# Effectiveness of Structured Teaching Programme on Knowledge And Attitude Regarding Health Promoting Practices In Primigravida Mothers.

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***Abstract:*** *Quasi experimental one group pre test and post test design was used to assess the effectiveness of structured teaching programme. The sample size was 60 were selected by using convenience sampling technique. Pretested structured interview schedule on knowledge, attitude scale was used for data collection. Analysis was done SPSS package 21 version.*

*The study findings in the pre-test revealed that majority (41.7%) had moderate knowledge, (35.0%) had inadequate knowledge, (23.3%) had adequate knowledge and post test knowledge majority (46.7%) had adequate knowledge whereas, (35.0%) had moderate knowledge and (18.3%) had inadequate knowledge on health promoting practices. In pre test attitude majority (45.0%) had moderately attitude (31.4%) had unfavourable attitude, (23.3%) favourable attitude and post test attitude majority (61.7%) had favourable attitude. (23.3%) had moderately attitude and (15.0%) had unfavourable attitude. study finding imply that such a teaching programme contribute to increased knowledge and developed attitude towards on health promoting practices among primigravida mothers.*

***Keywords:*** *Knowledge, attitude, primigravida mothers, structured teaching programme.*

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## I.    Introduction

According to World Health Organization (WHO), health promotion is the process of enabling people to increase, control over, and to improve, their health.[3]It involves supporting personal and social development through providing information, health education, and life skills training, thereby increasing options for people to exercise more control over their own health and their environments. Health promotion consists of education and counselling activities that help enhance and maintain health and healthy behaviours. Poor pregnancy outcome is associated with limited or late prenatal educational care. The value of prenatal education can be presented in-terms of healthy birth of a baby. Health practice of individual or group designed to inform pregnant women (and their partners) includes prevention and early screening of minor disorders, nutrition, immunization, exercise, hygiene, services, contraceptive information, labour, postnatal care and infant care   (The Bangkok Charter for Health Promotion in a Globalized World, 2014). Antenatal care refers to the care that is given to an expected mother from the time that conception is conformed until the beginning of labour in addition to monitor the progress of pregnancy (Wong, Hockenberry, et al 20-6).

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 (Mayer, et al 1998) Most maternal deaths and pregnancy complications can be prevented if pregnant women have access to good quality antenatal, natal and postnatal care, and if certain harmful birth practices are avoided (Betty .R. Sweet, 2009). The current maternal mortality ratio (MMR) in India is 212/100,000 live births. According to WHO nearly five women die every hour in India from complications developed during child birth, with heavy blood loss caused by haemorrhage being a major factor. Nearly 45,000 mothers die due to causes related to childbirth every year in India which accounts for 17 per cent of such deaths globally, according to the global health body. The World Health Organization (WHO) declared the major cause of maternal deaths is post-partum haemorrhage (PPH), which is often defined as the loss of more than 500-1,000 ml of blood within the first 24 hours following childbirth. "Based on the World Health Statistics (WHS) 2016, the MMR (maternal mortality rate) of India is 174/ 100,000 live births" (World Health Organization. Child birth). WHO is providing technical support for revision of guidelines and scaling up of the maternal death surveillance and response system besides strengthening the quality if training for provision of skilled birth attendance at the delivery sites while also

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optimizing nursing care in the facilities. According to Meile Minkauskiene (2015) incidence prevalence rate of severe maternal morbidity ranges from 0.07 to 8.23%. The case-fatality ratio from 0.02 to 37%. There is a big difference between case-fatality ratio in developing (South Africa 1:5; India and Niger 1:11) and developed countries (UK 1:118; France 1:222) (Mile Minkauskiene).

## II. Objectives

1. To assess the knowledge regarding health promoting practices among primigravida mothers.
2. To assess the attitude regarding health promoting practices among primigravida mothers.
3. To evaluate effectiveness of structured teaching programme on knowledge and attitude on health promoting practices among primigravida mothers.
4. To find out relationship between pre-test and post-test knowledge and attitude regarding health promoting practices among primigravidamotherswith selected demographic variables.

**Hypotheses:**
**H1-** There will be significant difference between pre-test and post level of knowledge regarding health promoting practices among primigravida mothers.
**H2**- There will be significant difference between pre-test and post-test level of attitude regarding health promoting practices among primigravida mothers.

## III. Methodology

The research approach adopted was pre-experimental one group pre-test, post-test design. Study was conducted in Rural health center, chandragiri, chittoor district, andrapradesh. Sample size was 60 primigravida mothers pre validated interview schedule and attitude scale was adopted to collect the data on knowledge of the mothers and attitude towards health promoting practices during pregnancy. Formal permission was obtained from medical officer RHC. Pre-test was collected followed by structured teaching programme was given, post-test was collected and analysed with help of SPSS 21 version package.

## IV. Results

**Demographic profile of primi gravida mothers**

Majority half of the mothers were below 20 years of age, in religion majority of the mothers (81.7%) were belonged to Hindu; regarding education 26.7% mothers studied intermediate, regarding husband education 33.3% completed graduation, regarding occupation 78.3% were home makers, regarding occupation of husband majority (43.3%) were employees; regarding income majority of the mothers 68.3% were having Rs:5000-10000; about the type of family half of the mothers were in nuclear family; regarding duration of marital life $3/4^{th}$ of the mothers had 1-2 years duration and as for as source of information majority of the mothers obtained 51.7% information from health personnel, and that period of gestation (46.7%) was $2^{nd}$ trimester.
Pre-test and post-test knowledge of primi gravida mothers

Table- 1 Paired t- test values between pre and post test knowledge on health promoting practices.

|  | Mean | Std. Deviation | t-value | Sig. |
|---|---|---|---|---|
| Pre-test knowledge | 10.05 | 3.050 | 11.899** | 0.000 |
| Post-test knowledge | 16.20 | 2.648 | | |

**significant at 0.01 level.

Table-1 presents the differences in the levels of knowledge gained by the respondents in pre and post-test. Pre-test mean score was 10.05, standard deviation was 3.050 and post- test knowledge mean score was 16.20, and standard deviation was 2.648. The t- value was 11.899 significant at 0.01 level. Educational interpretation was effective in improving mothers knowledge on health promoting practices.
Pre-test and post-test attitude of primigravida mothers

**Table- 2** Paired t- test values between pre and post test attitude on health promoting practices.

| | Mean | Std. Deviation | t-value | Sig |
|---|---|---|---|---|
| Pre- attitude | 41.00 | 4.376 | | |
| | | 16.820** | 0.000 | |
| Post-attitude | 27.68 | 3.648 | | |

**significant at 0.01 level.

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Table-2 shows the differences of level of attitude gained by the respondents in pre and post test. Pre-test mean scores was 41.00, standard deviation was 4.376 and post- test knowledge mean score was 27.68, standard deviation was 3.648. The t- values was 16.820 significant at 0.01 level. Educational interpretation effective by improved mothers attitude on health promoting practices.

Association between post-test knowledge with demographic variables

Table- 3 Associations between demographic variables and post-test knowledge on health promoting practices among primigravida mothers.

| S.NO | Demographic variables | Chi-square | p - value | Sig/SN |
|------|----------------------|-----------|-----------|--------|
| 1. | Age | 1.037 | 0.904 | @ |
| 2. | Religion | 5.594 | 0.232 | @ |
| 3. | Education | 18.865 | 0.042 | * |
| 4. | Education of Husband | 5.054 | 0.752 | @ |
| 5. | Occupation | 4.382 | 0.357 | @ |
| 6. | Occupation of husband | 13.904 | 0.014 | * |
| 7. | Family Income | 14.425 | 0.025 | * |
| 8. | Type of family | 4.219 | 0.377 | @ |
| 9. | Duration of marital life | 9.463 | 0.051 | * |
| 10. | Source of information | 2.241 | 0.692 | @ |
| 11. | Period of Gestation | 10.492 | 0.033 | * |

*= Significant 0.05 level
NS=Not significant

Table- 3 shows that there was significant association among education $(x^2 = 18.865, p= 0.042)$, occupation of husband $(x^2= 13.904, p= 0.014)$, family income $(x^2= 14.425, p= 0.025)$, duration of marital life $(x^2= 9.463, p= 0.051)$ and period of gestation $(x^2= 10.492, p= 0.033)$ and post- test knowledge on health promoting practices at $p< 0.05$ and the other variables did not have significant association with the post-test knowledge on health promoting practices.

Association between post-test attitudes with demographic variables

Association between demographic variables and post- test attitude on health promoting practices among primigravida mothers.

| S.NO | Demographic Variables | Chi-square | p-value | Sig/NS |
|------|----------------------|-----------|---------|--------|
| 1. | Age | 2.728 | 0.405 | @ |
| 2. | Religion | 12.843 | 0.012 | * |
| 3. | Education | 18.457 | 0.040 | * |
| 4. | Education of Husband | 6.127 | 0.633 | @ |
| 5. | Occupation | 3.476 | 0.482 | @ |
| 6. | Occupation of husband | 16.001 | 0.021 | * |
| 7. | Family Income | 13.407 | 0.037 | * |
| 8. | Type of family | 0.765 | 0.943 | @ |
| 9. | Duration of marital life | 2.922 | 0.571 | @ |
| 10. | Source of information | 1.642 | 0.801 | @ |
| 11. | Period of Gestation | 2.777 | 0.596 | @ |

*= Significant 0.05 level
@ NS = Not significant

Table- 4.12 shows that there was significant association among religion $(x^2= 12.843, p= 0.012)$, education $(x^2= 18.457, p= 0.040)$, occupation of husband $(x^2= 16.001, p= 0.021)$, family income $(x^2 = 13.407, p= 0.037)$ and post- test attitude on health promoting practices at $p< 0.05$ and the other variables did not have significant association with the post-test attitude on health promoting practices.

## V. Discussion

It revealed that in pre-test knowledge score majority (41.7%) of the women had moderate knowledge and 35.0% women had inadequate knowledge and only 23.3% had adequate knowledge. In pre-test attitude score majority (45%) of the mothers had moderately favorable attitude and 31.7% had unfavorable attitude and only

23.3% had favorable attitude, after post-test 35.0% of the mothers had moderately adequate knowledge and 18.3% of mothers had inadequate knowledge. In attitude post-test score majority (61.7%) of the mothers had favourable attitude, 23.3% of the mothers had moderately attitude and only 15.0 % of the mothers had unfavourable on health promoting practices after being given structured education. The mothers improved knowledge and attitude on health promoting practices.

The present study was supported by other studies:

AnupamaTamrakar, S. Nagaseshamma (2014) reported that in pre-test two third of the participants (88% in the experimental group and 78% in the control group) had moderately adequate knowledge regarding antenatal care. The post-test score more than half of the participants in the experimental group (58%) had adequate knowledge which may be due to the implantation of planned teaching progeam. PoonamGadiya, Vruti Patel et al (2016) reported that the findings of post-test data showed that majority (36.66%) of the sample had adequate knowledge and 13.33% of the sample had moderate knowledge. The mean post-test knowledge score (15) also was higher than the mean pre-test score (4.71). P. Kavitha, R. Aroun Prasath, P. Krishnaraj, (2012) reported that the findings of Pre-test 25 (41.7%) mothers had moderate knowledge and 35 (58.3%) of the mothers had inadequate knowledge regarding warning signs during pregnancy post-test data showed that majority (78.3%) had adequate knowledge, (21.7%) of the mothers had moderate knowledge and in pre-test 32(53.3%) had favourable attitude, 18 (30%) of the mothers had moderately favourable attitude and 10 (16.7%) had unfavourable attitude. (83.8%) had favourable attitude, (16.7%) of the mothers had moderately favourable attitude on warning signs in primi mothers. The mean post-test knowledge score (15.6) also was higher than the pre-test knowledge score (6.6). And post-test attitude score (41.2) also was higher that the pre-test attitude score (15.6).

## Acknowledgement:

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