

# Effectiveness of Structured Teaching Programme on Knowledge Regarding Antenatal Care among Pregnant Women

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**Abstract:** ***Background:** The antenatal care is complete when health information is imparted. About 60-80% of neonatal death is attributed to low birth weight, and low birth weight is highly associated with maternal nutrition. In 20% of low birth weight is due to maternal malnutrition. The study was to determine the effectiveness of structured teaching programme on knowledge regarding antenatal care. **Aims and objectives:** The aim of the study is to assess the level of knowledge on antenatal care among pregnant women of selected rural area of vadodara. **Material and method:** Pre experimental one group pre-test – post-test research design, and non probability convenience sampling technique was adopted to achieve the goal of the study. The tool consists of two parts. First part consist demographic data of the sample and second part consist of structured knowledge questionnaires. The sample was 60 pregnant women taken from rural area of Vadodara. **Results:** The collected data was tabulated and analysed using descriptive and inferential statistics. In the pre-test mean score was  $14.22 \pm 4.041$  and post-test means score was  $22.24 \pm 4.769$ . The post-test level of knowledge mean score is significantly graters than the pre-test knowledge mean score. The 't' calculated value 9.082 is more than tabulated value 2.56 (Significant at 5% level). **Conclusion:** The 't' test was computed between pre-test and post-test score indicate that there was improvement the level of knowledge among pregnant women. Hence it incanted that structured teaching programme was effective. Therefore  $H_1$  was accepted. and (RH2) is partially accepted.*

**Keywords:** Knowledge, Effectiveness, structured teaching programme, pregnant women

## 1. Introduction

Antenatal care means “care before birth”. Antenatal care aims to monitor and promote the well being of a mother and her developing baby. Specific exercise and posters can help the pregnant women to adopt the physical changes in her body during the childbearing year. Antenatal diet also help to Antenatal mother to improving nutritional status of mother and fetus. They will help to ease the minor aches and pain during pregnancy and may also help to prevent longer-term post partum problems. In addition, coping skills such as relaxation, positioning and breathing awareness will provide the mother and her partner with the practical means of managing labour. The main aim of antenatal care is to maintain with physiology of pregnancy and to prevent or to detect at the earliest and to treat and untoward complication that may arise. The promotion of health and maintenance of healthy lifestyles have become objectives of utmost importance to health care profession.

## 2. Need for the Study

Reproductive Health and Research at WHO conducted a multicentre cluster-randomized controlled trial to evaluate routine antenatal care in developing countries. A total of 53 antenatal care clinics in Argentina, Cuba, Saudi Arabia and Thailand were randomly assigned to provide either the new WHO model of care or the standard model used in that country. Altogether, 27 clinics were assigned to use the new model and 26 clinics to use the standard model. In total, 24 678 women were enrolled over an 18-month period between 2010 and 2012. Women attending the clinics that had been

randomly assigned to use the new model had a median of five visits; those visiting clinics providing standard care had a median of eight visits. Fetal growth and birth weight is influenced by a variety of factors, racial, social and economic among others, as well as specific medical conditions that may be present or that may develop during pregnancy.

## 3. Objectives

- To assess the existing knowledge regarding antenatal care among pregnant women.
- To assess the effectiveness of structured teaching programme on knowledge regarding antenatal care among pregnant women.
- To assess the association between pretest score knowledge with the select demographic variables to identify the effectiveness of structured teaching programme.

## 4. Hypothesis

**H1:** The mean post test knowledge score of structured teaching programme will be significantly higher than the mean pre test knowledge scores.

**H2:** There will be significant association between pre test knowledge score and selected demographic variables.

## 5. Conceptual Framework of the Study

King's theory of goal attainment and conceptual framework has been applied in many different situations. Literature

documents its application across various age groups, from infants through children and adults to the elderly. It has been applied in various health care settings such as hospitals, clinics, and nursing homes.

## 6. Research Methodology

### 6.1 Research approach

Evaluatory approach

### 6.2 Research design

One group pre test, post test design.

### 6.3 Variables

6.3.1 Independent variables: Structure teaching programme on antenatal care.

6.3.2 Dependent variable: Knowledge of pregnant women

### 6.4 Criteria for selection of sample

#### 6.4.1 Inclusion criteria

- Pregnant women in that all are including prime, multi grvida,.
- Pregnant women who can understand Gujarati, Hindi, English language.
- Pregnant women who are willing to take part in the study.
- Pregnant women who are available at the time of data collection.

#### 6.4.2 Exclusion criteria

- Pregnant women with previous history of high risk pregnancy.
- Pregnant women who have attended previous studies.
- Pregnant women who are not willing to take part in the study.

### 6.5 Sample

Pregnant women from rural area of Vadodara district.

### 6.6 Sampling Technique

Non-Probability Convenience Sampling Technique

### 6.7 Sample size

60 pregnant women

### 6.8 Development of Tools

The tool consisted as below section:

**Tool-1-** Demographic Questionnaire:- A six item were used to collect the sample characteristics includes, Age, Education, occupation, religion, monthly income, type of family.

**Tool-2-** 25 Self Structured knowledge questionnaire on antenatal care.

## 7. Result

The data was analyzed and presented in the following sections:

The data collected were edited, tabulated, analyzed, interpreted and finding were presented in form of tables and diagrams represent under the following areas.

**Section I:** Description of demographic variables of the pregnant women.

**Section II:** Assessment of knowledge score on pre test and post test after administration of structured teaching programme.

**Section III:** Effectiveness of Structured teaching programme on knowledge regarding antenatal care among pregnant women.

**Section IV:** Association of pre-test knowledge regarding antenatal care among pregnant women with selected demographic variables.

#### *Section – I Demographic variables of pregnant women*

*Table 1: Frequency and percentage distribution of pregnant women by their characteristics such as age, education, occupation, religion, type of family, monthly family income.*  
*n=60*

Sr.no.	Variables	Frequency	Percentage
1	<b>Age of mother ( in years):</b>		
	a. 18 – 23	10	20 %
	b. 23 – 28	32	53 %
	c. 28 – 33	12	17 %
	d. 33 – 38	06	10 %
2.	<b>Education status of mother:</b>	20	34 %
	a. Primary school	12	20 %
	b. Middle school	11	18 %
	c. High school	17	28 %
	d. Illiterate		
3.	<b>Occupation of mother:</b>		
	a. house hold worker	07	12 %
	b. Health care worker	05	08 %
	c. House wife	46	77 %
	d. Others	02	03 %
4.	<b>Religion:</b>		
	a. Hindu	45	75 %
	b. Muslim	12	20 %
	c. Christian	03	05 %
	d. Any other	00	00%
5.	<b>Type of family:</b>		
	a. Joint family	20	34 %
	b. Nuclear family	40	66 %
6	<b>Monthly family income in rupees:</b>		
	a. 5000-7000	13	22 %
	b. 7001-9000	19	32 %
	c. 9001-11000	17	28 %
	d. Above 11000	11	18 %

*Section II-Assessment of knowledge regarding antenatal care among pregnant women before and after administration of structured teaching programme*

**Table 2:** frequency and percentage distribution in pre-test and post-test level of knowledge

Level of Knowledge	Pre-test		Post test	
	Frequency	Percentage (%)	Frequency	Percentage (%)
<b>Very poor</b>	00	00	00	00
<b>Poor</b>	8	13.33	00	00
<b>Average</b>	49	81.66	25	41.66
<b>Good</b>	3	5	30	50
<b>Very good</b>	00	00	5	8.33
<b>Total</b>	60	100.0	60	100.0

**SECTION III: Effectiveness of structured teaching programme on knowledge regarding antenatal care among pregnant women**

**Table 3:** mean, standard deviation, mean difference and 't' value of pre- test and post test scores.

Variables	Mean	Mean difference	Std. Deviation	t-value
<b>Knowledge</b>	Pre-test	12.55	1.826	9.487*
	Post-test	16.25	2.433	Df= 59 P= 3.2342

**Section IV- Table-4 Association between pre test knowledge score and selected demographic variables**

Demographic Variables	Category	N	Pre value				$\chi^2$ value		Df	Association
			poor	average	good	Very good	calculated value	Table value at p < 0.05 level		
<b>1. Age of mothers</b>	<b>18-23</b>	10	1	8	1	0	8.557	7.82	Df:3	<b>S</b>
	<b>24-28</b>	32	4	22	5	1				
	<b>29-33</b>	12	0	8	3	1				
	<b>34-38</b>	6	2	2	1	1				
<b>2. Educational status of mother</b>	<b>Primary school</b>	20	2	15	1	2	8.457	7.82	Df:3	<b>S</b>
	<b>Middle school</b>	12	2	6	4	0				
	<b>High school</b>	11	1	8	1	1				
	<b>Illiterate</b>	17	2	11	4	0				
<b>3. Occupation of mothers</b>	<b>Household worker</b>	7	1	5	1	0	13.807	7.82	Df:3	<b>S</b>
	<b>Healthcare worker</b>	5	0	4	1	0				
	<b>House wife</b>	46	5	31	8	2				
	<b>Others</b>	2	1	0	0	1				
<b>4. Religion</b>	<b>Hindu</b>	45	6	29	8	2	2.083	5.99	Df:2	<b>NS</b>
	<b>Muslim</b>	12	1	8	2	1				
	<b>Christian</b>	3	0	3	0	0				
<b>5. Type of family</b>	<b>Joint</b>	20	1	13	4	2	2.855	3.84	Df:1	<b>NS</b>
	<b>Nuclear</b>	40	6	27	6	1				
<b>6. Monthly family income</b>	<b>5000-7000</b>	13	1	10	1	1	5.76	7.82	Df:3	<b>NS</b>
	<b>7001-9000</b>	19	1	13	5	0				
	<b>9001-11000</b>	17	3	10	3	1				
	<b>above 11000</b>	11	2	7	1	1				

## 8. Conclusion

In present study, assess the level of knowledge on antenatal care among pregnant women of selected rural area . Effectiveness was assessed by analysis of pre-test and post-test level of knowledge score. The data was interpreted by suitable and appropriate statistical method.

### 8.1 Recommendations

In the light of the above findings and personal experience of the investigator the following recommendations are offered:

- The study can be replicated on a larger sample; thereby findings can be generalized for a larger population.

- A similar study can be conducted to assess the knowledge level of women regarding antenatal care.
- Pamphlets or information booklets can be prepared with the guidance of this structured teaching programme and distributed among pregnant women to get awareness about antenatal care.

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## References

- [1] Mayer, et al (1998). "Text book for Midwifery" (11<sup>th</sup> edition) London: Bailliese.
- [2] Amarnath, et al (2000) "Textbook of obstetric for nurses and midwives" 1<sup>st</sup> Edition New Delhi, 2000, 2nd edi, Workman publishers.
- [3] WHO, "antenatal care." London. Shower medical publishers. 2004. 2nd edi, P no. 66
- [4] "The Nursing Journal of India" vol 11 Nov 2008, plos One. 2013; 8(1): 53747. Published online 2013 Jan 15. Doi: 10.1371/journal.pone.0053747.
- [5] Swami N .obstetrics outcome in young primigrevida. Obstetric and gyenecol 2003;21. Http://www.pubmed.com,11/ 304
- [6] Amarnath g.b hide,(2000) "Textbook of obstetric for nurses and midwives" 1<sup>st</sup> Edition New Delhi, Workman publishers.
- [7] Mayer (1998). "Text book for Midwifery" (11<sup>th</sup> edition) London: Bailliesetindall.
- [8] DUTTA D.C,(1998) "Text Book of obstetrics and contraception" 6<sup>th</sup>edition New central book agency, New Delhi
- [9] Samuel e Anya, Abba Hydera et al.O opportunity for information and Education about tenatal nutrition. Journal of bio med central, pregnancy and childbirth,2008 march.
- [10] Benet VR, Brown LK. Myles.Text book for midwives. 13<sup>th</sup>ed. 2011. Churchill

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