

Impact of Structured Education Programme on Antenatal Mothers Regarding Essential New Born Care

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Abstract: *The issue of neonatal deaths is a serious national health concern, especially in developing countries where 96% of the World's approximates 5 million annual neonatal deaths occur. Each year in India over one million newborn die before they complete their first month of life. The aim of study was to evaluate the impact of structured education program on knowledge regarding the newborn Care among antenatal mothers, And to find out an association between existing knowledge with selected demographic variables among mothers. Methodology: The one group pre-test post-test study was conducted among 100 antenatal mothers selected by Purposive sampling technique. Results-Majority antenatal mothers were (68%) belongs to the age group 21 - 25 years and 91(91%) were Hindu, 41 (41%) were having primary education while 72 (72%) of belongs to rural area, 88 (88%) belongs to joint family while 92(92%) and 38 (38%) belongs to income Rs.2000-4000. The mean score was increased from 3.8 to 23.6 after structured education and p value is less than .000 which revealed that there were significant gains in knowledge score of antenatal mothers after administering structured education. Conclusion: The study concluded that a structured education program on essential newborn care, was effective in increasing the knowledge of antenatal mothers.*

Keywords: Antenatal Mothers, Education, New born, , Essential Care

1. Introduction

To become a mother is one of life's greatest blessings. It is a lifelong event that forever changes her. Becoming a mother changes her heart, thoughts, and actions. However, may soon wish her had a few extra hands." After having happily treaded the challenges experienced during those 9 months, mothers happiness is doubled when she hold her newborn in her arms. With different changes taking place in her baby's physical, emotional & cognitive development, every day will be a new challenge for her. Going home with a new baby is exiting, but it can be scary too. New borns have various needs like frequent feeding and diaper changes. Babies can have health issues different from older children and adults [10].

Learning is the addition of new knowledge and experience Interpreted in the light of past knowledge and experience. Teaching and learning is an integral part of nursing. Nurses have the responsibility to educate patients related to various aspects and keep themselves updated. Various teaching strategies are used to increase knowledge, such as lecturing, demonstration, discussion and self-education. These methods of self-education has an advantage over the others as the learner can educate himself at his own pace and it also stresses on rereading [1].

The birth of the baby is one of life's most wondrous moments. Newborn babies have amazing abilities, yet they are completely dependent on others for every aspect. The basic needs of a new born baby include love, touch, warmth, safety and security. New born care is an effective way to meet the baby's needs like warmth, breast feeding, protection from infection, stimulation, safety and love. The care of the newborn in the family is governed by the family's

knowledge of the mother. The mother's knowledge and the practices play a crucial role in safeguarding health and enhancing the newborns adaptation to the new environment. Many times a mother has learnt it by paying a heavy price through the death of 1 or 2 of her infants. There is lack of care in feeding, immunization, umbilical cord care, prevention of hypothermia [2].

Maintaining the normal body temperature is extremely important because of their larger body surface area. Thermal care is the component of essential newborn care which gets neglected. It is very common practice in India to bath the newborns immediately after birth. This puts the newborn at risk of hypothermia [11].

Despite the improvements in child survival over the past 25years. There is still virtually no effective health care system for newborn in developing countries. There are estimated 4- million neonatal deaths worldwide each year more ever. It is estimated to account for 40% of under five deaths and two thirds of infants deaths. New born care is of immense importance for the proper development and healthy life of a baby. The health and survival of the new born baby depends upon the health status of the mother and her awareness, education and skills. Mother is the best primary health worker. She has the advantages of instinct, concern and interest to look after her baby. Mother look after her baby with love, affection and sense of sacrifice. Early involvement of the mother in the care of her baby is the best way to promote and encourage breast feeding. Mother is the best person to identify minor developmental deviations and early evidences of disease process because she is constantly and closely watching her baby. The basic knowledge and skills pertaining to mother craft, child nutrition,

immunization, environmental sanitation and personal hygiene should be taught to the mother [12].

Baby parenting is utmost rewarding and wonderful job for a mother. A mother knows how to take care of her young one in a natural way. However, with the advice of experts and experienced personalities, she can perform the duty of baby parenting even more effectively and efficiently. Take proper care of babies with successful baby parenting tips to keep your baby happy and healthy [13].

Mother is an important primary care provider and therefore her education will help to care for her baby. The adequate knowledge of mothers on newborn care is needed to control the neonatal mortality [2].

2. Review of Literature

2.1 Review of literature related to structured education programme

Kadam, A. (2014) found that Structured education programme was highly effective to improve the knowledge score and to improve the attitude score of subjects/ caregiver towards colostomy care of patient [3]. *Anjum, S. (2014)* conducted study to assess knowledge of contraceptives methods and appraisal of health education among married women and concluded After the health education married women knowledge was improved to 100% about female sterilization followed by condom 99%, skin implants 86%, oral pills 85% and emergency contraceptives 85%. Sociodemographic variable were significantly associated with existing knowledge and level of married women specially age at marriage, age at first child, occupation, income, education [4][5].

Babu, R. L. (2014) The findings of the study concluded that care takers had inadequate knowledge regarding non-curative care of terminally ill cancer patients. The planned education programme on non-curative care of terminally ill cancer patients was highly effective in improving the knowledge of care takers regarding non-curative care of terminally ill cancer patients.[6]

Shinde, M. (2014) concluded that demonstration regarding feeding of hemiplegic patient among caregivers was effective in increasing the skill of the caregivers regarding feeding of hemiplegic patient [7] [8].

Menaka S, The result showed that with regard to personal hygiene 6.7% had inadequate knowledge, 55% had moderate and 38.3% adequate level of knowledge. In area of thermoregulation 10% inadequate knowledge, 21.7% had moderate and 68.3% adequate level of knowledge. With regard to breast feeding 18.3% had moderate and 81.7% adequate level of knowledge. In area of umbilical cord care 33.3% inadequate knowledge, 36.7% had moderate and 30.3% adequate level of knowledge [14].

Weiner EA, S billamay, (April 2008),. The result shows that women's knowledge of neonatal care increased by 10% on immediate post-test ($p < 0.0001$). Maternal education ($p = 0.005$) and previous births ($p = 0.037$) correlated positively with higher pretest scores, it is concluded that

brief antenatal education increases mothers understanding of basic newborn care. Mothers retain this knowledge into the early postpartum period and during early infancy when might help reduce morbidity and mortality. The education was efficacious for women with little education [15].

2.2 Review of literature related to knowledge of antenatal mothers on essential new born care

William EK, (2009), conducted the study reveals that, the association between newborn care practices and antenatal care counseling and skilled delivery attendance suggest that evidence based newborn care practices can be promoted through improved coverage with existing health services[16].

Agrawal PK, Agrawal S, found that coverage of antenatal home visit and newborn care practices were positively correlated with the knowledge level of AWW and ANM. CHWs knowledge is one of the crucial aspect of health systems to improvement coverage of community based newborn health care programmes [17].

Khan MH, Khan RF. (2005), showed that, among hospital deliveries 80% conducted by nurses, 20% by skilled dais and none by doctors. Among these cleanliness 33%, cord care 100%, thermal protection 83.3%, breast feeding within an hour 66.6%. And in home based deliveries were conducted by unskilled birth attendants. Among these cleanliness 16.6%, cord care 80%, thermal protection 100%, breast feeding with an hour 14%, eye care 0%. The study highlighted the deficiencies in the new born care both hospital and traditional once neglected the basic principles of new born care [12].

Pdiyath MA, Bhat VB (2009) study reveals that, knowledge of mothers was inadequate in areas of umbilical cord care (35%), thermal care (76%) and vaccine preventable diseases. 19% of them still practice oil instillation into nostrils of newborn and 61% of them administer gripe water to their babies [18].

Shilpa GS, concluded that, 47% of the samples had good knowledge and 53% of the samples had excellent knowledge regarding newborn care. 13% of the subjects had average practices scores, 87% of mothers had good practices scores regarding newborn care [2].

Sreeramareddy CT, Jose HS, (2006), found that, in Nepal approximately 90% of delivery take place at home, information about reasons for delivering at home and newborn care practices in urban areas of Nepal is lacking. To explore the reasons for delivering at home community based interventions are required to improve the number of families engaging a skilled attendant and hygiene during delivery. the high risk traditional newborn care practices like delayed wrapping, bathing, mustard oil massaging, prelactal feeding, and discarding colostrums to be addressed by culturally acceptable community based health education program[19].

Waldemar A, Cario MD, (2010) concluded that, the rate of neonatal death in the 7 days after birth did not decrease after the introduction of essential newborn care training of

community based birth attendants, all through the rate of still births was reduced .subsequent training in the neonatal. Resuscitation program did not significantly reduce the mortality rates [20].

A large cross-sectional community-based study conducted by Suzanne P, Zelee H, The result shows that health facility deliveries accounted for 41% of birth,. Skilled attendants assisted 40% of births.. The majority of mother's deliveries at home reported that they had made preparation for delivery, including buying soap (84%) and preparing a cloth for drying the child (85%). Although 83% of women breastfed within 24 hours of delivery, only 18% did so within an hour. The finding suggest a need to promote and facilitate health facility deliveries, hygienic delivery practices for home birth, delayed bathing and immediate and exclusive breastfeeding in southern Tanzania to improve newborn health [21].

3. Need for the Study

The issue of neonatal deaths is a serious national health concern, especially in developing countries where 96% of the World's approximates 5 million annual neonatal deaths occur. Each year in India over one million newborn die before they complete their first month of life. Accounting for 30% the World's neonatal deaths. India's current neonatal mortality rate of 44 per 1000 live births represents 1.2 million children who die each year.

The care of New born in the family is governed by the family's knowledge, awareness, and cultural practices. So the adequate knowledge of mothers on new born care is needed to control the mortality. New born care practices immediately after delivery play a major role in causing neonatal morbidities and mortalities. Essential new born care practices were outlined to decrease the neonatal morbidity and mortalities. These practices include clean cord care, thermal care, and initiating breast feeding immediately after birth (within 1/2 hour) The traditional practices like applying cow dung on the umbilical stump, oil instillation into nose also contribute to newborn's risk of morbidity and mortality. The purpose of this study is to educate the correct knowledge, of antenatal mothers regarding the newborn care [12].

Many newborn die every year at home. They die at home for several reasons. First, more are born at home in developing countries and if they have complications, care seeking may be impended by traditions. Second, the birth attendant is likely to be unskilled in managing labor and delivery. So birth trauma and asphyxia are common. Newborn with these conditions may quickly expire [12]. Third, traditional household delivery and newborn care may place the newborn at increased risk of disease due to infection, anemia, hypothermia and hypoglycemia. To address this issue essential newborn care interventions are designed. These interventions are cleanliness, thermal protection early and exclusive breast feeding, and initiation of breathing (resuscitation), eye care, Immunization, management of newborn illness and care of preterm/low birth weight newborn. The challenge of reducing neonatal mortality requires solutions through research to inform program

innovation and action oriented policies designed to improve newborn health. The essential new born care should be based mainly in the community that may prove life saving for new born [12].

The adequate knowledge of mother on new born care is needed to control the neonatal mortality. With this intention the study had proposed to identify the knowledge of mothers on some important aspects of newborn care which helps to develop strategies to improve the care to safeguard the health of the infants [2].

4. Research Question

4.1 Problem Statement

“Impact of structured education programme on antenatal mothers regarding essential new born care at tertiary care hospitals”.

4.2 Objectives of the Study

1. To assess the knowledge regarding the essential newborn care among antenatal mothers.
2. To evaluate the impact of structured education programme on knowledge regarding the essential newborn Care among antenatal mothers.
3. To find out an association between pre-test knowledge and selected demographic variables among antenatal mothers.

4.3 Assumptions

- Antenatal mothers will have some knowledge regarding essential new born care.
- Antenatal mothers will have desire to learn regarding essential new born care.

4.4 Hypothesis

H₀: - There will be no significant difference in knowledge score regarding essential new born care among antenatal mothers before and after structured education program.

H₁:- There will be significant difference in knowledge score regarding essential new born care among antenatal mothers before and after structured education programme.

4.5 Methodology

Research methodology involves the systematic procedure by the researcher which starts from the initial identification of programme to its final conclusion [9]

- **Research approach:** - Selection of an appropriate research that involves a general set of orderly, disciplined procedures to acquire information is of utmost importance in a research study [8].
- **Research Approach:** Evaluatry approach is used to assess the impact of structured education.
- **Research Design:** In present study one group pre test post test design is adapted.
- **Independent variable:** - Structured teaching program on essential new born care for antenatal mothers.

- **Dependent Variables:-** Gain in knowledge score is the dependent variable.
- **Study Area:** Present study was conducted at Krishna hospital and medical research Centre, Karad.
- **Study Population:** IIIrd trimester antenatal mothers between 18-45 years of age attending antenatal clinic in Krishna hospital karad.
- **Sample size-** The sample size considered for the study was 100 antenatal mothers.
- **Sampling technique** used for the study was purposive sampling.

Inclusion criteria :-

- IIIrd trimester Antenatal mothers.
- Who are available during study period.
- Who are willing to participate in the study
- Who are able to read and write Marathi.

Exclusion criteria :-

- Who are not available during study period.

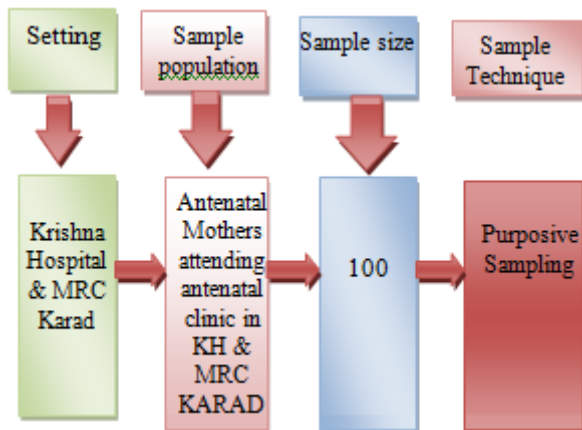


Figure 1: Schematic representation of research design

5. Findings

Table 1: Frequency and Percentage Distribution of Antenatal Mothers according to Demographic Variables

Sr. No.	Variables	Freq. (f)	Percentage (%)
1	Age (in years)		
a)	15 - 20 yrs	18	18%
b)	21 - 25 yrs	68	68%
c)	26 - 30 yrs	13	13%
d)	31 - 35 yrs	1	1%
2	Religion		
a)	Hindu	91	91%
b)	Muslim	7	7%
c)	Others	2	2%
3	Education		
a)	Primary school	41	41%
b)	Secondary	33	33%
c)	Graduation	25	25%
d)	P.G.	1	1%
4	Language		
a)	Marathi	94	94%
b)	Hindi	6	6%
5	Occupation status		
a)	Housewife	92	92%
b)	Daily wages	2	2%
c)	Service	4	4%
d)	Business	2	2%
6	Residence		

a)	Urban	28	28%
b)	Rural	72	72%
7	Type of family		
a)	Joint	88	88%
b)	Nuclear	12	12%
8	Family income		
a)	Below 2000	20	20%
b)	2000 - 4000	38	38%
c)	4000 - 6000	16	16%
d)	6000 - 8000	7	7%
e)	8000 - 10,000	19	19%
9	Gravid		
a)	1st	64	64%
b)	2nd	34	34%
c)	3rd	2	2%
10	Diet		
a)	Vegetarian	31	31%
b)	Nonvegetarian	5	5%
c)	Mixed	64	64%

The data presented in Table 1 indicates that maximum mothers 68(68%) belonged to 21-25years of age and minimum 1(1%) belongs to 31-35 years of age.

- Majority mothers 91 (91%) belonged to Hindu, and 7(7%) were belongs to Muslims and 2(2%) were belongs to other religion.
- Majority mothers 41 (41%) were having primary education and minimum 1(1%) were having Post graduation.
- Maximum mothers 72 (72%) of antenatal mothers belonged to rural area, and minimum number 28 (28%) of antenatal mothers belonged to urban area.
- Maximum mothers 88 (88%) belonged to joint family, and minimum 12 (12%) from nuclear family.
- Majority mothers 92(92%) were house wives, and minimum mothers 2 (2%) were employed.
- Maximum mothers 38 (38%) were having monthly income Rs.2000-4000 and minimum mothers 7 (7%) having monthly income 6000-8000.
- Majority mothers 64 (64%) belonged to primi gravid, and minimum 2 (2%) were belongs to 3rd gravid.
- Maximum mothers 31(31%) were vegetarian, and minimum mothers 5(5%) were non-vegetarian.

The sample characteristics. In the present study it was found that out of 100 antenatal mothers majority belonged to the age group 21 - 25 years (68%), and majority 91(91%) were Hindu. Majority mothers 41 (41%) were having primary education. Majority mothers 72 (72%) of belongs to rural area. Majority mothers 88 (88%) belongs to joint family. Majority mothers 92(92%) were house wife. Majority mothers 38 (38%) were having monthly income Rs.2000-4000. Majority mothers 64 (64%) belongs to primi gravid. Majority mothers 31(31%) were vegetarian.

Association of existing knowledge of antenatal mothers with selected variables. In order to find an association between existing knowledge and selected variable chi-square test was computed. The finding showed that the computed chi-square values at df (2) education (2.846), occupation status (1.574), residence (1.519), type of family (1.296), were not significant at 0.05 level. The chi-square at df (4) for age (2.226), Para (4.317), family income (9.466) was also not significant at 0.05 level of significance. There was no

statistically significant association was found between existing level of knowledge and demographic variables at 0.05 level of significance.

- **Effectiveness of structured teaching programme in terms of gain in knowledge about essential new born care**

The mean post-test knowledge score (23.68) was higher than the total mean pre-test knowledge score (14.53). The mean and median in both pre-test (mean 14.53, median 14) and post-test (mean 23.68, median 24) were found to be lying close to each other.

- **Actual area wise gain score**

The actual gain score computed in all areas showed a maximum (36.55%) gain in the area of misconception about essential new born care.

- **Significant difference between pre-test and post-test mean knowledge scores**

To find out significant difference between pre and post test mean knowledge score research hypothesis H_1 was formulated. The post-test knowledge score of antenatal mothers regarding essential new born care was significantly higher at 0.05 level than the pre-test knowledge score paired 't' test $t=33.2$, $p<0.05$ H_1 was accepted. It proved that the structured teaching program on knowledge regarding essential new born care was an effective method for increasing the subject's knowledge.

6. Discussion

6.1 Findings related to demographic variables

In present study majority of (68%) antenatal mothers belongs to the age group of 21-25 years and the majority of 64% were primi-gravidas, maximum 41% mothers were educated up to primary level and 33% were up to secondary level. Similar sample size with primi-gravida was used in the study conducted by Wiener EA and Billammy S[15] found contradictory result related to the present study as all participants are educated by local standards, 57% of women had >8 years and 28% years had >12 years of education. In present study maximum mothers (88%) are from joint family and live in rural area (72%), contradictory findings are found in study conducted by Selvi RA, Kavitha M.[22] on assessing the perception and health care seeking behavior of postnatal mothers regarding newborn danger signs, found maximum mothers are from nuclear family (52%) and live in urban area (56%). Similar findings are found in the same study related to the religion and occupation in which maximum mothers (90%) were Hindu and (98%) housewives by occupation as in the present study.

6.2 Findings related to knowledge scores of antenatal mothers on essential new born care

The investigator assessed the knowledge of antenatal mothers on essential new born care. Findings revealed that antenatal mothers had maximum (56%) knowledge in the area of breast feeding while minimum knowledge score 43.25% regarding physical care of new born care. The analysis of knowledge reveals that majority of mothers

75(75%) had average, while 16(16%) had poor and only 9(9%) had good knowledge score during pre-test. The contradictory findings are found in the study conducted by Shetty AP[2] on 'A study to assess the knowledge of primigravida mothers on new born care and to evaluate the practices during postnatal period in hospital of Mangalore' where majority mothers (47%) had good and 53% of the mothers had excellent knowledge regarding new born care.

6.3 Findings related to association between knowledge of antenatal mothers and their demographic variables

In present study assessment of knowledge on essential new born care revealed that there was no association between gain in knowledge score and demographic variables using chi-square test. The result contradicts with findings of Shilpa GS and Shetty AP[2] found there is a significant association between knowledge and the demographic variables such as educational status, type of family and place of residence.

7. Conclusions

Based on the finding of the study the following conclusions were drawn. Further the study indicates that all the antenatal mothers did not have 100% knowledge regarding essential new born care. They require further education, because all of them need to enhance their knowledge. There was a significant increase in knowledge of subjects after giving structured teaching.

The actual gain score was consistently high in all the areas included in the study. The paired 't' test computed between mean post test knowledge score and mean pre-test knowledge score indicated significant gain in knowledge in all areas. Thus it is concluded that the structured teaching programme on essential new born care was effective as a teaching strategy.

Demographic variables do not show a major role in influencing mothers post-test knowledge score. Hence from the finding of the study it can be concluded that the written material prepared by the investigator in the form of structured teaching helped the antenatal mothers to improve their knowledge on essential new born care. Thus can apply their knowledge while caring child at home.

8. Scope of Study

8.1 Nursing services

The most important role of the nurse is to provide awareness to the antenatal mothers regarding essential new born care. This study will help the nurses for disease prevention and health promotion of the infants and decrease their mortality and morbidity. The result of the study will help the nurses to enlighten their knowledge on importance of health education. The nurses could take more care in educating the mothers of children admitted in the hospital and these attending the outpatient clinics. Education to the mother during child care, is a process of assisting her to learn and incorporate coping behavior during child care. This can only be done if staff nurses are adequately equipped with

knowledge and confident to disseminate the information to the mother and encourage her participation in the new born care.

8.2 Nursing education

The nursing curriculum should emphasize on imparting health information to the mothers using different teaching methods. The structured teaching program can be utilized by the teachers to teach essential new born care. The different audio visual aids could be utilized by the students to provide health education to ANC mothers in the hospital setting. Structured teaching program and structured knowledge questionnaire prepared by the investigator can also help the students to initiate their interest to work in the maternity units. It can also help them to increase their knowledge regarding essential new born care.

8.3 Nursing administration

Finding of the study reveals that the antenatal mothers were having less knowledge in the area of physical care so with these findings nursing administrator can create policies and plans that will include all nursing staff to be effectively involved in health education programme in their respective hospitals. The nurse administrator can utilize this type of structured teaching to enhance the knowledge of students, staff nurses and mothers on health related problems and its management. Nurse administrator can educate nurses for various workshops and health awareness programs in community as well as hospital set up. Health teaching plan can arrange for patient and their relatives. The findings of this study should be used as a basis for in-service education program for nurses so as to make them aware of the present problem in the society.

8.4 Nursing research

The finding of the study has added to the existing body of the knowledge in the nursing profession. Other researchers may utilize the suggestions and recommendations for conducting further study. The tool and technique used has added to the body of knowledge and can be used for further references. Research should be done on preparation of innovative methods of teaching, better practices of nursing care and development of good and effective teaching material and setting up multimedia center for teaching. The present study conducted by the investigator can be a source of review of literature for others who are intending to conduct studies on essential new born care which will go a long way to reduce the neonatal mortality and morbidity.

9. Limitations

- 1) No broad generalization could be made due to small size of sample and limited area of setting.
- 2) The sampling technique – non probability purposive sampling do not give a representative sample.
- 3) The study did not use control group. i.e. investigator had no control over the events that took place between pre-test and post-test.

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