



A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELF CARE ACTIVITIES AMONG PRIMIGRAVIDA MOTHERS IN SELECTED HOSPITALS AT ERODE DISTRICT

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ABSTRACT

Introduction:

A women who is pregnant for the first time are primigravida mothers. Self care activities refers to the pregnant women would know and perform herself to maintain health and wellbeing such as diet, rest and sleep, exercises and activities, perineal care, breast care.

Aim: Effectiveness of STP on knowledge regarding self care activities among primigravida mothers in selected hospitals at Erode district.

Methods and tool : The study was conducted through a quantitative research approach. The design was Quasi-experimental research design one group pre-test and post-test research design. The data collection was conducted in Adithya & Ashok Krishna hospital. 60 primigravida mothers was selected by using convenience

Sampling technique. Structured questionnaire were used to assess the level of knowledge regarding self care activities among primigravida mothers. Results In this study age (55%) 21-25, Educational status (56%) Degree, Occupation (74%) Housewife, Monthly income (62%) Rs10000-15000, Religion (73%) Hindu, Type of family (80%) Joint family, Social support (66%) Urban, Have you obtained information (52%) family members, Gestational weeks (38%) 29-40 weeks, Place of follow up (60%) Doctor, Follow up current pregnancy (95%) Yes, Initial follow up (86%) First trimester. The post-test mean score (24.22) was higher than the mean pre-test score (16.53). The calculated 't' value (18.8) was greater than the table value (2.00) at $p < 0.05$ level of significance. Hence the STP was effective in improving the knowledge regarding self care activities. Discussion Hypothesis was proved by the great statistically significant occurs after STP. The chi-square test shows that there is a statistically significance at $p < 0.05$ level of significance and there was significant association between the post-test level of knowledge and selected demographic and obstetrical variables.

Key words: Structured teaching programme, outpatient department

INTRODUCTION

Pregnancy and child birth are the most exiting and at the same time fearful event for a women. The word "prenatal" comes from the Latin word "pre" which means "before" and "natal" means birth. Primi gravida-. means "a woman who is pregnant for the first time". Gravidity is defined as the number of times that a woman has been pregnant. Parity is defined as the number of times that she has given birth to a fetus with a gestational age of 24 weeks or more, regardless of whether the child was born alive or was stillborn. The word Primigravida mothers is derived from Latin word which means "primi" combining form of primus first gravid feminine. means "a woman who is pregnant for the first time". Self-care is defined as the activities that individuals undertake to improve or restore their own health (Levin & Idler, 1983). Self-care is generally thought to be something we can do on our own without the support of a health professional but life coaches may also help us with self-care. Primigravida mothers may have fear about pregnancy period. They may have numerous misconceptions about that 2 period. Many of her family members also may try to over protect her which may lead her to avoid doing even small activities. The reason may be lack of knowledge about importance of pregnancy activities and specific self care activities. There also may be lack of motivation, lack of social support, learning about antenatal self care will certainly result in healthy pregnancy period and also will result in having a healthy child A mother who is pregnant for the first time can involve herself in doing self care activities to her maximum ability which will really help her to keep her out of stress and will enable her to feel that she is capable of doing activities and will make her to feel that she is in a happy period of pregnancy and not sick.

STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of structured teaching programme on knowledge regarding self care activities among primigravida mothers in selected hospitals at Erode district.

OBJECTIVES

1. To determine level of knowledge regarding self care activities before structured teaching programme among primigravida mothers.
2. To determine level of knowledge regarding self care activities after structured teaching programme among

primigravida mothers

3. To Evaluate the effectiveness of structured teaching programme on knowledge regarding self care activities among primigravida mothers.
4. To determine the association between post-test level of knowledge regarding self care activities among primigravida mothers with their selected demographic variables and obstetrical variables

DEVELOPMENT AND DESCRIPTION OF THE TOOL

Research instruments also called research tool are the devices used to collect data. The following instruments were developed by the researcher for present study.

Section A: Demographic variables of the primigravida mothers.

Section B: Obstetrical variables of the primigravida mothers.

Section C: Structured questionnaire on self care activities

DESCRIPTION OF THE TOOL

The tool was consists of three sections.

Section – A- Demographic variables of primigravida mothers Age, Educational status, Occupation, Monthly income, Type of family, Living area, Social support, Have you obtained any information regarding self care activities through following these resources.

Section- B –Obstetrical variables of primigravida mothers Gestational weeks, Follow up current pregnancy, Place of follow up, Time of initial follow up.

Section-C- Structured questionnaire on self care activities To assess the knowledge regarding self care activities among primigravida mothers.

It consists of 30 multiple choice questions regarding self care activities.

Each correct answer carriers : One mark

Each wrong answer carriers : Zero mark

Inadequate knowledge : 0-10 Marks

Moderately Adequate : 11-20 Marks

Adequate knowledge : 21-30 Marks

VALIDITY

Content validity is the extent to which the method of measurement includes all the major elements relevant to the concept being measured. (Charpak 1996). The content validity will be ascertained from the following field of experts. Obstetric and gynecological nursing specialists-3 and Gynecologist-1

DATA COLLECTION PROCEDURE

The investigator conducted the main study at Adithya & Ashokkrishna hospital, Bhavai. The permission from the medical director will be obtained before conducting the study. During this period the investigator collects both pre-test, teaching with flash cards assisted teaching programme then post-test.

SECTION A:

FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRIMIGRAVIDA MOTHERS WITH THEIR DEMOGRAPHIC AND OBSTETRICAL VARIABLES

Table-4.1

Frequency and percentage distribution of primigravida mothers with their demographic and obstetrical variables

(N=60)

S.no	Demographic variables	Frequency (n)	Percentage (%)
1	Age		
	a)18-21	14	23
	b)21-25	33	55
	c)26-30	13	22
	d)Above30	0	0
2	Educational status		
	a)Non illiterate	4	6
	b)Primary	5	8
	c)Higher secondary	18	30
	d)Degree	33	56
3	Occupation status		
	a)Housewife	44	74
	b)Government employee	21	3
	c)Private worker	12	20
	d)Daily wages	2	3
5	Religion		
	a)Hindu	44	73
	b)Muslim	6	10
	c)Christian	10	18
	d)Others	0	0
6	Type of family		
	a)Nuclear family	12	20
	b)Join family	48	80
7	Social support		
	a)Husband	40	66
	c)Relative	20	34
	d)No social support	0	0

8.	Living area		
	a)Urban	31	51
	b)Rural	29	49
9.	Have you obtained any information self care activities		
	a)Multimedia	0	0
	b)Peer group	0	0
	c)Health team members	29	48
10.	Gestational weeks		
	a) 1 -12 weeks	17	28
	b) 13 – 28 weeks	20	34
	c) 29 – 40 weeks	23	38
11	Place of follow-up		
	a)Hospital	12	20
	b)Primary Health Centre	12	20
	c) Private doctor	36	60
12	Follow-up current pregnancy		
	a)Yes	57	95
	b)No	3	5
13	Time of initial following		
	a)First trimester	51	86
	b)Second trimester	9	14
	c)Third trimester	0	0

Table 4.1 shows the frequency and percentage distribution of demographic and obstetrical variables. While considering to the age of primigravida mothers, 14 (23%) of respondents are in the age group of 18-21 years, 33 (55%) of respondents are in the age group 21-25 years, 13 (22%) of respondents are in the age group of 26-30 years.

Based on the educational status of primigravida mothers (6%) non illiterate, 5 (8%) have completed primary, 18 (30%) have completed higher secondary, 33 (56%) have completed degree. Regarding occupational of primigravida mothers 44 (74%) were house wives, 2 (3%) were government employee, 12 (20%) were private worker, 2 (3%) were daily wages.

In accordance with the monthly income of primigravida mothers 7 (11%) belong to the income group less than 10,000, 37 (62%) belong to the income group of Rs10,000-15,000, 14 (24%) belong to the income group of Rs15,000-20,000, 2 (3%) belong to the income group of above 20,000.

Regarding the religion 44 (73%) of them were Hindu, 6 (10%) of them were Muslim, 17% (10) of them were Christian.

Related to type of family 12 (20%) were from nuclear family and 48 (88%) were from joint family.

About their social support 40 (66%) mother get support from husband, 20 (34%) of mother get support from relative.

Regarding to the living area, 31 (51%) from urban, 29 (49%) rural area. In concern with have you obtained any information about specific self care activities 29 (48%) acquired through health team members, 31 (52%) acquired through family members

Considering gestational weeks of the primigravida mothers 17 (28%) mothers are in the 1-12 weeks of the gestational weeks, 20 (34%) mothers are in the 13-28 weeks of the gestational weeks, 23 (38%).

According to the place of follow up 12 (20%) follow up in hospital, 12 (20%) follow up in primary health Centre, 36 (50%) follow up in private doctor.

According to the follow up current pregnancy 57 (95%) mother are regular follow 3 (5%) do not follow in regular.

According to the time initial follow up 68% (51) initial follow the first trimester, 9 (14%) initial follow the second trimester.

SECTION- B: ASSESSMEN TO PRE-TESTAND POST-TESTLEVELOFKNOWLEDGEREGARDINGSELF CARE ACTIVITIESAMONGPRIMIGRAVIDA MOTHERS

Table-4.2
Frequencyandpercentagedistributionofpre-testandpost-testlevelofknowledgeregardingselfcareactivitiesamong primigravidamothers.

(n=60)

Self care activities	Inadequate knowledge		Moderate knowledge		Adequate knowledge	
	F	%	F	%	F	%
Pre-test	13	22	38	63	9	15
Post-test	0	0	17	28	43	72

Table - 4.2 shows the level of pre-test knowledge regarding self care activities among primigravida mothers before administration of STP 13 (22%) of the primigravida mothers had inadequate knowledge score 38 (63%) of them had moderate knowledge score and 19 (15%) of them had adequate knowledge score post-test knowledge regarding specific self care activities among primigravida mothers after administration of STP. 43 (72%) of them are having adequate level of knowledge score none of the primigravida mothers are having

inadequate knowledge score.

SECTION - C: EFFECTIVENESS OF STP ON KNOWLEDGE REGARDING SELF CARE ACTIVITIES.

Table - 4.3 Comparison of pre-test and post-test level of knowledge scores regarding self care activities among primigravida mothers.

(n=60)

Self care activities	Mean	Standard deviation	Mean Difference	Paired 't' test	
				Calculated 't' value	Table 't' value
Pre-test	16.53	0.599	7.69	18.8	2.00
Post-test	24.22	0.505			

Table 4.3 depicts the comparison of mean and standard deviation between pre-test and post-test level of knowledge on self care activities among primigravida mothers. The mean score was increased from 16.53 to 24.22, which showed a mean difference of 7.69 respectively and the standard deviation was decreased from 0.599 to 0.505 after the administration of .The paired „t“ test value 18.8, was level of significance at $p < 0.05$. It indicates the effectiveness of STP on increasing the level of knowledge on self care activities among primigravida mothers. Hence the started research hypotheses the mean post-test of STP among primigravida mothers was significantly and lower than the mean post-test level of self activities so the research hypotheses was accepted.

SECTION - D: ASSOCIATION OF POST-TEST LEVEL OF KNOWLEDGE SELF CARE ACTIVITIES AMONG PRIMIGRAVIDA MOTHERS WITH THEIR SELECTED DEMOGRAPHIC VARIABLES AND OBSTETRICAL VARIABLES.

Table - 4.4 Association of post-test level of knowledge self care activities among primigravida mothers with their selected demographic variables and obstetrical variables.

(n =60)

Demographic variables	Post-test level of knowledge				Total	Chi Square test
	Moderate		Adequate			
	F	%	F	%		
1.Age in year	0	0	0	12	14	$\chi^2=5.96$ P<0.05 df=2S*
a)18-21	7	12	17	40	33	
b)21-25	9	15	24	20	13	
c)26-30	1	1	12	0	0	
2.Educationalstatus						$\chi^2=14.64$ P>0.05 df=3NS
a)Illiterate	4	7	0	0	4	
b)primary	3	5	2	4	5	
c)higher secondary	3	5	15	5	18	
d)degree	7	12	26	18	0	
3.Occupation						$\chi^2=7.254$ P<0.05 df=3S*
a)house wife	10	17	34	56	44	
b)government employee	0	9	2	3	2	
c)private worker	5	3	7	12	12	
d)daily wages	2	0	0	0	0	
4.Monthly income						$\chi^2=16.442$ P>0.05 df=3NS
a)lessthan10,000	6	10	1	1	7	
b)10,000-15,000	9	15	28	48	37	
c)15,000–20,000	2	3	12	20	14	
5.Religion						$\chi^2=1.0048$ P>0.05 df=1NS
a)Hindu	12	20	32	53	44	
b)Muslim	1	2	5	8	6	
c)Christian	4	7	6	10	10	
d)Others	0	0	0	0	0	
6.TypeofFamily						
a)Nuclearfamily	2	3	10	17	12	
b)Jointfamily	15	25	33	55	48	

Table -
showed

7.Socialsupport						$\chi^2=0.6064$ $P>0.05$	4.4 the
a)Husband	10	17	30	50	40	df=1NS	
b)Friend neighbor	0	0	0	0	0		
c)Relative	7	12	13	21	20		
d)No social support	0	0	0	0	0		
8.living area							
a)Urban	7	12	24	4	31	$\chi^2=1.0453$ $P>0.05$	
b)Rural	10	17	9	31	29	df=1NS	
9.Have you obtained information self care activities							
a)Multimedia	0	0	0	0	0	$\chi^2=6.1256$ P df=1NS	
b)Peer group	0	0	0	0	0		
c)Health team member	5	9	26	43	31		
d)Family member	12	20	17	28	29		
10.Gestational age						$\chi^2=1.9831$ $P>0.05$ df=2NS	
a)1 -12 weeks	7	11	15	17	17		
b)13 – 28 weeks	5	9	15	24	20		
c)29 – 40 weeks	5	9	18	30	23		
11.Place of follow-up						$\chi^2=2.2059$ $P>0.05$ df=2NS	
a)Hospital	2	3	10	16	12		
b)Phc center	5	10	7	14	12		
c)Private doctor	10	15	26	42	36		
12.Follow-up current pregnancy						$\chi^2=0.058$ P>0.05 df=1NS	
a)Yes	16	28	41	68	57		
b)No	1	1	2	3	3		
13.Time of initial following							
a)First trimester	12	20	39	65	51	$\chi^2=3.862$ P<0.05 Df= 1 S*	
b)Second trimester	5	8	4	7	9		
c)Third trimester	0	0	0	0	0		

association of post-test level of knowledge among primigravida mothers and their demographic variables the chi-square test of 5.96, showed that there was a significance association of age and post-test level of knowledge after STP at $p < 0.05$ level of significance, With the regard to the occupation chi-square test of 7.254 was

significance at the interval of $p < 0.05$, In concern with the initial follow up chi-square test of 3.862 was level of significance at the interval of $p < 0.05$. There was no significance association of the post-test level it shows that there was no with their demographic variables such as educational status, monthly income, religion, type of family, social support, living area, have you obtained information self care activities , gestational weeks, place of follow-up, follow-up current pregnancy, time of initial follow-up. Hence the research hypotheses there was significance association between post-test level of knowledge regarding self care activities with selected demographic variables with $p < 0.05$ level of significance was accepted

CONCLUSION

This study the investigator found that primigravida mothers gained knowledge regarding of self care activities. Thus, it is the responsibility of healthcare provider to create awareness about self care activities among primigravida mothers in clinical as well as in community setting. The result of this study shows there is an improvement of knowledge on self care activities after the structured teaching programme. Hence the hypotheses was accepted

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