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A study to assess effectiveness of self-informational module on care during pregnancy in terms of knowledge and practices of antenatal mothers attending OPDs in Indore, M.P.

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Abstract

Pregnancy, abortion, and childbirth are important milestones in a couple's life. Knowledge and understanding of unknown events during pregnancy can make childbirth a very rich and exciting experience. Pregnancy, including birth, is perhaps the most emotional and dramatic experience of a woman's life. More than 95% of women are pregnant and giving birth normally. These women need Adequate Care during pregnancy to ensure normal body function. Minor but important interventions such as tetanus vaccination, folic acid pills, a healthy diet, and good hygiene are needed to improve a woman's condition and control her lifestyle. Pregnancy although considered a normal process in a woman's life is stressful and can lead to risks and threats.

Methods & Materials: Pre experimental research design was used in present study with 200 antenatal mother at selected OPDs of Indore M.P. Non probability Purposive sampling technique was used 30 self-structured knowledge questioner were used to assess knowledge of antenatal mothers & Check list to assess the practice score regarding care during pregnancy.

Results: The major findings of the study revealed that The data show that majority 28% of Antenatal Mother were in the age group of 24-28 years, 25% of Antenatal Mother were in the age group of 21-23 years, and 25% Antenatal Mother were in the age group of 29-33 years. There was a trace no. of Antenatal Mother in age group of 33-35 years. Overall Majority of the Antenatal Mother were in the age group of 24-28 years. Educational status of m Antenatal Mother 6.5% were illiterate, 37% were in primary level, 37% were up to high school and 19.5% were up to higher secondary. Over all Most of the Antenatal Mother (37%) had educational status up to primary level while only 6.5% of them were illiterate. The 50% of Antenatal Mother were labor, 22% Antenatal Mother in private job and 22% in Antenatal Mother were in self business and only 6% Antenatal Mother in govt. job. The data in show that 40.0% of Antenatal Mother having their monthly income 10001-15000/-, 22% were having 5001-10000/-, 20.5% were having monthly income 5000/- and only 17.5% having More than 15001/- Moreover, 40% were having monthly income 10001-15000/- The data show that 63% of Antenatal Mother were in joint category of family and 33.5% were in nuclear family while 3.5% of Antenatal Mother were in extended category of family. Overall Majority of Antenatal Mother 63% were in the category of joint family and only 3.5% Antenatal Mother were in the extended family. 45.0% Antenatal Mother have 2 children, 28% workers having one child and 22% having 3 child and 5% Antenatal Mother are having only four or more children respectively.

Conclusion: The present study assessed the effectiveness of self-informational module on knowledge & practice on care during pregnancy among antenatal mothers. The study findings concluded that 37% pregnant mother has poor knowledge regarding ANC while 58% were found average in knowledge. After the implementation of self-informational module, there is a significant increase in knowledge of pregnant mother regarding ANC which is calculated by t-test and the result was -18.52 (Table 10) there was significant association between knowledge on ANC with selected demographic variable.

Keywords: M.P.: Madhya Pradesh, H: Hypothesis

Introduction

Pregnancy, abortion, and childbirth are important milestones in a couple's life. Knowledge and understanding of unknown events during pregnancy can make childbirth a very rich and exciting experience. Pregnancy, including birth, is perhaps the most emotional and dramatic experience of a woman's life [2].

The use of prenatal health services is an effective way to reduce the risk of maternal morbidity and mortality, especially in areas where women's health is not good.

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By increasing the use of Care during Pregnancy (ANC) the risk of maternal mortality can be reduced. Systemic Care during Pregnancy was first introduced in the early 20th century in Europe (Edinburgh) and North America and is now almost universally available in developing countries. Janet Campbell, one of the women who sees far and clearly medically initiates a national program of antenatal clinics with the same pattern of visits and procedures. Campbell's ideas became a clinical obstetric service in the 1930's [3].

More than 95% of women are pregnant and giving birth normally. These women need Adequate Care during pregnancy to ensure normal body function. Minor but important interventions such as tetanus vaccination, folic acid pills, a healthy diet, and good hygiene are needed to improve a woman's condition and control her lifestyle. Pregnancy although considered a normal process in a woman's life is stressful and can lead to risks and threats [4]. BMC Pregnancy Guide Pregnancy care, the care a woman receives during her pregnancy is important in helping to ensure that women and newborns survive pregnancy and childbirth. Pregnancy care is defined as the "Pregnancy / Pregnancy Period an Important Stage in a Mother's Life, which runs from conception to prenatal period [5].

Need for the study

Maternal health is a national treasure. Women are the primary caregivers, primary educators, carriers and caregivers of the next generation. They are the backbone of our society. Our destiny lies in the health of women's lives. Pregnancy is a time when women need extra attention and care. Worldwide, about 3 women die as a result of pregnancy-related causes each year, and their deaths leave one million children homeless. More than 99% of these deaths occur in developing countries. In India, every five minutes, one woman dies as a result of complications related to pregnancy and childbirth. This means that more than 1,00,000 women die each year as a result of pregnancy-related causes.

These findings are in line with current health policy as most private insurance players even the newly launched National Health Protection Scheme ("Ayushman Bharat") do not include ANC resources. The main focus of the public consultation session on Maternal Care, Health Education and Nutrition Support during Pregnancy and Breastfeeding was associated with the ANC's top challenges as it serves as a platform for integrating various government programs such as Janana Suraksha Yojna (JSY) and Pradhan Mantri Matru. Vandana Yojna (PMMVY).

Statement of the problem

"A Study to Assess Effectiveness of Self Informational Module on Care during Pregnancy In Terms Of Knowledge and Practices of Antenatal Mothers Attending OPDs in Indore, M.P."

Objectives

1. To assess the Pre test knowledge score of antenatal mothers regarding care during pregnancy among antenatal mothers
2. To assess the Post test knowledge score of antenatal mothers regarding care during pregnancy among antenatal mothers

3. To assess pre test practices of antenatal mothers regarding care during pregnancy among antenatal mothers
4. To assess post test practices of antenatal mothers regarding care during pregnancy among antenatal mothers
5. To assess correlation between knowledge and practices regarding care during pregnancy among antenatal mothers
6. To find out association between pre test knowledge score with selected demographic variables
7. To find our association between pre test practice score with selected demographic variables

Hypothesis

- **H₁**: There will be significant difference in the mean post test knowledge score of antenatal mothers exposed to informational module on care during pregnancy as assessed by structured knowledge questionnaire.
- **H₂**- There will be significant difference in the mean post test practices score of antenatal mothers exposed to informational module on care during pregnancy as assessed by structured practices questionnaire.
- **H₃**. There will be significant correlation between knowledge and practice of antenatal mother
- **H₄**- There will be significant acceptability of self informational module regarding care during pregnancy of antenatal mothers.
- **H₅**- There will be significant association between pre test knowledge score with selected demographic variables
- **H₆**- There will be significant association between pre test practice score with selected demographic variables

Assumption

In the present study it is assumed that:

- Antenatal mothers are educable.
- Antenatal mothers have some knowledge regarding care during pregnancy.
- Antenatal mothers will be able to retain some knowledge, express safe practices and improve their pregnancy outcomes after the exposure of self informational module on care during pregnancy.

Delimitations

- Assessment of knowledge, Practices will be done once after the administration of the informational module on care during pregnancy.
- Assessment of knowledge and practice will be limited to written responses as elicited by structured knowledge questionnaire, and structured practice questionnaire.
- Only Primigravida mother will be selected for the study.

Research methodology

Research approach

The current study follows an experimental approach.

Research design

The present study follows a cross sectional study only post test design for experimental group.

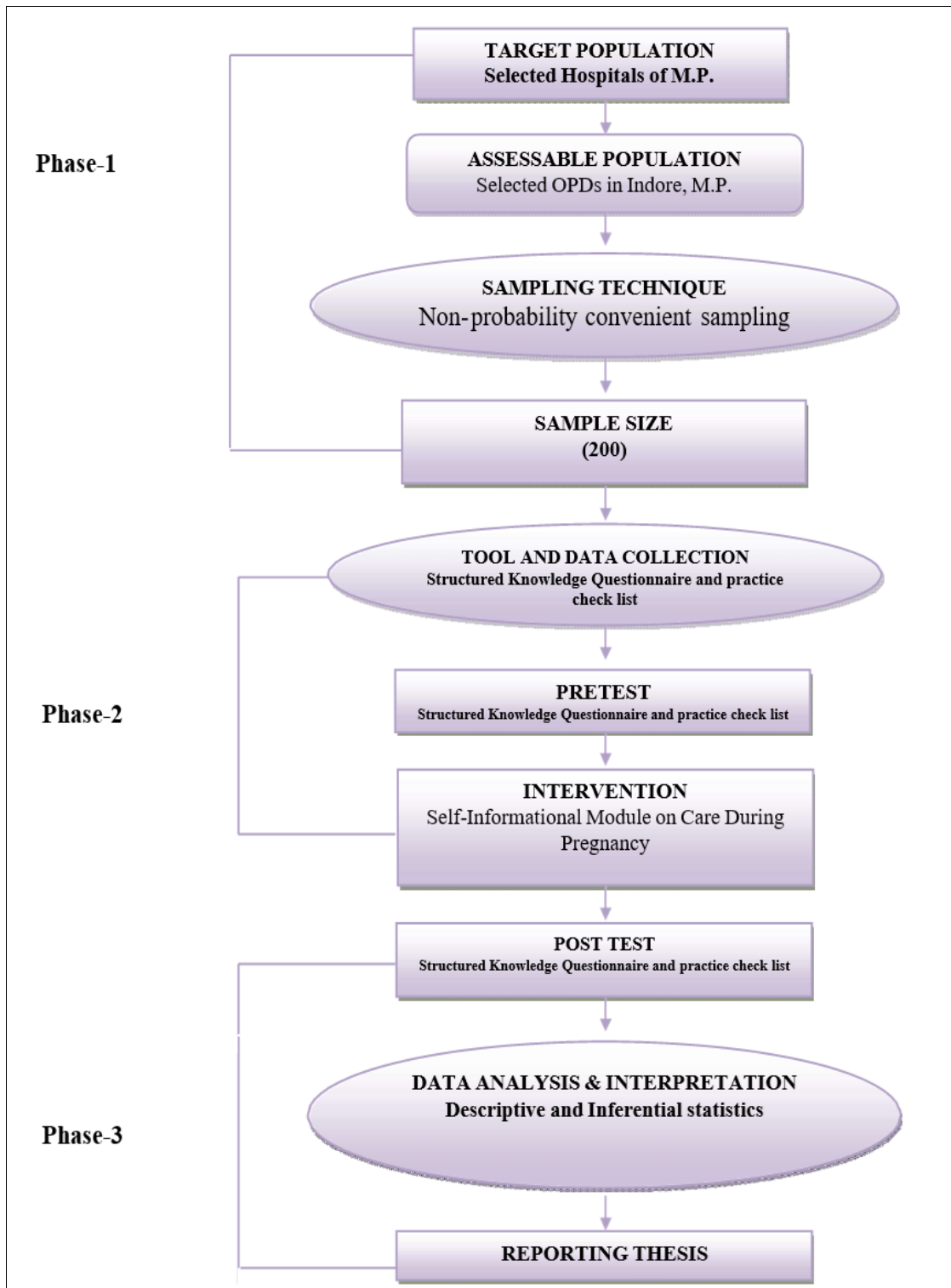


Fig 1: Schematic Presentation of Research Design

Variables

Independent variable

The Self informational module on care during pregnancy is independent variable in this study.

Dependent variable

Knowledge and practice of antenatal mothers regarding care during pregnancy.

Setting of the study

The setting of this study comprises of OPD’s of Index hospital at Indore M.P.

Population

Target Population

In this study, the target population consisted of antenatal mother at selected OPDs in Indore, M.P.

Accessible Population

The accessible population for the study consisted of antenatal mother at selected OPDs of Indore, M.P.

Sample

In the present study sample consists of antenatal mother to assess the knowledge, practices a of antenatal mother

towards care during pregnancy.

Sample Size

Sample size was 200 Antenatal mother in selected area of Indore M.P.

Sampling Technique

Non-random convenient sampling technique was used to select the samples in the study.

Sampling Criteria

Inclusion criteria

Antenatal mothers

- Attending OPDs Of selected hospital at Indore. MP
- Primigravida mothers
- Able to understand Hindi language.
- Available at the time of data collection
- Willing to participate in the study.

Sampling

Sampling is the subset of the total population who represent the entire population. Non Probability Purposive sampling was used to select the setting.

Sample size

The sample size will be 200 antenatal mothers.

Results

Table 1: Frequency and Percentage Distribution of Demographic Variable Age

Demographic Variable Age in year	Frequency (N)	Percentage (%)
21-23	50	25
24-28	56	28
29-33	50	25
33-35	44	22
TOTAL	200	100.0

Table 2: Frequency and Percentage Distribution of Demographic Variable Education

Demographic Variable Education	Frequency (N)	Percentage (%)
Illiterate	13	6.5
Primary	74	37
High School	74	37
Higher Secondary	39	19.5
TOTAL	200	100.0

Table 6: Frequency and Percentage Distribution of Demographic Variable year of marriage

Demographic Variable year of marriage	Frequency (N)	Percentage%
Less than 1	56	28
Less than 2	90	45
Less than 3	44	22
4 and more	10	5
TOTAL	200	100.0

Table 3: Frequency and Percentage Distribution of Demographic Variable Occupation

Demographic Variable Occupation	Frequency (N)	Percentage%
Private Job	44	22
Govt. Job	12	6
Self Business	44	22
Labor	100	50
TOTAL	200	100.0

Section II: Pre-Test Knowledge of Antenatal Mother regarding Care during pregnancy

This section deals with the analysis and interpretation of the data with relevance to effectiveness of Self instructional module on Care during pregnancy.

Table 4: Frequency and Percentage Distribution of Demographic Variable Income of Family

Demographic Variable Income	Frequency (N)	Percentage%
5000/- month	41	20.5
5001-10000/-	44	22
10001-15000/-	80	40
More than 15001/-	35	17.5
TOTAL	200	100.0

Table 7: Frequency and Percentage Distribution of Pre-test Knowledge Score

Level of Knowledge	Range of Score	Frequency (N)	Percentage%
Poor	1-10	74	37
Average	11-20	116	58
Good	21-30	10	5
Total		200	100

Table 5: Frequency and Percentage Distribution of Demographic Variable Types of Family

Demographic Variable Family Types	Frequency (N)	Percentage%
Nuclear	67	33.5
Joint	126	63
Extended	7	3.5
TOTAL	200	100.0

Table 8: Frequency and Percentage Distribution of Post-test Knowledge Score

Level of Knowledge	Range of score	Frequency (N)	Percentage%
Poor	1-10	0	0.00
Average	11-20	13	6.5
Good	21-30	187	93.5
TOTAL		200	100

Range of score

1. Poor	:	1-10
2. Average	:	11-20
3. Good	:	21-30

Data table shows that pre-test knowledge score, majority (35%) of the sample had Average knowledge regarding Care during pregnancy.

In the post-test there was marked improvement in the knowledge of the sample with majority (93.5%) gained Good knowledge regarding Care during pregnancy.

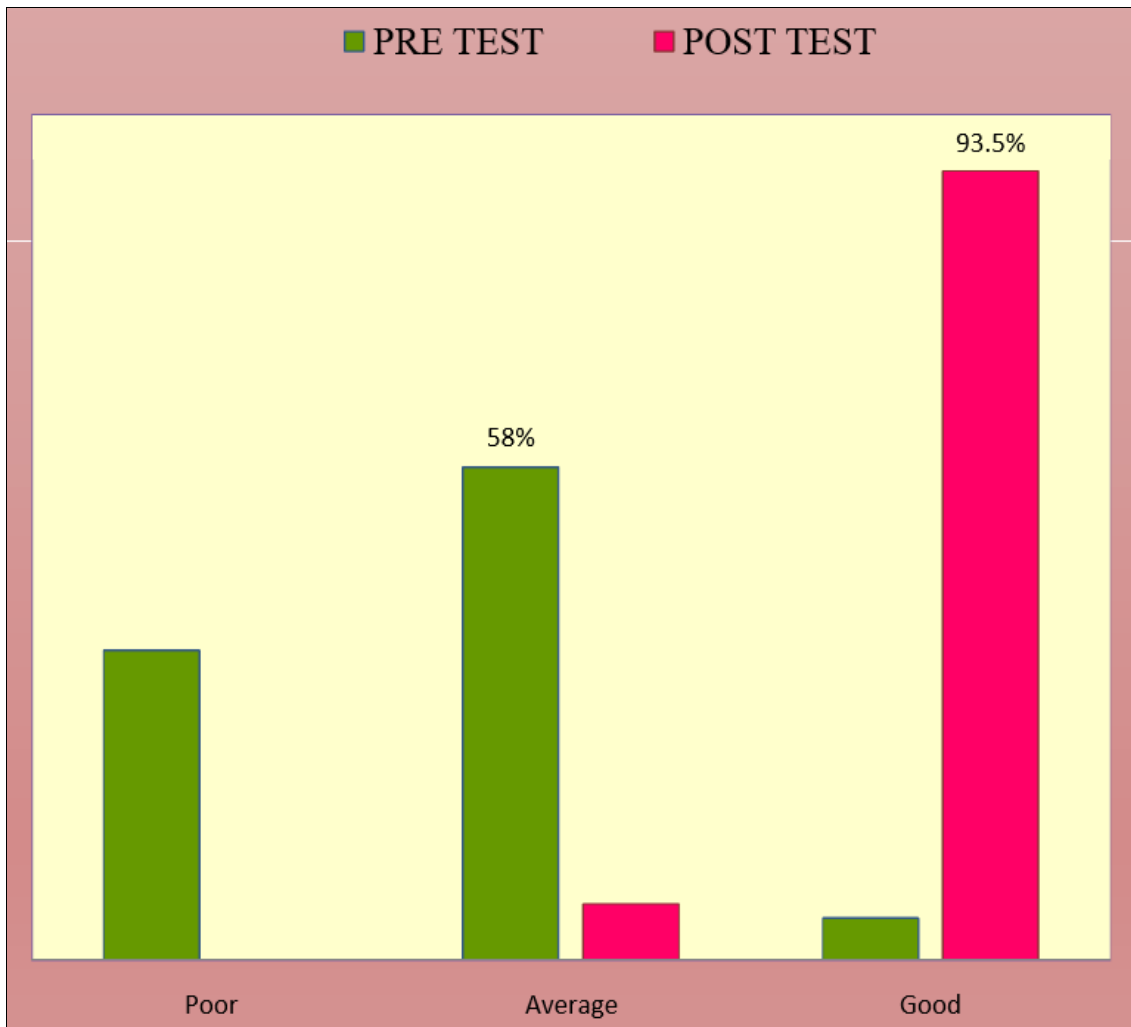


Fig 1: Bar Diagram showing the distribution of the pre-test and post test knowledge score

Table 9: Mean and S. D. of Pre-test and Post-test Score

Knowledge Score	Mean (X)	Mean % (X)	S. D. (s)
Pre-test	13.53	37.47	3.42
Post-test	22.58	62.53	2.01
TOTAL	36.11	100.00	5.43

Data in Table 9 represents higher mean (22.58) in the post-test knowledge scores and in the pre-test with a mean of

13.53.

Section III: Effectiveness of Self Instructional module regarding Care during pregnancy.

In order to find out the significance of the difference between the mean pre- test and post-test knowledge scores on disciplining, paired ‘t’ test was computed and data was presented in:

Table 10: Pre-test & post-test knowledge difference

Knowledge score	Mean (X)	S. D. (s)	Std. Error of Mean	D. F.	t	Significance
Pre-test	13.53	3.42	0.4886	199	-18.525	$p < 0.001$ □
Post-test	22.58	2.01				

Paired ‘t’ test was used to test the significance of difference between the pre- test and post-test knowledge scores of mothers of infant in the selected areas of disciplining. The data presented in Table 10 shows the significant’ value.

These findings again highlight the effectiveness of Self-instructional module in increasing the knowledge of the respondents regarding Care during pregnancy.

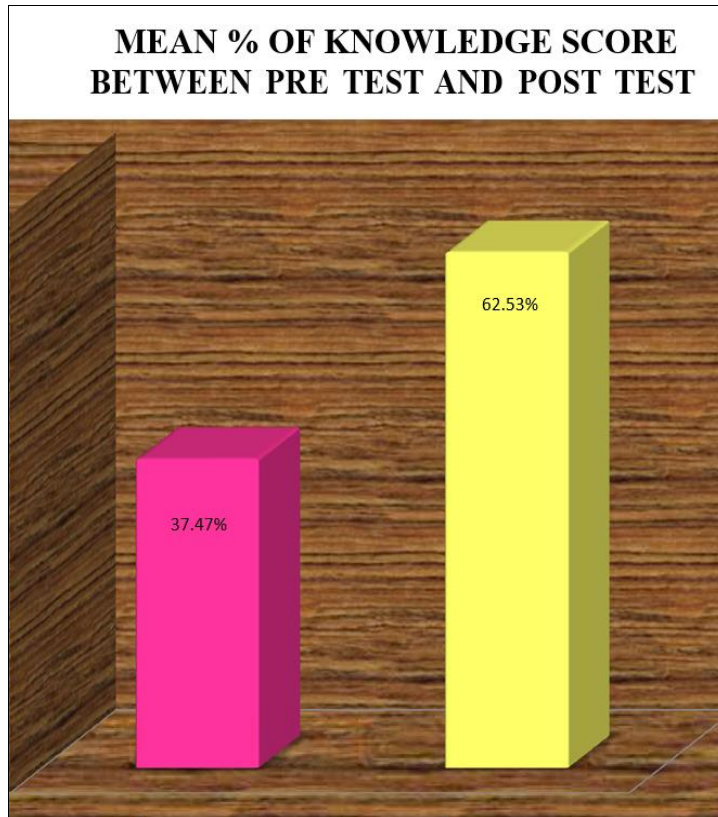


Fig 2: Bar Diagram showing the distribution of the Mean% of knowledge score between pre test and post test.

**Data pertaining to pre-test and post-test practice
Score regarding care during pregnancy**

Table 11: Pre test practice score regarding care during pregnancy N=200

Score	Frequency	Percentage
1-5	148	74%
6-10	52	26%
Total	200	100%

Table 12: Post test practice score regarding care during pregnancy N=200

Score	Frequency	Percentage
1-5	48	24%
6-10	152	76%
Total	200	100%

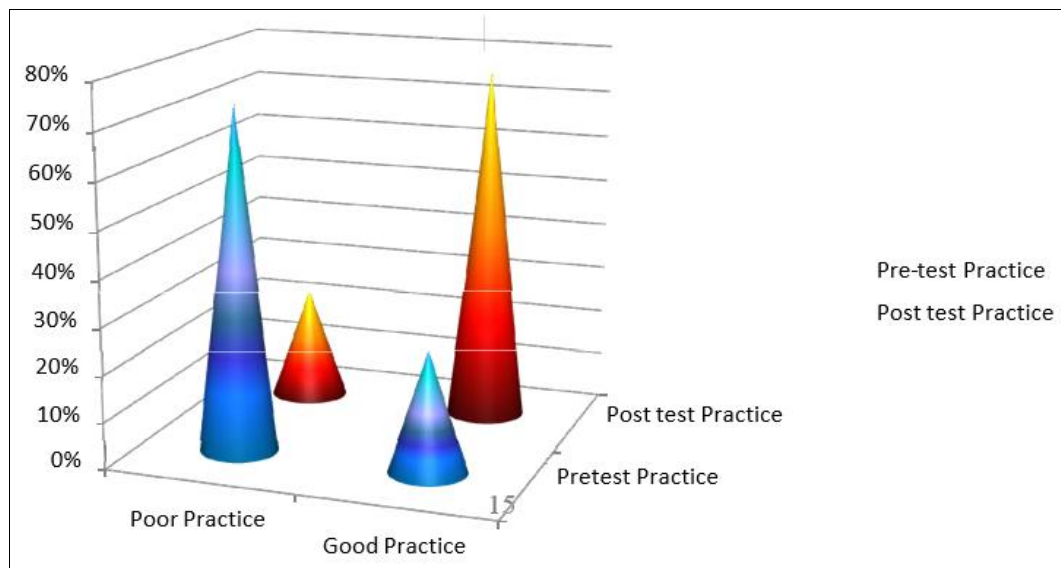


Fig 3: Pre-test and Post-test practice score regarding care during pregnancy

Correlation between knowledge and practice score regarding care during pregnancy

Comparison between pre test & post test, knowledge & Practice score regarding care during pregnancy, I used “karl

Pearson correlation coefficient” to assess correlation between knowledge & Practice score $r=0.89$ that shows knowledge & Practices are highly correlated

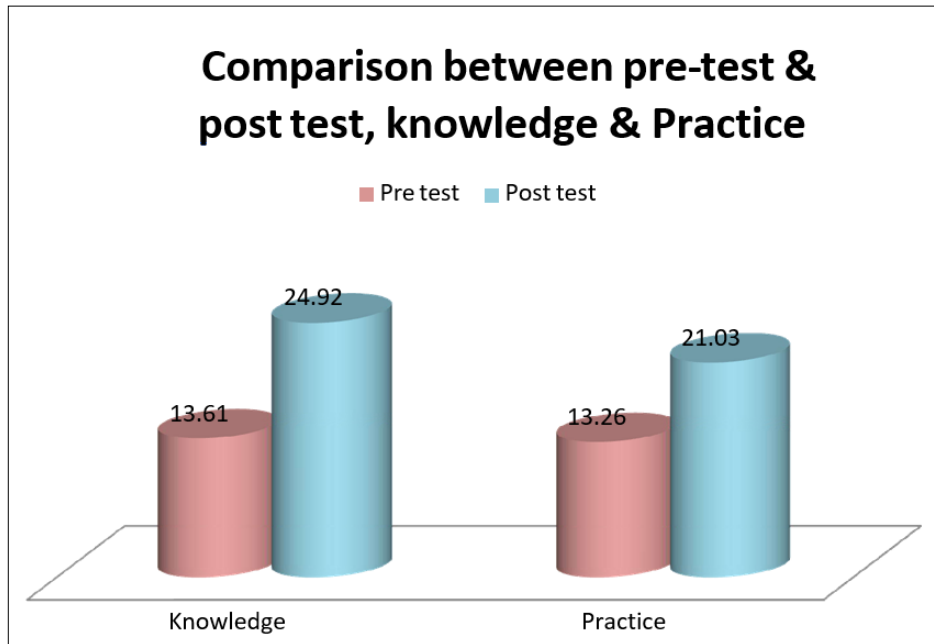


Fig 4: Comparison between pre-test & post-test, knowledge & Practice score regarding care during pregnancy

Section IV: Association between the pre-test knowledge score and selected demographic variables.

Table 13: Association of demographic variables Age in Years with pre-test knowledge score

Demographic Variable Age in year	Pre-test Score			Total	χ^2 Value	Significance
	Poor	Average	Good			
21-23	34	12	4	50	45.134	$p < 0.00001$
25-28	25	29	2	56		
29-32	10	38	2	50		
33-35	5	37	2	44		
Total	74	116	10	200		

Table 14: Association of demographic variables education with pre-test knowledge score

Demographic Variable Education	Pre-test Score			Total	χ^2 Value	Significance
	Poor	Average	Good			
Illiterate	12	01	0	13	54.137	$p < 0.00001$
Primary School	43	31	0	74		
High School	9	60	5	74		
Higher Secondary	10	24	5	39		
Total	74	116	10	200		

The Value of Chi-Square is 54.137 which shows a highly significant value ($p < 0.00001$, two-tailed). Hence there is no

doubt that there is an association between education and pre-test score.

Table 15: Association of demographic variables occupation with pre-test knowledge score

Demographic Variable Occupation	Pre-test Score			Total	χ^2 Value	Significance
	Poor	Average	Good			
Private job	23	20	1	44	56.491	$p < 0.00001$
Govt. Job	1	7	4	12		
Self-Business	1	40	3	44		
Labor	49	49	2	100		
Total	74	116	10	200		

Table 16: Association of demographic variables income of family with pre-test knowledge score

Demographic Variable Income of Family	Pre-test Score			Total	χ ² Value	Significance
	Poor	Average	Good			
Less than 5000/-	20	20	1	41	40.626	p<0.00001
5001-10000/-	23	15	6	44		
10001-15000/-	12	66	2	80		
More than 15001/-	19	15	1	35		
Total	74	116	10	200		

Table 17: Association of demographic variables type of family with pre-test knowledge score

Demographic Variable Types of Family	Pre-test Score			Total	χ ² Value	Significance
	Poor	Average	Good			
Nuclear	21	37	9	67	20.530	p<0.00001
Joint	47	78	1	126		
Extended	6	1	0	07		
Total	74	116	10	200		

Table 18: Association of demographic variables Year of Marriage with pre-test knowledge score

Demographic Variable Year of Marriage	Pre-test Score			Total	χ ² Value	Significance
	Poor	Average	Good			
One	00	50	6	56	53.019	p<0.00001
Two	39	49	2	90		
Three	30	12	2	44		
Four and more	5	5	0	10		
Total	74	116	10	200		

Summary

The need for voluntary care during pregnancy is growing fast, and it is estimated that the 'unmet need' will grow by 40 per cent during the next 15 years. But even though it is an economically sound investment, care during pregnancy have been losing ground as an international development priority. Funding is decreasing, and the gap between the need and the available resources is growing. The data was analyzed by descriptive and inferential statistics. The knowledge gained through Self-instructional module was good as it was evident with a highly significant difference ($t_{(199)}=18.525$, $p<0.01$) between the mean post-test mean = 22.58 and pre-test mean =13.53. Communication is the key to good discipline and behavior. The present study proved that Self-instructional module is an effective strategy to improve the knowledge of pregnant mother regarding Care during pregnancy. The overall experience of conducting this study was satisfying and enriching. The respondents were satisfied and happy with the information received. The result of the study shows great need for health personnel to educate the antenatal mother regarding care during pregnancy.

Conflict of Interest

Not available

Financial Support

Not available

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