

**EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME
REGARDING KNOWLEDGE ON NEWBORN CARE AMONG
PRIMIMOTHERS AT SELECTED VILLAGES OF HARYANA**

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Abstract

Newborn babies have a right to survive and grow into child-hood, and to experience life to their full potential. Their healthy start in life is a shared responsibility of the family, community, and government. Across the lifespan, a human being faces the greatest risk of mortality during birth and the first 28 days of life—the neonatal period. Three quarters of neonatal deaths take place in the first seven days, the early neonatal period. Ironically enough, most of these are preventable. Neonatal mortality is one of the major causes of concern with newborns all over the world, especially developing and underdeveloped countries. Despite some remarkable improvement in neonatal health in recent years, the high mortality rate remains unchanged in many countries. Of the 10 million babies born every year approximately 4 million infants die during first week, 8 million during first year and around 10 million within 5 years of their life. Great efforts have been made to improve health of child around the world but mortality rates are still high in neonates. Most neonatal deaths can be avoided through simple, affordable interventions, especially in areas with weak health systems and high rates of neonatal mortality. Outreach and family-community care, health education is needed to improve the health of the Newborn.

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Introduction

Newborn care refers to the essential care provided to the newborn baby by the mother or by the care provider such as, breast feeding, maintaining body temperature, care of the cord, care of the eyes, and prevention of infection and injuries. The first week after birth is a time of major metabolic and physiological adaptation for newborn infants. The early life all newborn try to adapt to the external environment. So, newborns need a special care and intensive monitoring and support during this critical period of adaptation. Care of the children had always traditionally been the forte of mothers irrespective of education, income and social class differences. The important task of motherhood is to fulfill physical, emotional, social, intellectual and moral needs of children. There is no doubt that a mother plays an important role in this regard.

According to the report, about 8,02,000 infant deaths were reported in India in 2017 the lowest in five years, according to the United Nations Inter Agency Group for child Mortality Estimation (UNIGME), it also reported that 6,05,000 neonatal deaths were reported in India in 2017. In 2016, Indian Infant mortality rate was 44 per 1000 live births. In 2016, infant mortality rate for Haryana was 33 per 1000 live births. Infant mortality rate of Haryana fell gradually from 60 per 1000 live births in 2005 to 33 per 1000 live births in 2016. It is possible to increase prenatal survival and quality of human life through prompt and adequate management of newborn.

Objectives

1. To assess the level of knowledge of Primi mothers on newborn care before structured teaching Programme
2. To assess the level of knowledge of Primi mothers on newborn care after structured teaching Programme

Review of literature

P. Latha(2017) Conducted a study on effectiveness of structured teaching Programme on newborn care among primi mothers at government hospital ,Telangana. The pre-test, showed that, 23(77%) were had average knowledge, followed by 4(13%) were had below average knowledge and 3(10%) were had above average knowledge regarding newborn care. In post-test,16 (53%) were had average knowledge and 14(47%) had above average knowledge none of

them had below average knowledge regarding newborn care. The pre test mean was 15.2 and standard deviation was 3.75. And the post test mean was 20.6 and standard deviation was 2.7. The calculated value was greater than table value. So, it is significant at $p < 0.05$ level. The study showed that there was a significant difference in the knowledge level after STP, Hence, the research hypothesis is accepted.

Ms. SheelaKet.,al.,(2018) conducted a study on effectiveness of structured teaching Programme on the knowledge regarding newborn care among primi mothers. The study was conducted at GovtDoon medical, Hospital Dehradun, UK. 50 Primi mothers were selected as subjects by convenient sampling technique. Data were collected using structured questionnaire in 2 parts. Part A includes the questions regarding demographic characteristics & Part B includes the knowledge questionnaire regarding general newborn care in newborns. The study showed that out of 50 subjects only 10% mothers were having average knowledge & 38% mothers were having very poor knowledge& whereas maximum mother 52% were having poor knowledge. Pre-test mean score was 10.08.After intervention 90% primi mothers scored good & only 10% mothers scored in average & the interesting was that no one mother failed in poor knowledge category. The post–test mean was 25.08. Knowledge was found significantly higher than the pre-test Mean score. As evidence from “t” value of 22.01 for df at < 0.05 level of significance.

RashmiNegi,et.,al., (2017) conducted a study on Effectiveness of Structured Teaching Programme on Newborn Care among Primi Gravid Women in a selected hospital at Delhi. The result showed that in the overall knowledge 20 (33.3%) primi gravid women gained moderately adequate knowledge and 40 (66.7%) primi gravid women gained adequate knowledge and no one had inadequate knowledge. The association between educational status and knowledge of primi gravid women at $p < 0.001$ level. It showed that educated women had adequate knowledge in post test

Methodology

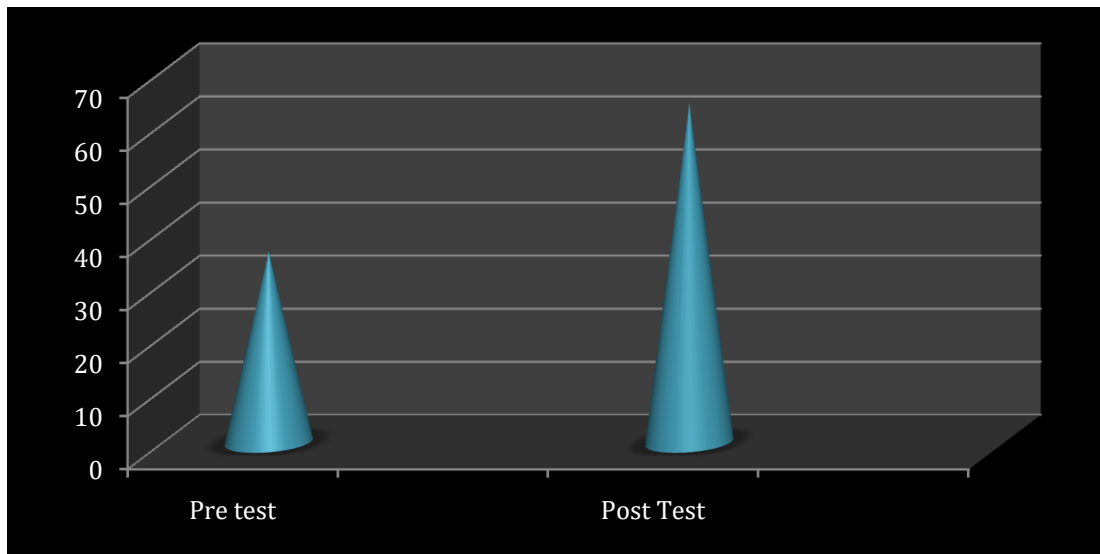
One group Pretest Post design was adopted. A Sample of 50 primi gravid women who met the inclusion criteria was selected for the study. Convenient sampling technique was used for the study. This section consists of socio demographic data of the individuals and another section

consists of questionnaire regarding maintenance of personal hygiene, Thermoregulation, breast feeding, immunization and umbilical cord care. Data was collected after obtaining permission from the medical officer. Informed consent was taken from the subjects. Data was collected with a structured questionnaire. The structured teaching programme contains information regarding maintenance of personal hygiene, breast feeding immunization, thermoregulation and umbilical cord care. Post test was conducted after a period of seven days using the same structured questionnaire. The data was analysed by using descriptive and inferential statistics.

Results

Comparison of level of knowledge of Primi mothers on newborn care before and after structured teaching Programme

Figure : No: 1 Comparison of level of knowledge of Primi mothers regarding newborn care before and after structured teaching Programme



Discussions

The overall findings of the present study showed that majority of the primi gravid women had inadequate knowledge regarding maintenance of personal hygiene, thermoregulation, breast feeding, immunization and umbilical cord care. This study also showed that the overall knowledge had increased after structured teaching programme and STP was effective. This type

of educational programme can bring a change in primi gravid women's knowledge and create awareness in caring newborn effectively. The Pretest knowledge of the Primigravida mothers before structured teaching Programme was 36% and Post test knowledge of the Primigravida mothers before structured teaching Programme was 64%.

Conclusion

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