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A Study to Assess the Effectiveness of Structured Teaching Programme on Level of Knowledge Regarding Antenatal Care during First Trimester among Primigravida Mothers in Selected Hospitals of Selected City

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Abstract

A Study to Assess the Effectiveness of Structured Teaching Programme on Level of Knowledge Regarding Antenatal Care during First Trimester among Primigravida Mothers in Selected Hospitals of Selected City.

Objectives

Primary Objective:

1. To assess the existing level of knowledge regarding antenatal care during first trimester among primigravida mothers in selected hospitals, of selected city.

Secondary Objectives:

1. To evaluate the effectiveness of structured teaching programme on knowledge regarding antenatal care during first trimester among primigravida mothers in selected hospitals, of selected city.
2. To find out the association between pretest knowledge score of primigravida mothers with their selected demographic variables.

Material and Methods

The research approach adopted in this study is quantitative research approach. Pre experimental research design one group pre test post test design was chosen for the study. The sample were selected non probability conveniently sampling to suit the study Sample size was 60.

Results

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

The above table 2 depicts that with respect to age 11(37%) were of age group below 25 years, 9(30%) were of age group 26 to 30 years, 7(23%) were of age group of 31 to 35 years, 3(10%) were of age group above 36 years.

- For educational status of mothers 4(13%) had no formal education, 8(27%) had primary education, 4(13%) middle school education, 12(40%) had Higher secondary education, 2(7%) had completed graduation and above.
- With respect to occupation 13(43%) had private job, 1(3%) had government jobs, 8(27%) were self-employed, 8(27%) were house wife.
- For type of family 14(47%) were from joint family, and 16(53%) were from nuclear family.
- With respect to religion 14(47%) were Hindu, 13(43%) were Muslim, 1(3%) were Christians, and 2(7%) were from other religion.
- With respect to area of residence 21(70%) were from urban area and 9(30%) were from rural area.
- For monthly income 12(40%) had monthly income of Rs. 6000 to Rs. 12000, 16(53%) had income Rs. 12001 to Rs. 15000 and 2(7%) had income above Rs. 15000.
- With respect to previous source of information 2(7%) had information from any media, 8(27%) got information through health care professionals, 19(63%) had information from relatives, 1(3%) had information from others.

Conclusion

- The above table reveals that 1 primigravida mothers (3%) have very poor knowledge, 1 primigravida mothers (3%) have poor knowledge, 4 primigravida mothers (13%) have average knowledge, 11 primigravida mothers (37%) have good knowledge and, 13 primigravida mothers (43%) have poor knowledge regarding antenatal care.
- The above table reveals that 11 primigravida mothers (37%) have very poor knowledge, 9 primigravida mothers (30%) have poor knowledge, 5 primigravida mothers (17%) have average knowledge, 3 primigravida mothers (10%) have good knowledge and, 2 primigravida mothers (7%) have poor knowledge regarding antenatal care.
- The above table reveals that the pre test mean score was 10.58, standard deviation was 1.71 and the mean% was 52.9. The post test mean score was 14.94, standard deviation was 1.39 and the mean% was 74.7. The difference in mean% was 21.8.
- The above table reveals the pretest mean was 10.58, standard deviation was 1.71, mean% was 52.9 and posttest mean was 14.94, standard deviation was 1.39, mean % was 74.7 the calculated 't' value is 22.31 which showed high statistical significance at level of 0.05.
- Chi – square values were calculated to find out the association between knowledge of mothers with age, education, occupation, type of family, religion, income, residence and type of food. Only previous source of information was associated with the knowledge of the mother. Other demographic variables had no association with knowledge regarding antenatal care.

Keywords: Structured Teaching Programme, Antenatal Care, India

Introduction/Background

"Birth is a experience that demonstrates that life is not merely function and utility, but a form of beauty"

Christopher Largen

Pregnancy and Child birth are special events in women`s lives and indeed in the lives of their families. This can be a time of great hope and joyful anticipation. The primary aim of antenatal care is to achieve, at the end of pregnancy, a healthy mother and healthy baby. The quality of care is more important than the quantity. Pregnancy requires specialized care generally agreed to preventive activity. Antenatal care is the systemic medical supervision of women during pregnancy. The aim is to preserve the physiological aspect of pregnancy and labour and to prevent or detect, as early as possible, all that is pathological. Early diagnosis during pregnancy can prevent maternal ill-health, injury, maternal mortality, foetal death, infant mortality and morbidity. Hence, the earlier in pregnancy a woman comes earlier under the supervision of an obstetrician, will be better.

Antenatal care refers to pregnancy related health care provided by a doctor or a health worker in medical facility or at home. Antenatal care should monitor a pregnancy for signs of complication detect and treat pre-existing and concurrent problems of pregnancy. It should also provide advice and counseling or preventive care, diet during pregnancy, delivery care, postnatal care and related issues. An antenatal care is necessary for ensuring a healthy mother and baby at the end of gestation. The antenatal period is a time of physical and psychological preparation of birth and parenthood.

Review of Literature

Amudha (2014) conducted an experimental study on the effect of structured teaching programme regarding antenatal exercise on knowledge and skill of pregnant women at Madurai in Tamilnadu and concluded that there is a great need of preparing a structured teaching programme on antenatal exercise for educating antenatal women for modifying their action. Improving the practice of antenatal exercise helps to prevent complications and lead to safe delivery.

B. Moller, (2013) Conducted a study of antenatal care at village level in rural in Tanzania among 707 women delivered in the study period. Ninety five percent of the antenatal records were available. Anemia, malaria and anticipated obstetric problems were the utmost frequent reasons for interventions. Among the women from the area who were delivered in hospital, 90% had been referred there. No relationship was found between the number of antenatal visits and the pregnancy outcome, but prenatal mortality was correlated to a low birth weight. Even with a mean attendance rate of six visits and full coverage by antenatal care maternal and prenatal mortality remains high.

Kamini (2014) Conducted a study at Coimbatore on knowledge, attitude, practices of antenatal care in which revealed that 57% of antenatal mother had inadequate knowledge on general information, 57% of antenatal mother had lower attitude and 67% of antenatal mothers had inappropriate practices and concluded that giving education and making awareness is essential among antenatal mothers.

Result

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

Section A: In this section the description of socio demographic characteristics of the subject was drawn and its percentage analysis is shown.

N=30

Demographic variables	Category	No of subjects(N)	Percentage%
Age	Below 25Years	11	37
	26 to 30 Years	9	30
	31 to 35 Years	7	23
	Above 36Years	3	10
Educational Status of Mother	No Formal Education	4	13
	Primary Education	8	27
	Middle School	4	13
	Higher Secondary Education	12	40
	Graduate and Above	2	7
Occupation	Private	13	43
	Government	1	3
	Self Employee	8	27
	House Wife	8	27
Type of Family	Joint	14	47
	Nuclear	16	53
Religion	Hindu	14	47
	Muslim	13	43
	Christian	1	3
	Others	2	7
Area of Residence	Urban	21	70
	Rural	9	30
Monthly Income of Family	Rs.6000to Rs.12000	12	40
	Rs.12001to Rs.15000	16	53
	AboveRs.15001	2	7
Previous source of Information	Any Media	2	7
	Through health care professionals	8	27
	Any Relatives	19	63
	Others	1	3

Section B: Assessmentof the Pre-test Knowledge Regarding Antenatal Care During First Trimester among Primigravida Mothers

Table 1: Frequency and percentage distribution of Pre-test knowledge regarding antenatal care during first trimester among primigravida mothers

N=30

Level of Knowledge	Pretest	
	Frequency	**Percentage**
Very Poor	11	37
Poor	9	30
Average	5	17
Good	3	10
Very Good	2	7

The above table reveals that 11 primigravida mothers (37%) have very poor knowledge, 9 primigravida mothers (30%) have poor knowledge, 5 primigravida mothers (17%) have average knowledge, 3 primigravida mothers (10%) have good knowledge and, 2 primigravida mothers (7%) have poor knowledge regarding antenatal care.

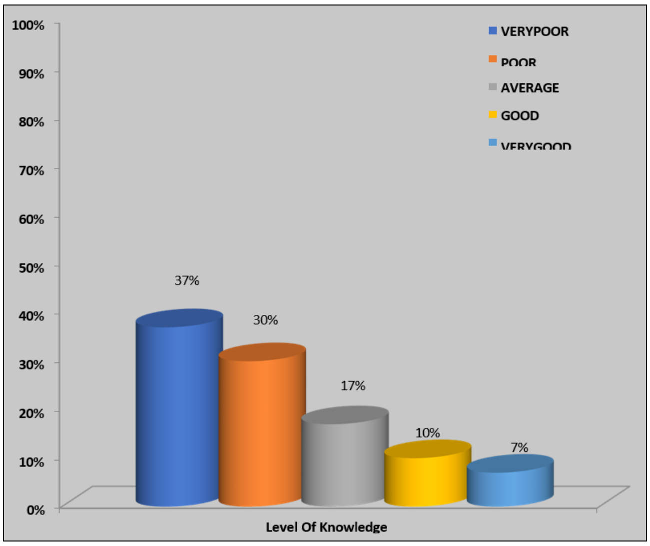

Fig 1: Overall Pre-test knowledge regarding antenatal care during first trimester among primigravida mothers

Section C: Assessment of the Post-testknowledge Regarding Antenatal Care during First Trimester among Primigravida Mothers

Table 2: Frequency and Percentage Distribution of Post-test knowledge regarding antenatal care during first trimester among primigravida mothers

N=30

Level of Knowledge	Pre Test	
	Frequency	**Percentage**
Very Poor	1	3
Poor	1	3
Average	4	13
Good	11	37
Very Good	13	43

The above table reveals that 1 primigravida mothers (3%) have very poor knowledge, 1 primigravida mothers (3%) have poor knowledge, 4 primigravida mothers (13%) have average knowledge, 11 primigravida mothers (37%) have good knowledge and, 13 primigravida mothers (43%) have poor knowledge regarding antenatal care.

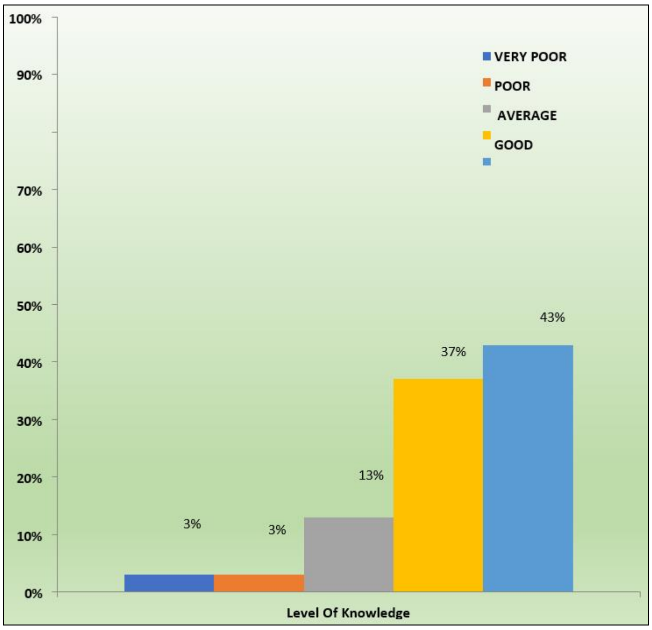

Fig 2: Overall post test knowledge level regarding antenatal care among primigravida mothers

Table 3: Frequency and percentage wise distribution of comparison of pretest and post test level of knowledge

Level of	Pretest		Posttest	
Knowledg E	**Frequency**	**Percentage**	**Frequency**	**Percentage**
Very Poor	11	37	1	3
Poor	9	30	1	3
Average	5	17	4	13
Good	3	10	11	37
Very Good	2	7	13	43

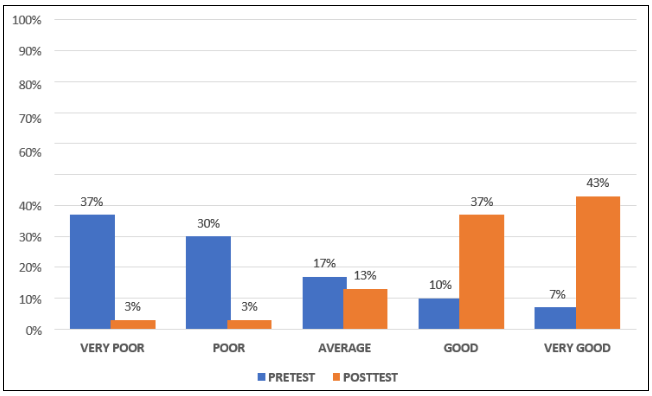

Fig 3: Comparison of Pre Test and Post Test Knowledge Level

Table 4: Mean, SD and Mean Percentage of Pre Test and Post Test Level of Knowledge

Overall	Pretest			Posttest			Mean
	Mean	**SD**	**Mean %**	**Mean**	**SD**	**Mean %**	**Diffrence**
	10.58	1.17	52.9	14.94	1.39	21.8	21.8

The above table reveals that the pre test mean score was10.58,standard deviation was1.71 and the mean % was 52.9.The post test mean score was14.94,standard deviation was1.39 and the mean% was 74.7. The difference in mean% was 21.8.

Section D: Effectiveness of Structured Teaching Programme on Knowledge Regarding Antenatal Care during First Trimester among Primigravida Mothers

Table 5: Paired“t”-Test to Assess the Effectiveness of structured teaching programme

Overall	Pretest		Post Test		t Value	p value
	Mean	SD	Mean	SD		
	10.58	1.17	14.94	1.39	22.31	0.05

S: Significantat 5% p-0.05

The above table reveals the pretest mean was 10.58, standard deviation was 1.71, mean% was 52.9 and posttest mean was 14.94, standard deviation was 1.39, mean % was 74.7 the calculated‘t’ value is 22.31 which showed high statistical significance at level of 0.05.

Section E: Association Pretest Knowledge Score of Primigravida Mothers with their Selected Demographic Variables

Table 6: Association pretest knowledge score of primigravida mothers with their selected demographic variables

Demographic variables	Category	x2	Table value	Inference
Age	Below 25Years	3.09	3.14	NS
	26 to 30 Years			
	31 to 35 Years			
	Above36Years			
Educational Status of Mother	No Formal Education	4.11	5.12	NS
	Primary Education			
	Middle School			
	Higher Secondary Education			
	Graduate and Above			
Occupation	Private	2.22	3.14	NS
	Government			
	Self Employee			
	House Wife			
Type of family	Joint	0.04	0.12	NS
	Nuclear			
Religion	Hindu	1.14	3.14	NS
	Muslim			
	Christian			
	Others			
Area of Residence	Urban	0.06	0.12	NS
	Rural			
Monthly Income of Family	Rs.6000to Rs.12000	1.98	2.95	NS
	Rs.12001to Rs.15000			
	AboveRs.15001			
Previous Source of Information	Any Media	1.1	0.12	S
	Through healthcare professional			
	Any relatives			
	Others			

Table (6) Chi – square values were calculated to find out the association between knowledge of mothers with age, education, occupation,type of family, religion, income, residence and type of food. Only previous source of information was associated with the knowledge of the mother. Other demographic variables had no association with knowledge regarding antenatal care.

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