



**A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING PREVENTION OF
CONGINETAL ANOMALIES AMONG ANTENATAL MOTHER AT PALLAVARAM
PRIMARY HEATH CENTER CHENNAI**

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ABSTRACT

Congenital anomalies is abnormalities of structure Present at birth and attribute to faulty development structural abnormality may result from Malformation, deformation and disruption. Congenital anomalies have a great emotional and physical impact on their mother and the unborn child. Development of modern techniques of ultra-sonograms Magnetic resonance imaging, Amniocentesis, chorionic villi biopsy and portentous umbilical blood sampling which have at least aided in the prenatal diagnosis and has avoided unnecessary operations, false hopes to the mother and embarrassment to the obstetrician. Majority of moderate knowledge 18 (60%), in adequate 7 (33%) and Adequate 5 (17%).

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INTRODUCTION

This clearly pictures the dynamic role of the obstetrician in shaping a happy home. A prosperous nation and a healthy third generation. Congenital anomalies are today perhaps the most intractable of all pediatric problems. In recent year through the prenatal dead advanced countries has been reduced to about one quarter of what it was 30 years ago death rate from congenital anomalies shows no comparative decline. The incidence of congenital anomalies is 2.3% for major malformation and 9% for minor ones. Major neural tube defects such as hydrocephalus, anencephaly and spina bifida constitute 46% of these defects. The incidence of anomalies is increased in obstetrical abnormal pregnancies 50% of spontaneously aborted fetuses have chromosomal abnormalities, congenital anomalies are the cause for 15%-20% of prenatal mortality. Most of the congenital anomalies occurs in our country due to genetic factors, heterogenic causes. And also they have lack of knowledge about preventive measures and lack of awareness regarding congenital anomalies and their effects.

METHODOLOGY

Non experimental research design and Descriptive survey approach was used for this study. 30 samples were from the, pallavaram primary health centre urban community which situated 4km away from our college. This area was selected

because of getting expected samples. The tool for the study was structured interview schedule.

Data Collection

The investigator explained the procedure and purpose to data collection to the sample. Initially their consent was obtained then the interview schedule was performed by the investigator to the sample.

Scoring Key

- 0 -- Mark given for wrong answer.
- 1 -- Mark given for correct answer

Summary, Conclusion, And Recommendation

Summary

The problem statement is “A study to assess the level of knowledge regarding prevention of congenital anomalies among antenatal mother at pallavaram in primary health centre, in which 30 convenient samples were taken and the samples were personally explained about the Procedure and purpose of the study.

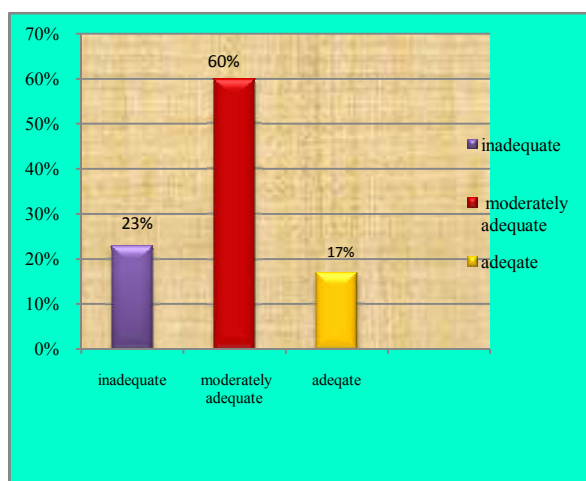
Questionnaire was prepared and administered to every individual after obtaining their consent. Establishing good rapport with people the investigators performed the interview Schedule successfully.

With the co-operation from the primary health centre the investigator were able to collect the data. The data collected was analysed and the findings were interpreted.

Percentage Age Distributions of Demographic Data

S.no	Demographic data	Number	Percentage
Age in years			
1.	a) 15-20	4	14%
	b) 21-25	12	40%
	c) 26-30	8	26%
	d) 31-35	6	20%
Religion			
2.	a) Hindu	16	53%
	b) Christian	8	27%
	c) Muslim	6	20%
Education			
3.	a) Primary	8	26%
	b) Higher secondary	12	40%
	c) Graduate	6	20%
	d) Illiterate	4	14%
Occupation			
4.	a) Collies	5	16%
	b) Business	2	7%
	c) Private company	8	27%
	d) Government	0	0%
	e) Housewife	15	50%
Income			
5.	a) Rs.1000 to 10,000	19	64%
	b) Rs.10,000to20,000	11	36%
	c) More then20,000	-	-
Gravida			
6.	a) Primi	16	53%
	b) Second	10	33%
	c) More then 2	4	14%
No. of children			
7.	a) One	10	33%
	b) Second	4	14%
	c) More then 2	0	0%
	d) no child	16	53%

Percentage Distribution of Level of Knowledge



The above figure represents the no. of child wise distribution. Majority of moderate knowledge 18 (60%), in adequate 7 (23%) and Adequate 5 (17%)

CONCLUSION

The Study Findings Revealed

- 12(40%) mother belongs to 21-25 years
- 16(53%) mother belongs to Hindu
- 12(40%) mother belongs to Higher secondary
- 15(50%) mother belongs to Housewife

- 19(64%) mother belongs to Family income Rs.1000 to 10,000
- 16(53%) mother are belongs to Primi mothers
- 16(53%) mother are belongs to No child
- 18(60%) mother are having moderately Adequate knowledge
- 7(23%) mother are having Inadequate knowledge
- 5(17%) mother are having Adequate knowledge

Recommendation

- Similar study can be done for large number of samples.
- Similar study can be conducted in a rural community.
- A comparative study between rural and urban community can able to conducted.
- Structured teaching program can be conducted in the hospital regarding the causes, signs and symptoms, management, preventive measure of congenital anomalies.
- A comparative study between religious and other people can also conducted.

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