Structured Teaching Programme Regarding Selected Aspects of Safe Motherhood on Knowledge among Primipara Mothers

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Abstract

Saving mother's life is a global aim as the health of mothers has long been considered as cornerstone of public health and attention. Safe motherhood means ensuring women receive care they need to be save and healthy throughout pregnancy, during and after child birth.[1]

Mothers health status during pregnant and after delivery determines health status of the child. Therefore health care of the mother and children occupies an important place in our health care system and is an integrated part of primary health care.[2]

From the above reviews an investigator felt that the nurses are still needed to practice the routine maternal and new born care and are reluctant to practice anything new. It was educative and evaluative approach with one group pre test, post test design. The study was conducted at selected Hospital at Hassan District, Karnataka. The target population was 60 selected by Non Probability purposive sampling tecnique. The method of data collection include 30 structured knowledge Questionnaire. The findings are Pre-test knowledge score was 34.6% with mean knowledge level 10.38+/- 1.30 and Post-test knowledge score was 82.8% with mean knowledge level 24.83+/- 2.14. The hypothesis has accepted with the calculated paired t-test that was significant at the level of (P=0.001). According to the findings of the study statistically significant association was present between the level of knowledge gain and age, place of residence and education at the P<0.001.

Keywords: *Teaching Program, assess, knowledge, effectiveness, Selected aspects of safe motherhood, Postnatal Primi Para, Safe motherhood.*

Introduction

The safe motherhood initiative placed special emphasis on the need for better and more widely available maternal health services, the extension of family planning education and services, and effective measures aimed at improving the status of women. Safe motherhood begins with a healthy environment which is influenced by women's health and nutritional status, reproductive and health behaviors and access to family planning and maternal care services. [3]

Postnatal care means "Care after the Birth" during the postnatal period which aims to promote the well being of both the mother and child. A lot of need to be done to make the motherhood safe both in rural & urban area.[4]

India with its one billion people contributes to about 20% of all maternal deaths in the world. Twenty-five per cent of maternal deaths occur during pregnancy; 50 per cent within 24 hours of childbirth; 20 per cent within seven days of delivery; and 5 per cent from two to six weeks of childbirth.[5]

India's child survival and safe motherhood program seeks to achieve immediate improvements by improving health care. Improvements in health care for all women will occur through the provision of essential obstetric care, early detection of complication during pregnancy and labour and emergency services.[6]

The postnatal period (the time just after delivery and through the first six weeks of life) is especially critical for mother and newborn. The highest risk of death

occurs at delivery, followed by the first hours and days after childbirth.[7]

Statement of the Problem: "A study to assess the effectiveness of structured teaching programme regarding selected aspects of safe motherhood on knowledge among primi para mothers in selected Hospital at Hassan, Karnataka."

Objectives of the Study:

1. To assess the level of knowledge regarding selected aspects of safe motherhood before and after structured teaching programme among primipara mothers.
2. To compare the level of knowledge regarding selected aspects of safe motherhood between pretest and post test knowledge score among primipara mothers.
3. To associate the level of knowledge gain with the selected demographic variables.

Research Hypothesis:

H_1 –There will be significant difference between pretest knowledge score and post test knowledge score regarding selected aspects of safe motherhood among primipara motherss

H_2- There will be significant association between post-test knowledge with the selected demographic variables.

Research Methodology

Research Approach: Evaluative and educative approach

Research Design: Pre-experimental (one group pre-test and post-test) design.

Sampling Size: 60 postnatal primipara mothers

Sampling Technique: Non-probability purposive sampling technique.

Population of the Study: All the primi para mothers admitted in LSCS ward.

Sample: Primipara mothers who fulfill the inclusion and exclusion criteria .

Inclusion Criteria:

1. Primipara mothers who are admitted in LSCS ward.
2. Primipara mothers who are willing to participate in this study.
3. Primipara mothers who are available during the time of study.

Exclusion Criteria:

1. Multipara mothers.
2. The primipara mothers who had delivered with complication during post operative period.
3. The primipara mothers with high risk.

Description of the tool:

The tool consist of two sections

Section I: This section deals with the socio-demographic profile of the subjects, which contains 9 items such as age, religion, education, area (residence), occupation, type of work, type of family, income per month, previous information regarding selected aspects of safe motherhood on postnatal care.

Section II: Knowledge questionnaires of 30 items

Result

The results of the study showed that pre-test overall knowledge score regarding selected aspects of postnatal care was 34.6% with mean and SD 10.38 ± 1.30. During post-test overall knowledge score was 82.8% with mean and SD 24.83 ± 2.14. Hence the difference between pre-test and post-test overall knowledge score was >40.0%.

So the results of the study shows difference between the pre-test and post-test knowledge score of the primipara mothers regarding selected aspects of safe motherhood is statistically significant and this difference is due to the structured teaching programme. There is a significant association between the post-test knowledge in the selected socio-demographic variables like-age, type of family and (place)residence.

Objective 1: To assess the level of knowledge regarding selected aspects of safe motherhood before and after STP among primipara mothers.

Table 1: Pre Test Overall Knowledge Score on Selected Aspects of Safe Motherhood

	No. of questions	Mean ± SD	% of knowledge
Overall pretest knowledge	30	10.38±1.30	34.6%

Table no. 1 shows, postnatal primipara mothers overall knowledge on selected aspects of safe motherhood before the administration of Structured Teaching Programme. They are having only 34.6 %t of knowledge before the administration of Structured Teaching Programme.

Table 2: Post Test Overall Knowledge Score on Safe Motherhood

	No. of questions	Mean ± SD	% of knowledge
Overall posttest knowledge	30	24.83±2.14	82.8%

Table no. 2 shows, postnatal primipara mothers overall knowledge on safe motherhood after the administration of Structured Teaching Programme. They are having 82.8 percent of knowledge after the administration of Structured Teaching Programme.

Objective 2: To compare the level of knowledge regarding selected aspects of safe motherhood between pretest and post test knowledge score among primipara mothers.

Table 3: Comparision of Overall Knowledge Score Before and After Structured Teaching Programme

	No. of primipara mothers	Pretest Mean±SD	Posttest Mean±SD	Student paired t-test
Overall Knowledge Score	60	10.38± 1.30	24.83 ± 2.14	t=49.24 P=0.001 significant

Table no 3 shows the comparison of overall knowledge score on safe motherhood before and after the administration of structured Teaching Programme. On an average postnatal primipara mothers improved their knowledge from 10.38 to 24.83 after Structured Teaching Programme.

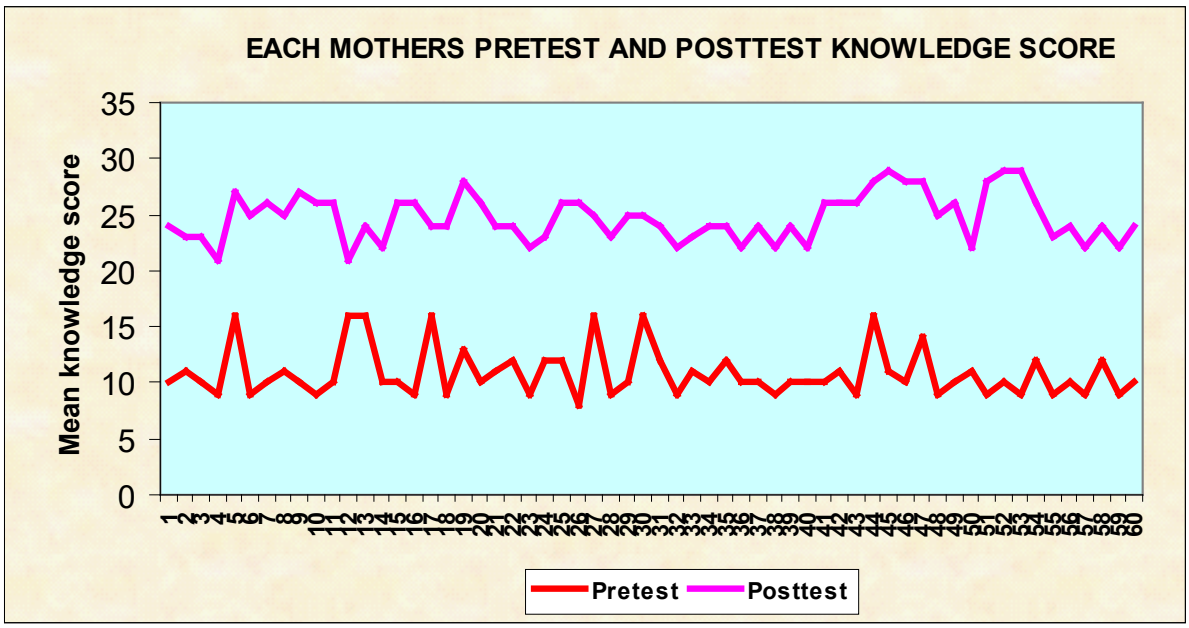

Fig 20: Line graph showing comparision of pre-test and post-test knowledge score of postnatal primi paras.

Objective 3: To associate the level of knowledge score with the selected demographic variable

The study revealed statistically significant association was present between the level of knowledge gain and age, type of family and residence at the P<0.001.

The association between socio demographic variables and pre-test knowledge score is observed as Age χ 2=3.95(p=0.26), religion c2=1.15(P=0.56), education c2=4.29 (P=0.51), residence c2=3.19 (P=0.20), previous informationc 2=4.27 (P=0.37), type of family c2=1.34 (P=0.25), family income c2=4.32 (P=0.23), type of work c2=0.28(P=0.86), occupation of parents c2=0.54 (P=0.46).

The association between socio-demographic variables and the posttest level of knowledge on substance abuse i.e, age c2=8.32 (p=0.04), education c2=14.19(P=0.001), residence c2=8.98 (P=0.001) are significantly associated with their posttest level of knowledge and it was calculated using pearson chi square test/Yates corrected chi square test.

Conclusions

- It was conclude that the overall knowledge score before STP was 34.6% and after STP was 82.8%.
- Implementation of STP was effective to improve the knowledge regarding selected aspects of safe motherhood on postnatal care.
- The findings of the study statistically significant association was present between the level of knowledge gain and age, place of residence and education at the P<0.001.

Recommendation:

1. A similar study with a larger sample size can be conducted on effectiveness of the structured teaching programme on knowledge regarding selected aspects of safe motherhood among all postnatal primiparas.
2. A similar study can be conducted among eligible couples and family members.
3. A descriptive study can be conducted to assess the knowledge and attitude of the postnatal primiparas .
4. A comparative study can be conducted on normal postnatal primiparas and LSCS postnatal primiparas.

Ethical Clearance: Hoysala Hospital, Jayashree Hospital, Mangala Hospital, Hassan, Karnataka, India

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Conflict of Interest: Nil

Reference

1. Bhat. M, maternal mortality in India; An update studies in family planning 2004, 33(3).
2. D.C. Dutta. Text Book of obstetrics, 6th edition 2004, New Central Book agency (pvt) Ltd. 2004, 599-605.
3. Mac. Lean G. Safe motherhood in the united kingdom, Midwife, 1994 June;4(6):10-4
4. BT Basavanthappa. Community Health Nursing, 2nd edition Jaypee Brother Publication. 474- 475.
5. Goyal S.K Women and Health services. Journal of social welfare 2002, 21(3).
6. Chatterjee A. Strategies for Safe motherhood; Journal Indian Medical Associations 2005 February; 93(2):P43-6, 42.
7. k. Park. Essential of Community Health Nursing, 4th edition/S Banarsidas Bhanot publication 2004,332.