

A Pre Experimental Study to Assess the Effectiveness of Planned Teaching Programme in Term of Knowledge and Attitude Regarding Safe Motherhood among Married Couples

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ABSTRACT

A pre experimental study to assess the effectiveness of planned teaching programme in term of knowledge and attitude regarding safe motherhood among married couples. The objective of the study were assess level of knowledge and attitude among married couple on safe motherhood. Assess the effectiveness of planned teaching programme in terms of knowledge and attitude among married couple on safe mother hood. To find out the association of knowledge and attitude on safe mother hood with their selected socio-demographic variables. A pre- experimental research design was used .the investigators selected 60samples. Finding related to knowledge and attitude of couple related to safe motherhood. Major finding of the study of the study show that 47% of married couple were in age group (20-25year), 47% of married couple were in age group (26-30year), about (7%) of married couple were (30-35). In pre test 92 % of married couples were scored average scores there was no participant who ranked good score and 8% scored poor in attitude questionnaire. In post test 24% married couples were scored good and 73% of married couples were scored average scores and 3% participant were in poor categories in attitude questionnaire.

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INTRODUCTION

Mother is the name for god in the lips and heart of little children.

(william make peace thackeray)

Safe motherhood means ensuring that all women receive the care they need to be safe and healthy throughout pregnancy and childbirth .each year more than half a million women die during pregnancy and child birth-making pregnancy related complications among the greatest killers of women of reproductive age in developing countries. Make every mother and every child count. The component of the safe mother program are early registration of pregnancy ,provide minimum four antenatal check- up, prevention of nutritional anemia, universal coverage of all pregnant women with TT immunization ,advice on food,nutrition and rest, detection of high risk pregnancies and prompt referral ,safe delivery by skilled personal, birth spacing and promotion of institutional deliveries.

Safe motherhood programme are designed to reduce the high number of deaths and illness resulting from complication of pregnancy and childbirth. In many countries,pregnancy related complication are cause of death for women of reproductive age .mostly resulting from hemorrhage,complication of unsafe abortion ,pregnancy induced hypertension ,sepsis and obstructed labor.

WHO – safe mother hood includes antenatal care ,delivery care (including skilled assistance for delivery with appropriate referral for women with obstetric complication) and postnatal care , including care of the baby and

breastfeeding support. Sexually transmitted diseases (STD)/HIV/AIDS its prevention and management ,family planning services, and other reproductive health concern should be integrated with safe motherhood activities.

Agarwal - Need to recommends the status of women in terms of education and socio – economic status ,and to improve provision of health education to women especilly on danger signs during pregnancy and delivery,and also intensify individual counseling of women on hospital delivery and on individual birth preparedness.

Hidustan times - Maternal mortality is a leading cause of death for women in reproductive age . most maternal deaths are preventable.yet, more than half a million women die each year around the world from complication of pregnancy and childbirth. Maternal mortality rate (MMR) ,or the rate of deaths among women during and after pregnancy,declined by2015(174) from 2010(215).In absolute numbers ,nearly 45000 mother die due to cause related to childbirth every year .that accounts for 17% of such death globally. Safe motherhood programmes are designed to reduce the high number of deaths and illnesses resulting from complications of pregnancy and childbirth.

Need of the study: High levels of meternal mortality are a symptom of neglect of women’s most fundamental human rights. Such neglect affects the poor ,the disadvantaged and the powerless most acutely. Protecting and promoting women’s rights, empowering women to make informed choices ,and reducing social and economic inequalities are all key to safe mother hood.

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Safe motherhood is an important social and economic investment. It is a matter of social justice and human rights.

Hemorrhage, eclampsia, sepsis unsafe abortion and obstructed labour are the five main direct obstetric causes of maternal death. Maternal deaths can be prevented when appropriate treatment is started in time, and given by a trained health professional in an adequate environment.

Low utilization of maternal health services is mainly a result of barriers to access and leads to high maternal and perinatal mortality and morbidity.

“A pre experimental study to assess the effectiveness of planned teaching programme in terms of knowledge and attitude regarding safe motherhood among married couples.”

Objectives of the study :-

1. To assess pretest and posttest level of knowledge and attitude among married couple on safe mother hood.
2. To assess the effectiveness of PTP in terms of knowledge and attitude among married couple on safe mother hood.
3. To associate post test level of knowledge and attitude on safe mother hood with their selected socio – demographic variables.

Operational definition :

Assess: Evaluate or estimate the nature, quality, ability, extent or significance.

Knowledge : In this study knowledge refers to range of information, awareness or all that has been perceived or grasped by married couple meaning, concept, sign of pregnancy, antenatal check –up, diet during pregnancy, postnatal care and family planning etc.

Attitude: it refers to the expressed feeling of couple regarding safe motherhood.

Married couple: the legal status, condition, or relationship that result from a contract by which one man and one woman, who have the capacity to enter into such an agreement, mutually promise to live together in the relationship of husband and wife in law for life, or until the legal termination of the relationship.

Safe mother hood: if refers to the state of attaining safe and healthy motherhood.

Effectiveness: In the present study it assess on the basis of increase in post assessment scores of the couple when compared to their pre assessment scores regarding safe motherhood.

Planned teaching program: A teaching program on safe motherhood designed to impart knowledge specifically for married couple. with regards to:-

- Antenatal care
- Diet during pregnancy, complication
- Immunization, postnatal care and newborn care
- Family planning.

Methodology :

Research approach: in view of nature of the problem and to accomplish objectives of the present study evaluative quantitative research approach is considered.

Research design: one group pre test and post test design.

Variables:-

➤ **Socio demographic variable-** age, gender, religion, monthly income, occupation, prior knowledge regarding safe motherhood, person in the family belong to health profession, etc.

➤ **Independent variable-** planned teaching programme on knowledge and attitude regarding safe motherhood among married couple.

➤ **Dependent variable-** score of knowledge and attitude of married couples on safe motherhood.

➤ **Population –** the population is young married couple who are able to read and write Hindi.

➤ **Sampling technique-** convenient sampling technique was used in this study.

Tool and technique of data collection:- based on the objective of the study, extensive literature reviews, guides and expert opinion provided the foundation for the construction of all tool. They are as follow:

Section–A. Socio demographic variables

Section–B. Structured knowledge questionnaire

Section–C. Structured attitude questionnaire on safe motherhood

Reliability of tools:-

In this study reliability of tool was calculated by carl pearson method.

The reliability was found 0.09. thus tool was found reliable.

Procedure of data collection:

“O1”, X, “O2”

KEY:-

“O1” = Pretest knowledge and attitude on first day of contact.

“X” = Represent the intervention, planned teaching programme

“O2” = Posttest knowledge and attitude after 7days

Group	Day 1		Post test
	Pre test	Intervention	
Married couple	Knowledge and attitude test on safe motherhood	PTP on safe motherhood	Gain in knowledge and attitude on safe motherhood.

Result

Section–A. Socio demographic variables:-

It consist of age, gender, religion, monthly income, education status, prior knowledge regarding safe motherhood, anyone in the family from health profession.

Section–B. Structured knowledge questionnaire:-

The questionnaire was divided into five categories viz. concept and meaning of safe motherhood, sign of pregnancy, antenatal check up, diet and complication during pregnancy, immunization, newborn care, breast feeding and complimentary feeding, postnatal care and family planning each correct response was given score of (1marks) and for wrong answer score 0. Total items in knowledge questionnaire were 32.

Scoring for knowledge questionnaire

1	Low score	(0-15) below 50%
2	Average score	(16-23) 50-74%
3	High score	(24-32) 75% and above

Section–C. Structured attitude questionnaire on safe motherhood.

For positive statement	Scoring	For negative statement	scoring
Strongly agree	5	Strongly agree	1
Agree	4	Agree	2
Uncertain	3	Uncertain	3
Disagree	2	Disagree	4
Strongly disagree	1	Strongly disagree	5

Scoring interpretation

Poor – (0-29) below 50 %

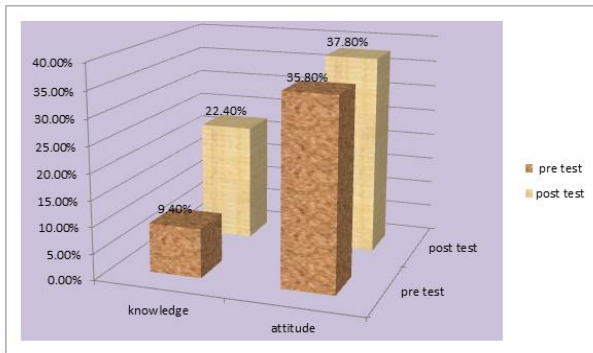
Average- (30-44) 50-74 %

Good – (45-60) 75% and above

Objective no.2:

To assess effectiveness of planned teaching programme in terms of knowledge and attitude among married couple on safe mother hood..

Figure:- showing the effectiveness planned teaching programme on knowledge and attitude in pre and post test scores.



As shown in figure : Mean post test knowledge score and attitude score was found higher than pre test scores of knowledge and attitude in married couple on safe mother hood . pre score of knowledge was 9.40% and pre score of attitude was 35.80%.in post test knowledge score was 22.40% and attitude was 37.80%.it indicates that PTP was found effective in improving knowledge and attitude of married couples.

DISCUSSION

In present study samples were married couple finding of the study revealed that samples had inadequate knowledge about safe motherhood which was indicate by their lower mean value of pre test knowledge score and unfavorable attitude towards safe mother hood. These findings were consistent with rosliza AM,muhamad HJ in their study result showed that the level of knowledge regarding the importance of early antenatal care ,screening test and complications of diabetes and hypertension in pregnancy were poor . In conclusion ,the rate of home delivery and late antenatel booking was still high among the orang asli women and it is significantly associated with their attitude regarding antenatal . the finding of present study also revealed that initially the mean knowledge and attitude scores of married couple in the pre test were lower .but after the administration of the PTP their mean post test scores of knowledge and attitude were changed that indicate the effectiveness of PTP .

IMPLICATION

The finding of the study has several implicatiob the information can be used by nursing profession ,health profession, women's groups ,religionus groups and other groups involved in women's and social welfare programme, since education is one of the powerful tool for developing awareness and understanding and health teaching being an integral part of nursing practice. It should be developed systematically and scientifically based on the needs of target audience. This will help to communicate the message appropriately and selectively for them to be able to enhance their knowledge and developing a favorable attitude.

NURSING EDUCATION

In the present trend of health care delivery system ,the emphasis has shifted from cure to care oriented services.

These can be only accomplished by integrating and updating new trends in nursing education, although the components of safe mother hood been incorporated into the obstetrical and gynecological.

Nursing of basic nursing programme there is a need for emphasis on prenatal care , maternal nutritional management of obstetrical emergencies and family planning. Nursing curriculum should provided opportunities for the student plan and conduct education session for married couples on safe mother hood in a variety of setting ,hospital,community.

NURSING ADMINISTRATION

Nurse should be prepared for developing learning material for the patient and the family .nursing personnel working with the maternity units should be motivated for in-service and continuing education to update their knowledge and attitude towards safe mother hood. Nurse administrator should encourage involvement of family ,community and friend group in improving their knowledge and attitude towards safe mother hood and making the life more productive.

NURSING RESEARCH

Health care environment today is dynamic and more demanding nursing research ,being vital and significant in order to meet these demands in spite of having more advance technology in health care system of the country but the health status of the women of country has not improved yet. The action to improve the health of the women and their status in the society should be started early. Therefore research should be done in this area . there is also a need to develop better method of teaching that fit into new technology. Nursing research should be directed to further explore and update knowledge and attitude of the people of the society including rural married couple.

RECOMMENDATIONS

- A follow up study can be conducted to evaluate the effectiveness of planned teaching programme.
- The PTP can be updated time to time.
- Similar study can be conducted on adolescent girls, or college student.
- A comparitive study can be conducted to assess college girls and boy's knowledge on safe mother hood.

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