"A STUDY TO EVALUATE THE EFFECT OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING NEWBORN CARE AMONG THE ANTENATAL MOTHERS IN SELECTED COMMUNITY AREA, AT AHMEDABAD CITY, GUJARAT."

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ABSTRACT

The birth of a baby is one of life's most wondrous moments, babies have amazing abilities. The first week of life is the most crucial period in the life of an infant. This is because the newborn has to adapt itself rapidly and successfully to an alien external environment. The risk of death is greatest during the first 24-48 hours after birth. Newborn morality is one of the most neglected health problems in the developing world, there are estimated 4 million neonatal deaths worldwide each year. Moreover, it is estimated to account for 40% of under five deaths and two-third of infant deaths. The proportion is generally higher in rural areas. According to World Health Report 2019, global neonatal mortalities rate is 2.4 million deaths in first month, While in India 34.5% IMR per 1000 birth.

Aim

This study aim to evaluate the effect of structured teaching program on knowledge regarding newborn care among antenatal mothers in selected community area, at Ahmedabad city, Gujarat.

OBJECTIVES

1. To assess the pre-test level of knowledge regarding newborn care among antenatal mothers in selected community area at Ahmedabad city.

2. To administer the structured teaching programme regarding newborn care among antenatal mothers in selected community area at Ahmedabad city Gujarat.
3. To assess the post test level of knowledge regarding newborn care among antenatal mothers in selected community area at Ahmedabad city Gujarat.
4. To evaluate the effect of structured teaching programme on knowledge regarding newborn care among antenatal mothers in selected community area at Ahmedabad city Gujarat.
5. To find out the association between pre-test level of knowledge regarding newborn care with the selected demographic variables among the antenatal mothers in selected community area at Ahmedabad city Gujarat.

Method

A Quantitative research approach with Pre-experimental research design was used with one group pretest post-test design. The investigator used non-probability convenient sampling technique for selecting 60 samples. A structured knowledge questionnaire to assess the knowledge of the samples. The reliability of the structured knowledge questionnaire was determined by 'test-retest method' and using 'Karl parson's correlation co-efficient formula'. Descriptive and inferential statistics was used to analyze the data.

Results:

Majority of the samples 28 (46.7%) belong to the age group of 19 to 25 years, majority 34 (56.7%) of samples were educate higher secondary school level, majority of the samples 39 (65%) were do privet job, majority of the samples 35 (58.3%) were belongs to joint family and majority of the samples 37(61.7%) were earn 11,000/- to 15,000/- per month, most of the samples 32(53.3%) have no child means prime mother.

The mean pre-test knowledge score of samples regarding newborn care was 12.30, whereas mean post-test knowledge score was 19.80 with a mean difference of 7.5 and SD pre test was 2.39 and post test was 4.24. The calculated 't' value 16.34 was greater than tabulated 't'= 1.98 which was statistically proved at 0.05 level of significance. It revealed that the Planned Teaching Programme was effective in increasing knowledge among the Samples.

The association between the pre test score and demographic variables was tested using the fisher chi-square test. There was significant association found between pre-test knowledge score and demographic variables such age, type of family, and number of child , Thus it was concluded that there was significant association between pre-test knowledge score and the selected demographic variables.

Conclusion:

This indicates that the Planned teaching Programme was effective on knowledge regarding newborn care among antenatal mother in selected urban area at Ahmedabad city Gujarat.

Key Words

Structured teaching programme, effect, evaluate, knowledge, newborn care, antenatal mothers, and community area.

INTRODUCTION

Newborn or neonatal period include the time from birth to 28 days of life. This is the crucial period in laying the foundation of good health. At this time specific biological and psychological needs must be met to ensure the survival and health development of the child into a future adult.

The newborn's body is the most super sensitive, delicate, and susceptible from which can easily harm if not taken care of. To ensure that the body has the best possible start in life there are critical aspects of newborn care, which all birth attendants and families should be aware of. Environmental temperature should be maintained according to baby weight and age to avoid hypothermia. It is necessary to dry up the baby and wrap the baby with clothes make sure the baby head is covered (Dutta.)

Poor perinatal and neonatal care is responsible for many deaths even during later childhood. They also account for mental retardation and other neurological handicaps of later life which are largely preventable. Improved neonatal care lead a better and intact infant survival, which will pave the way for better acceptance of small family norm. Mother plays a key role in identifying minor developmental deviations and early evidence of disease process because she is constantly and closely watching her baby. Participation of mother in the nursing care of baby infuses self confidence in her and reduces demands on nursing personnel. So, she needs the basic knowledge and skills pertaining to child feeding, personal hygiene, immunization, and other common problems in children.

The risk of neonatal mortality is more acute in rural areas where expert obstetric care is scarce, and the home environmental conditions in which the baby is born, are usually unsatisfactory. Roughly 60% of birth in less developed counties occurred at home, so parents need to be educated about what they can do to save their newborn lives. Families need to adapt better nutritional practices, including breastfeeding; learn how to dry and warm their newborns; and better understand the danger signs of maternal and neonatal complication saving newborn lives depends on a broad based condition that include donors and international organizations that can provide policy focus and finding, governments that are willing to expand their commitment to national and local health care services, and NGOs and gross roots organizations that can work with communities to pass on information on saving newborns.

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Majority of the samples 28 (46.7%) belong to the age group of 19 to 25 years, majority 34 (56.7%) of samples were educate higher secondary school level, majority of the samples 39 (65%) were do privet job, majority of the samples 35 (58.3%) were belongs to joint family and majority of the samples 37(61.7%) were earn 11,000/- to 15,000/- per month, most of the samples 32(53.3%) have no child means prime mother.

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The association between the pre test score and demographic variables was tested using the fisher chi-square test. There was significant association found between pre-test knowledge score and demographic variables such age, type of family, and number of child , Thus it was concluded that there was significant association between pre-test knowledge score and the selected demographic variables.

TABLE-1 ANALYSIS AND INTERPRETATION OF DEMOGRAPHIC VARIABLES OF THE SAMPLES

SR NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1	**Age in Years**		
	18 years	0	0%
	19-25 years	28	46.7%
	26-30 years	21	35.0%
	31-35 years	11	18.3%
2	**Educational status**		
	Illiterate	0	0%
	Primary/secondary school level	26	43.3%

	Higher secondary school level	34	56.7%
	Graduation and above	0	0%
3	**Occupation**		
	House wife	21	35.0%
	Private job	39	65.0%
	Government job	0	0%
	Other	0	0%
4	**Type of family**		
	Nuclear	25	41.7%
	Joint	35	58.3%
	Single parent	0	0%
5	**Family income**		
	Less than 5,000/-per month	0	0%
	6000/- to 10,000/- per month	12	20.0%
	11,000/- to 15,000/- per month	37	61.7%
	More than 16,000/- per month	11	18.3%
6	**Number of child**		
	0	32	53.3%
	1	20	33.3%
	2	8	13.3%
	3 or above	0	0%

Table-1 shows that the distribution of samples by age, majority of the samples 28 (46.7%) belong to the age group of 19-25 years, 21 (35.0%) samples belong to the age group of 26- 30 years, 11 (18.3%) belong to the age group of 31-35 years. Distribution of samples according to educational status, majority of the samples 34(56.7%) were higher secondary school level, 26 (43.3%) were Primary school level. As regard occupation most of the samples 39 (65.0%) were private job, 21 (35.0%) were housewife. As per type of family most of samples 35(58.3%) were belongs to joint family, 25(41.7%) were from nuclear family. According to family income majority of samples 37(61.7%) were 11,000/- to 15,000/- per month, 12(20.0%) were 6000/- to 10,000/- per month, and 11(18.3) were earn more than 16,000/-per month. As per number of child most of sample 32(53.3%) have no child, 20(33.3%) were 1child, and 8(13.3%)were two child.
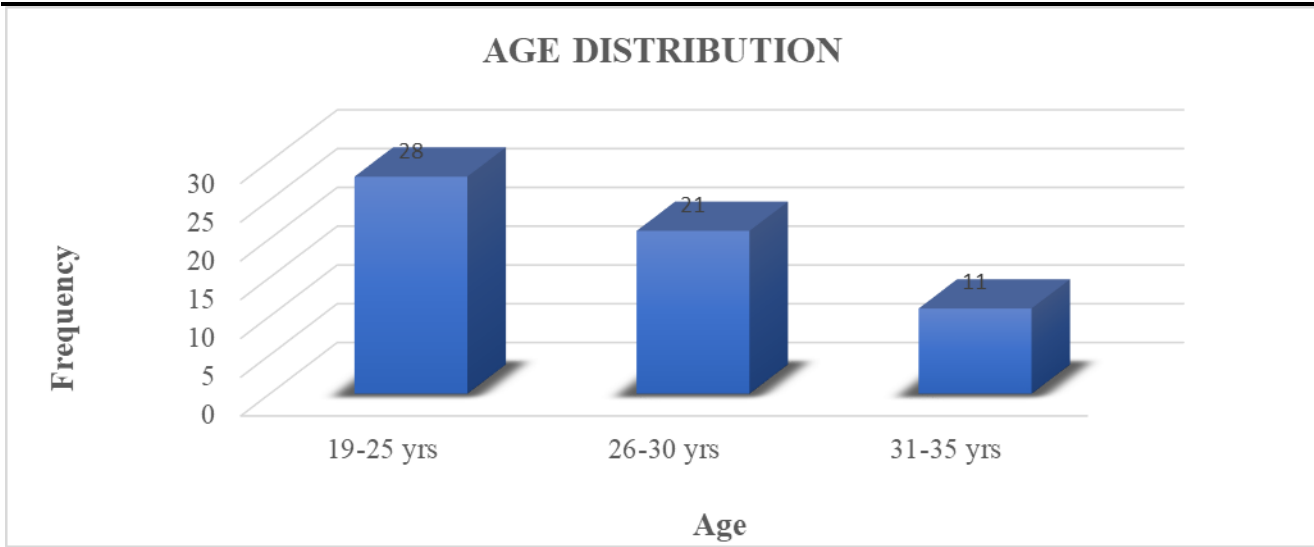
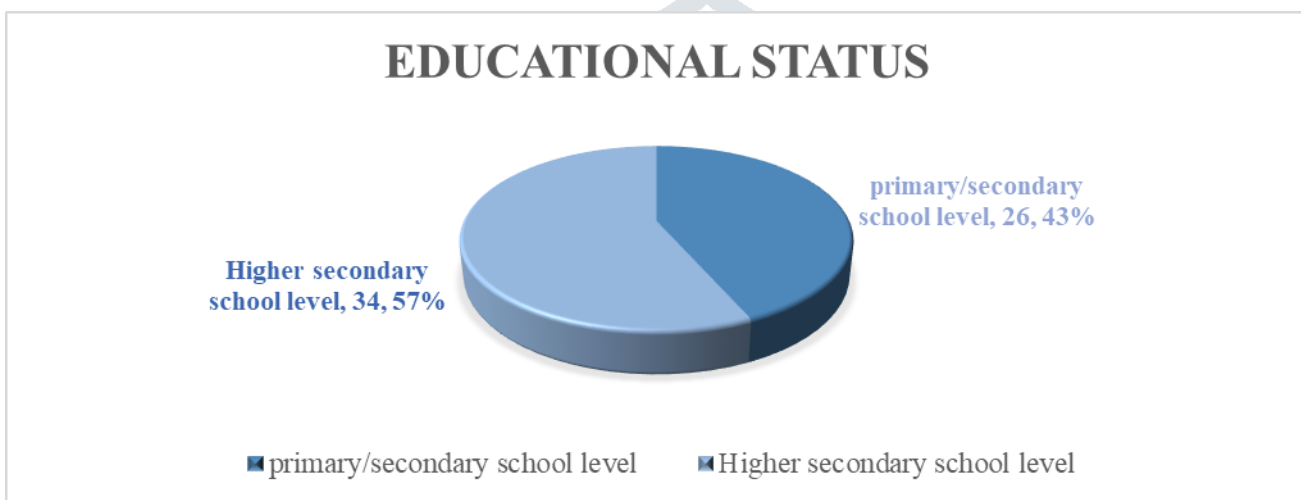FIGURE-1 BAR GRAPH SHOWING THE AGE DISTRIBUTION OF THE SAMPLES

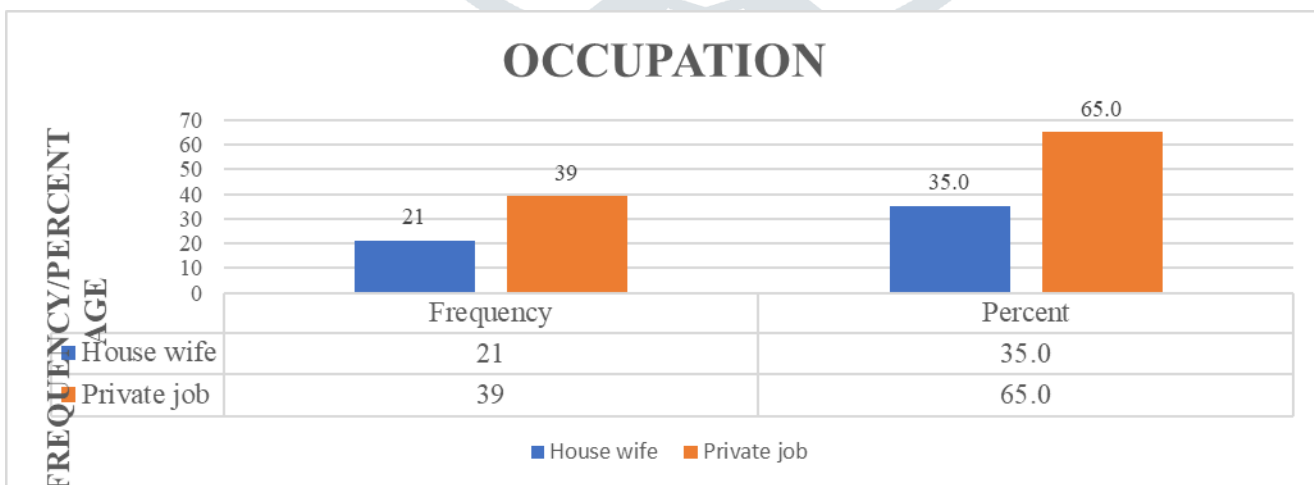FIGURE-2 PIE GRAPH SHOWING THE EDUCATIONAL STATUS OF THE SAMPLES

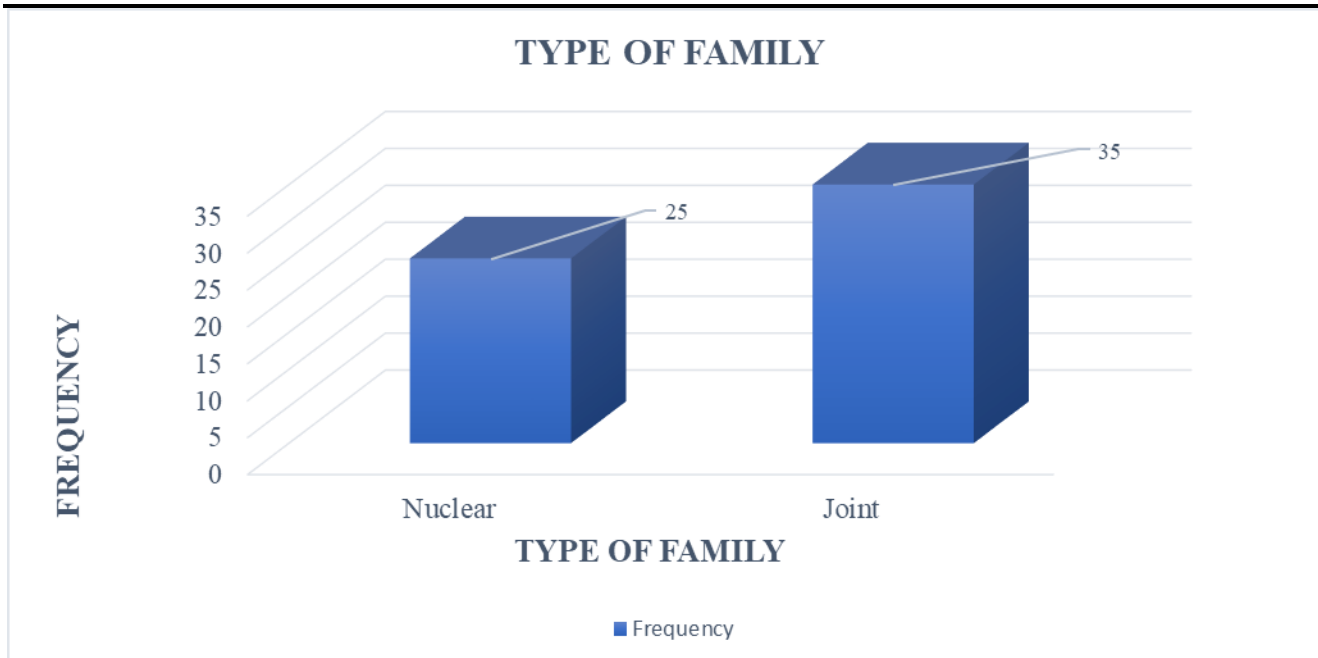FIGURE-3 BAR GRAPH SHOWING THE OCCUPATION OF THE SAMPLES

TYPE OF FAMILY

FIGURE-4 BAR GRAPH SHOWING THE TYPE OF FAMILY OF THE SAMPLES.
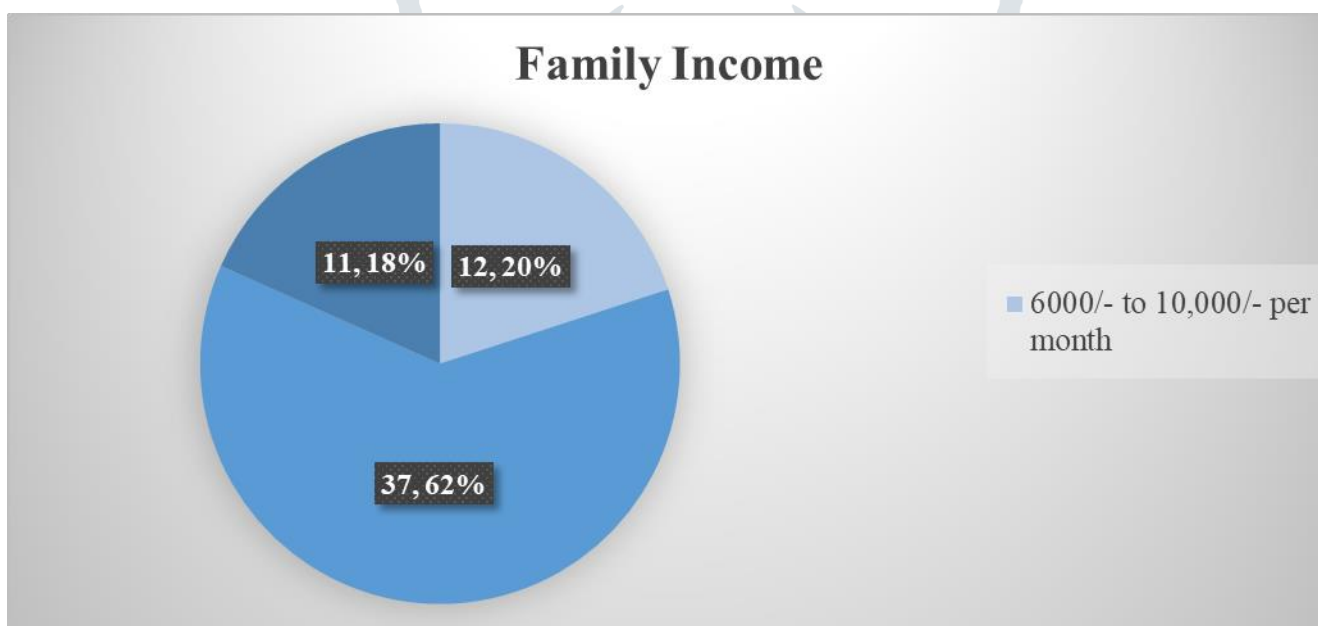
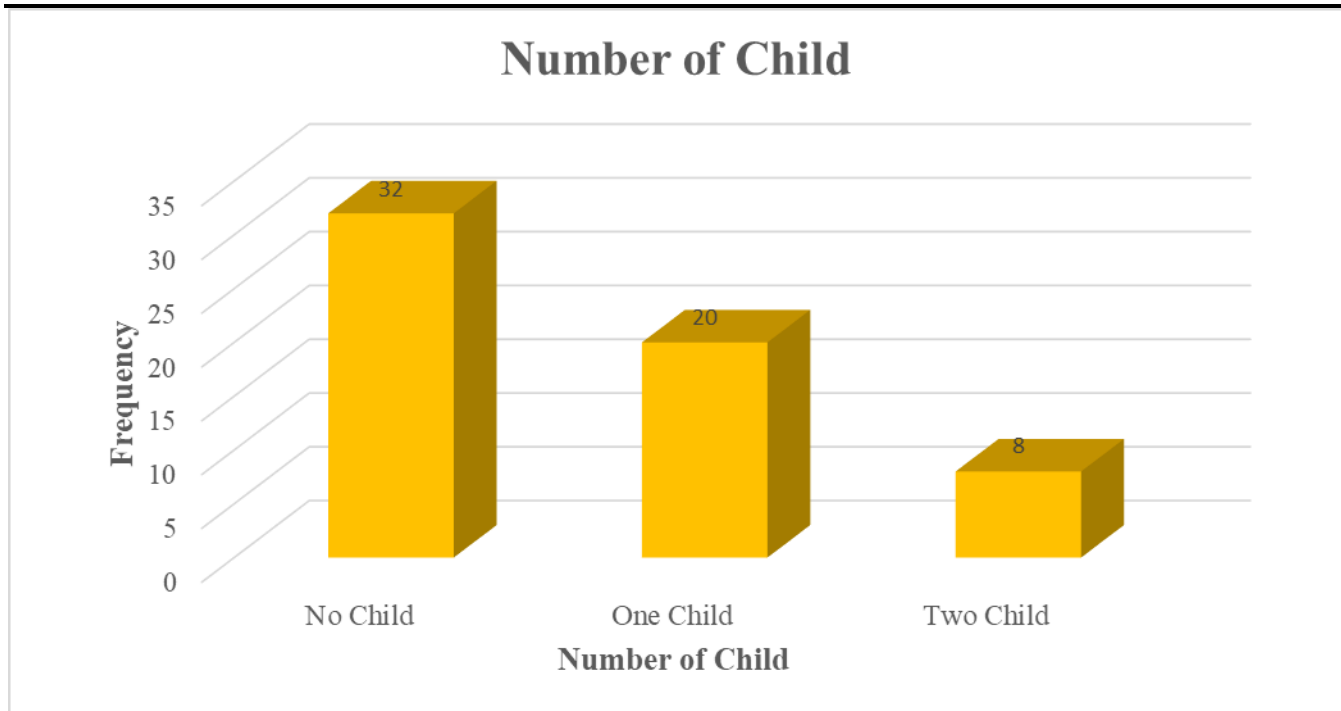**Family Income**

FIGURE:5 PIE GRAPH SHOWING THE FAMILY INCOME OF THE SAMPLES.

FIGURE:6 BAR GRAPH SHOWING THE NUMBER OF CHILD OF THE SAMPLS.

4.2 ANALYSIS AND INTERPRETATION OF THE DATA RELATED TO THE KNOWLEDGE OF THE SAMPLES BEFORE AND AFTER ADMINISTRATION OF THE STRUCTURED TEACHING PROGRAMME.

AREA OF KNOWLEDGE	Score	Pre-Test		Mean%	Post-Test		Mean%	Mean diff	% Gain
		Mean	SD		Mean	SD			
Definition and General Information	4	2.33	0.65	58.25	3.02	0.75	75.50	09	17.25
Prevention of Hypothermia	6	1.83	0.53	30.50	4	0.97	66.67	2.17	36.17
Breast Feeding	8	4.73	1.16	59.13	5.92	1.17	74.00	1.19	14.88
Prevention of Infection	7	1.78	0.98	25.43	3.73	1.71	53.29	1.95	27.86
Immunization	5	1.62	0.52	32.40	3.13	0.98	62.60	1.51	30.20

Total	30	12.3	2.39	41.00	19.8	4.24	66.00	7.5	25.00

Table 4.2 shows that the mean pre-test knowledge score of definition and general information was 2.33, SD was 0.65 and the mean post-test knowledge score was 3.02 and SD was 0.75 with a mean difference of 0.9. the mean pre-test knowledge score of prevention of hypothermia was 1.83, SD was 0.53 and the mean post-test score was 4 and SD was 0.97 with a mean difference of 2.17, The mean pre-test knowledge score of breastfeeding was 4.73, SD was 1.16 and the mean post-test score was 5.92 and SD was 1.17 with a mean difference of1.19. The mean pre-test knowledge score of prevention of infection was 1.78, SD was 0.98, and the mean post-test score was 3.73 and SD was 1.71 with a mean difference of1.95. The mean pre-test knowledge score of the immunization was 1.62, SD was 0.52 and the mean post-test score was 3.13 and SD was 0.98 with a mean difference of 1.51.

The above table shows that the percentage gain in the area definition and general information about newborn care was 17.25. In the area related to prevention of hypothermia was 36.17. In the area related to breastfeeding was 14.88. In the area related to prevention of infection was 27.86. In the area related to immunization was 30.20.

So, the investigator concludes that there was a significant increase in the mean post-test knowledge score (19.8) as compared to the mean pre-test knowledge score (12.3) of samples after the administration of The Structured Teaching Programme.
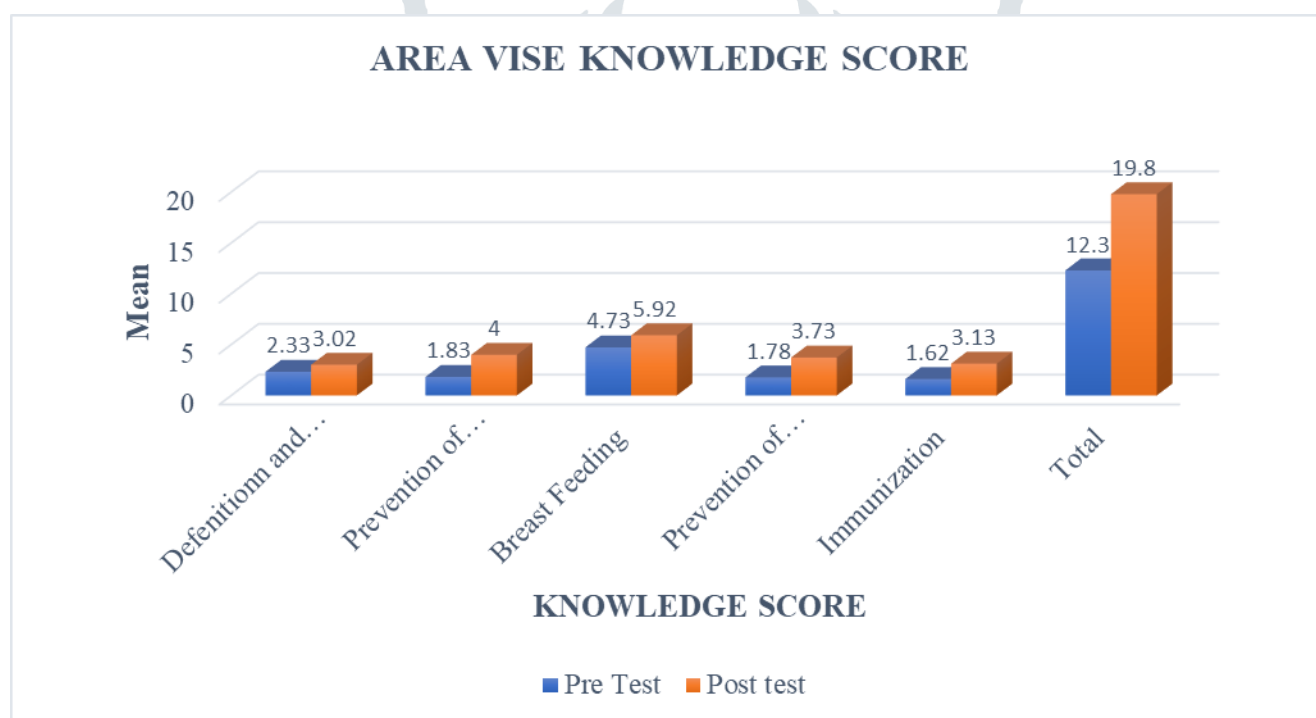

FIGURE:78 BAR GRAPH SHOWING THE DISTRIBUTION OF AREA VISE MEAN KNOWLEDGE SCORE

4.3 ANALYSIS AND INTERPRETATION OF THE DATA RELATED TO KNOWLEDGE TO EVALUATE THE EFFECT OF STRUCTURED TEACHING PROGRAMME IN TERMS OF KNOWLEDGE REGARDING NEWBORN CARE AMONG ANTENATAL MOTHER IN SELECTED URBAN AREA AT AHMEDABAD CITY.

CRITERIA	PRE-SCORE		POST SCORE	
	Frequency	Percentage	Frequency	Percentage
POOR KNOWLEDGE (0-10)	12	20.0%	**0**	0%
AVERAGE KNOWLEDGE (11-20)	48	80.0%	28	46.7%
GOOD KNOWLEDGE (21-30)	**0**	0%	32	53.3%

TABLE-3 shows the total 48(80.0%) of the samples had Average, 12 (20.0%) of the sample had Poor and 0(0%) sample had Good knowledge in pre-test knowledge score. Whereas 32(53.3%) samples had Good, 28(46.7%) samples had Average , and 0(0%) samples had poor knowledge in post-test knowledge score regarding newborn care. Thus, the researcher concluded that a Structured Teaching Programme was effective in gaining knowledge regarding newborn care.
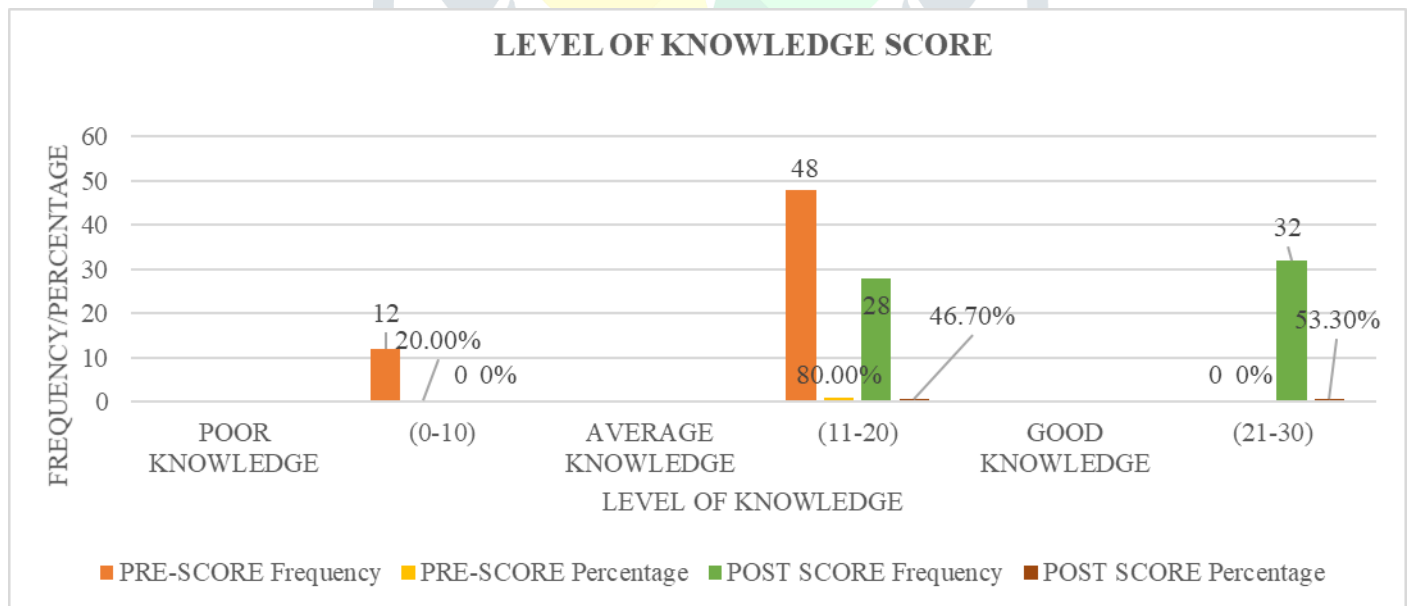

FIGURE-9 BAR GRAPH SHOWING THE DISTRIBUTION OF PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE SCORE

TABLE-4 Mean, Mean Difference, Standard Deviation (SD) and 't' test value of the pre-test and post-test knowledge score of the samples.

Knowledge test	Mean	Standard Deviation	t	DF	Table Value	Sig/Non Sig
PRE-TEST SCORE	12.30	2.39	16.34	59	1.98	Sig
POST-TEST SCORE	19.80	4.24				

 TABLE-4 shows the comparison between pre-test and post-test knowledge scores obtained by the respondents regarding newborn care among antenatal mother in selected urban area at Ahmedabad city. The mean pre-test score was 12.30 and the mean post-test score was 19.80. The mean difference between pre-test and post-test knowledge scores is 7.5. The table was also showing that the standard deviation (SD) of mean difference for pre-test is 2.39 and for post-test is 4.24. The "t" test value is 16.34 and the tabulated "t" value is 1.98 at a 0.05 level of significance. The Bar graph reveals that the mean post-test knowledge score was significantly higher than the mean pre-test knowledge score. The calculated "t" value was greater than the tabulated "t" value. Therefore, the null hypothesis H0 was rejected and research hypothesis H1 was accepted and it reveals that a Structured Teaching Programme was effective in terms of knowledge among the samples. The Researcher concludes that there was a significant increase in the mean post-test knowledge score as compared to the mean pre-test knowledge score after the administration of a Structured Teaching Programme.
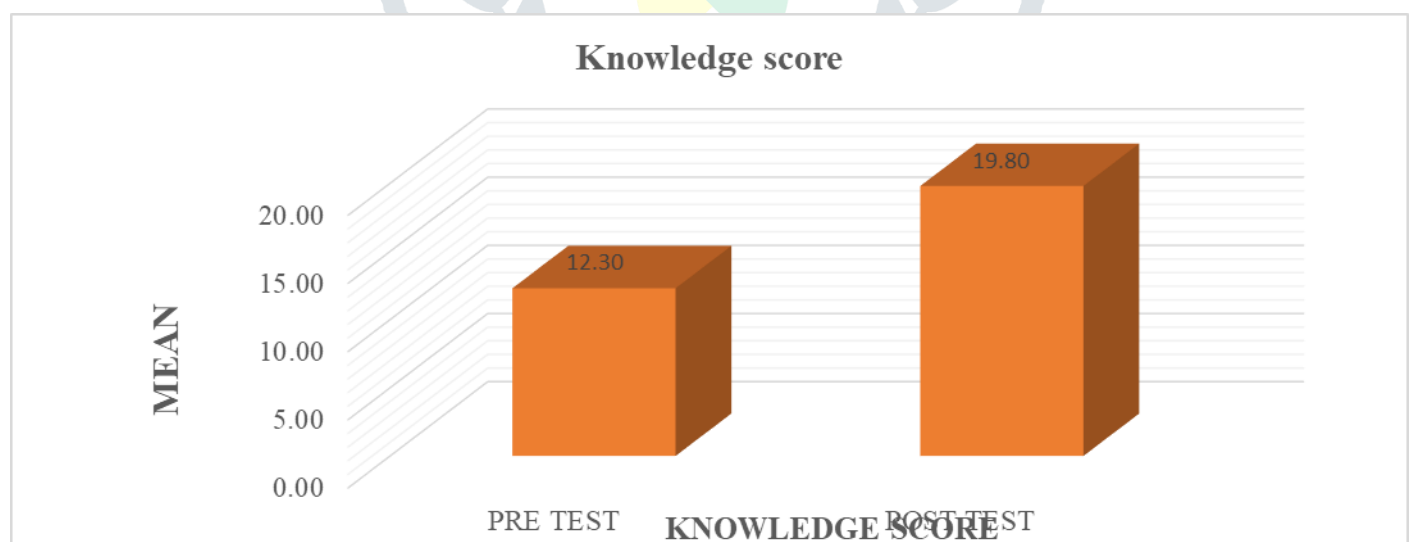

Knowledge score — Bar graph of MEAN vs KNOWLEDGE SCORE: PRE TEST 12.30, POST TEST 19.80.

TABLE-5 ANALYSIS AND INTERPRETATION OF THE DATA RELATED TO ASSOCIATION OF DEMOGRAPHIC VARIABLES WITH PRE-TEST SCORE KNOWLEDGE.

DEMOGRAPHIC VARIABLES		PRE-TOTAL		Total	Fishers Chi square	DF	Table Value	Sig/Non-Sig
		AVERAGE	POOR					
Age in years	18	0	0	0	7.538	2	5.99	S
	19-25	22	6	28				
	26-30	20	1	21				
	31-35	06	5	11				
Educational status	Illiterate	0	0	0	0.017	1	3.84	NS
	Primary & secondary school level	21	5	26				
	Higher Secondary School Level	27	7	34				
	Graduation and above	0	0	0				
Occupation	Housewife	17	4	21	0.018	1	3.84	NS
	Private Job	31	8	39				
	Govt. Job	0	0	0				
	Other	0	0	0				
TYPE OF FAMILY	Nuclear	23	2	25	3.85	1	3.84	S
	Joint	25	10	35				
	Single parent	00	00	00				
FAMILY INCOME	Less than 5,000/- per month	0	0	0	1.06	2	5.99	NS
	6000/- to 10,000/- per month	9	3	12				
	11,000/- to 15,000/- per month	29	8	37				
	More than 16,000/- Per month	10	01	11				
Number of child	0	21	11	32	8.94	2	5.99	S
	1	19	1	20				
	2	8	0	8				
	3 or above	0	0	0				

Table-5 shows Age group with the pre-test knowledge scores, the calculated value of fisher chi-square 7.538 was more than 5.99, the table value of fisher chi-square at the 2 degree of freedom and 0.05 level of significance. Therefore, age was significant for the knowledge of the samples. Under the Educational status of samples with pre-test knowledge scores, the calculated value of fisher chi-square 0.017 was more less than 3.84 the table value of fisher chi-square at the 1 degree of freedom and 0.05 level of significance. Therefore, the Educational status of samples was non significant for the knowledge of the samples. Under the Occupation of samples with pre-test knowledge scores, the calculated value of fisher chi-square 0.018 was less than 3.84 the table value of fisher chi-square at the 1 degree of freedom and 0.05 level of significance. Therefore, the occupation of samples was non-significant for the knowledge of the samples. Under type of family of samples with pre-test knowledge scores, the calculated value of fisher chi- square 3.85 was more than 3.84 the table value of fisher chi-square at the 1 degree of freedom and 0.05 level of significance. Therefore, the type of family of samples was significant for the knowledge of the samples. Family income with the pre-test knowledge scores, the calculated value of fisher chi-square 1.06 was less than 5.99 , the table value of chi-square at the 2 degree of freedom and 0.05 level of significance. Therefore, family income was non-significant for the knowledge of the samples. Number of child with the pre-test knowledge scores, the calculated value of fisher chi-square 8.94 was more than 5.99, the table value of fisher chi-square at the 2 degree of freedom and 0.05 level of significance. Therefore, Number of child was significant for the knowledge of the samples.

DISCUSSION

The present study was conducted to evaluate the effect of a structured teaching programme on knowledge regarding newborn care among antenatal mother in selected urban area at Ahmedabad city. The researcher collected the samples by the non-Probability convenience Sampling Technique. The researcher collected the data by using a structured knowledge questionnaire to evaluate the knowledge regarding newborn care among antenatal mother in selected urban area at Ahmedabad city.

The researcher using a pre-experimental, one group pre-test post-test design. The tool consists of demographic variables and a structured knowledge questionnaire to evaluate the knowledge regarding newborn care among antenatal mother in selected urban area at Ahmedabad city. The main study was conducted in month of February,2022 on 60 antenatal mothers in selected urban area at Ahmedabad city and who met the inclusion criteria, who were selected by non-Probability convenience sampling technique. After the selection of samples, the level of knowledge was evaluated by using a structured knowledge questionnaire.

The researcher introduced herself to the participants and objectives were explained and informed consent was taken. The study group is selected and then a pre-test conducted with the help of a structured knowledge questionnaire regarding newborn care was conducted. On the same day as an intervention, a structured teaching programme will be administered regarding newborn care to the study group. Then after the 7th day post- test was conducted using the same structured knowledge questionnaire.

The data identified from the present study shows that the mean pre-test knowledge score 12.3. These findings indicate the need to develop a structured teaching Programme. In the present study, the investigator has developed a structured teaching Programme Administer on antenatal mother in selected urban area at Ahmedabad city, to improve their knowledge. After administration of structured teaching programme mean post-test knowledge score 19.8.

CONCLUSION

The analysis and interpretation of data collected from 60 samples, before and after administration of a Structured Teaching Programme in terms of knowledge regarding newborn care among antenatal mother in selected urban area at Ahmedabad city. The mean post-test knowledge score was higher than the mean pre-test knowledge score. The Significance of the difference between pre-test and post knowledge scores was statistically tested using paired "t" test and it was found significant. Hence it was

proved that the Structured Teaching Programme was effective in increasing knowledge regarding newborn care among antenatal mother in selected urban area at Ahmedabad city. There was a significant association between Age, Type of family, Number of child and pre-test knowledge score. Hence it was concluded that there is no significant association between demographic variable Educational status, occupation and family income, and pre-test knowledge score.

ACKNOWLEDGEMENT

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