



E-ISSN: 2664-1305
P-ISSN: 2664-1291
www.paediatricnursing.net
IJRPN 2023; 5(2): 79-83
Received: 07-06-2023
Accepted: 12-07-2023

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A study to evaluate the effectiveness of structured teaching programme regarding knowledge of reproductive and child health services among mothers of under five children at Anjora, Durg, (C.G)

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DOI: <https://doi.org/10.33545/26641291.2023.v5.i2b.136>

Abstract

Reproductive and Child Health care is an integrated approach to improve the health status of women and children in India. It incorporates the inputs of the Government of India and the supports of donor agencies like World Bank, World Health Organisation, European commissions and others. The aims of RCH are to prevent malnutrition, infection and unregulated fertility. Obstetric complications example anaemia, preeclampsia, Intra uterine growth retardation, preterm birth, Post, partum haemorrhage, rupture of uterus etc. could be prevented to a large extent.

Methodology: This research employed a quantitative-qualitative integrated approach, as well as a quasi-experimental, one group pre-test, post-test design. The research was carried out among 50 mothers of under five children of Anjora, Durg were selected purposefully chosen using a Purposive sampling technique. The information was gathered using a program that included demographic characteristics and knowledge surveys. Data were acquired using a reliable technique that included demographic information and knowledge surveys. SPSS 20 was used to do data analysis.

Result: The post-test score suggested that the training module had a beneficial influence on school-aged adolescents. The pre-test findings the pre-test level of knowledge. It shows that majority of mothers 34(68%) were have poor knowledge whereas 16(32%) have average knowledge and 0 (0%) were have good knowledge. The post-test findings as the post-test level of knowledge. It shows that majority of mothers 50 (100%) were have good knowledge whereas 0 (0%) were have average and poor knowledge. It shows that in pre-test, mean is 8.08, mean% is 26.93, standard deviation is 2.84 and co efficient of variance is 35.15 and in post-test, mean is 28.62, mean% is 95.4, standard deviation is 1.1 and co efficient of variance is 3.84 and the effectiveness is 254.71%, paired t value is 7.006 and significance is $p < 0.0001$. The age of mother is highly significant at $p < 0.01$ as the calculated value (9.39) is greater than the table value (9.21).

Conclusion: The research found that mothers of under five children lacked adequate knowledge about reproductive and child health services, structure teaching programme was helpful in increasing knowledge among mothers of under five children.

Keywords: Effectiveness, structured teaching programme, mother of under five children, reproductive and child health services

Introduction

Mothers and children in any community constitute a vulnerable or special risk group. The risk is connected with child bearing in the case of women; and growth, development and survival in the case of infants and children. Whereas 50% of all deaths in the developed world are occurring among people above the age of 70, the same proportion of deaths are occurring among children during the first five years of life in the developing world. Global observations show that, in developed regions maternal mortality ratio averages at 13 per 100000 live births: in developing regions the figure is 440 for the same number of live births. Women of childbearing age that is 15-44 years and children less than 5 years together constitute 31.60% of total population Most maternal deaths are caused by common complications that often come without warning, including hemorrhage, infection, hypertensive disorders, obstructed labor, and unsafe abortion. Effective health strategies for preventing or managing poor maternal health comprise: quality antenatal care, including counseling on birth preparedness, detection of complications, nutrition education, and nutrition supplementation; skilled care by a doctor, nurse or midwife during childbirth,

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including management of obstetric or neonatal complications as necessary; and immediate postpartum/postnatal care for mother and baby, including management of neonatal complications. Providing these services also offers an effective setting for preventing transmission of HIV from mother to child. Worldwide, there are almost 20 million unsafe abortions per year; an estimated 70,000 women die from the complications of unsafe abortion, and millions more suffer infertility or other health problems. Pregnancy prevention is a critical first step; addressing the unmet need for family planning would significantly reduce the number of unsafe abortions and their public health consequences. Providing safe services for legal procedures would also help reduce deaths significantly.

Need of the study

The Reproductive and child health programmer is an integrated and comprehensive programmer based on realistic, decentralized area specific in micro planning tailored to meet the local needs. Maternal mortality is one of the key indicators of the status of reproductive health care service delivery and utilization, but it also can be an indicator of women's status in a society. Maternal mortality, currently and issue of concern on the international health agenda, remains one of the most important public health problems in developing countries. In Sep 2000 the members of the United Nations adopted the millennium declaration and set eight millennium development goals, one of which is reducing maternal mortality. promotion of maternal and child health has been one of the most important component of the family welfare programmer of the government of India and the National population policy-2000 reiterates the government's commitment to the safe motherhood programmer within the wider context of reproductive health. As the national family welfare moved from target based activity to client centers, demand driven, quality service programmer, health functionaries are geared up to fulfill the aspiration of the people. Quality of maternal and child health services and client satisfaction is most vital in final outcome. Maternal and child health are critically important in a country that is experiencing high infant mortality and maternal mortality. Realizing the importance of maternal and child health services. The ministry of health took up step to strengthen maternal and child health services in the first and second five years plan [1951-56 and 1956-61]. In the fifth five years plans (1974-79) it was merges with the family planning service and nutrition services. Since then the promotion of maternal and child health have become the most important aspect of family welfare programmer. The MCH services are delivered by government -run CHCs, PHCs and sub-center, government hospitals and private hospitals/clinics/nursing home. Mothers and children are considered the most vulnerable group in the community, as they are susceptible to certain health problem to which other sections of the community are not exposed. It is estimated that, there occurred 1.17 lakhs annual deaths related to pregnancy and childbirth in India.

Methodology

The current research was designed to assess the evaluate the

effectiveness of structured teaching programme regarding knowledge of reproductive and child health services among mothers of under five children at Anjora, Durg, (C.G). This research employed a quantitative-qualitative integrated approach, as well as a quasi-experimental, one group pre-test, post-test design. The research was carried out among 50 mothers of under five children of Anjora, Durg were selected purposefully chosen using a Purposive sampling technique. The information was gathered using a program that included demographic characteristics and knowledge surveys. Data were acquired using a reliable technique that included demographic information and knowledge surveys. SPSS 20 was used to do data analysis.

Results

Distribution of Demographic Variables between the of mothers of under five children. Regards to Age wise distribution of mothers of under five children reveals that highest percentage of mothers i.e., 54% of mothers belongs to the age group of 18-21 years, 28% were in age group of 22-25 years, 16% were in the age group of 26-29 years and 2% were in the age group of 30-33 years. Religion wise distribution of mothers of under five children reveals that highest percentage of mother's i.e., 100% were in the Hindu. Whereas 0% were Muslim, and 0% of mothers belongs to the others. Type of family wise distribution of mothers of fewer than five children reveals that highest percentage of mothers i.e., 66% were in the joint family. Whereas 34% were in the nuclear family, and 0% of mothers belongs to the extended family. Educational qualification wise distribution of mothers of under five children reveals that highest percentage of mothers i.e., 82% were primary Whereas 18% were secondary, and 0% were illiterate, however 0% of mothers belongs to the others (graduate and above) Area of residence wise distribution of mothers of under five children reveals that highest percentage of mother i.e. mothers 100% were in the Rural. Whereas 0% were in the Urban. Occupation wise distribution of mothers of under five children reveals that highest percentage of mother i.e. 100% were as house wife, Whereas 0% were in daily wages, and 0% were in service. Number of under five Children wise distribution of mothers of under five children reveals that highest percentage of mother i.e. 58% were have one child, Whereas 42% were have two children, 0% were have three children and 0% were have four children, however 0% of mothers have five children. Age of children wise distribution of mothers of under five children reveals that highest percentage of mothers i.e., 46% of mothers having children of age group 0-1 years, 26% were in age group of 1-2 years, 10% were in the age group of 2-3 years 12% were in the age group of 3-4 years and 6% were in the age group of 4-5 years. Pre-test knowledge scores of mothers regarding reproductive and child health services

Table 1: Pre-test level of knowledge

Level of knowledge	No. of mothers	Percentage
Poor Knowledge	34	68%
Average Knowledge	16	32%
Good Knowledge	0	0%
Total	50	100%

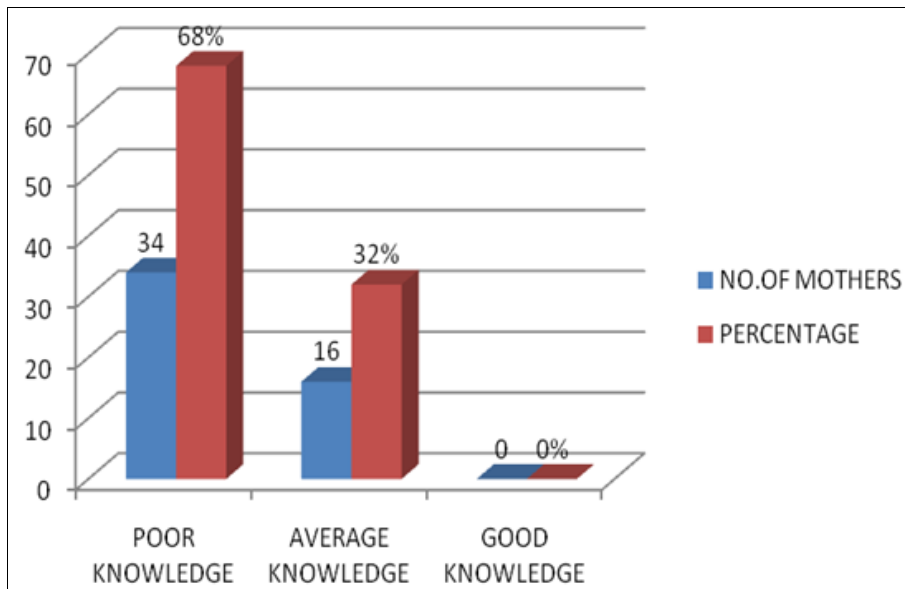


Fig 1: Pre-test level of knowledge

Table: 1 and figure no 1 shows the pre-test level of knowledge. It shows that majority of mothers 34 (68%) were have poor knowledge whereas 16 (32%) have average

knowledge and 0 (0%) were have good knowledge. Post-test knowledge scores of mothers regarding reproductive and child health services.

Table 2: Post-test level of knowledge

Level of knowledge	No. of mothers	Percentage
Poor Knowledge	0	0%
Average Knowledge	0	0%
Good Knowledge	50	100%
Total	50	100%

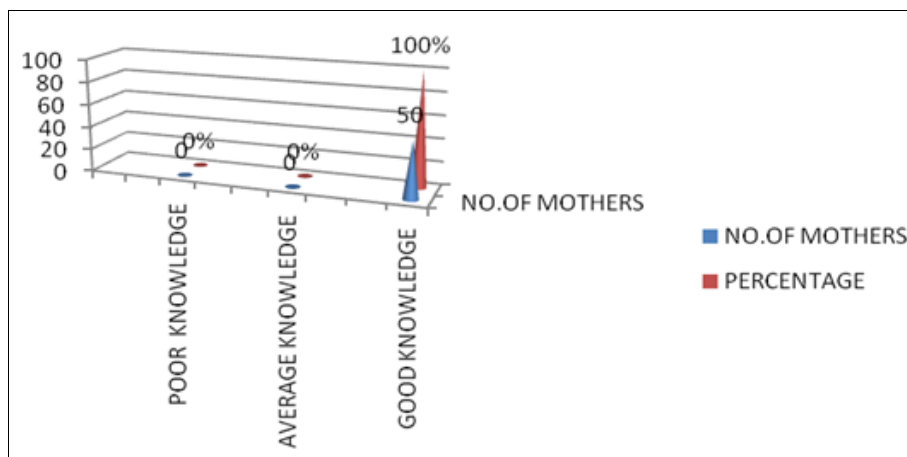


Fig 2: Post-test level of knowledge

Table 2 and figure no. 2 shows the post-test level of knowledge. It shows that majority of mothers 50 (100%)

were have good knowledge whereas 0 (0%) were have average and poor knowledge.

Table 3: Significance of difference between pre-test and post-test knowledge score

Groups	Mean	Mean%	SD	CV	Effectiveness%	Paired 't' value	Significance
Pre-test	8.08	26.93	2.84	35.15	254.71	7.006	$p < 0.0001$
Post-test	28.62	95.4	1.1	3.84			

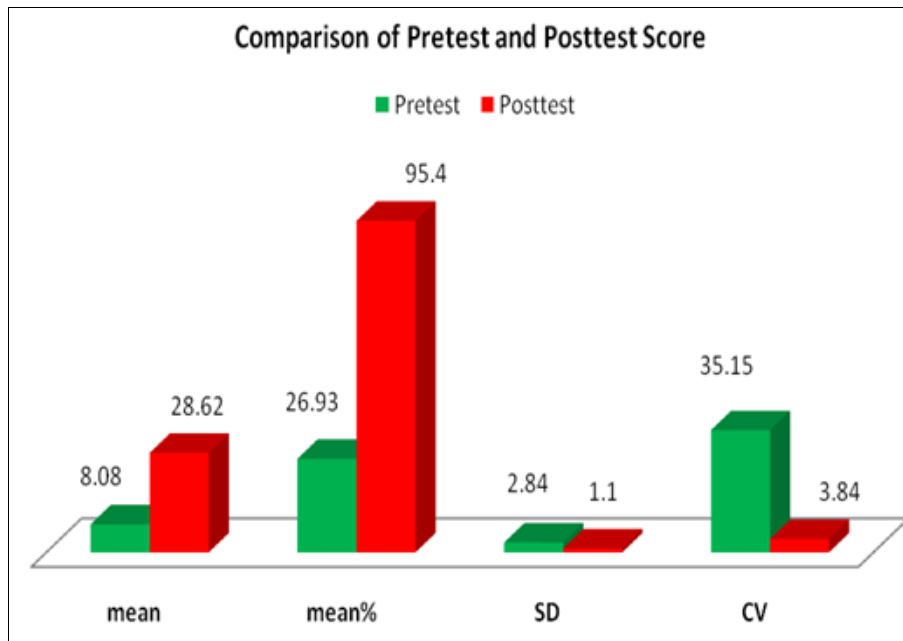


Fig 3: Significance of difference between pre-test and post-test knowledge score

In table no. 3: and figure no.3 shows the significance of difference between pre-test and post-test knowledge score. It shows that in pre-test, mean is 8.08, mean% is 26.93, standard deviation is 2.84 and co efficient of variance is

35.15 and in post-test, mean is 28.62, mean% is 95.4, standard deviation is 1.1 and co efficient of variance is 3.84 and the effectiveness is 254.71%, paired t value is 7.006 and significance is $p < 0.0001$.

Table 4: Association between effectiveness of knowledge scores of mothers with demographic variables

Demo	Degree of Freedom	Chi Square Value	Table Value	Significance
Age	2*	9.39	9.21	$p < 0.01$ Highly Significant
Type of family	1	0.13	3.84	$p > 0.05$ NS
Educational qualification	1	2.80	3.84	$p > 0.05$ NS
No. of under five Children	1	0.2	3.84	$p > 0.05$ NS
Age of Children	4	9.29	9.49	$p > 0.05$ NS

In this table no.4 shows that the age of mother is highly significant at $p < 0.01$ as the calculated value (9.39) is greater than the table value (9.21), type of family of mother is not significant at $p > 0.05$ as the calculated value (0.13) is less than the table value (3.84), educational qualification of mother is not significant at $p > 0.05$ as the calculated value (2.80) is less than the table value (3.84), No. of under five Children of mother is not significant at $p > 0.05$ as the calculated value (0.2) is less than the table value (3.84), Age of Children is not significant at $p > 0.05$ as the calculated value (9.29) is less than the table value (9.49), Religion, Area of residence and Occupation are not significant

Discussion

This chapter discusses the main findings of the research study and reviews that are in relation to the findings from the results of the present study. For this study the data was obtained from village Anjora, Durg regarding reproductive and child health services. In order to achieve the objective of the study a quasi-experimental design was adapted and 50 mothers of under five children were selected by using purposive sampling technique fulfilling the inclusion and exclusion criteria. The subjects were evaluated by using structured questionnaire for socio-demographic data, knowledge questionnaire, and S.T.P on reproductive and child health services. The level of the knowledge of mothers revealed that 0% of the mothers had poor knowledge and 0% of them have had average knowledge and 50% of them

have good knowledge. Comparison shows that, in pre-test 68% of mothers have poor knowledge, 32% of them have average knowledge and 0% have good knowledge about the reproductive and child health services. And after giving structured teaching programme on reproductive and child health services in post-test 0% have poor, 0% have average and 100% have good knowledge about the reproductive and child health services. Chi-square (χ^2 at 0.05% level) value computed for association of mother’s level of knowledge with demographic variables such as age, religion, type of family, education qualification, area of residence, occupation, no of under five children and age of children. There exist a significant association between age of the mother ($\chi^2 = 9.39, p < 0.01\%$) regarding reproductive and child health services

Conclusion

On the basis of the findings of the study “to evaluate the effectiveness of Structured Teaching Program regarding knowledge of reproductive and child health services among mothers of under five children at Anjora, Durg” the below said conclusions were drawn. It brings out the limitation of the study in to picture. The implications are given on various aspects like Nursing practice, Nursing Education, Nursing Administration, and Nursing Research and also gives an insight to further studies.

The study shows that

1. The assessment of pre-test knowledge of mothers of

- under five children regarding reproductive and child health services are inadequate.
2. The structured teaching programme tested in this study was found to be effective in improving the knowledge of mothers participated in the study.
 3. The structured teaching programme is an effective method in improving the knowledge of mothers.
 4. The study proved that, religion, type of family, education qualification, area of residence, occupation, no of under five children and age of children of mothers regarding reproductive and child health services showed a non-significant association with post-test score whereas age of mother showed significant association with post-test score.

It indicates the importance of frequent education, Educational intervention programs to update the Knowledge regarding reproductive and child health services.

Acknowledgement

The researcher would like to acknowledge the ethical committee and principal of selected schools and all the participants for their support in the study.

Financial support and sponsorship

This was a self-funded study.

Conflict of interest

There are no conflicts of interest.

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How to Cite This Article

Mathew S. A study to evaluate the effectiveness of structured teaching programme regarding knowledge of reproductive and child health services among mothers of under five children at Anjora, Durg, (C.G). International Journal of Research in Paediatric Nursing. 2023;5(2):79-83.

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