

Effect of Structured Teaching Program on Knowledge and Attitude Regarding Antenatal Care Among Spouses of Primigravida in Selected Hospitals, West Bengal.

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ABSTRACT- Husband's involvement in seeking timely antenatal care is important. Their support can have a positive impact on health care of pregnant women, which successively depends on their knowledge and attitude regarding the importance of antenatal care. A non-equivalent control group pre-test post-test study was conducted among 80 spouses of primigravida 40 in the experimental & 40 in control group selected using non-probability convenience sampling technique to determine the effect of structure teaching program on knowledge & attitude regarding antenatal care among spouses of primigravida in Sonarpur Rural Hospital, West Bengal. Structured knowledge questionnaire & Five point Likert scale were administered to obtain data. The result revealed that significant improvement of knowledge as evident from corresponding 't' value ($t_{(39)} = 8.96, p \leq 0.05$) & attitude ($t_{(39)} = 4.52, p \leq 0.05$) after Structured teaching program. Structured teaching program is effective to improve the knowledge & attitude of the spouses of primigravida on antenatal care.

Keywords- Knowledge; Attitude, Antenatal Care; Structured teaching program;

I. INTRODUCTION

Pregnancy, labor, and childbirth are important milestones in an exceedingly Couple's life. Knowledge and attitude about the unknown events during pregnancy can make childbirth an extremely enriching and joyful event. Pregnancy, including, childbirth, perhaps is the most emotional and dramatic experience in a woman's life. Complications related to pregnancy and childbirth are the leading causes of mortality for women of reproductive age in many parts of the developing world especially in India. The maternal mortality ratio in India is 130 per 100,000 live births according to the Sample Registration System (SRS) report for 2014 -2016. The primary target within the third SDG is to scale back the global mortality ratio to less than 70 deaths per 100,000 live births in 2030. Child mortality is a sensitive indicator of a country's development. In 2016, the IMR was 34/1,000 live birth.[1]. Effective antenatal care can improve the health of the mother and provides her an opportunity to deliver a healthy baby. Regular monitoring during pregnancy can help detect the complication at an early stage before they become life-threatening emergencies. However, one must realize that even with the foremost effective scanning tools currently available, one cannot predict which is in a position to develop pregnancy-related complication. Hence, every pregnant women needs special care.[6]

II. METHODOLOGY

The population of the study comprised of spouses of primigravida. The sample consists of spouses of a primigravida who attend the antenatal OPD with their wife that was selected for a particular study. The sample size consists of 80 spouses of primigravida, (40) in the experimental group, and (40) in the control group. The spouses of primigravida attending antenatal clinics with their wives, and who have read at least up to class VIII, and willing to participate in the study were included and who were not willing to

come and attend the post-test session conducted one week after the teaching program and who were not interested to participate were excluded from the study. Non-probability convenient sampling technique was adopted. For demographic information researcher administered a semi structured questionnaire (Age, educational status, occupation, type of family, income per month, habitation). A structured knowledge questionnaire in the form of MCQs was administered to obtain data from each area based on antenatal care to assess the pre-test and post-test knowledge score of the spouses in the experimental group and control group. It had a total of 30 questions with full marks 30. For each right answer, score of (1) was allotted and for every wrong answer, a score of (0) was decided. Overall score ranged from 0 to 30. Five point Likert scale was administered to collect data from each area based on antenatal care to assess the pre-test and post-test attitude score of the spouses in the both group. It had a total of 30 questions with full marks 150. Every question had five statements (strongly agree-5, agree-4, neutral-3, disagree-2, strongly disagree-1). Thus the maximum score was (150) with a minimum of (30). Total scoring was divided the spouses into three grades (Favorable, unfavorable, and Neutral attitude).

III. MAJOR FINDINGS

Table 1 Frequency and percentage distribution of the spouses of primigravida according to their age, education, occupation, types of family, habitat, monthly income.

n= 80 (n_e =40,n_c=40)

Variable	Experimental grp.	Control group	P value
	Frequency(%)	Frequency(%)	
Age (in years)			
22-24	11(27.5)	10(25)	0.788
25-27	16(40)	15(37.5)	
28-30	9(22.5)	10(25)	
31-33	4(10)	5(12.5)	
Education			0.823
Upper primary	8(20)	7(17.50)	
Secondary	13(32.50)	15(37.50)	
Higher secondary	11(27.50)	12(30)	
Graduate	8(20)	6(15)	0.763
Occupation			
Unskilled worker	9(22.5)	13(32.5)	
Private service	10(25)	7(17.5)	
Small business	14(35)	11(27.5)	
Cultivator	7(17.5)	9(22.5)	
Income per month (in Rupees)			0.333
5000-10000	22(55)	21(52.5)	
10001-15000	16(40)	13(32.5)	
Above 15001	2(5)	6(15)	
Habitat			0.749
Rural	35(87.5)	36(90)	
Urban	5(12.5)	4(10)	
Types of family			0.164
Joint family	23(57.50)	29(72.50)	
Nuclear family	17(42.50)	11(27.50)	

Table 2 Comparison of demographics variables between two groups according to their age, education, occupation, types of family, habitat, monthly income.

Variable	n= 80 (n _e =40,n _c =40)						
	Experimental group			Control group			P value
	Mean	Sd.	Std. Error Mean	Mean	Sd.	Std. Error Mean	
Age (in years)							
22-24							
25-27	26.65	2.815	0.445	26.83	2.986	0.472	0.788
28-30							
31-33							
Education							
Upper primary							
Secondary	2.48	1.037	0.164	2.43	0.958	0.151	0.823
Higher secondary							
Graduate							
Occupation							
Unskilled worker							
Private service	2.48	1.037	0.164	2.40	1.172	0.185	0.763
Small business							
Cultivator							
Income per month (in Rupees)							
5000-10000							
10001-15000	9725.00	3933.665	621.967	8900.00	3628.943	573.786	0.333
Above 15001							
Habitat							
Rural	1.13	0.335	0.053	1.15	0.362	0.057	0.749
Urban							
Types of family							
Joint family	1.43	0.501	0.079	1.28	0.452	0.071	0.164
Nuclear family							

Table 3 Mean, standard deviation, of the pre-test and post-test Knowledge and attitude scores of the spouses in experimental group and control group.
n= 80 (n_e =40,n_c=40)

KnowledgeScore	Range	Mean		Sd		't'	Value
		Exp. Group	Cont.group	Exp. Group	Cont. Group		
Pre-test	0-30	12.5	13.55	2.01	2.53	8.96*	0.262
Post-test	0-30	22.2	13.75	1.92	1.93		
Attitudescore							
Pre-test	30-150	89.8	90.15	6.31	5.00	4.52*	0.466
Post-test	30-150	129.1	90.05	6.27	5.24		

't' (39) = 1.69, p≤0.05

Data revealed that the pre-test mean Knowledge and attitudescore of spouses were (12.5& 89.8) in experimental group and (13.55& 90.15) in control group. Whereas in post-test mean knowledge & attitude score of spouses were higher (22.2 &129.1) in experimental group than(13.75 & 90.5)in control group (table 3).

Table 4 Independent 't' test and its significance computed between post-test knowledge & attitude scores of the spouses of primigravida in experimental group and control group.

Knowledge		n=80			
Post-test	Mean	Mean difference	SD	SE	't'-value
Experimental grp.	22.22	8.47	1.92	0.43	3.15*
Control group	13.75		1.93		
Attitude					
Experimental grp.	129.1	39.05	6.27	1.29	4.48*
Control group	90.05		5.24		

't' (78) =1.67, p≤0.05

Results of independent t-test- the result revealed that in experimental group mean post-test knowledge and attitude scores (22.22 & 129.1) was higher than in control group (13.75 & 90.05) with mean difference of (8.47 & 39.05) which was found to be statistically significant as evident from corresponding 't' value ('t' ₍₇₈₎ = 3.15, p ≤ 0.05) & ('t' ₍₇₈₎ = 4.48, p ≤ 0.05). (table-4).

Association between pre-test knowledge of spouses(experimental and control group) with selected demographic variables.

The chi square value (0.69), (0.05), (0.04) revealed that knowledge of spouses in both group was not influenced by age, educational qualification, and types of family. So, it can be concluded that no significant association was found between knowledge with selected demographic variables.

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