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A Study to Assess the Effectiveness of Self Instructional Module on Knowledge Regarding Selected Aspect of Safe Motherhood among Primigravida at Selected Maternity Hospital, Jaipur

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ABSTRACT

BACKGROUNDOFTHE STUDY

Every minute of every day, somewhere in the world and most often in a developing country, a woman dies from complications related to pregnancy or childbirth. That is 515,000 women, at a minimum, dying every year. Pregnancy is special, let's make it safe", is the theme of World Health Organization observed on 7thApril, 1998 under the slogan of safe motherhood. Safe motherhood is a woman's ability to have a safe and healthy pregnancy and delivery.

STATEMENTOFTHEPROBLEM

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INTRODUCTION

Every minute of every day, somewhere in the world and most often in a developing country, a woman dies from complications related to pregnancy or childbirth. That is 515,000 women, at a minimum, dying every year. Nearly all maternal deaths (99 percent) occur in the developing world--making maternal mortality the health statistic with the largest disparity between developed and developing countries. New Born babies are also under going this terrible fate, anencephalic babies that suffer from this die days or it not weeks after birth.

The Safe Motherhood Initiative was launched by the World Health Organization (WHO) and other international agencies in 1987. It is aimed to overcome woman's mortality from complications of pregnancy and childbirth in developing countries. It ensures prenatal, intra natal and postnatal services and supervision.

In India the Child Survival and Safe Motherhood Programme was launched on 20th August 1992 with the objective to improve health status of women and children and reduction of maternal, infant and child morbidity and mortality rates. As per the National Family Health Survey-I (NFHS-I), India, 1992-93 the Maternal Mortality Ratio was 4.37 per thousand live births, whereas according to the NFHS II, 1998-99, the corresponding ratio has increased to 5.40 per 1000 live births although the increase is not significant statistically (NFHS II, 1998-99 p.196). In a Developing country like India where the problem of maternal morbidity and mortality exists since a long the government has taken various steps to get enlightened regarding this deep-rooted problem and the Reproductive and Child Health (RCH) Survey is commandable endeavour in this direction. The Maternal and Child Health services have occupied the

priority list of the Government. Although various measures have been taken by the Government all-over the country simultaneously but the outcome or the performance of different States differ among themselves. As such there is a need to examine the underlying factors governing the utilization of maternal health services prevailing in the states under consideration. The present study therefore is an attempt in this direction.

NEED OF THE STUDY

In 2007, the Safe Motherhood Initiative is celebrating its 20th anniversary. Many countries have been able to improve the health and well-being of mothers and newborns over the last 20 years. However, countries with the highest burdens of mortality and illness have made the least progress, and inequalities between countries are increasing. In many places, inequalities within countries are increasing too, between those who live in better conditions and have access to care, and those who for a variety of reasons are excluded.

The investigator's experience increasing maternal and fetal death due to improper care. The investigator feels that many mothers' came to the hospital, when they had some complications like, loss of fetal movements for past one week or so, and mother's diagnosed with fetal anomalies in the third trimester and mothers with gross anemia. It was difficult to save the mother and the baby in that condition. The cause was mainly due to mother's ignorance unawareness and lack of information and knowledge regarding Safe Motherhood. Thus by taking all the above factors into consideration the investigator felt the need to assess the knowledge of primigravida regarding "SAFE MOTHERHOOD" and give teaching on safe motherhood to enhance the knowledge level of primigravida mothers.

OBJECTIVES

- To assess the pre-test knowledge of primigravida regarding selected aspect of safe motherhood.
- To assess the post-test knowledge of primigravida regarding selected aspect of safe motherhood.
- To determine the effectiveness of self instructional module on knowledge regarding selected aspect of safe motherhood.
- To determine the association between pre-test knowledge scores of primigravida regarding selected aspect of safe motherhood with their selected demographic variables

HYPOTHESES

All the following hypotheses will be tested at 0.05 level of significance

- H_1: The mean post-test knowledge score will be significantly higher than the mean pre-test knowledge score of primigravida regarding selected aspect of safe motherhood.
- H_2: There will be a significant association between the pre-test Knowledge scores of the Primigravida on safe motherhood with their selected demographic variables

OPERATIONALDEFINITIONS

- **Assess**: It is an organized, systematic and continuous process of collecting data. In this study it refers to systematic and continuous process of data collection in an organised manner regarding the knowledge of Primigravida regarding selected aspect of safe motherhood.
- **Effectiveness:** Effectiveness refers to producing intended result. In this study, effectiveness refers to the extent to which the self instructional module is increasing the knowledge of Primigravida regarding selected aspect of safe motherhood.
- **Knowledge:** It refers to the information and understanding obtained by primigravida evaluated in terms of responses to the knowledge items on selected aspects of safe motherhood as measured by self instruction module.
- **Self instructional module:** A self-contained instructional unit that includes one or more learning objectives, appropriate learning materials, methods, and associated criterion-reference measures on Safe Motherhood. It is intended to provide information (or) knowledge. In this study, self instructional module refers to an instructional written material, prepared in the simplest manner, so that it can be understood by the primigravida regarding selected aspect of safe motherhood.
- **Safe motherhood:** Safe motherhood encompasses a series of initiatives, practices, protocols and service delivery guidelines designed to ensure that women receive high-quality gynecological, family planning, prenatal, delivery and postpartum care, in order to achieve optimal health for the mother, fetus and infant during pregnancy, childbirth and postpartum. In the present study it means that no woman between 20-30 years should die or be harmed by a pregnancy or birth
- **Primigravida:** Primigravida is a women who is pregnant for the first time, in this study primigravida is a women between 20-30 years of age who is first time pregnant

ASSUMPTIONS

1. Primigravida may have some knowledge regarding selected aspect of safe motherhood.

2. Primigravida having proper knowledge regarding selected aspect of safe motherhood may reduce the risk of complications.
3. Self instructional module is an accepted teaching strategy and evaluate knowledge of primigravida regarding selected aspect of safe motherhood.

RESEARCHAPPROACH

In view of the nature of the problem selected for the study and the objectives to be accomplished, an evaluative research approach was used for the present study.

RESEARCH DESIGN

For the present study a pre experimental one group pretest post test design adopted.

SETTINGS OFTHE STUDY

The present study was conducted in a Meghraj Maternity Hospital at Jaipur.

SAMPLE SIZE

The samples for this research study are 60 primigravida mothers at Meghraj maternity hospital, Jaipur.

SAMPLING TECHNIQUE

In this study non- probability convenient sampling technique is used for selecting the samples.

INCLUSION CRITERIA:

Primigravida mothers

- admit in selected maternity hospital at Jaipur.
- age group 20 to 30 years.
- who can communicate in Hindi and English.
- available during period of study.

EXCLUSION CRITERIA:

Primigravida mothers

- age groups more than 30 years.
- who are not available at the time of study.
- Who are not willing to participate in the study.

RESULT

The analysis shows that the total knowledge scores of the pre-test, out of 60 samples 39(65%) of respondent had inadequate knowledge in pretest and 7 (11.67%) had moderate knowledge and only 14(23.33%) had adequate knowledge on selected aspects of safe motherhood. In post test 2 (3.33%) of respondents had inadequate knowledge, 18(30%) moderate knowledge and majority of the respondents 40(66.67%) had adequate knowledge. The total pre-test mean and post-test mean in general aspects is 14.83 and 24.05 and SD 5.36 and 4.83 respectively.. and 't'=9.91, which is significant at $p<0.005$ level. Which was proved and accepted the formulated hypothesis. Chi square was computed the association between pre-test level of knowledge with selected variables in that the Age, religion, education, occupation of Primigravida mothers which is significantly associated at $P<0.005$ level, hence it is tested and proved hypothesis.

Table- 1 Distribution of respondents according to Socio-demographic variables (N = 60)

Socio- demographic variable	Frequency	% of respondents
Age group		
20-22 years	18	30
23-25years	19	31.67
26-28years	14	23.33
28-30 years	9	15
Religion		
Hindu	**21**	**35**
Muslim	**16**	**26.67**
Christian	**14**	**23.33**
Others	**9**	**15**
Education Qualification		
Secondary	**17**	**28.33**
Senior Secondary	**22**	**36.67**
Graduate	**15**	**25**
Post graduate	**6**	**10**
Type of family		
Joint family	**33**	**55**
Nuclear family	**27**	**45**
Residence		
Urban	**46**	**76.67**
Rural	**14**	**23.33**

Monthly Income		
<10000	**24**	**40**
10000-20000	**14**	**23.33**
20000-30000	**14**	**23.33**
>30000	**8**	**13.34**
Occupation		
Housewife	**28**	**46.67**
Labour	**20**	**33.33**
Govt /private service	**12**	**20**
Previous Knowledge about safe motherhood		
Yes	**32**	**53.33**
No	**28**	**46.67**

Table – 2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST LEVEL OF KNOWLEDGE OF SAFE MOTHERHOOD (N= 60)

S. no.	Level of Knowledge	Frequency	%
1.	Inadequate	39	65
2.	Moderate	7	11.67
3.	Adequate	14	23.33

Table – 3 FREQUENCY AND PERCENTAGE DISTRIBUTION OF POST-TEST LEVEL OF KNOWLEDGE OF SAFE MOTHERHOOD (N = 60)

S. no.	Level of Knowledge	Frequency	%
1.	Inadequate	2	3.33
2.	Moderate	18	30
3.	Adequate	40	66.67

Table – 4 COMPARISION OF PRE-TEST AND POST-TEST LEVEL OF KNOWLEDGE (N = 60)

Sr. No.	Level of knowledge	Pre-test		Post-test	
		F	%	F	%
1	Inadequate	39	65	2	3.33
2	Moderate	7	11.67	18	30
3	Adequate	14	23.33	40	66.67
	Total	60	100	60	100

Table – 5 Mean, S.D., range, mean score percentage of knowledge score before SIM (N=60)

Sr. No.	Aspect of knowledge	Maximum possible score	Mean	Standard deviation	Range	Mean %
1.	General knowledge of safe motherhood	10	4.98	1.85	10	49.8
2.	Antenatal care in safe motherhood	10	4.92	1.84	7	49.2
3.	Post natal care in safe motherhood	10	4.88	1.89	8	48.8
4.	Over all	30	14.83	5.36	20	49.43

Table-6 Mean, S.D., range, mean score percentage of knowledge score after SIM (post-test) (N=60)

Sr. No	Aspect of knowledge	Maximum possible score	Mean	Standard deviation	Range	Mean %
1.	General knowledge of safe motherhood	10	8.1	1.90	5	81
2.	Antenatal care in safe motherhood	10	8	1.91	7	80
3.	Post natal care in safe motherhood	10	7.16	2.11	8	71.6
4.	Over all	30	24.05	4.83	20	80.16

Table-7 ASSESSMENT OF EFFECTIVENESS OF SIM BY COMPARISION OF PRE AND POST TEST KNOWLEDGE SCORE

S. No.	Aspects of knowledge	Max. Score	Pre Test				Post Test				t value
			Mean	Range	SD	%	Mean	Range	SD	%	
1.	General Knowledge of Safe Motherhood	10	4.98	10	1.85	49.8	8.1	5	1.90	81	9.17
2.	Antenatal care in safe motherhood	10	4.92	7	1.84	49.2	8	7	1.91	80	9.05
3.	Postnatal care in safe motherhood	10	4.88	8	1.89	48.8	7.16	8	2.11	71.6	6.33
4.	Over all	30	14.83	20	5.36	49.43	24.05	20	4.83	80.16	9.91

Table-8 Significance difference between pre test and post test knowledge scores

S. No.	Score	Mean	S.D.	Std. Error	Mean Difference	DF	Calculated t value	Tabulate value
1.	Pre –Test	14.83	5.36	0.69	9.22	59	9.91	2.00
2.	Post-Test	24.05	4.83	0.62				

Table-9 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA MOTHERS WITH AGE IN YEARS

Age	Level of Knowledge			Total	Df	X^2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate (>75%)				
20-22 years	1	2	15	18	6	22.96	S
	5.55	11.11	83.34	100			
23-25 Years	1	13	5	19			
	5.26	68.42	29.32	100			
26-28 .Years	0	3	11	14			
	00	21.43	78.57	100			
28-30 years	0	0	9	9			
	00	00	100	100			
Total	2	18	40	60			

S= Significant at 5% level (p<0.05)

Table-9.1 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA MOTHERS WITH RELIGION

Religion	Level of Knowledge			Total	Df	X^2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate (>75%)				
HINDU	2	12	7	21	6	18.39	S
	9.52	57.14	33.34	100			
MUSLIM	00	03	13	16			
	00	18.75	81.25	100			
CHRISTIN	00	03	11	14			
	00	21.43	78.57	100			
OTHERS	00	00	9	9			
	00	00	100	100			
TOTAL	02	18	40	60			

S= Significant at 5% level (p<0.05)

Table-9.2 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA MOTHERS WITH EDUCATIONAL QUALIFICATION

Edu. Qual.	Level of Knowledge			Total	Df	X^2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate (>75%)				
10^{TH}	00	5	12	17	6	23.24	S
	00	29.41	70.59	100			
12^{TH}	02	02	18	22			
	9.09	9.09	81.82	100			
GRADUATION	00	11	4	15			
	00	73.33	26.67	100			

PG	00	00	06	6			
	00	00	100	100			
Total	02	18	40	60			

S= Significant at 5% level (p<0.05)

Table 9.3 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA MOTHERS WITH OCCUPATION

Occupation	Level of knowledge			Total	d.f.	x^2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate(>75%)				
House wife	2	6	20	28			
	7.14	21.43	71.43	100			
Labor	0	3	17	20			
	00	15	85	100	4	16.8	S.
Govt/private service	0	9	3	12			
	00	75	25	100			
Total	2	18	40	60			

S= Significant at 5% level (p<0.05

Table 9.4 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA MOTHERS WITH INCOME

Income	Level of Knowledge			Total	Df	X^2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate (>75%)				
< 10000	02	8	14	24			
	8.33	33.33	58.34	100			
10000-20000	00	2	12	14			
	00	14.29	85.71	100			
20000-30000	00	06	8	14	6	6.36	N.S
	00	42.85	57.15	100			
>30000	00	02	6	8			
	00	25	75	100			
Total	02	18	6	60			

NS= Not Significant at 5% level (p<0.05)

Table 9.5 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA WITH TYPE OF FAMILY

Family	Level of knowledge			Total	d.f,	X^2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate (>75%)				
Joint	1	9	23	33			
	29.41	29.41	41.17	100			
Nuclear	1	9	17	27	2	0.30	N.S
	30.23	30.23	39.53	100			
Total	2	18	40	60			

NS= Not Significant at 5% level (p<0.05)

Table 9.6 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA WITH RESIDENCE

Residence	Level of Knowledge			Total	d.f.	X2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate (>75%)				
Rural	0	5	9	14			
	00	35.71	64.29	100			
Urban	2	13	31	46	2	0.82	N.S.
	4.35	28.26	67.39	100			
Total	2	18	40	60			

NS= Not Significant at 5% level (p<0.05)

Table-9.7 ASSOCIATION BETWEEN PRE TEST LEVELS OF KNOWLEDGE OF SAFE MOTHERHOOD AMONG PRIMIGRAVIDA WITH PREVIOUS KNOWLEDGE

Previous knowledge	Level of knowledge			Total	d.f,	x^2	Result
	Inadequate (<50%)	Moderate (50-75%)	Adequate (>75%)				
Yes	2	11	19	32	2	2	N.S.
	6.25	34.38	59.37	100			
No	0	7	21	28			
	00	25	75	100			
Total	2	18	40	60			

NS= Not Significant at 5% level (p<0.05)

SUMMARY

The statement of the problem under taken was, "A Study To Assess The Effectiveness Of Self Instructional Module On Knowledge Regarding Selected Aspect Of Safe Motherhood Among Primigravida At Selected Maternity hospital, Jaipur."

The study conducted was based on the following objectives

- To assess the pre-test knowledge of primigravida regarding selected aspect of safe motherhood.
- To assess the post-test knowledge of primigravida regarding selected aspect of safe motherhood.
- To determine the effectiveness of self instructional module on knowledge regarding selected aspect of safe motherhood.
- To determine the association between pre-test knowledge scores of primigravida regarding selected aspect of safe motherhood with selected demographic variables

The study attempted to tested the following research hypothesis at the level of P<0.005

H_1: The mean post-test knowledge score will be significantly higher than the mean pre-test knowledge score of primigravida regarding selected aspect of safe motherhood.

H_2: There will be a significant association between the pre-test Knowledge scores of the Primigravida on safe motherhood with their selected demographic variables

The conceptual frame work adopted for this study was based on Wiedenbach's Helping Art of Clinical Nursing Model theory. In this study the related review of literature was divided into 5 parts based on section and enclosed as study support.

The research approach adopted for the study was evaluative approach with pre- experimental one group pre-test and post-test design to evaluate the effectiveness of SIM on knowledge regarding safe motherhood among Primigravida mothers. The pilot study was conducted at maternity and general hospital, Jaipur and main study at Meghraj hospital and maternity centre, Jaipur with study sample and sample size 60. Simple random sampling method was used to select the samples.

Self structured knowledge and SIM was developed, after validation by the experts' opinion modification was done. It consists of Section A comprised of 9 items related to demographic variables. Section B comprised of 30 knowledge items related to safe motherhood. The reliability of the tool was established by split half technique. The computer value of reliability co-efficient was found to be 0.6. The tool was found to be reliable and valid. The SIM on safe motherhood among Primigravida mothers was organized.

Pilot study was conducted and study methodology was found to be feasible, and main study was conducted. The self administering questionnaire method was used to collect pre and post test level of knowledge on safe motherhood among Primigravida mothers. After pre-test SIM has been administered. A self instructional module regarding safe motherhood was implemented among Primigravida mothers. The post-test was conducted after 7 days. The collected data was analyzed by using descriptive and inferential statistics.

The overall observation showed that In pre test, about out of 60 respondents, 39(65%) respondents had inadequate knowledge regarding selected aspects of safe motherhood followed by 7(11.67%) with moderately knowledge, only 14(23.33%) had adequate knowledge and However, after administration of SIM, that of post-test was about out of 60 respondents, 2(3.33%) respondents had inadequate knowledge regarding selected aspects of safe motherhood followed by 18 (30%) with moderately adequate knowledge. 40(66.67%) had adequate knowledge

Hence the hypothesis (H_1) was proved and the result shows significant associations between pre test score level of knowledge of Primigravida mothers regarding safe motherhood and with their selected demographic variables like age, religion, education and occupation, hence the hypothesis (H_2) was also

accepted. In knowledge i.e. SIM given on knowledge regarding safe motherhood among Primigravida mothers in a selected Meghraj maternity hospital, Jaipur was effective in enhancement of knowledge score.

CONCLUSION

The overall experience of conducting the study was satisfying. The constant encouragement and guidance of the guide, cooperation and interest of the authorities and respondents to participate in the study contributed to the successful completion of the study. The respondents were satisfied and happy with the information they received. The study was a new experience for the researcher. The present study identified a great need for the primigravida mothers to update their knowledge regarding safe motherhood. The study revealed that self instructional module can be used as an effective teaching strategy.

NURSING IMPLICATIONS OFTHE STUDY

The findings of the study have implications on the field of nursing education, nursing practice, nursing administration and nursing research.

NURSING EDUCATION

The nursing curriculum should consist of increased depth, content and activities which help to develop knowledge skill among Primigravida mothers in safe motherhood. As a nurse educator, there are abundant opportunities for nursing professionals to educate people regarding the safe motherhood. The study emphasizes significance of to conduct short term in-service education programme for nurses and peripheral health workers related to health education of Primigravida mothers regarding safe motherhood. Nursing personnel working should be given in service education and help them to abreast with recent trends. The nurse educator needs to conduct health campaigns and use different informational modalities, teaching strategies about safe motherhood. The nurse should educate about the utilization of local health services and voluntary health agencies availability which helps to promote better health and prevent complications among Primigravida mothers.

NURSING PRACTICE

An implication of nursing practice derived from the study is that, in modern times, health care delivery system has changed from a care-oriented approach to promotion of health and prevention of illness oriented approach. Nurses are the key persons of the health team who play a major role in effective health promotion and maintenance. This study implies a basis for developing standards of lifestyle, health care at home as well as in the care of community. Providing health education is one of the functions of nursing personnel, its accountability should be stressed. Nursing interventional programmes can be used as a teaching strategy in the community. Health education can be imparted through mass media, i.e. through radio, television, documentary films, pamphlets, leaflets, information booklet. This will help the nursing profession to move towards the goal of providing holistic care.

Community Health Practice

Public awareness can be created by various community health programmes regarding safe motherhood. Attention should be focus on prevalence and incidence of safe motherhood, measures should take to prevent further complication as based upon secondary level care of early diagnosis and treatment on safe motherhood.

NURSING ADMINISTRATION

The nurse administrator can take part in developing protocols, standing orders related to design of the health education programme to update nursing personnel's knowledge regarding safe motherhood among Primigravida mothers. The nurse administrator can mobilize the available resource personnel towards the health education of the women regarding safe motherhood. They should take interest in providing information on selected aspects. They should be able to plan and organize programmes, taking into consideration of cost effectiveness and carry out successful educational programmes. The nurse administrator should plan and organize continuing education programme for the nursing staff to organize the camps regarding safe motherhood among Primigravida mothers. The nurse administrator should explore their potentials and encourage innovative ideas in the preparation of appropriate information and modalities. She should organize sufficient man power, money, and material for disseminating health information.

NURSING RESEARCH

The study helps the nurse researchers to develop appropriate health education tools for educating Primigravida mothers regarding safe motherhood. Nurses should come forward to take up unsolved aspects in the field of care to public. The study will motivate the beginning researchers to conduct some study with different variables on a large scale. The public and private agencies should also encourage research in this field through needed materials and funds.

RECOMMENDATIONS

On the basis of finding, the study recommendations are as follows

- A similar study can be replicated on large sample in order to generalize the findings.

- An experimental study can be conducted with control group for the effective comparison of the results
- A similar comparative study can be conducted between rural and urban settings.
- A similar study can be conducted as an awareness programme.
- A similar study can be conducted to assess effectiveness of any other education methods.

LIMITATION OF THE STUDY

- The study was limited to
- Selected maternity hospital at Jaipur.
- The study is limited to primigravida present in selected maternity Hospital, Jaipur.
- The study is limited to sample of 60 primigravida mothers.
- The data collection period is limited to 6weeks.
- A structured questionnaire was used for data collection, which restricts the amount of information that can be obtained from the respondents.
- Only who can understand Hindi and English language.
- The study finding cannot be generalized because the sample size was only 60.

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