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A STUDY TO ASSESS THE KNOWLEDGE REGARDING URINARY TRACT INFECTION AMONG ANTENATAL MOTHERS AT URBAN PRIMARY HEALTH CENTRE IN KOYAMBEDU

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ABSTRACT

Urinary Tract Infection (UTI) is one of the most common infections where one or more part of urinary system become infected usually after bacteria overcome the natural defence mechanism of urinary tract. Urinary Tract Infection will usually begin in at the 6th week and peaks during 22 to 24th week. Escherichia coli are the most common pathogen causing a Urinary Tract Infection. The main purpose of this study to assess the effectiveness of knowledge regarding Urinary Tract Infection among Antenatal Mothers in Urban primary health centre in Koyambedu. Quantitative approach and descriptive design used in this study. The sample size was 30 antenatal mothers. The independent variable in this study is Antenatal Mothers. The dependent variables in this study are Urinary Tract Infection. Sample includes antenatal mothers at Urban primary health centre, who fulfils the inclusion criteria were selected by non-probability convenient purposive sampling technique. The assessment of level of knowledge about Urinary Tract Infection that most of them, 14 (46.7%) had inadequate and moderately adequate knowledge and 2(6.6%) had adequate knowledge regarding UTI among Antenatal Mothers. The mean score of knowledge among antenatal mothers was 13.4 with standard deviation of 2.74. The maximum score was 20.0 and the minimum score was 7.0. The demographic variable previous knowledge source of UTI had statistically significant association with level of knowledge regarding urinary tract infection among antenatal mothers at P>0.05 level. The study should be recommended that there should be an awareness campaign to help pregnant women knowledgeable about UTI, implementation of educational programs to increase awareness among antenatal mothers.

INTRODUCTION

It is one of the common causes of puerperal pyrexia, the incidence being 1-5% of all deliveries.Several factors cause urinary tract to be relevant complication of the gestational period, aggravating both the maternal and perinatal health outcome. The organisms are responsible are E. coli, Klebsiella, proteus and S. aureus. If the 24 hours urine excretion is less than 400 ml or less, suppression of urine is diagnosed.[1-2]

Urinary Tract Infection poses the risk of mortality and morbidity in neonates. Various risk factors such as abnormal urinary tract are associated with UTI in new-born. In Infants with normal urinary systems, an age less than 6 months and nonretractile prepuces are the most important risk factor for recurrent UTIs. Finally, formula-fed infants and vitamin D supplementation showed an increased risk UTI.[3]

The incidence of UTI reported among pregnant mothers is about 8%. UTI is defined as the presence of at least 100,000 organisms per milliliter of urine. 60% pregnant women with asymptomatic bacteriuria in pregnancy went on to develop symptomatic infection and the prevalence of asymptomatic bacteriuria in pregnancy in India is 6.2%.[4-5]

If UTI is left untreated it leads to some severe complications which include poor maternal and perinatal outcomes. Maternal complications like anemia, Pre-eclampsia. Fetal complications like IUGR, prematurity. According to WHO estimates, about 5,10,1000 maternal deaths occurred globally during year 2002. In India, maternal mortality rate as per the annual report 2000 is 407 per 100,000 live births.[6]

Oscher et al shows that UTI exists among pregnant women attending antenatal clinic with a prevalence rate of 31.0%. However, it was found to be lower than the 32.7% and 55% reported. It was found to be higher than the 21.7% reported 2006; in a study to determine prevalence of asymptomatic and symptomatic bacteiuria UTI in pregnant women has been 17.9% that there were a poor knowledge and unhygienic use of toilets.[7-8]

The antenatal women have less knowledge regarding urinary tract infection and prevention. Empty the bladder before and after the sex, wash genital area warm water before sex, that shower instead of bath. Practice good hygiene. Diet – caffeine and chocolates to be avoided. Frequent voiding and Stay hydrated. Avoid tight filling clothing and pantyhose. So, on it is typically treated with cephalexin or nitro furantoin for 7 days.[9] The purpose of this study [1] To assess the existing knowledge of Antenatal Mothers regarding Urinary Tract Infection (UTI) and its prevention. [2] To assess the attitude of Antenatal Mothers regarding Urinary Tract Infection (UTI) and its prevention. [3] To find the correlation between knowledge and attitude regarding Urinary Tract Infection (UTI) and its prevention. [4] To compare the knowledge regarding preventive measures of UTI in pregnancy and attitude towards preventive measures of UTI in pregnancy among the Antenatal Mothers at selected urban areas.

MATERIALS AND METHODS

A quantitative approach with descriptive design was used to conduct the study. The study was conducted in Urban Primary health centre, Koyambedu. The data were collected in all age group of gravida mother using non-probability purposive sampling technique with 30 antenatal mothers receiving antenatal care who met the inclusion criteria. The investigator introduced and explained the purpose of the study to all antenatal mothers. The inclusion criteria for the sampling are who are all know to read and write in Tamil and are available at the time of data collection. The exclusion criteria antenatal mothers who are all have other disease conditions. The survey has been thorough and was conducted from November 21, 2019. The data were collected obtaining written informed consent permission from Urban primary health centre. Data were assembled using structured interview schedule for antenatal mothers. The questionnaire contains 25 questions. The sample characteristics were described using frequency and percentage.

RESULTS AND DISCUSSION

The study results shows that, most of the antenatal mothers 15(50%) were in the age group of 26 to 30 years, 16(53.3%) were Hindus, 10(33.3%) were of gravida one and gravida two respectively, 8(26.7%) were illiterate and educated up to secondary school respectively, 19(63.3%) belonged to nuclear family, 18(60%) had consanguineous marriage, 16(53.3%) received previous knowledge through health workers and 11(36.77%) were in the socio economic status ofRs.5,000 to 10,000.

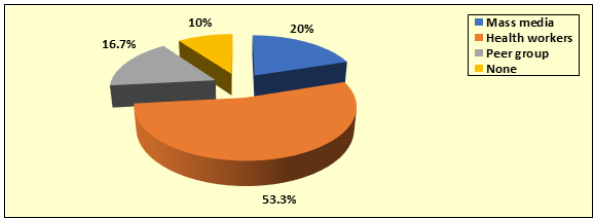

Figure1: Percentage Distribution Of Previous Knowledge Source Of Urinary Tract Infection Among Antenatal Mothers

Table 1: Frequency And Percentage Distribution Of Level Of Knowledge Regarding Urinary Tract Infection Among Antenatal Mothers.

Level of Knowledge	Frequency (f)	Percentage (%)
Inadequate knowledge (≤50%)	14	46.7
Moderately adequate knowledge (51 – 75%)	14	46.7
Adequate (>75%)	2	6.6

The above table 1 shows that most of them, 14(46.7%) had inadequate and moderately adequate knowledge and 2(6.6%) had adequate knowledge regarding urinary tract infection among antenatal mothers.

Gennero S in North East (2018) A descriptive study was conducted on risk factors of Urinary Tract Infection in pregnancy. The study was a conducted in the obstetrics and Gynecology Department of Isra University Hospital. Hyderabad from first January to 30th August 2008. Total 232 mother were selected out of which 108(46.5%) reported urinary symptoms which were due to pregnancy. While 10(4.3%) were due to underlying Urinary Tract Infection. Most common urinary symptoms in these mothers were abnormal voiding pattern 85(40.3) followed by irritative symptoms and voiding difficulties. Illiteracy history of sexual activities, low socio-economic group. History of Urinary Tract Infection and multi-parity were found to be risk factors for Urinary Tract Infection in these mothers.

CONCLUSION

Urinary Tract Infection is a serious public health problem if untreated. Early diagnosis and prompt treatment will prevent the chances of developing further complication of UTI and will help to reduce sufferings of mother and create awareness to conduct programmes.

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