent diseases in pregnancy as well as basic information in self-care during pregnancy. Many do not receive timely help either because they are unaware of the help available or help is not within the reasonable distance ^[14].

Objectives

1. To assess the pre-test level of knowledge score regarding minor disorder of pregnancy among antenatal mother in selected village of Sasaram Rohtas.
2. To assess the post-test level of knowledge score regarding minor disorders of pregnancy among antenatal mother in selected village of Sasaram Rohtas.
3. To find out the association between score with their selected demographical variables.

Hypothesis

H₀- There will be no significant between mean pre- test and mean post-test knowledge regarding management of minor disorder during antenatal period.

H₁- There will be significant between mean pre- test and mean post-test knowledge regarding management of minor disorder during antenatal period.

H₂- There will be a significant association between mean pre-test knowledge score and their selected demographic variables.

Material and Methodology

Research approach

In this study the research approach was used the quantitative research approach.

Research design

Pre-experimental one group pre-test and post-test research design

O₁	X	O₂
Pre-test	Administration STP	Post-test

O₁ Pre-test data collection

- Interview method- semis-structure techniques

X Administration of planned teaching programme

O₂ Post-test data collection

- Interview method – semis-structure techniques

Variables

A research variable is a construct created deliberately and consciously for a scientific purpose.

- a. **Independent variables:** In this study, the independent variable is the Structured teaching Programme among ante-natal mothers who are having minor disorder.
- b. **Outcome variables:** In this study, the dependent variable of the study is the knowledge of ante-natal mothers regarding minor disorder and its prevention and management at selected villages, Sasaram.
- c. **Confounding and interacting variables:** In this study, the demographical variable includes the (age of children, the gender of children, age of the mother, education of the mother, educational of father, family income, religion, types of family, number of children, occupational status, and health information).

Setting of the study

The setting was selected at Amra Talav, Sasaram.

Population

In this study the population refer is ante-natal mothers.

Sample

In this study the population refer is ante-natal mothers, who met the inclusion and exclusion criteria of the study.

Sampling Technique

In this study, non-Probability sampling was used to select the samples, and areas were selected by a purposive sampling technique.

Sample Size

In this study the sample size is 30 ante-natal mothers

Criteria for sample selection

Inclusion criteria

It includes participants who met the following criteria

- Mothers should be pregnant on the time of data collection
- Mothers who are willing to participate in the study.
- Mothers are available at the time of data collection.
- Mothers can understand Hindi and English.

Exclusion criteria

Exclude participants who met the following criteria

- Mothers should be pregnant on the time of data collection.
- Mothers of under-five year children who are not willing to participate.
- mothers unable to understand Hindi and English.

Description of tool

Part A: - Demographic profile- The tool Consists of an 10 items that deal with the analysis of demographic variables data of the study sample like- age in year, number of children, religion, types of family, occupational status of

mothers, educational status of mothers, residential of family, diet pattern of family, income of family, health information.

Part B: - Structures Questionnaire- there is a total 25 items of section and each section consist of 6 items dealing with the analysis of date related to the self-structured questionnaire to assess the knowledge of mothers regarding minor disorder during antenatal.

1. **Section-1st** Knowledge questionnaire related to minor disorder of antenatal mothers.
2. **Section-2nd** Knowledge questionnaire related to minor disorder risk factors of antenatal mothers.
3. **Section-3rd** Knowledge questionnaire related to minor disorder sign and symptoms.
4. **Section-4th** Knowledge questionnaire related to prevention and management.

Shows that the score interpretation of structures knowledge questionnaire

Knowledge score	Questions	Percentage
Poor	0-8	0-32%
Average	9-16	32-67%
Excellent	17-25	>68%

Maximum score-25, minimum score-0.

Content validity of the tool

Validity refers to the degree to which an instrument measures what it is supporting to be measuring.

Validity was obtained from experts from various fields and professions like medical officers, Doctors, Nursing profession and statisticians, etc. Against the criteria rating scale, which included columns for agreeing and disagreeing remarks and suggestions, the experts were asked to provide their clinical experience regarding the accuracy, relevance, and appropriateness of the content.

Reliability of the tool

An instrument's reliability refers to its consistency and accuracy in measuring the attributes it is supposed to measure.

In this study, a Split half method has been used the measures the coefficient of the internal consistency. The reliability was tested using Karl Pearson's formula for correlation. Spemann Brown. P. formula used to find out the reliability of structured teaching programme after pilot study reliability of the tool was 0.86. the tool was found a positive correlation and valid, reliable, and feasible. No further modification was done to the tool.

Results

The present study was analysis and interpretation of the finding was organization in below following section:-

Section:- 1st Socio-demographic profile data

Table 1: Showing the study participants as per demographic profiles

Socio-demographic variables		Frequency	Percentage
1. Age (years)			
A	Below to 20	10	33.3%
B	21-30	11	36.7%
C	31-40	7	23.3%
D	Above 40	2	6.7%
2. Number of children			

A	1	7	7%
B	2	16	53.3%
C	3	7	23.3%
D	4 and above	0	0%
3. Religious			
A	Hindu	11	36.7%
B	Muslim	6	20.0%
C	Christian	11	36.7%
D	Others	2	6.7%
4. Type of family			
A	Nuclear	6	20.0%
B	Joint	7	23.3%
C	Extend family	17	56.7%
5. Occupational status of the mother			
A	Agriculture	3	10%
B	Job (Govt./Private)	2	6.7%
C	Business	6	20%
D	House maker	19	63.3%
6. Educational status of the mother			
A	No formal education	11	36.7%
B	Primary education	9	30%
C	Secondary education	10	33.3%
D	Graduation/Postgraduate	0	0%
7. Residential of family			
	Rural	18	36.7%
	Urban	10	30%
	Semi-urban	2	33.3%
	Semi-hilly	0	0%
8. Diet of family			
A	Vegetarian	18	60.0%
B	Non-vegetarian	10	33.3%
C	Mixed diet	2	6.7%
9. Income of family per month			
A	<5000	10	33.3%
B	5001-10000	15	50.0%
C	10000- 15000	5	16.7%
D	>15000	0	0%
10. Source of health information			
A	Family and friends	11	36.7%
B	Mass media	10	33.3%
C	Anganwadi center	9	30%
D	No information	0	0%

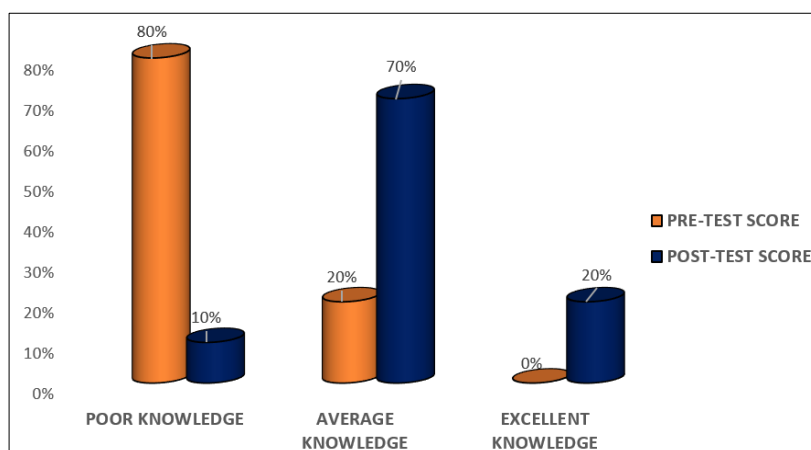


Fig 1: Section-2nd Knowledge of antenatal mother regarding pre-test and post-test.

Figure-1 shows that out of 30 study participants highly majority of 80% of mothers had average knowledge, 20% of mothers had poor knowledge and 0% of mothers had excellent knowledge during the pre-test knowledge score. After the planned teaching programme differently changed the mother’s knowledge, whereas the post-test knowledge

score majority of 70% of mothers had excellent knowledge, 20% of mothers had average knowledge regarding the prevention of minor ailments during the antenatal mothers.-

Section-3rd effectiveness of Structured Teaching Programme on minor ailments

Table 2: Showing the distribution of range, mean and standard deviation, Paired “t” value of study participants as per pre-test knowledge score and post-test knowledge score; (n=30)

Knowledge score	Range	Mean score	SD	Mean difference	df	Paired “t” value	P-value
Pre-test	3-12 (df 9)	6.67	2.69	6.6	29	7.39	0.0001
Post-test	7-18(df 11)	12.53	2.94	12.5			

CI- 0.95

Table 2 illustrates that the mean post-test knowledge score ranged from 7-18 (df-11) which is higher than the pre-test knowledge score of 3-12(df-18). The mean post-test knowledge score (of 12.5±2.94) was higher than the pre-test knowledge score (6.67±2.69). The paired “t” value comparison was 7.39 while df 29 and the p-value for this comparison was significant (0.000) which is less than the normal p-value (<0.05), study conclude that the H₀ (null hypothesis) was rejected and H₀₁ (research hypothesis) is accepted. It can be inferred that the structured teaching

programme was proved significantly highly effective in improving the knowledge of mother’s antenatal mother regarding prevention of minor ailments disorder.

Section-4th Association between pre-test knowledge score and socio-demographic variables.

H₂- There will be a significant association between mean pre-test knowledge score and their selected demographic variables

Table 3: Showing the chi-square association between the pre-test knowledge score and selected demographic variables. (n=30)

Socio-demographic	Pre-test knowledge score						χ ²	df	p-value
	Poor		Average		Excellent				
	n	%	n	%	n	%			
1. Age in year									
a. Below to 20	5	50	4	40	1	10	0.85	6	0.099
b. 21-30	4	36.4	5	45.5	2	18.2			
c. 31-40	3	42.9	3	42.9	1	14.3			
2. Number of children’s									
a. 1	1	14.3	4	57.1	2	28.6	4.4	4	0.35
b. 2	8	50	6	37.5	2	12.5			
c. 3	4	57.1	3	42.9	0	0			
3. Religious									
a. Hindu	6	54.5	5	45.5	0	0	6.93	6	0.32
b. Muslim	2	33.3	3	50	1	16.7			
c. Christian	5	45.5	3	27.3	3	27.3			
d. Others	0	0	2	100	0	0			
4. Types of family									
a. Nuclear	3	50	2	33.3	1	16.7	1.01	4	0.09
b. Joint	2	28.6	4	57.1	1	14.3			
c. Extend family	8	47.1	7	41.2	2	11.8			
5. Occupational of mothers									
a. Agriculture	2	66.7	1	33.3	0	00	4.01	6	0.67
b. Job (Govt./Private)	1	50.0	1	50.0	0	00			
c. Business	4	66.7	1	16.7	1	16.7			
d. House maker	6	31.6	10	52.6	3	15.8			
6. Educational status of mothers									
a. No formal education	7	63.6	3	27.3	1	9.1	3.24	4	0.51
b. Primary education	3	33.3	5	56.6	1	11.1			
c. Secondary education	3	30.0	5	50.0	2	20.0			
7. Residential area of mothers									
a. Rural	6	33.3	8	44.4	4	22.2	5.6	4	0.22
b. Urban	5	50.0	5	50.0	0	0.0			
c. Semi-urban	2	100	0	0.0	0	0.0			
8. Diet of family									
a. Vegetarian	3	50.0	3	50.0	0	0.0	1.53	4	0.82
b. Non-vegetarian	4	44.4	4	44.4	1	11.1			
c. Mixed diet	6	40.0	6	40.0	3	20.0			
9. Income of family per month									
a. <5000	5	50.0	4	40.0	1	10.0	1.40	4	0.84
b. 5001-10000	7	46.7	6	40.0	2	13.3			
c. 10000- 15000	1	20.0	3	60.0	1	20.0			
10. Source of health information									
a. Family and friends	6	54.5	4	36.4	1	9.1	2.46	4	0.65
b. Mass media	3	30.0	6	60.0	1	10.0			
c. Anganwadi center	4	44.4	3	33.3	2	22.2			

CI-0.95, * significant, # no significant

Table-3 Illustrate that the chi square test was used to see the association between the demographic variables with the pre-test knowledge. For all the demographic variables the p-value of the association test with knowledge was more than 0.05. That means, the knowledge regarding prevention of minor disorder and its prevention among ante-natal mothers is independent of these demographic variables. Concludes that, there was no significant association of these demographic variables with the knowledge.

Discussion

The results show that out of 30 study participants, nearly half of the majority 37% mothers belonged to the 21–30-year aged group, nearly half of the majority 50% mothers had two children, majority of 37% belonged to the Hindu religion, a maximum of 56.7% belonged to joint families, highly majority of 63% of mothers were house makers, majority of 36.7% of mothers who had no formal education, majority of 60% of mothers who are living in rural area, highly majority of 50% of the family were eaten mixed diet, highly majority of 50% were family income below, a maximum of 36.7% of the family got information through Anganwadi workers.

The study revealed that the 30 study participants highly majority of 80% of mothers had average knowledge, 20% of mothers had poor knowledge and 0% of mothers had excellent knowledge during the pre-test knowledge score. Above the supported by the a research study conducted by Sajitha. AT, Philip. T Anju, Sarika. TK *et al.* (2018), conducted a quasi-experimental research design on effectiveness of prenatal education regarding practice on antenatal exercises and minor ailments among pregnant mothers in Kerala. The total sample size was 60 antenatal women. Results of study revealed that the in experimental group the level of minor ailments accounted for fatigue (99.2%), low back pain (96.3%), frequency of micturition (97.7%), Numbness of extremities was the least experienced (46.7%) during pre-test knowledge scores (6.67±2.69)

After the planned teaching programme differently changed the mother's knowledge, whereas the post-test knowledge score majority of 70% of mothers had excellent knowledge, 20% of mothers had average knowledge regarding the prevention of minor ailments during the antenatal mothers. Above the findings the supported by a research study conducted by Rocque. R. on effectiveness of STP on knowledge regarding selected govt. schemes among antenatal mothers of Raipur. The total sample size 60 were selected by using convenience sampling techniques. The result of the study revealed that the majority of 96.6% of mothers had adequate knowledge score, and 3.3% had inadequate knowledge score during the post-test knowledge score (of 12.5±2.94). Results of study revealed that the chi-square test was used to see the association between the demographic variables with the pre-test knowledge. For all the demographic variables the p-value of the association test with knowledge was more than 0.05. That means, the knowledge regarding prevention of minor disorder and its prevention among ante-natal mothers is independent of these demographic variables. Concludes that, there was no significant association of these demographic variables with the knowledge. Above the findings the supported by a research study conducted by Rocque. R. on effectiveness of STP on knowledge regarding selected govt. schemes among ante-natal mothers of Raipur. The only association between

pre-test level of knowledge and age of antenatal mothers. There is no significant association between mean pre-test and selected demographic variables.

Conclusion

The present study was proved that the mean post-test knowledge score ranged from 7-18 (df-11) which is higher than the pre-test knowledge score of 3-12(df-18). The mean post-test knowledge score (of 12.5±2.94) was higher than the pre-test knowledge score (6.67±2.69). The paired "t" value comparison was 7.39 while df 29 and the p-value for this comparison was significant (0.000) which is less than the normal p-value (<0.05), study conclude that the H₀ (null hypothesis) was rejected and H₀₁ (research hypothesis) is accepted. It can be inferred that the structured teaching programme was proved significantly highly effective in improving the knowledge of mother's antenatal mother regarding prevention of minor ailments disorder.

Recommendations

- A comparative study can be done between multi gravida and primi gravida women.
- A similar study can be done as an experimental study.
- A study can be done to investigate the occurrence of minor disorders of pregnancy and its management.
- A similar study can be replicated with large sample.
- A similar study can be conducted on knowledge, attitude, and beliefs of antenatal exercises in relieving the minor disorder.
- A study can be done to find out the alternative therapies to relieve the minor disorder among pregnant women.
- A study can be done among experimental and control group.

References

1. Sharma Dr K, Minhas Dr A. Incidence of minor ailments of pregnancy among antenatal mothers visiting the out-patient department of a secondary care centre. *Int. J. Clin. Obstet. Gynaecol.* [Internet] 2021 [cited 2022;5:70-1. Available from:<https://www.gynaecologyjournal.com/archives/2021/vol5issue5/B/5-5-4>
2. Maternal health - GLOBAL [Internet]. [cited 2022 Nov 10]; Available from: <https://www.who.int/health-topics/maternal-health>
3. Dutta DC. DC Dutta's Textbook of Obstetrics. JP Medical Ltd, 2015.
4. Agampodi S, Wickramasinghe N, Horton J, Agampodi T. Minor Ailments in Pregnancy Are Not a Minor Concern for Pregnant Women: A Morbidity Assessment Survey in Rural Sri Lanka. *PloS One.* 2013;8:e64214.
5. Two-thirds of India far From Achieving Maternal Mortality SDG Target [Internet]. News Click 2022 [cited 2022 Nov 10]; Available from: <https://www.newsclick.in/two-thirds-india-far-achieving-maternal-mortality-sdg-target>
6. Medforth J, Battersby S, Evans M, Marsh B, Walker A, Medforth J, *et al.* editors. Minor disorders of pregnancy [Internet]. In: *Oxford Handbook of Midwifery.* Oxford University Press, 2011 [cited 2022 Nov 10]. page 0. Available from: <https://doi.org/10.1093/med/9780199584673.003.0006>

7. Antenatal care for uncomplicated pregnancies | Guidance | NICE [Internet]. [cited 2022 Nov 10], Available from: <https://www.nice.org.uk/guidance/cg62>
8. New guidelines on antenatal care for a positive pregnancy experience [Internet]. [cited 2022 Nov 10], Available from: <https://www.who.int/news/item/07-11-2016-new-guidelines-on-antenatal-care-for-a-positive-pregnancy-experience>
9. (PDF) Knowledge of Minor Discomforts during Pregnancy among Pregnant Women Attending Maternal and Pediatric Hospital in Soran City [Internet]. [cited 2022 Nov 16], Available from: https://www.researchgate.net/publication/341273853_Knowledge_of_Minor_Discomforts_during_Pregnancy_among_Pregnant_Women_Attending_Maternal_and_Pediatric_Hospital_in_Soran_City
10. 37.pdf [Internet]. [cited 2022 Nov 10], Available from: https://www.ijhsr.org/IJHSR_Vol.9_Issue.6_June2019/37.pdf
11. [PDF] A primary investigation to assess the knowledge of “Warning Signs in Pregnancy” among antenatal women [Internet]. [cited 2022 Nov 10]; Available from: https://www.researchgate.net/publication/259974428_A_primary_investigation_to_assess_the_knowledge_of_Warning_Signs_In_Pregnancy_among_antenatal_women
12. Two-thirds of India far From Achieving Maternal Mortality SDG Target | News Click [Internet]. [cited 2022 Nov 10]; Available from: <https://www.newsclick.in/two-thirds-india-far-achieving-maternal-mortality-sdg-target>
13. Maternal mortality ratio: Maternal mortality above UN target in 70 pc of India’s districts: Study - The Economic Times [Internet]. [cited 2022 Nov 10], Available from: <https://economictimes.indiatimes.com/news/india/maternal-mortality-above-un-target-in-70-pc-of-indias-districts-study/articleshow/93006222.cms?from=mdr>
14. Status of IMR and MMR in India [Internet]. [cited 2022 Nov 10], Available from: <https://pib.gov.in/pib.gov.in/Pressreleaseshare.aspx?PRID=1796436>