



A Study To Evaluate The Effectiveness Of Self Instructional Module On Knowledge Regarding Safe Confinement Among Primigravida Mothers Attending Antenatal Opd In Selected Hospital At Hosur

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Abstract: Pregnancy is a long and very special journey for women. The labour and birth process is an exciting, anxiety provoking situation for the women and her family. Being mother is a great responsibility and it is woman's utmost crown of honor. Constitutional human rights contain right to life. The access to safe and sound pregnancy and childbirth services is human rights for women. Death is the last stage for millions of women in a story of extensive pain and sufferings, even millions, more women are injured in this process and live with permanent disability.

STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of self instructional module on knowledge regarding safe confinement among primigravida mothers attending Antenatal OPD in selected hospital at Hosur.

OBJECTIVES

- To assess the level of knowledge regarding safe confinement among primigravida mothers in experimental group and control group before and after self instructional module.
- To evaluate the effectiveness of self instructional module on knowledge regarding safe confinement among primigravida mothers in both the group.
- To find out the association between the level of knowledge regarding safe confinement among primigravida mothers in both the group and their selected demographic variables.

METHODOLOGY:

A quantitative research approach with quasi experimental research design (non equivalent pre test-post test design) was used to assess the effectiveness of self instructional module on knowledge regarding safe confinement among primigravida mothers. Through non probability convenient sampling technique, 40 primigravida mothers were selected, among them 20 were assigned as experimental group and 20 were assigned as control group. Demographic and clinical variables were collected for both groups. Pre test was conducted for both groups by using structured knowledge questionnaires. Experimental group received self instructional module on knowledge regarding safe confinement. The researcher assessed the post test level of knowledge for the both groups by using structured knowledge questionnaires. The collected data were analyzed based on the above mentioned objectives by using descriptive and inferential statistics.

RESULT AND CONCLUSION:

In experimental group 10(50%) of them had moderately adequate and adequate knowledge and in control group 16(80%) of them had inadequate knowledge. In experimental group the post test mean and SD score was 23.4 ± 2.11 and in the control group the post test mean and SD score was 12.7 ± 2.74 . The calculated 't' value of 13.84 which was greater than the tabulated value at $P < 0.001$ level. Hence the research hypothesis H1 was accepted. It clearly shows that the SIM (self instructional module) had significant effect on improving the level of knowledge among primigravida mothers. In relation hypothesis testing there was statistically significant association found between residential area, type of marriage, type of family and there was no significant association with the other demographic and clinical variables. The study concludes that the self instructional module on safe confinement had significant effect by increasing the level of knowledge in experimental than control group.

Index Terms - Self instructional module, safe confinement, knowledge, primigravida mothers.

I. INTRODUCTION

Mothers is the greatest gift of God and life is mother's gift to everyone. In each week of pregnancy brings with it new changend feelings that may require some explanation and support. The female body undergoes many changes occur during pregnancy which begin soon after fertilization and continue through gestation. World Health Organization reported that 830 women died every day from problems in pregnancy and childbirth comprise approximately 71.14 percent of the population of the developing countries. MMR among Indian women national average of MMR is 212.4 per 100,000 live births, Infant Mortality Rate in India is 40.5 deaths/1,000 live births, In male 39.2 deaths/1,000 live births and in female 41.8 deaths/1,000 live births, antenatal mothers had less knowledge in their antenatal period. In worldwide about 213 million pregnancies occurred every year, of which 190 million were in the developing world and 23 million were in the developed world. This is about 133 pregnancies per 1,000 women between the ages of 15 and 44. 82% of pregnant women had knowledge to their antenatal period and 55% of antenatal mothers had less knowledge in their antenatal period. Above studies have shown that the knowledge deficit regarding antenatal care. so that the researcher interested to create awareness and provides knowledge regarding antenatal care for safe

confinement. Hence the researcher has chosen that self instructional module is best way to improve the knowledge regarding safe confinement among primigravida mothers.

I. RESEARCH METHODOLOGY

3.1 Population and Sample

The population of the study was primigravida mothers. Approximately 50-60 mothers visit Obstetrics & Gynecological OPD per day. On an average 4-5 primigravida mother's visit OBG OPD per day. The sample of the present study was primigravida mothers at Gunam Hospital, Hosur, who are fulfilling the inclusion criteria.

3.2 Data and Sources of Data

The data for the present study was collected from 13.12.2017 to 16.1.2018. Data was collected from 40 primigravida mothers. The samples were divided into two groups. 20 were in experimental and 20 were in control group. Before the self instructional module the pre test knowledge was conducted to both groups of samples for safe confinement. After, provided self instructional module booklet for safe confinement among primigravida mothers. The post test was conducted on the seventh day by using structured knowledge questionnaires for safe confinement among primigravida mothers.

3.3 Theoretical framework

Variables of the study contains dependent and independent variables.

3.4 Statistical tools and econometric models

Tool for the study

Data collection are the procedure or instruments used by the researcher to observe or measures the key variables in the research problem. A structured knowledge questionnaire was used to collect the data. The tool was prepared on the basis of objectives of the study.

Description of Tool

The tool consist of 3 sections.

Section A: Demographic variables & Clinical variables.

It includes 7 demographic variables such as age, education status, employment status, religion, type of marriage, residential area, and type of family, gestational age, source of health information.

Section B: Structured knowledge questionnaires on safe confinement

It consists of 30 questions about antenatal visits, antenatal advices, minor disorders in antenatal period, immunization, diet in pregnancy, antenatal exercises, warning signs of pregnancy, preparation of mother for labour. It consists of 30 statements related to safe confinement each right answer scored 1 mark and wrong answer scored 0 mark. The total score is 30. This was converted to percentage and it was interpreted as follows.

INTERPRETATION:

Level of knowledge	Percentage
Adequate Knowledge	>75%
Moderately Adequate Knowledge	51-74%
Inadequate Knowledge	<50%

Section-C Self Instructional Module on Safe Confinement

In this information booklet consist of antenatal visit, advice, hygiene, minor disorders, immunization, diet, exercises, warning signs of pregnancy, preparation of mother for labour. It contains 20 pages in Tamil and English version of information related to safe confinement among primigravida mothers.

3.4.1 Descriptive Statistics

A master sheet was prepared by the investigator to organize and compute the data for appropriate statistical technique such as descriptive was used to demographic and clinical variables; inferential was used to assess the effectiveness of self instructional module on knowledge regarding safe confinement. Chi-square test was used to find out the association between the safe confinement among primigravida mothers with the selected demographic and clinical variables.

IV. RESULTS AND DISCUSSION**4.1 DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the statistical analysis and interpretation to assess the effectiveness of self instructional module on safe confinement among primigravida mothers. Descriptive and inferential statistics were used for the analysis of the data. According to the study objectives the interpretation has been tabulated and organized as follows:

ORGANIZATION OF THE DATA:

- Section-A: Distribution of demographic and clinical variables among primigravida mothers.
- Section-B: Distribution of pre test and post test level of knowledge among primigravida mothers.
- Section-C: Effectiveness of Self instructional module on knowledge regarding safe confinement among primigravida mothers
- Section-D: Association between the level of knowledge among primigravida mothers with the selected demographic and clinical variables.

SECTION-A Distribution of demographic and clinical variables among primigravida mothers Table - 4.1: Frequency and percentage distribution of demographic and clinical variables among primigravida mothers in experimental and control group (n=40)

S.NO	DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP (n=20)		CONTROL GROUP (n=20)	
		N	%	N	%
1.	Age(in years): a)Below 20 years b)21-25 years c)26-30 years d)Above 30 years	10 6 4 0	50 30 20 0	3 8 8 1	40 40 40 5
2.	Educational status: a)Illiterate b)Primary education c)Secondary or Higher secondary d)Graduate or post graduate	0 7 7 6	0 35 35 30	0 6 8 6	0 30 40 30
3.	Employment status a)Home makers b)Self employee c)Private employee d)Government employee	7 3 7 3	35 15 35 15	10 4 4 2	50 20 20 10
4.	Religion a)Hindu b)Muslim c)Christian	11 5 4	55 25 20	13 4 2	65 20 15
5.	Type of marriage a)Consanguineous b)Non consanguineous	10 10	50 50	13 7	65 35
6.	Residential area a)Urban b)Rural	9 11	45 55	10 10	50 50
7.	Type of family a)Nuclear b)Joint family c)Extended family	11 9 0	55 45 0	10 10 0	50 50 0
8.	Clinical variables Gestational age a)1st trimester b)2nd trimester c)3rd trimester	13 7 0	65 35 0	12 8 0	60 40 0

9.	Do you have any previous source of information regarding safe confinement				
a)Yes		20	100	20	100
b)No		0	0	0	0
10.	If yes, mention the source of information				
a) Books		5	25	1	5
b) Friends and relatives		8	40	5	25
c) Television		3	15	10	50
d) Formal classes		4	20	4	20

Regarding the age, in experimental group 10(50%) of them in 42 the age group of below 20 years and in control group 8(40%) of them were in the age group of 21-25 years and 26-30 years respectively. In education experimental group 7(35%) of them had primary and secondary education and in control group 8(40%) of them had secondary education. Regarding employment in experimental group 7(35%) of them were in home maker and private employees and in control group 10(50%) of them were in homemakers. On religion experimental group 11(55%) and in control group 13(65%) of them were in Hindu. With respect to type of marriage in experimental group 10(50%) of them were in consanguineous and non consanguineous marriage and in control group 13(65%) of them were consanguineous marriage. According to their residential area in experimental group 11(55%) of them in rural and in control group 10(50%) of them in urban and rural respectively. According to the type of family the in experimental group majority 11 (55%) of them were from nuclear family and in control group 10(50%) of them were from nuclear and joint family. According to their gestational age in experimental group the highest 13(65%) and in control group 12(60%) of them were in first trimester. Regarding, Do you have any previous sources of information regarding safe confinement in experimental group and control group almost all 20(100%) of them said yes. If yes, mention previous sources of information in experimental group 8(40%) of them had information from relatives and in control group 10(50%) of them had information from neighbours.

Figure:1 Frequency and percentage distribution of primigravida mothers according to their Age

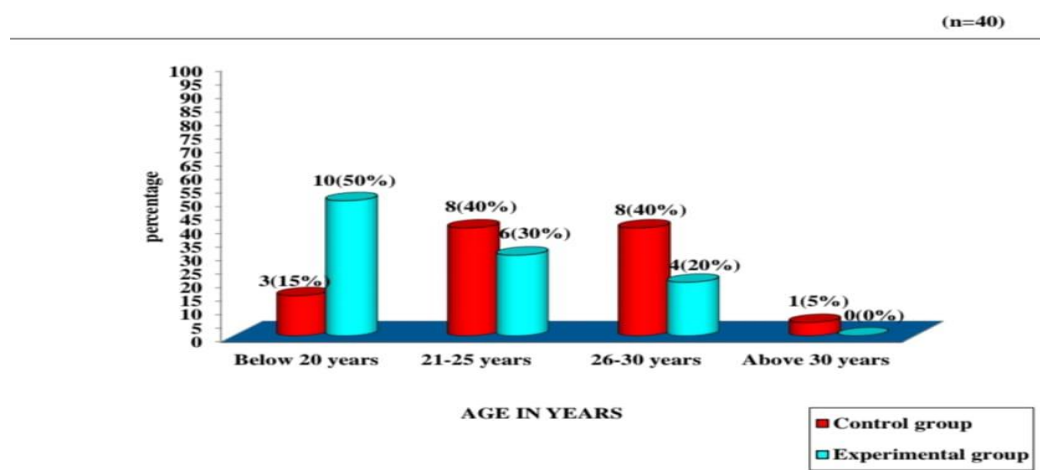


Figure:2 Frequency and percentage distribution of primigravida mothers according to their Education

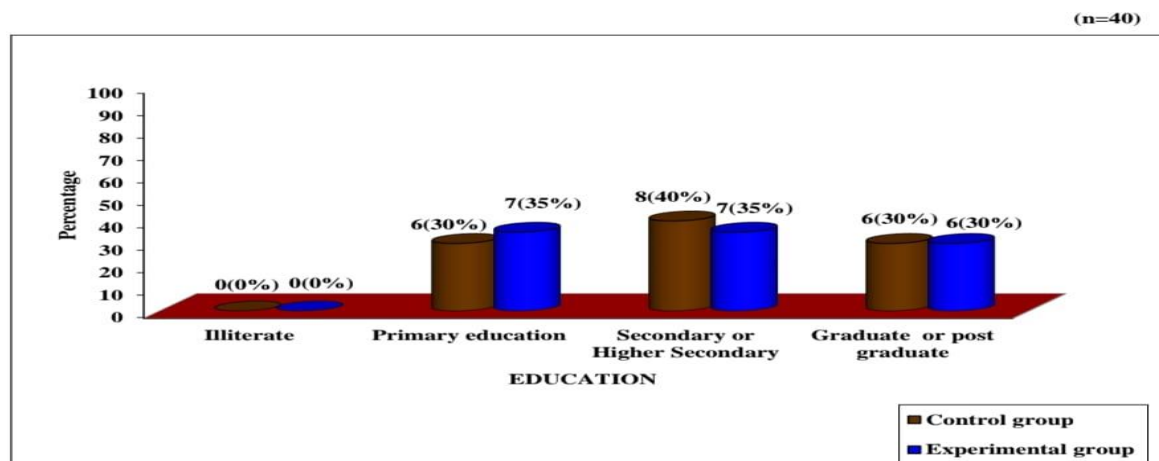


Figure:3 Frequency and percentage distribution of primigravida mothers according to their Type of Marriage

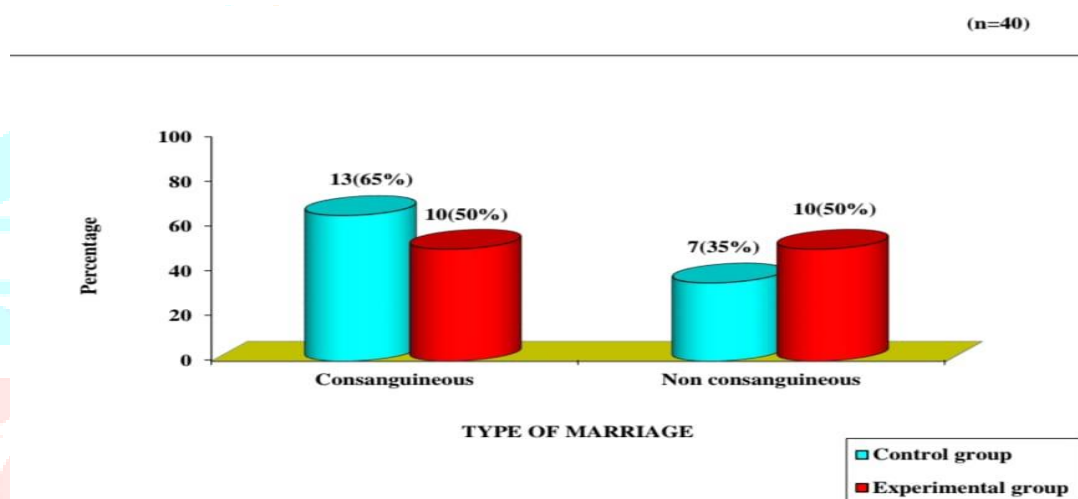


Figure:4 Frequency and percentage distribution of primigravida mothers according to their Residential Area

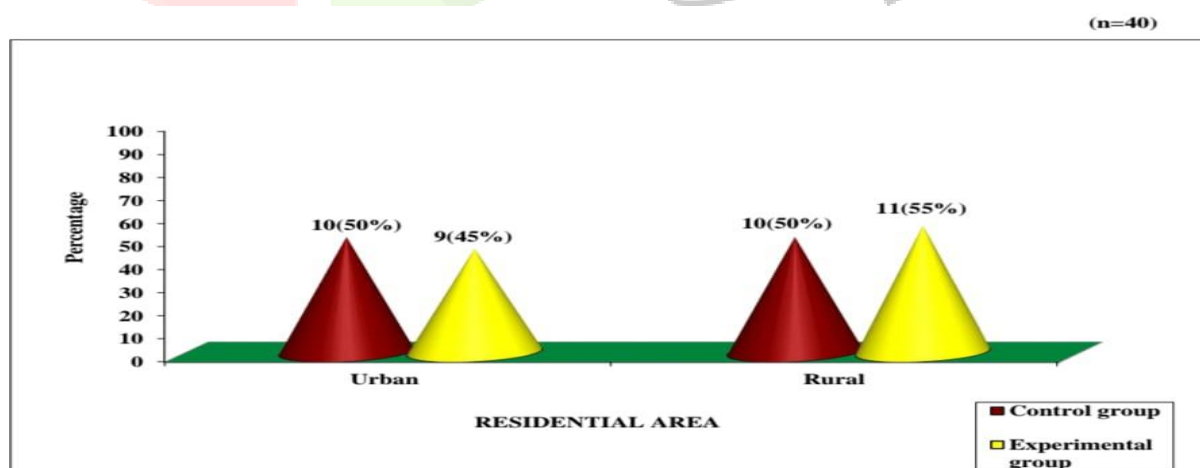


Figure:5 Frequency and percentage distribution of primigravida mothers according to their Type of Family

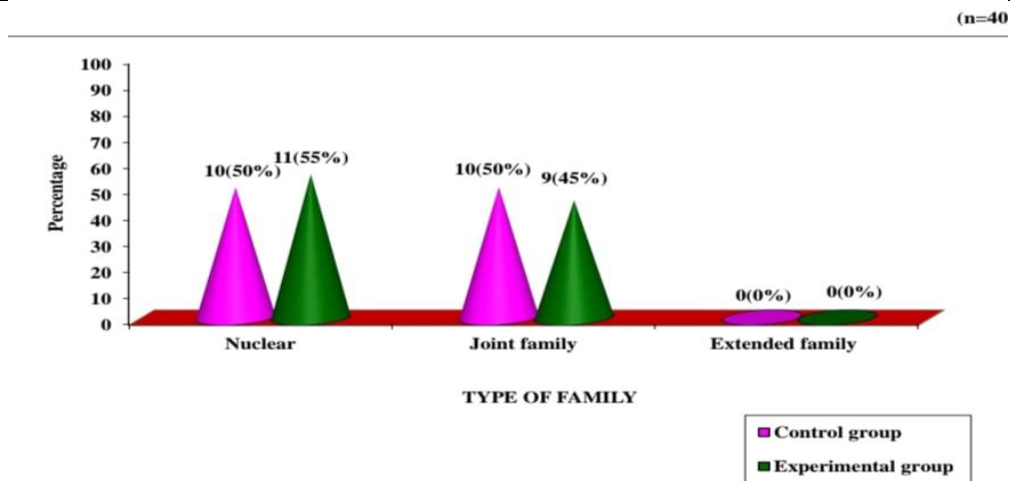


Figure:6 Frequency and percentage distribution of primigravida mothers according to their Gestational Age SS

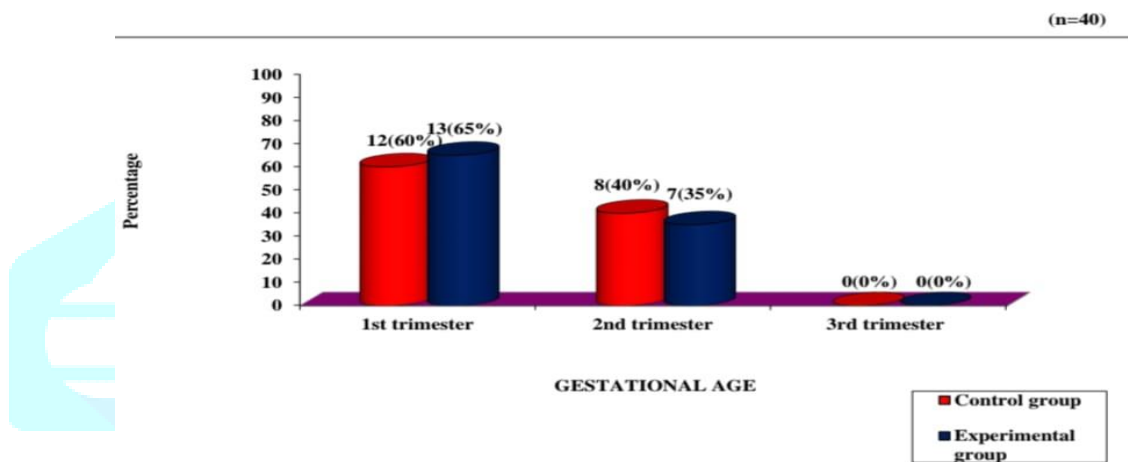
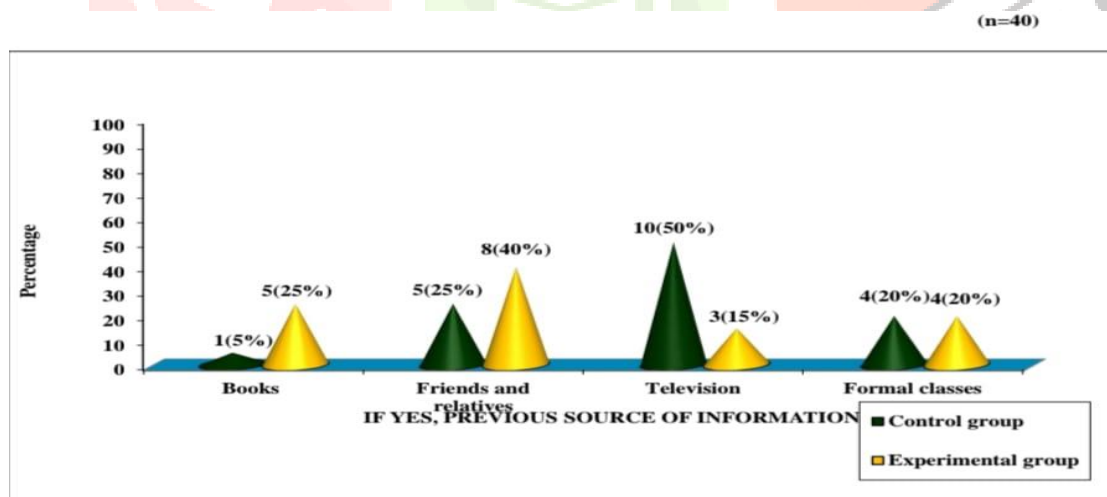


Figure:7 Frequency and percentage distribution of knowledge on safe confinement among primigravida mothers according to their if yes, mention the source of information



SECTION-B Distribution of Pre and post test level of knowledge among primigravida mothers

Table - 4.2: Frequency and percentage distribution of Pre and post test level of knowledge among primigravida mothers in experimental group (n=20)

S.NO	LEVEL OF KNOWLEDGE	PRE TEST		POST TEST	
		N	%	N	%
1	Inadequate knowledge	16	80%	0	0
2	Moderately adequate knowledge	4	20%	10	50%
3	Adequate knowledge	0	0	10	50%

shows frequency and percentage distribution of pre test and post test level of knowledge of primigravida mothers depicts that, in experimental group, the pre test majority 16(80%) of them had inadequate knowledge, 4(20%) of them had moderately adequate knowledge and none of them had adequate knowledge. Whereas in post test highest percentage 20(100%) of them adequate knowledge. It seems that the SIM (Self instructional module) was very effective in improving level of knowledge among primigravida mothers.

Table- 4.3: Frequency and percentage distribution of pre test and post test level of knowledge among primigravida mothers in control group (n=20)

S.NO	LEVEL OF KNOWLEDGE	PRE TEST		POST TEST	
		N	%	N	%
1	Inadequate knowledge	16	80%	16	80%
2	Moderately adequate knowledge	4	20%	4	20%
3	Adequate knowledge	0	0	0	0

Table -4.3; shows frequency and percentage distribution of pre test and post test knowledge scores of primigravida mothers depicts that, in control the pre test majority 16(80%) of them group had inadequate knowledge 4(20%) of them had moderately adequate knowledge and none of them had adequate knowledge. Whereas in post test highest percentage 16(80%) of them had inadequate knowledge 4(20%) of them had moderately adequate knowledge and none of them had adequate knowledge.

SECTION-C Effectiveness of self instructional module on knowledge regarding safe confinement among primigravida mothers

Table- 4.4: Distribution of post test scores among primigravida mothers in experimental and control group (n=40)

Post test	Mean	Standard deviation	t- value
Experimental group	23.4	2.11	

Control group	12.7	2.74	13.84
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shows that in the experimental group, the post test mean and SD score was 23.4 ± 2.11 and in the control group the post test mean SD score was 12.7 ± 2.74 . The calculated „t“ value of 13.84 which was greater than the tabulated value at $P < 0.001$ level. Hence the research hypothesis H1 was accepted. It clearly shows that the SIM (Self instructional module) had significant effect in improving level of knowledge among primigravida mothers.

SECTION – D

Association between the level of knowledge regarding safe confinement among primigravida mothers with the selected demographic and clinical variables

Table .4.5: Association between pre test level knowledge regarding safe confinement among primigravida mothers in experimental and control group

(n=40)

S.no	Demographic variables	Experimental and Control Group						χ^2
		Pretest (40)						
		Inadequate		Moderate		Adequate		
		N	%	N	%	N	%	
1.	Age(in years)							0.325 P<0.001 NS
	a)Below 20 yeas	11	27.5	2	5	0	0	
	b)21-25 years	11	27.5	3	7.5	0	0	
	c)26-30 years	9	22.5	3	7.5	0	0	
	d)Above 30 years	1	2.5	0	0	0	0	
2.	Educational status							0.403 P<0.001 NS
	a)Illiterate	0	0	0	0	0	0	
	b)Primary education	12	30	1	2.5	0	0	
	c)Secondary or Higher secondary	10	25	5	12.5	0	0	
	d)Graduate or post graduate	10	25	2	5	0	0	
3.	Employment status							2.32 P<0.001 NS
	a)Home maker	14	35	3	7.5	0	0	
	b)Self employee	5	12.5	2	5	0	0	
	c)Private employee	8	20	3	7.5	0	0	
	d)Govt. employee	5	12.5	0	0	0	0	
4.	Religion							

	a)Hindu	20	50	4	10	0	0	4.06
	b)Muslim	8	20	1	2.5	0	0	P<0.00
	c)Christian	4	10	3	7.5	0	0	1 NS
5.	Type of marriage							
	a)Consanguineous	19	47.5	4	10	0	0	4.68
	b)Non consanguineous	13	32.5	4	10	0	0	P<0.00 1 S
6.	Residential area							
	a)Urban	12	30	7	17.5	0	0	6.82
	b)Rural	20	50	1	2.5	0	0	P<0.00 1 S
7.	Type of family							
	a)Nuclear	14	35	7	17.5	0	0	4.16
	b)Joint family	18	45	1	2.5	0	0	P<0.00
	c)Extended family	0	0	0	0	0	0	1 S
8.	Clinical variables							
	Gestational age							
	a)1 st trimester	20	50	5	12.5	0	0	0.623
	b)2 nd trimester	12	30	3	7.5	0	0	P<0.001
	c)3 rd trimester	0	0	0	0	0	0	NS
9.	Do you have any previous source of information regarding safe confinement							
	a)Yes	32	80	8	20	0	0	0
	b)No	0	0	0	0	0	0	
10.	If yes, previous source of information							
	a) Books	5	12.5	1	2.5	0	0	3.64
	b) Friends and Relatives	10	25	3	7.5	0	0	P<0.00
	C) Television	10	25	3	7.5	0	0	1 NS
	d) Formal classes	7	17.5	1	2.5	0	0	

shows that there was statistically significant association between the residential areas, type of marriage, and type of family and there was no significant association with the other demographic and clinical variables.

DISCUSSION

This chapter deals with the discussion of the study findings appropriate to other relevant studies, statistical analysis and findings of the study based on objectives of the study. The aim of the present study was to evaluate the effectiveness of self instructional module on safe confinement among primigravida mothers in attending antenatal OPD in selected Hospital at Hosur. Non probability convenient sampling technique was used. The data was collected from 40 primigravida mothers.

CONCLUSION

The study result shows that in experimental group, the post test mean SD score was 23.4 ± 2.11 and in control group, the post test mean SD score was 12.7 ± 2.74 , the calculated „t“ value of 13.84 which was greater than the tabulated value at $P < 0.001$ level. The study concluded that the self instructional module was effective in improving knowledge regarding safe confinement among primigravida mothers. There was statistically significant association between the residential areas, type of marriage, and type of family and there was no significant association with the other demographic and clinical variables.

NURSING IMPLICATIONS

Present study proves the effect of self instructional module to increase the level of knowledge regarding safe confinement. Therefore the finding of the study has considerable implications on nursing education, nursing practice, nursing administration, nursing research and recommendations.

NURSING PRACTICE

Promotion and protection of health. The Nurse should understand the importance of Self instructional module in nursing practice to increase the level of knowledge and it reduces from physiological and psychological problems to the primigravida mothers.

NURSING EDUCATION

The Nurse educator can train and encourage the student nurses the self instructional module has to be change in lifestyle modification and to acquire knowledge regarding safe confinement among primigravida mothers.

NURSING RESEARCH

The Nurse researcher should be aware about new trends use in self instructional module for safe confinement. The Nurse researcher should disseminate the finding through conferences, seminar, and publications in professional, national and international journals. The Nurse researcher should encourage Evidence –based nursing practice must be taking higher in order to increase knowledge regarding safe confinement among primigravida mothers.

RECOMMENDATIONS

Based on the findings of the study the following recommendations are made,

- A study can be replicated in a large sample to generalize the findings.
- A similar study can be done using other teaching strategies video teaching, audio cassettes.
- A study can be conducted to evaluate the effectiveness of educational programme.
- Studies related to self instructional module on knowledge regarding safe confinement.

LIMITATIONS

Getting co-operation for giving self instructional module was difficult from few samples.

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