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## A Study to Assess Effectiveness of Planned Teaching Programme on Knowledge Regarding Preparation for Motherhood among Primigravida Mothers in Selected Hospital

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### Abstract

#### Objectives:

1. To assess the existing level of knowledge regarding preparation for motherhood among primigravida mothers.
2. To assess the effectiveness of planned teaching programme on knowledge regarding preparation for motherhood among primigravida mothers.
3. To find out the association between pre test knowledge score regarding preparation for motherhood among primigravida mothers with their selected demographic variables.

**Material and Methods:** The research approach adopted in this study is quantitative evaluative approach. Pre experimental research design one group pre test post test design was chosen for the study. The sample were selected conveniently to suit the study. sample size was 100.

**Results:** The data was analyzed by using inferential and descriptive statistics on the basis of objectives.

1. Table 2 depicts the pretest scores, 77% of Primigravida mothers in selected hospital had poor knowledge regarding preparation for motherhood, 23% mothers had average knowledge and no one had good knowledge. Average knowledge score at the time of pretest was 9.40 with standard deviation of 2.31.
2. Table 3 reveals the posttest knowledge scores, 2% of Primigravida mothers in selected hospital had poor knowledge regarding preparation for motherhood, 66% mothers had average knowledge and 32% mothers had good knowledge. Average knowledge score at the time of post test was 18.98 with standard deviation of 4.29.
3. Table 4 reveals that for the assessment purpose the total score of knowledge was divided in to three groups like poor (0-11 score), average (12-22 score) and good (23-33 score). Average knowledge score at the time of post test was 18.98 with standard deviation of 4.29. The minimum score

of knowledge was 10 with maximum score of 30.

4. Table 5 depicts the comparisons of the pre test and post test means of the knowledge were done by the paired t test. The pretest average score was 9.40 with standard deviation of 2.31. The posttest average score was 18.98 with standard deviation of 4.29. The test statistics value of the paired t test was 31.63 with p value 0.00. The p value less than 0.05, hence reject the null hypothesis and accept the alternative hypothesis. Shows that, planned teaching programme on knowledge regarding preparation for motherhood among Primigravida mothers at selected hospital was effective.

5. Table 6 reveals that for the demographic variables educational status and source of information, the p value of the association test with knowledge was less than 0.05, hence reject the null hypothesis. concludes that, there was significant association of the educational status and source of information, with pretest knowledge scores regarding the preparation for motherhood among Primigravida mothers at selected hospital. While the demographic variables, age, religion, type of marriage and age at marriage, the p value of the association test with knowledge was more than 0.05, hence accept the null hypothesis. Thus, there was no significant association of these demographic variables, with knowledge regarding the preparation for motherhood among Primigravida mothers at selected hospital.

#### Conclusion:

The study concluded saying that there was significant improvement in subject knowledge in the post-test after administration of planned teaching programme. Thus, planned teaching programme was found effective in improving the knowledge regarding preparation for motherhood among primigravida mothers in selected hospital.

**Keywords:** Primigravida, Teaching, Pre and Post-Test Knowledge

### 1. Introduction

"Motherhood is the biggest gamble in the world. It is the glorious life force. It is huge and scary; it is an act of infinite

optimism.” (Glida Radner)

Motherhood is a matter of social justice and women’s human rights, protecting and promoting women’s rights, empowering women to make informed choices, and reducing social and economic inequalities are key to safe mother. The greatest one is in respect of health of women in pregnancy and childbirth<sup>[1]</sup>.

According to WHO estimates, maternal mortality is unacceptably high, about 295,000 women died during and following pregnancy and childbirth in 2017. The high number of maternal deaths in some areas of the world reflects inequalities in access to quality health services and highlights the gap between rich and poor. The risk of maternal mortality is highest for adolescent girls under 15 years old and complications in pregnancy and childbirth are higher among adolescent girls age 10 to 19 years (compared to women aged 20-24 years)<sup>[2]</sup>.

Worldwide, every minute, 1 woman dies of pregnancy related to complications, nearly 6,00,000 women die each year, out of these 99% of death occurs in developing countries. In India, every 5 minutes, 1 woman dies from complications related to pregnancy and child birth<sup>[3]</sup>.

According to 2019 census, the maternal mortality rate (MMR) in India is 174 per 100,000 live births and Infant mortality rate (IMR) is 30.924 per 1000 live births. In Maharashtra, MMR is 68 per 100,000 live births and IMR is 19 per 1000 live births. The challenge is to ensure that every woman has the chance of preparation for motherhood<sup>[4]</sup>.

“Preparation for motherhood means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy, childbirth and postnatal period.” it includes Antenatal care, Intranatal care, postnatal care and neonatal care. It is a holistic program, with more specific objectives as well as strategies. More recently, it is incorporated in the Reproductive and Child Health (RCH) Program with target free approach<sup>[5]</sup>.

Thus, Antenatal education serves many purposes on different levels. It intensifies the mother-father-child relationship by allowing for full participation in the birth process. It reduces the fear, anxiety and pain by providing knowledge and understanding, helping to make the experience of motherhood one of the joy<sup>[6]</sup>.

## 2. Review of Literature

1. A descriptive study was undertaken in Pondicherry to assess whether antenatal visits were utilized for promotion of exclusive breast feeding. Data was collected from 108 primigravida women who had a minimum of three antenatal visits using semi structured questionnaire. The study findings showed that 21% of the women had received some antenatal counseling about breast feeding while majority, 79% had not received any such counseling. It was also noted that awareness related to breast feeding among mothers in the counseled group was better than those in the not counseled group. Study concluded that existing antenatal counseling on breast feeding was inadequate in the population and needed to be strengthened<sup>[7]</sup>.

2. A cross sectional study conducted on knowledge of breastfeeding and knowledge and practice of personnel hygiene and sanitation among antenatal mothers in a tertiary hospital of Kolkata, west Bengal. The sample size was 120 antenatal mothers who visited the Gyneac OPD. Sample were selected by using consecutive sampling technique. The result shows that 41.8% of antenatal mothers were between

25-30 years of age. According to 98.2% opined that breastmilk should be fed to the child first after birth. 75.9% of them cleaned their teeth twice daily, 72.4% bathed once in a day. 83.5% of them regularly washed their nipples with soap and water. 99.4% washed their hands before eating and after using the toilet, 75.9% had no idea about the 6 steps of hand washing. 37.7% used domestic filter as their source of drinking water. 7.1% used community toilets and 44.7% knows the usefulness of sanitary toilet. Study concluded that it was found that most of the mothers had adequate knowledge about the importance of colostrum and exclusive breastfeeding and the correct time of initiating complementary feeding and also Knowledge as well as practices of hygiene and sanitation were also found to be satisfactory<sup>[8]</sup>.

3. A descriptive study to assess the effectiveness of selected antenatal exercise in terms relieving minor disorder among primi gravida women attending antenatal outpatient department at Government Rajaji Hospital, Madurai. The sample consist of 60 primi gravida women. The tool used for the study is numerical pain rating scale before and after intervention. Pre assessment was done for after obtaining the informed consent. Confidentiality was maintained. Demonstration of antenatal exercise was done by the researcher post assessment was done after 2 weeks of pre assessment. The data was analysed and interpreted by using descriptive and inferential statistics. by using convenient sampling technique and one group pre-test post-test design was used. The conceptual forms work adopted for the study were based on General system theory. The result shows that the antenatal exercise have significant reduction of minor disorder ‘t’ value 21.697 significant at (0.001) level. and study concluded that Antenatal exercise was effective for primigravida women to reduce minor disorder promote comfort and shortening the labour<sup>[9]</sup>.

4. A comparative study was conducted on to measure the effectiveness and safety of the support given to women choice during labor and delivery. By using randomized controlled trail method, 212 primiparous women were selected for this study. One hundred and five women were included support group and 107 women were in no support. The results showed that, the women in the support group were more satisfied with labor and delivery. during labor, patient satisfaction was associated with the presence of companion, with care received and during delivery, satisfaction was associated with having companion with care received. study concluded that the presence of a companion of the woman’s choice had a positive influence on her satisfaction with the birth process<sup>[10]</sup>.

5. A descriptive study was conducted on assessment of knowledge of postnatal women regarding postnatal complications. The sample size was 100 postnatal women within the period of six weeks were selected by convenient sampling technique at MMIMS and R Hospital, Mullaana, Ambala. Data was collected using structured interview schedule. The study result was shows that out of 100 postnatal women, 78 postnatal women had experienced one or more than one postnatal complications, whereas 22 postnatal women had no postnatal complications. Most reported postnatal complication was backache whereas least reported postnatal complication was dyspareunia. Thus, the study concluded that 39% of postnatal women had good knowledge followed by 32% had average knowledge, 19% had very good knowledge and 10% had below average

knowledge regarding postnatal complications. Although overall knowledge of postnatal women was good but postnatal women suffered more with postnatal complications [11].

### 3. Material and Methods

The research approach adopted in this study is quantitative evaluative approach. Pre experimental research design one group pre-test post-test design was chosen for the study. The sample were selected conveniently to suit the study. sample size was 100.

### 4. Result

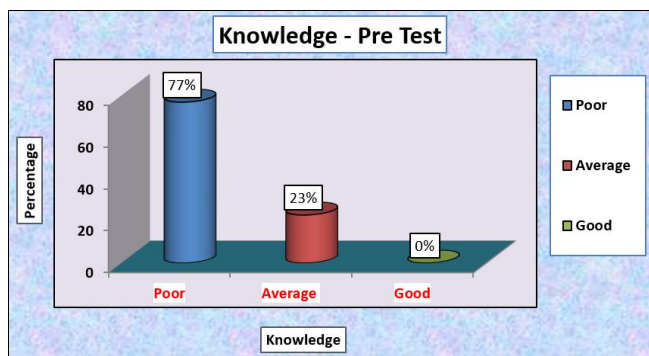
The data was analyzed by using inferential and descriptive statistics on the basis of objectives.

1. Analysis of data related assessments of the pre-test knowledge scores of primigravida mothers

**Table 2:** Analysis of data related assessments of the pre-test knowledge scores of primigravida mothers

Pre Test	Groups		Frequency	Percentage
	Poor	0-11	77	77%
	Average	12-22.	23	23%
	Good	23-33	0	0%
Knowledge	Minimum		0	
	Maximum		15	
	Average (SD)		9.40 (2.31)	

Table 2 depicts the pretest scores, 77% of Primigravida mothers in selected hospital had poor knowledge regarding preparation for motherhood, 23% mothers had average knowledge and no one had good knowledge. Average knowledge score at the time of pretest was 9.40 with standard deviation of 2.31.



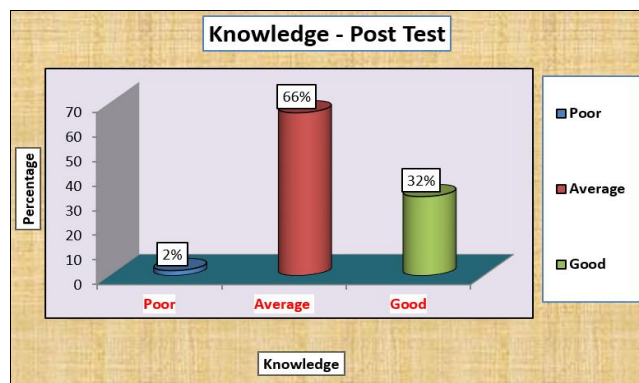
**Graph 1:** Bar graph showing distribution of pre-test knowledge scores of primigravida mothers regarding preparation for motherhood

**Table 3:** Analysis of data related assessments of the post-test knowledge scores of primigravida mothers n=100

Post Test	Groups		Frequency	Percentage
	Poor	0-11	2	2%
	Average	12-22.	66	66%
	Good	23-33	32	32%
Knowledge	Minimum		10	
	Maximum		30	
	Average (SD)		18.98 (4.29)	

Table 3 reveals the post-test knowledge scores, 2% of Primigravida mothers in selected hospital had poor

knowledge regarding preparation for motherhood, 66% mothers had average knowledge and 32% mothers had good knowledge. Average knowledge score at the time of post-test was 18.98 with standard deviation of 4.29.

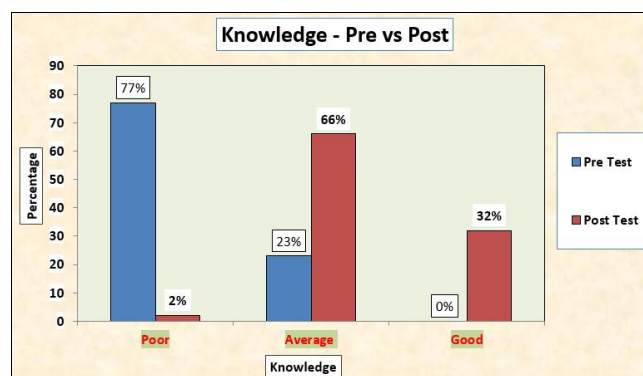


**Graph 2:** Cylindrical graph showing percentage distribution of post-test knowledge scores of primigravida mothers regarding preparation for motherhood

2. Deals with analysis of data related to assessment of the knowledge regarding preparation for motherhood among Primigravida mothers in selected hospital in terms of frequency and percentage.

**Table 4:** General assessments of Knowledge - Pre Vs Post Test n=100

Knowledge	Groups		Pre Test		Post Test	
			Frequency	Percentage	Frequency	Percentage
	Poor	0-11	77	77%	2	2%
Average	12-22.	23	23%	66	66%	
Good	23-33	0	0%	32	32%	
Knowledge	Minimum		0		10	
	Maximum		15		30	
	Average (SD)		9.40 (2.31)		18.98 (4.29)	



**Graph 3:** Bar graph showing percentage of the general assessments of pre and post-test knowledge scores of primigravida mothers regarding preparation for motherhood

Average knowledge score at the time of post-test was 18.98 with standard deviation of 4.29. The minimum score of knowledge was 10 with maximum score of 30.

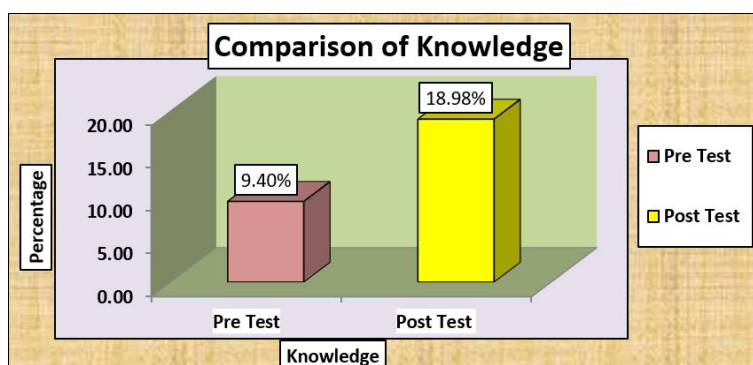
**Table 5:** Comparison of the pre and post-test Knowledge scores of Primigravida mothers in selected hospital n=100

Test	N	Mean	S.D.	Tab value	Cal value	P value
Pre Test	100	9.40	2.31	1.98	31.63	0.000
Post Test	100	18.98	4.29			

Table 5 depicts the comparisons of the pre-test and post-test means of the knowledge were done by the paired t test. The pre-test average score was 9.40 with standard deviation of 2.31. The post-test average score was 18.98 with standard deviation of 4.29. The test statistics value of the paired t test was 31.63 with p value 0.00. The p value less than 0.05,

hence reject the null hypothesis and accept the alternative hypothesis.

Shows that, planned teaching programme on knowledge regarding preparation for motherhood among Primigravida mothers at selected hospital was effective.



Graph 4: Bar graph showing percentage wise comparison of the mean pre and post-test Knowledge scores of primigravida mothers

Table 6: Analysis of data related to association of pretest knowledge with demographic variables n=100

Variable	Groups	Knowledge - Pre Test		Chi-Square	d.f.	p value	Significance
		Poor	Average				
Age (in years)	20-24	18	10	4.36	3	0.22	Not Significant
	25-29	43	11				
	30-34	11	1				
	35-40	2	1				
Religion	Hindu	52	15	5.31	3	0.15	Not Significant
	Christian	6	5				
	Muslim	12	3				
	Other	7	0				
Educational Status	Illiterate	5	1	18.27	4	0.001	Significant
	Primary	41	5				
	Higher Secondary	19	9				
	Graduation	7	0				
	Post-Graduation	5	8				
Type of marriage	Polygamy	11	1	4.8	3	0.18	Not Significant
	Polyandry	10	3				
	Monogamy	46	12				
	Group Marriage	10	7				
Age at marriage	18 to 21	10	7	4.8	3	0.19	Not Significant
	22 to 24	53	14				
	25 to 27	3	1				
	28 to 30	11	1				
Source of Information	Mass Media	11	1	8.73	3	0.033	Significant
	Health Personnel	30	8				
	Elders & relatives	26	5				
	others	10	9				

Table 6 reveals that for the demographic variables educational status and source of information, the p value of the association test with knowledge was less than 0.05, hence reject the null hypothesis. Concludes that, there was significant association of the educational status and source of information, with pretest knowledge scores regarding the preparation for motherhood among Primigravida mothers at selected hospital. While the demographic variables, age, religion, type of marriage and age at marriage, the p value of the association test with knowledge was more than 0.05, hence accept the null hypothesis. Thus, there was no significant association of these demographic variables, with knowledge regarding the preparation for motherhood among Primigravida mothers at selected hospital.

5. References

1. Park K. Textbook of Preventive and social medicine. 17<sup>th</sup> edition. Jabalpur (India): Banarsi das Bhanst Publishers, 2003.
2. Geneva: Trends in maternal mortality: Estimates by WHO UNICEF, UNFPA, World Bank Group and the United Nations population division: World Health Organization, 2019.
3. White Ribbon Alliance for safe motherhood, awareness, mobilization and action for safe motherhood: A Field Guide, no. 12000. Available from www.geocities.com/white\_ribbon\_alliance /www.ngonetworks.org.
4. Geneva: World Health statistics; monitoring health for

- the SDGs: World Health Organization, 2019.
5. Myles. Textbook for Midwives. 14<sup>th</sup> edition. China: Churchill Livingstone, 2004.
  6. Jacob AA. Comprehensive text book of midwifery. 2<sup>nd</sup> edition, New Delhi: Jaypee brothers, 2007.
  7. Khan M, Mwaku RM, Mc Clamroch K, Kinkela DN, Van Rie A, Sante. Prenatal care in Kinshasa: Knowledge, belief and barriers to timely care. 2005; 15(2):93-97. PMID: 16061445.
  8. Maithili Ghosh, Kunal Majumdar, prof. community medicine, International Journal of Prevalence, Curative and Community Medicine. 2020; 6(1).
  9. Vijayalakshmi V. Descriptive study to assess effectiveness of antenatal exercises in terms relieving minor disorder among primigravida mothers, Chennai, 2011.
  10. Odaleam Bruggemann. Mas Aparinelli: To measure the effectiveness and Safety of the support to given women during labor and delivery, 2007.
  11. Kaur A, Sheoran P, Devi KR. A study to assess knowledge of postnatal women regarding postnatal complications at MMIMS and R hospital, Mullana, Ambala, Haryana. International Journal of Nursing Education. 2013; 5(2):1-6.