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A comparative study to assess the knowledge and attitude regarding prenatal attachment among primigravida women residing in selected urban and rural communities of District Mohali, Punjab

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Abstract

Background of the study: The earliest relationship does not begin at birth. The concept of prenatal attachment is defined as the subjective feeling state of love for the unborn child. Developing an attachment for one's unborn child is considered an important milestone in the future parents' developmental trajectory. Pregnancy is a natural, pleasant process in a woman's life, which is also associated with significant stresses due to the physical and mental changes. Evidence suggests that the emergence of maternal-fetal attachment, is a predictive factor for the postpartum maternal attitude and function, mother-infant interaction, and attachment after birth. Mothers with a higher level of fetal attachment during pregnancy have been shown to have more effective interactions with their infants, which in turn has a substantial impact on the growth and emotional, cognitive, and social development of the child.

Aim: To compare the knowledge and attitude regarding prenatal attachment among primigravida women residing in selected urban and rural communities.

Material and methods: A quantitative research approach with non-experimental comparative research design was adopted to assess the knowledge and attitude regarding prenatal attachment among primigravida women residing in selected urban and rural communities of District Mohali, Punjab. A total of 100 primigravida women i.e., 50 from urban and 50 from rural community were selected using non-probability convenient sampling technique.

Results: Present study result showed that in urban community majority of primigravida women (42%) had moderate knowledge; while in rural community majority of primigravida women (56%) had in-adequate knowledge regarding prenatal attachment. Results related to attitude revealed that in urban community majority of primigravida women (62%) had favorable attitude where as in rural community majority of primigravida women (68%) had unfavorable attitude towards prenatal attachment.

Conclusion: Based on the findings, the study was urban community has adequate knowledge and favorable attitude then rural community. Hence, the study suggests that considering the importance of prenatal attachment in child's development and mother's health, prenatal period can be an appropriate time to educate the women regarding maternal fetal attachment and its importance and benefits of attachment to the fetus.

Keywords: Knowledge; Attitude; Prenatal attachment; Primigravida women

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1. Introduction

The concept of prenatal attachment is relatively new and has not been well studied. Inquiry into a woman's psychological reaction and adjustment during pregnancy began in the 1970's prior to that time, there are few scientific data available on women's thoughts or feelings about the pregnancies. Historical and literary accounts of women's experiences in childbirth prior to the 20th century reveal that women were primarily concerned with enduring and surviving pregnancy.[1]

Pregnancy is a natural, pleasant process in a woman's life, which is also associatedwith significant stresses due to the physical and mental changes. Pregnancy helps women to enhance their knowledge of the maternal role.. Evidence shows the growing attachment between the mother and fetus during pregnancy, which is reflected in the behaviors of expecting mothers.[2]

Birth is not beginning. It is a continuation of another level of life, following the time in the womb. The baby is much a member of family at one week old in the womb. Following birth babies have emotional needs. They needed to be loved and nurtured, acknowledged and accepted this where prenatal bonding comes in. All these moments help the mother to bond wither unborn baby. A mother bonding with her unburned child is one of the most important aspects of life. This bond starts from the first day of pregnancy and continues throughout the person's life.[3]

Maternal fetal attachment is scientifically defined as "the unique, gradually, reciprocal, multidimensional affectionate relationship that develops between a pregnant woman with her fetus. As early as during the first trimester, there is almost no attachment witha fetus because no fetus exists at that time. She becomes only accustomed to and accepting the state of being pregnant. In the second trimester, quickening and hormonalchanges increase woman's acceptance of her pregnancy. She focuses on providing a good home for the growing fetus in uterus. Consequently, In the third trimester MFA sprouts and escalates.[4]

1.1. Need of the Study

Pregnancy is a period filled of many expectations. During this period the women has many hopes about a healthy pregnancy outcome in terms of healthy newborn. But this period can also lead to many worries if the woman does not feel that all good is going along with the unborn child. Instead of using method like ultrasonography for knowing health status of fetus, simple measures like daily fetal movement counting can also be used to develop the attachment between the mother andchild, thereby reducing her worries. Fetal movement counting is the method in which female quantifies each movement of her unborn child, perceives to know the child who is in her womb and their wellbeing. This method is very easy and does not possess any harm to the fetus and mother.[5]

Mother-fetal attachments "the emotional tie or bond which normally develops betweenthe pregnant woman and her unborn child. MFA shows the bond between the pregnant women and her unborn child. Based on condition of fetus, the mother's thinking and opinion keeps changing. Maternal fetal attachment is mainly depending on maternal attachment with the unborn child. Maternal attachment can be responsible for better care of the unborn child and may be of vital help for child's health.[6]

Numerous researches has done which suggest that anxiety and stress may develop in pregnancy which can cause many complications like premature baby, postpartum depression, abortion and low birth baby. Fetal movement counting is a non-invasiveand simple method which helps to evaluate and know the well-being of fetus and also itleads to decrease in the mother's tension and anxiety level. It is found that method of daily fetal movement counting can be used as a powerful and significant strategy to increase the bond between the mother and child and thereby also help to reduce the worries that the mothers have related to the wellbeing of her child.[7]

Turning to fetal benefits, literature suggests that maternal-fetal attachment affects the development of the fetus's brain and autonomic nervous system. It also influences the child's social development across the lifespan, beyond infancy. This is believed to occur through laying the foundations required for successfully accomplishing the developmental tasks in social and cognitive skills. Maternal-fetal attachment is an individual process in its nature and level predicts mother and the baby's health status after birth.[8]

The transition to motherhood is accepted as stressful for all ages, the relevant literature suggests that the twenties are considered as the ideal age for this transition. Education helps mothers to gain information about motherhood and the developing fetus which reflect positively on maternal-fetal attachment level and the fact that pregnant women who have

higher education level are usually have more responsibilities which may negatively influence the interaction and attachment with the developing fetus.

Objectives

- To assess the level of knowledge and attitude of primigravida women regarding prenatal attachment.
- To determine the correlation between the level of knowledge and attitude of primigravida women regarding prenatal attachment.
- To find out the correlation between the knowledge and attitude of Urban & Rural primigravida women regarding prenatal attachment.
- To find out the association between the level of knowledge and attitude of primigravida mothers of urban and rural communities with their selected socio-demographic variables.

Assumptions

- Primigravida women may have some knowledge regarding prenatal attachment.
- Primigravida women may have positive attitude regarding prenatal attachment.
- The knowledge and attitude of primigravida women will influence the utilization of prenatal attachment.

2. Research Methodology

2.1. Research Approach/Design

Quantitative research approach with comparative research design.

2.2. Study Variables

2.2.1. Demographic Variables

Age, education of women, occupation of women, duration of marriage, support from family members, previous knowledge regarding prenatal attachment and source of information.

2.2.2. Research Variables

Knowledge and attitude regarding prenatal attachment.

2.2.3. Research Setting

Selected urban and rural communities of District Mohali, Punjab.

2.2.4. Target Population

All primigravida women residing in selected urban and rural communities of Mohali, Punjab.

2.2.5. Sampling Technique

Non probability convenient sampling technique was used to selectthe primigravida women.

2.2.6. Sample Size

100 primigravida women, 50 from urban community and 50 from rural communities.

2.3. Sampling Criteria

2.3.1. Inclusion criteria

- Who were cooperative and willing to participate in the study
- Who were available during the time of data collection

2.3.2. Exclusion criteria

This study excluded prim gravidae women.

Who were ill and having health problems in pregnancy.

3. Results and discussion

3.1. Section – I

Frequency and percentage distribution of socio-demographic variables of primigravida women

Table 1 Frequency and percentage distribution of socio-demographic variables of primigravida women

		(N-100)			
S. No.	**Socio-Demographic Variables**	**Urban (N-50)**		**Rural (N-50)**	
		f	**%**	**f**	**%**
1.	**Age in years**				
	21-25 years	26	52	23	46
	26-30 years	19	38	20	40
	31-35 years	5	10	7	14
2.	**Education of women**				
	Illiterate	2	4	7	14
	Primary school	7	14	11	22
	Secondary school	8	16	8	18
	Higher secondary	6	12	10	20
	Graduation	27	54	13	26
3.	**Occupation of women**				
	Housewife	15	30	29	58
	Private job	22	44	15	30
	Government job	13	26	2	4
	Labour	0	0	4	8
4.	**Duration of marriage**				
	< 1 year	8	16	12	24
	1-3 years	29	58	25	50
	3-5 years	10	20	8	16
	5 years	3	6	5	10
5.	**Support from family members**				
	Yes	46	92	36	72
	No	4	8	14	28
6.	**Previous knowledge regarding prenatal attachment**				
	Yes	9	18	4	9
	No	41	82	46	92
7.	**Source of information**				
	Family members	8	16	14	28
	Mass media	2	4	4	8
	Friends and relatives	3	6	5	10
	No information	37	74	27	54

Table 1 depicts the frequency and percentage distribution of socio-demographic variables of primigravida women, according to their age. In urban community, majority (52%) were in the age group of 21-25 years followed by (38%) were in the age group of 26-30 years and (10%) were in the age group of 31-35 years. In rural community majority (46%) were in the age group of 21-25 years followed by (40%) were in the age group of 26-30 years and (14%) were in age the group of 31- 35 years.

According to level of education among primigravida women in urban community maximum (54%) had completed graduation followed by (16%) had up to secondary school, (14%) had up to primary school, (12%) had up to higher secondary and only (4%) were illiterate. In rural community maximum (26%) had completed graduation followed by (22%) had up to primary school, (20%) had up to higher secondary school, (18%) had up to secondary school and (14%) were illiterate.

As per occupation of primigravida women in urban community majority (44%) were doing private job followed by (30%) were housewives and (26%) were in government job while in rural community majority (58%) were housewives followed by (30%) were in private job, (8%) were labor and (4%) were in government job.

With regard to duration of marriage of primigravida women in urban community majority (58%) were in 1-3 years followed by (20%) were in 3-5 years, (16%) were in less than 1 year and (6%) were on above 5 years. In rural community majority (50%) were in 1-3 years, (24%) in less than 1 year, (16%) in 3-5 years and (10%) in above 5 years.

As per support from family members of primigravida women in urban community majority (92%) reported that they had support from family members and (8%) had.

Reported no support from family members while in rural community majority (72%) reported that they had support from family members and (28%) had reported no support from family members.

According to previous knowledge regarding prenatal attachment among women, in urban community majority (82%) had previous knowledge and only (18%) had previous knowledge regarding prenatal attachment. In rural community majority (92%) had previous knowledge and only (8%) had previous knowledge regarding prenatal attachment.

Data on source of information of primigravida women regarding prenatal attachment revealed that in urban community majority (74%) had reported no information followed by (16%) had information from family members, (6%) had information from friends and relatives and (4%) had information from mass media. In rural community majority (54%) had reported no information followed by (28%) had information from family members, (10%) had information from friends and relatives and (8%) had information from mass media.

3.2. Section – II

A-Frequency and percentage distribution of level of knowledge regarding prenatal attachment among primigravida women in urban and rural community.

Table 2 Frequency and percentage distribution of level of knowledge regarding prenatal attachment among primigravida women in urban and rural community

		(N=100)			
LEVEL OF KNOWLEDGE	**Criterion measure**	**Urban**		**Rural**	
		f	**%**	**f**	**%**
In-adequate knowledge	0-7	16	32	28	56
Moderate knowledge	8-14	21	42	18	36
Adequate knowledge	15-20	13	26	4	8

Table 2 depicts the frequency and percentage distribution of level of knowledge regarding prenatal attachment among primigravida women from urban and rural communities**.** Result revealed that from urban community majority of primigravida women (42%) had moderate knowledge followed by (32%) had in-adequate knowledge and (26%) had

adequate knowledge, while from rural community majority of primigravida women (56%) had in-adequate knowledge, (36%) had moderate knowledge and only (8%) had adequate knowledge regarding prenatal attachment.

B-Comparison of level of knowledge regarding prenatal attachment amongprimigravida women from urban and rural communities

Table 3 Comparison of level of knowledge regarding prenatal attachment amongprimigravida women from urban and rural communities (N=100)

Level of Knowledge Comparison	Mean	SD	Mean Difference	t value	df	p value
Urban	10.24	3.847	2.30	3.284	98	0.001*
Rural	7.94	3.119				

*p<0.05 level of significance

Table 3 and figure 11 depicts the comparison of level of knowledge regarding prenatal attachment among primigravida women from urban and rural communities. Resultshowed that from urban community mean knowledge score and SD of primigravida women was 10.24±3.847 and from rural community mean knowledge score and SDwas 7.94±3.119 with mean difference of 2.30 with calculated value (t=3.284, df=98, p=0.001) indicates highly significant at p<0.05 level of significance.

3.3. Section – III

A)- Frequency and percentage distribution of level of attitude regarding prenatal attachment among primigravida women in urban and rural community.

Table 4 Frequency and percentage distribution of level of attitude regarding prenatal attachment among primigravida women in urban and rural community (N=100)

Level of Attitude	Criterion measure	Urban		Rural	
		f	%	f	%
Favorable	16-30	31	62	16	32
Unfavorable	0-15	19	38	34	68

Table 4 depicts the frequency and percentage distribution of level of attitude regarding prenatal attachment among primigravida women in urban and rural community**.** Results revealed that from urban community majority of primigravida women (62%)had favorable attitude and (38%) had unfavorable attitude while from rural community majority of primigravida women (68%) had unfavorable attitude and (32%) had favorable attitude towards prenatal attachment.

Comparison of level of attitude regarding prenatal attachment among primigravida women in urban and rural community.

Table 5 Comparison of the level of attitude regarding prenatal attachment amongprimigravida women in urban and rural community

				(N=100)		
Comparison Level of Attitude	Mean	SD	Mean Difference	t-value	df	p value
Urban	16.10	4.315	2.56	3.016	98	0.003*
Rural	13.54	4.171				

*p<0.05 level of significance

Table 5 depicts the comparison of level of attitude regarding prenatal attachment among primigravida women from urban and rural communities. Results showed that in urban community mean attitude score and SD of primigravida women was 16.10±4.315 and from rural community mean attitude score and SD was 13.54±4.171 with mean difference of 2.56 with calculated value (t=3.016, df=98, p=0.003) indicates highly significant at p<0.05 level of significance.

3.4. Section – IV

Correlation between level of knowledge and attitude regarding prenatalattachment among primigravida women in urban and rural community.

Table 6 Correlation between level of knowledge and attitude regarding prenatal attachment among primigravida women in urban and rural community

			(N=100)	
Correlation	**Mean**	**SD**	**r value**	**p value**
Urban Knowledge	10.24	3.847	0.017	0.904
Urban Attitude	16.10	4.315		
Rural Knowledge	7.94	3.119	0.004	0.979
Rural Attitude	13.54	4.171		

*p value < 0.05 level of significance

Table 6 depicts the correlation between level of knowledge and attitude regarding prenatal attachment among primigravida women in urban and rural community. Results showed that from urban community mean knowledge score was 10.24±3.847 and mean attitude score was 16.10±4.315 with Karl Pearson"s correlation (r=0.017, p=0.904) indicates negative correlation between knowledge and attitude of primigravida women from urban communities. From rural community mean knowledge score was 7.94±3.119 and mean attitude score was 13.54±4.171 with Karl Pearson's correlation (r=0.004, p=0.979) indicates negative correlation between knowledge and attitude of primigravida women from rural community.

3.5. Section - V

Table 7 Association between levels of knowledge regarding prenatal attachment among primigravida women in urban communities with selected demographic variables

					N=50	
Demographic Variables	**Poor**	**Average**	**Good**	**χ^2 value**	**df**	**p value**
Age in years						
21-25 years	9	12	5	4.062	4	0.398^{NS}
26-30 years	4	8	7			
31-35 years	3	1	1			
Religion						
Sikh	11	15	5	10.53	6	0.104^{NS}
Hindu	4	6	6			
Muslim	1	0	0			
Christian	0	0	2			
Education of women						
Illiterate	2	0	0	16.80	8	0.032*
Primary school	2	5	0			

Secondary school	0	3	5			
Higher secondary	3	3	0			
Graduation	9	10	8			
Occupation of women						
Housewife	8	7	0	9.749	4	0.045*
Private job	6	9	7			
Government job	2	5	6			
Laborer	--	--	--			
Monthly family income (Rs).						
<10000	1	1	0	11.36	6	0.078^{NS}
10001-15000	4	3	0			
15001-20000	6	6	1			
> 20000	5	11	12			
Duration of marriage						
1 year	5	3	0	8.401	6	0.210^{NS}
1-3 years	9	13	7			
3-5 years	1	4	5			
> 5 years	1	1	1			
Support from family members						
Yes	14	19	13	1.637	2	0.441^{NS}
No	2	2	0			
Previous knowledge regarding prenatal attachment						
Yes	4	3	2	0.788	2	0.674^{NS}
No	12	18	11			
Health problems during pregnancy						
Anemia	5	3	0	10.40	6	0.109^{NS}
Hypertension	0	2	0			
Diabetes	0	1	2			
No	11	15	11			

*p value < 0.05 level of significance NS-Non Significant

Table 7 depicts the association between levels of knowledge regarding prenatal attachment among primigravida women in urban communities with selected demographic variables. The chi square values showed that education of women and occupation of women was found significant association at 0.05 level. The other demographic variables such as age, religion, monthly family income, duration of marriage, support from family members, previous knowledge regarding prenatal attachment and health problems during pregnancy was not found significant association with level of knowledge regarding prenatal attachment among primigravida women in urban communities.

Table 8 depicts the association between levels of attitude regarding prenatal attachment among primigravida women in urban communities with selected demographic variables. The chi square values showed that education of women, monthly family income and health problems during pregnancy was found significant association at 0.05 level. The other demographic variables such as age, religion, occupation of women, duration of marriage, support from family members

and previous knowledge regarding prenatal attachment was not found significant association with level of attitude regarding prenatal attachment among primigravida women in urban communities.

Table 8 Association between levels of attitude regarding prenatal attachment among primigravida women in urban communities with selected demographic variables

					N=50
Demographic Variables	**Favourable**	**Unfavourable**	**χ2 value**	**df**	**p value**
Age in years					
21-25 years	15	11	2.333	2	0.311NS
26-30 years	14	5			
31-35 years	2	3			
Religion					
Sikh	18	13	3.371	3	0.337NS
Hindu	11	5			
Muslim	0	1			
Christian	2	0			
Education of women					
Illiterate	0	2	9.633	4	0.047*
Primary school	3	4			
Secondary school	8	0			
Higher secondary	3	3			
Graduation	17	10			
Occupation of women					
Housewife	6	9	4.667	2	0.097NS
Private job	15	7			
Government job	10	3			
Laborer	--	--			
Monthly family income (Rs).					
<10000	1	1	10.51	3	0.015*
10001-15000	1	6			
15001-20000	7	6			
> 20000	22	6			
Duration of marriage					
1 year	3	5	5.534	3	0.137NS
1-3 years	17	12			
3-5 years	9	1			
> 5 years	2	1			
Support from family members					
Yes	29	17	0.266	1	0.606NS

No	2	2			
Previous knowledge regarding prenatal attachment					
Yes	5	4	0.193	1	0.660NS
No	26	15			
Health problems during pregnancy					
Anemia	1	7	11.87	3	0.008*
Hypertension	2	0			
Diabetes	3	0			
No	25	12			

*p value < 0.05 level of significance NS-Non Significant

Table 8 depicts the association between level of attitude regarding prenatal attachment among primigravida women in urban communities with selected demographic variables. The chi square values showed that education of women, monthly family income and health problems during pregnancy was found significant association at 0.05 level. The other demographic variables such as age, religion, occupation of women, duration of marriage, support from family members and Previous knowledge regarding prenatal attachment was not found significant association with level of attitude regarding prenatal attachment among primigravida women in urban communities.

3.6. Section - VI

Table 9 Association between levels of knowledge regarding prenatal attachment among primigravida women in rural communities with selected demographic variables

						N=50
Demographic Variables	**Poor**	**Average**	**Good**	**χ2 value**	**df**	**p value**
Age in years						
21-25 years	14	9	0	5.306	4	0.257NS
26-30 years	9	8	3			
31-35 years	5	1	1			
Religion						
Sikh	15	10	0	16.83	6	0.010*
Hindu	11	7	2			
Muslim	1	1	0			
Christian	1	0	2			
Education of women						
Illiterate	7	0	0	12.87	8	0.116NS
Primary school	7	4	0			
Secondary school	5	4	0			
Higher secondary	4	5	1			
Graduation	5	5	3			
Occupation of women						
Housewife	17	11	1	13.41	6	0.037*

Private job	7	7	1			
Government job	2	0	0			
Laborer	2	0	2			
Monthly family income (Rs).						
<10000	9	0	0	13.94	6	0.030*
10001-15000	7	5	0			
15001-20000	7	8	1			
> 20000	5	5	3			
Duration of marriage						
1 year	10	2	0	11.34	6	0.078NS
1-3 years	10	13	2			
3-5 years	5	1	2			
> 5 years	3	2	0			
Support from family members						
Yes	19	13	4	1.794	2	0.408NS
No	9	5	0			
Previous knowledge regarding prenatal attachment						
Yes	1	1	1	2.859	2	0.239NS
No	27	17	3			
Health problems during pregnancy						
Anemia	11	3	0	6.599	6	0.360NS
Hypertension	2	2	0			
Diabetes	3	2	0			
No	12	11	4			

*p value < 0.05 level of significance NS-Non Significant

Table 9 depicts the association between levels of knowledge regarding prenatal attachment among primigravida women in rural communities with selected demographic variables. The chi square values showed that religion, occupation of women and monthly family income was found significant association at 0.05 level. The other demographic variables such as age, education of women, duration of marriage, support from family members, previous knowledge regarding prenatal attachment and health problems during pregnancy was not found significant association with level of knowledge regarding prenatal attachment among primigravida women in rural communities.

Table 10 depicts the association between levels of attitude regarding prenatal attachment among primigravida women in rural communities with selected demographic variables. The chi square values showed that duration of marriage was found significant association at 0.05 level. The other demographic variables such as age, religion, occupation of women, education of women, monthly family income, support from family members, Previous knowledge regarding prenatal attachment and health problems during pregnancy was not found significant association with level of attitude regarding prenatal attachment among primigravida women in rural communities.

Table 10 Association between levels of attitude regarding prenatal attachment among primigravida women in rural communities with selected demographic variables

					N=50
Demographic Variables	**Favourable**	**Unfavourable**	**χ^2 value**	**df**	**p value**
Age in years					
21-25 years	6	17	0.996	2	0.608^{NS}
26-30 years	8	12			
31-35 years	2	5			
Religion					
Sikh	8	17	2.635	3	0.451^{NS}
Hindu	6	14			
Muslim	0	2			
Christian	2	1			
Education of women					
Illiterate	0	7	7.770	4	0.101^{NS}
Primary school	2	9			
Secondary school	4	5			
Higher secondary	3	7			
Graduation	7	6			
Occupation of women					
Housewife	8	21	2.238	3	0.525^{NS}
Private job	6	9			
Government job	0	2			
Laborer	2	2			
Monthly family income (Rs).					
<10000	0	9	6.718	3	0.081^{NS}
10001-15000	3	9			
15001-20000	7	9			
> 20000	6	7			
Duration of marriage					
1 year	0	12	9.030	3	0.029*
1-3 years	12	13			
3-5 years	3	5			
> 5 years	1	4			
Support from family members					
Yes	12	24	0.105	1	0.746^{NS}
No	4	10			

Previous knowledge regarding prenatal attachment					
Yes	2	1	1.763	1	0.184^{NS}
No	14	33			
Health problems during pregnancy					
Anemia	2	12	3.893	3	0.273^{NS}
Hypertension	2	2			
Diabetes	1	4			
No	11	16			

*p value < 0.05 level of significance NS-Non Significant

3.7. Nursing implications

3.7.1. Nursing Education

- The nurses should encourage the women on promotion of the positive maternal fetal attachment.
- Nurses should help the pregnant women to adhere to the appropriate maternal fetal attachment skill that c affect the healthy practices during pregnancy.
- Nurses should educate the primigravida women on psycho-social health and prenatal attachment during pregnancy are important in terms of the mother's and infant's health

3.7.2. Nursing Practice

- Nurses should perform the psychosocial medical screenings during pregnancy period to assess the women perception towards maternal fetal attachment.
- Pregnant women with bad psychosocial health should receive professional support in order to increase mother-infant interaction and to improve the mental and physical health of the mother and fetus.
- Nurses should enhance the knowledge of primigravida women that prenatal attachment can prove to be an absolute measure to encourage positive parenthood

3.7.3. Nursing Administration

- The nurse's administrator should recommend the (BASNEF) to be applied to improve maternal fetal attachment in the healthcare system.
- Nurse's administrators can organize training programmes on maternal fetal attachment and its benefits for mother and child for the primigravida women and can be implemented at different urban and rural communities.

3.7.4. Nursing Research

- Research can help increase the body of nursing knowledge and skills to improve the prenatal care for primigravida women. More research to be carried on knowledge and attitude of women regarding maternal fetal attachment and predicting factors which influence on mother and infant attachment. The research on mother and infant relation should be given importance to improve the maternal and fetal health.

4. Conclusion

The findings of the study concluded that in urban community majority of primigravida women (42%) had moderate knowledge and (62%) had favorable attitude while in rural community (56%) of primigravida women had in-adequate knowledge and (68%) had unfavorable attitude towards prenatal attachment. There was negative correlation between knowledge and attitude of primigravida women regarding prenatal attachment. The study suggests that the considering the importance of prenatal attachment in child's development and mother's health, prenatal period can be an appropriate time to educate the women regarding maternal fetal attachment and its importance and benefits of attachment with the fetus.

Limitations

- The study was limited to only who were willing to participate in the study.
- The study was confined to only two selected community areas which obviously imposed limitation to large generalization.

Recommendations

- A study can be conducted to assess the factors affecting maternal fetal attachment among pregnant women.
- A study can be conducted to assess the effectiveness of structured teaching programme on knowledge and attitude of maternal fetal attachment among pregnant women.

Compliance with ethical standards

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Disclosure of conflict of interest

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