A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED BAD OBSTETRICAL HISTORY AMONG PRIMIGRAVIDA WOMEN AT SELECTED HOSPITALS IN BANGALORE

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ABSTRACT:

Introduction: *The aim of the present study is to assess the effectiveness of structured teaching programme on knowledge regarding selected bad obstetric history among primigravida woman in selected hospital Bangalore.*

Method: *An experimental study was conducted among 60 primigravida woman who were selected by using convenience sampling technique. The data was collected through a structured questionnaire schedule using demographic proforma of primigravida woman, structured questionnaire. The study was conducted in shekar hospital Bangalore. The data collected was analyzed and interpreted based on descriptive and inferential statistics.*

Results: *Findings related to assessment of pretest knowledge on selected bad obstetric history among primigravida woman shows that 52(86.67%) were inadequate and 8(13.33%) were moderate knowledge regarding selected bad obstetric history among primigravida woman. Findings related to assessment of posttest knowledge on selected bad obstetric history among primigravida woman shows that 38(63.33%) were moderate*

and 22(36.63%) were adequate knowledge regarding selected bad obstetric history among primigravida woman. Findings related to effectiveness of structured teaching programme on knowledge regarding bad obstetric history among primigravida woman depicts that, the enhancement between pretest and posttest was 10.8 and obtained paired „t" test value was 3.95, it was highly significant at level < 0.01. This showed the effectiveness of structured teaching programme. Chi-squar test revealed that there was statistically significant association between knowledge of primigravida woman and demographic variables evidenced that there was statistically significant association at p<0.05 level.

Discussion: There is statistically enhancement in post test knowledge. Hence the structured teaching programme on selected bad obstetric history among primigravida woman there is statistically significant association between knowledge level of primigravida woman and demographic variables such as age, religion educational status, occupational status, and family income, practice of antenatal visit and source of information. Hence the knowledge level of primigravida woman regarding bad obstetric history depended on selected variables such as age, religion educational status, occupational status, family income, practice of antenatal visit and source of information

Key words: Structured teaching programme; Bad obstetric history; primigravida women.

I. OBJECTIVES OF THE STUDY

1. To assess the pre-test knowledge regarding selected bad obstetric history among primigravida women.
2. To assess the post-test knowledge regarding selected bad obstetric history among primigravida women.
3. To compare the pre-test and post-test knowledge regarding selected bad obstetric history among primigravida women.
4. To associate pre-test knowledge regarding selected bad obstetric history among primigravida women with their selected demographic variables.

II. METHODOLOGY

Research methodology is a way to systematically solve the research problem. The role of methodology consists of procedures and techniques for conducting a study

Research approach:

The selection of the research is a basic procedure for the conduction of research study. In view of the nature of the problem selected for the study and objectives to be accomplished, evaluative research approach was adopted.

Research design:

The form research design refers to a plan of a scientific investigation. Research design incorporates the most important methodology decisions that researches makes in conducting a research study. It depicts the overall plan for organization of scientific investigation. It helps the researches in selection of subjects, manipulation of the independent variable, observation of a type of statistical analysis to be used to interpret the data.

The research design selected for this study was pre experimental one group pre and posttest design. The design adopted for the present study is represented as

O_1	X_1	O_2
Pre test with structured questionnaire regarding knowledge on selected bad obstetric history among primigravida women	Structured teaching programme on knowledge regarding selected bad obstetric history among primigravida women	Posttest with structured questionnaire on selected bad obstetric history among primigravida women after 7 days

Variables

Variable is an attribute of a person that varies and it takes on different values.

Dependent variable

The dependent variable of the present study is Knowledge of the primigravida woman on selected bad obstetric history

Independent variable

In the present study the independent variable is the structured teaching programme administered to primigravida woman regarding selected bad obstetric history**.**

Demographic variables

Demographic Profile of primigravida women include Age, Religion, Education, Occupation of family,Type of marriage Family history and Source of information.

Setting

Setting is a physical location in which data collection takes place in a study. Based on the geographical proximity, feasibility of conducting the study and availability of the samples, the present study was conducted in Shekar Hospital, Bangalore which is 15 km from College.

Population

The population referred to as the target population, which represents the entire group or all the elements like individuals or objects that meet certain criteria for inclusion in the study. The total population of the present study comprised of all primigravida women at shekar hospital, Bangalore.

Sample

Sample is a subset of a population selected to participate in a study. The sample size of the present study consists of 60 primigravida women at shekar hospital, Bangalore

Criteria for selecting the sample

The samples were selected with the following predetermined criteria.

Inclusion criteria:

The study includes:

➢ Primigravida woman at selected Hospital, Bangalore
➢ Primigravida woman who are available at the time of data collection.
➢ Are willing to participate in the study
➢ Can understand speak Kannada and / or English

Exclusion criteria:

The study excludes:

➢ Primigravida woman, who cannot understand Kannada or English language.

➢ Primigravida woman who are not willing to participate

Sampling Technique

It defines the process of selecting a group of people or other elements with which to conduct a study. In the present study, Non-probability convenience sampling technique was adopted to select the samples.

Development and Description of the tool

Treece and Treece (1986) emphasized that the instrument selected in research should as far as possible be the vehicle that would obtain data drawing conclusion to the study structured questionnaire was used as the research tool. It is considered to be the most appropriate instrument to elicit the responses from the subjects.

After an extensive review of literature, discussion with the experts and based on the investigator's personnel experience a Structured Knowledge Questionnaire regarding selected bad obstetric history among primigravida woman was developed.

The tool consists of two sections:

Section A: It consisted of 8 items seeking information about Age, Religion, Education, Occupation of family, Type of marriage Family history, practice and Source of information.

Section B: It consisted of 28 knowledge items which includes general information on pregnancy (6),knowledge on bad obstetrical history and causes(4) knowledge on recurrent abortion(11), and knowledge on still birth(7).

Scoring key

Scoring key was prepared for Section A by coding the demographic variables. For Section B, score „1‟ was awarded to correct response and „0‟ for wrong response in all items. Thus a total score of 40 were allotted. To interpret the level of knowledge of primigravida women, the scores were distributed as

➢ Inadequate Knowledge- <50%

➢ Moderate Knowledge- 5 1-75%

➢ Adequate Knowledge- >75%

III. RESULTS

Presentation of Data

The substantive summary of the analysis was under the following sections

Section 1 – Description of demographic variables of the primigravida woman

Section 2

2.1 Assessment of knowledge before and after administration of structured teaching Program on selected bad obstetric history

2.2 Effectiveness of STP.

Section 3

3.1 Association of pretest level of knowledge of primigravida woman with selected demographic variables.

SECTION 1

Assessment of demographic variables

Table 1.1 Frequency and percentage distribution of samples on the basis of Demographic variables.

N=60

Sl. no	Demographic variables	No	%
1	**Age in years**		
	a. 18-21 years	25	41.67
	b.22-25 years	14	23.33
	c.26-29 Years	14	23.33
	d.above 29 years	07	11.67
2	**Religion**		
	a.Hindu	32	53.33
	b.Muslim	18	30.00
	c.Christian	10	16.67
	d.Others	00	00.00

3	**Educational status**		
	a.Illitarate	12	20.00
	b.Primary Level	20	33.33
	c.High school and PUC	21	35.00
	d.Graduate	07	11.67
4	**Occupation**		
	a.Private	13	21.67
	b.Government	14	23.33
	c.Cooli	18	30.00
	d.Home maid	15	25.00
5	**Type of marriage**		
	a. Consanguineous	26	43.33
	b. Non consanguineous.	34	56.67
6	**Family monthly income**		
	a.BelowRs 2000	00	00.00
	b.Rs 2001-4000	14	23.33
	c.Rs 4001-6000	10	16.67
	d.AboveRs 6001	36	60.00
7	Practice of antenatal check up		
	a.Regular	18	30.00
	b.Once in a Month	21	35.00
	c.Occasianaly	14	23.33
	d.Whenever there is problem	07	11.67
8	Family history of bad obstetric history		
	a.Yes	18	30.00
	b.No	42	70.00
9	Sources of information		
	a.Mass Media	5	08.33
	b.Family Relatives	6	10.00
	c.Health Personnel	14	23.33
	d.No Information	35	58.34

Table 1.1 depicts that frequency and percentage distribution of primigravida women by Age, Religion, Education status and occupation, type of marriage. Practice of antenatal check up, family history of bad obstetrical history and sources of information.

With regard to age, majority 25(83.33%) samples belong to the age group of 18-21years, equal distributon of samples ie 14(23.333%) were 20-25 and 26-29 years,07(11.67%) were above 29 yeatrs.. In context to religion, 32(53.73%) were Hindus, 18(30%) were Muslims and 10(16.67%) were Christians.

In context to educational status majority 21(35%)of samples had high school and PUC educaton,20(33.33%) had primary level education,12(20%) were illitarates and 7(11.67%) had graduate level of education. In context to occupation, 18 (30.00%) were daily wages, 14(23.33%) were government emplioyes 15(25%) were home maid and 13(21.67%) were private employee.

With regard to type of marriage majority 34(56.67%) were non consanguineous marriage and 26(43.33) were consanguineous marriage.

With regard to family income per month, majority of samples, 36 (60%) had income of Rs above rs 6001, 14(2333%) had income between Rs 2001-4000, 10(16.67%) had income Rs 4001-6000.

In context to practice of antenatal check up majority of samples 21(35%) attending once in a month,18(30%) had regular practice, 14(23.33%) attending occasiannaly and 07(11.67%) were attending antenatal clinic whenever there is a problem. With regard to famiiily history of bad obstetric history majority of samples 42(70%) had no family history and 18(30%) were had family history of bad obstetric history.

With regard to source of information majority of the samples 35(58.34%) were had no information 14(23.33%) had information through health personnel, 6(10%) had through family relatives and 5(8.33%) had information through mass media.

Figure 1.Percentage distribution of samples on the basis of age in years.
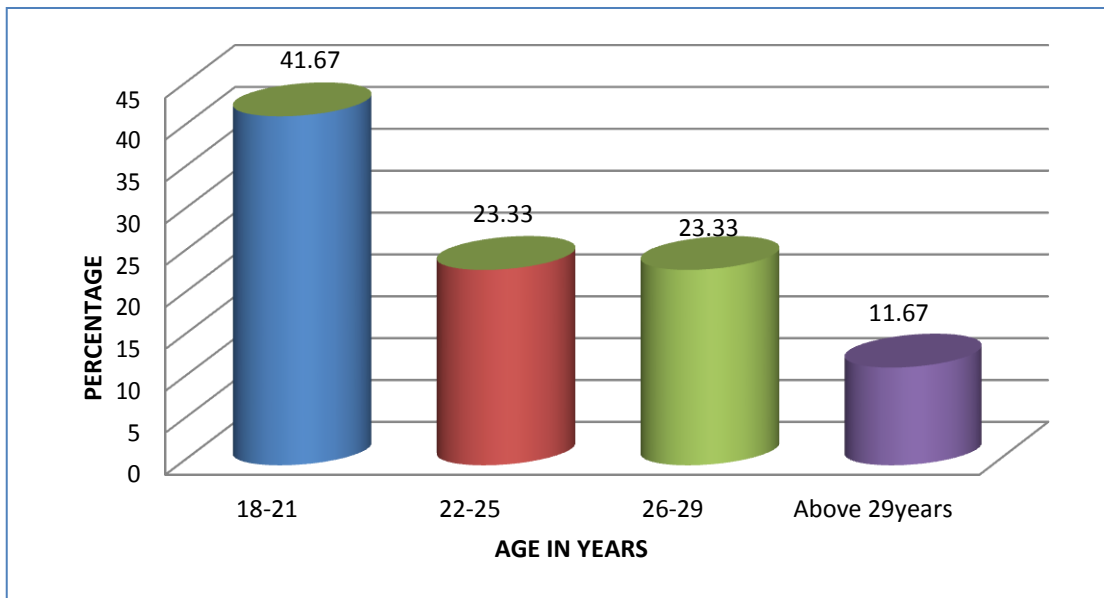

Fig. 1. Shows that out of 60 samples, majority 25(41.67%) are aged 18-21years, 14(23.33%) are 22-25years, 14(233.33%) are 26-29 years and remaining 7(11.67%) are above 29 years.

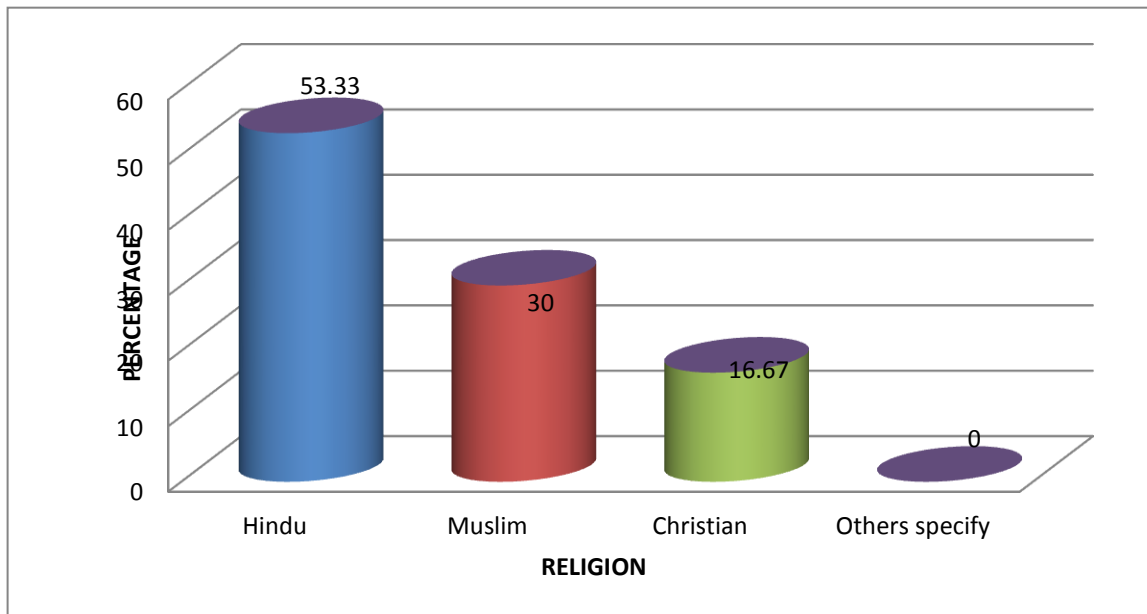### Figure 2.Percentage distribution of samples on the basis of Religiion

Fig .2. Shows that 32(53.33%) are Hindus, 18(30%) are Muslims, and 10(16.67%) are Christians.

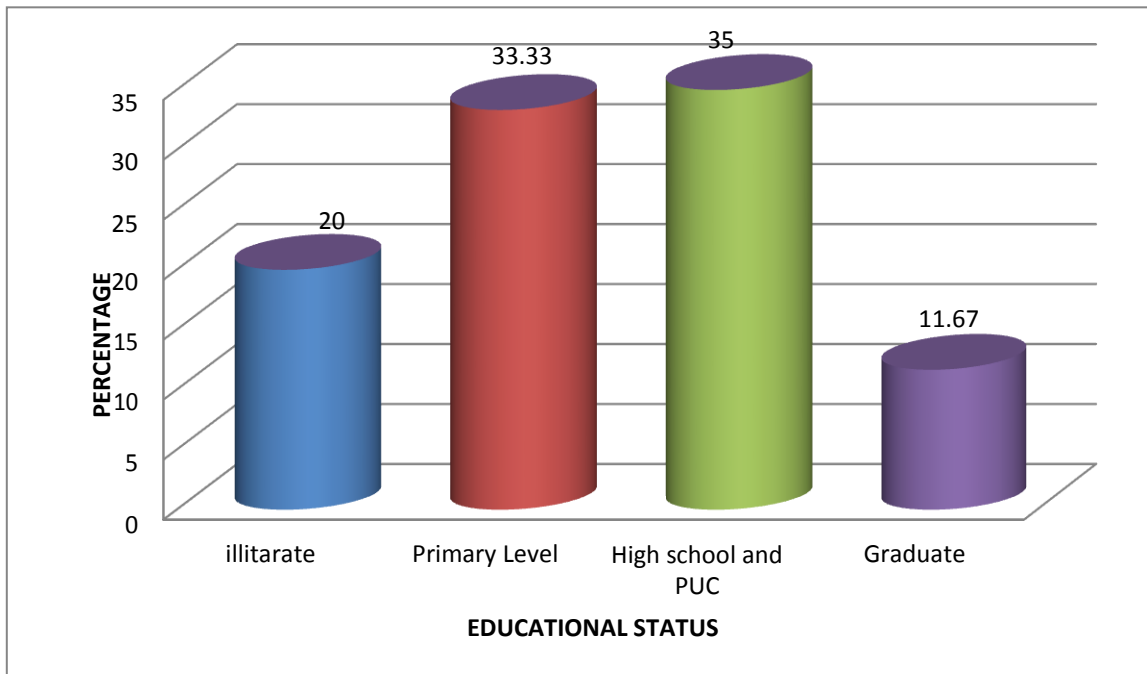**Figure 3.Percentage distribution of samples on the basis of educational status.**

Fig .3. Shows that majority of the samples 21(35%) are high school and PUC, 20(33.33%) are primary level, 07(11.67%) are graduates and 12(20%) are illitarates.

Figure 4.Percentage distribution of samples on the basis of occupational status.
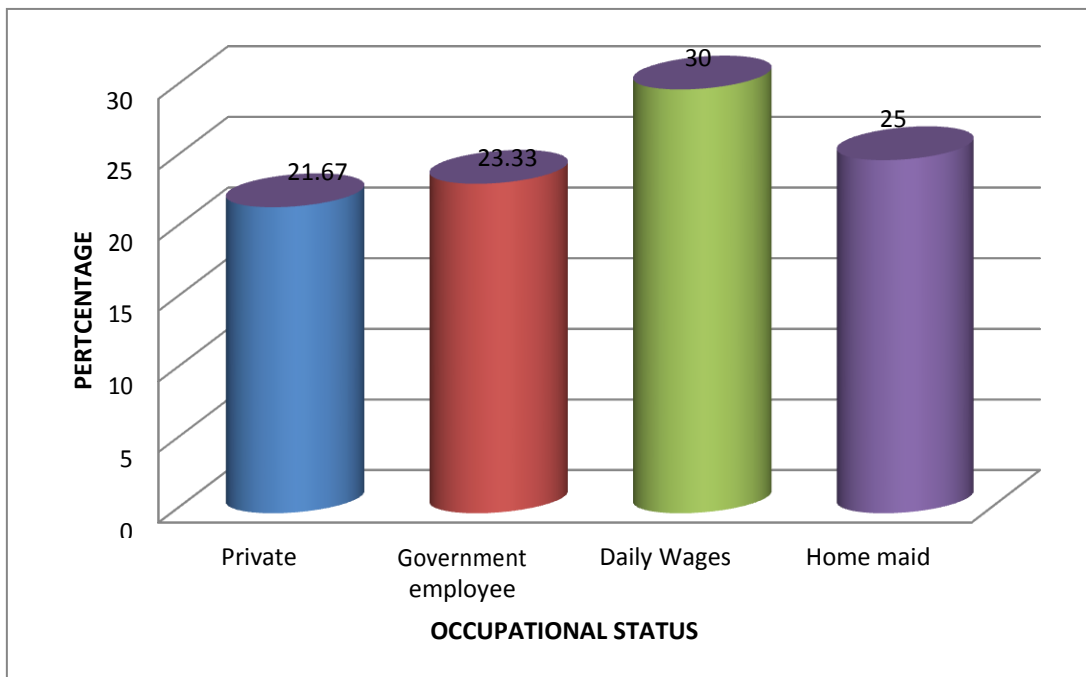

Fig .4. Shows that 13(21.67%) are private employee, 14(23.33%) are Governrnent employes 18(30%) are daily wages and 15(25%) are Homemade.

Figure 5.Percentage distribution of samples on the basis of Type of marriage.
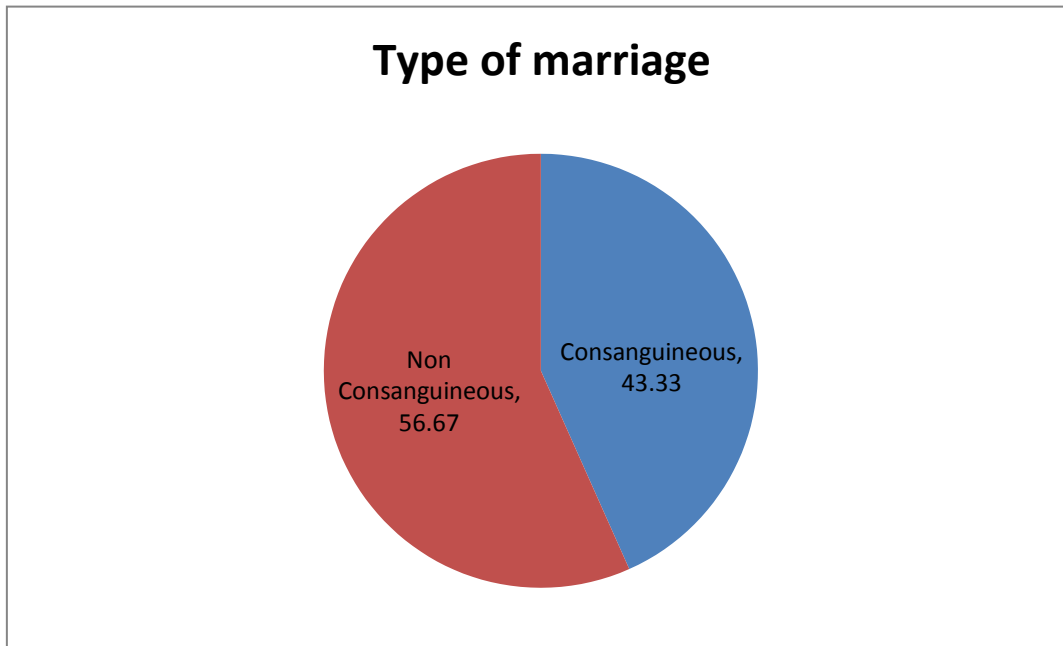

Fig 5. Shows that 26(43.33%) samples are consanguineous marriage and 34(56.67%)are non-consanguineous marriage.

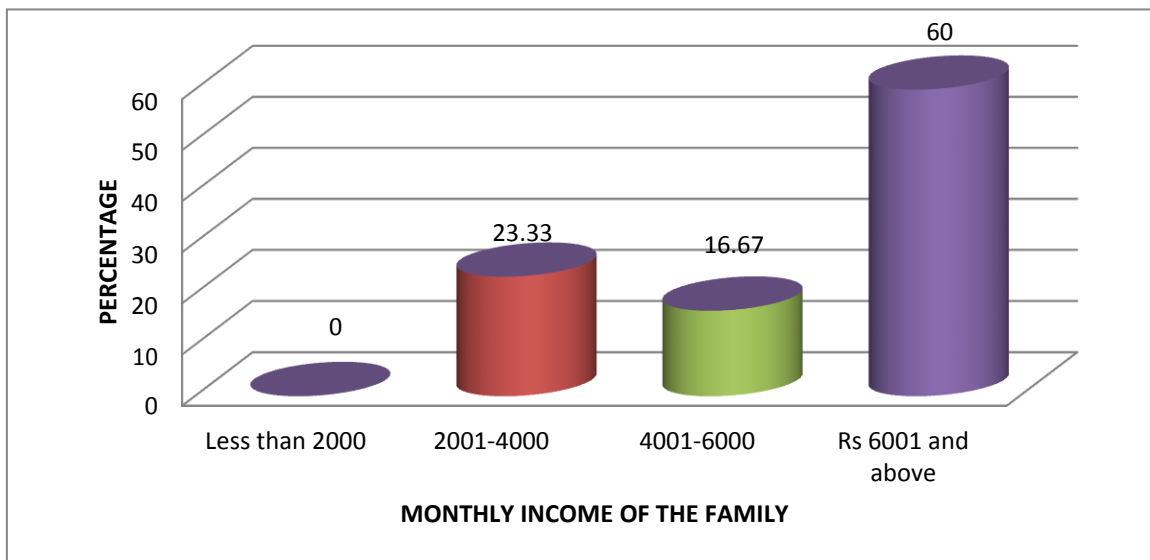**Figure 6. Percentage distribution of samples on the basis of monthly income of the family**

Fig .6. Shows that majority 36(60%) of the samples have Above Rs6001, 14(23.33%) have 2001-4000, 10(16.67%) have 4001-6000 rs income.

Figure 7. Percentage distribution of samples on the basis of practice of antenatal checkup
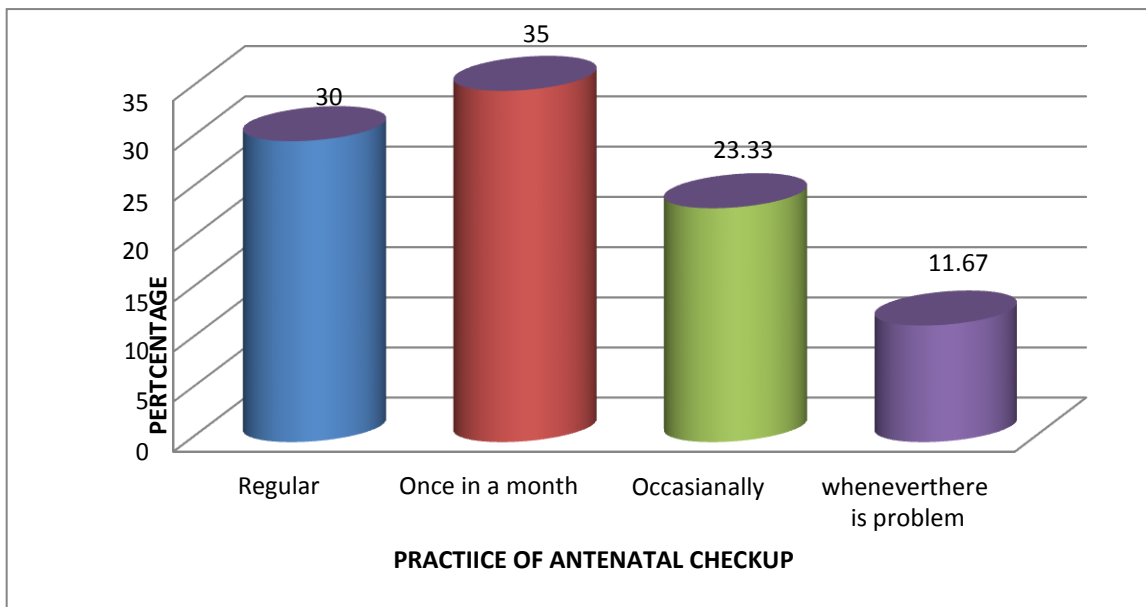

Fig .7 Shows that majority of samples 21(35%) attending once in a month,18(30%) had regular practice, 14(23.33%) attending occasiannaly and 07(11.67%) were attending antenatal clinic whenever there is a problem.

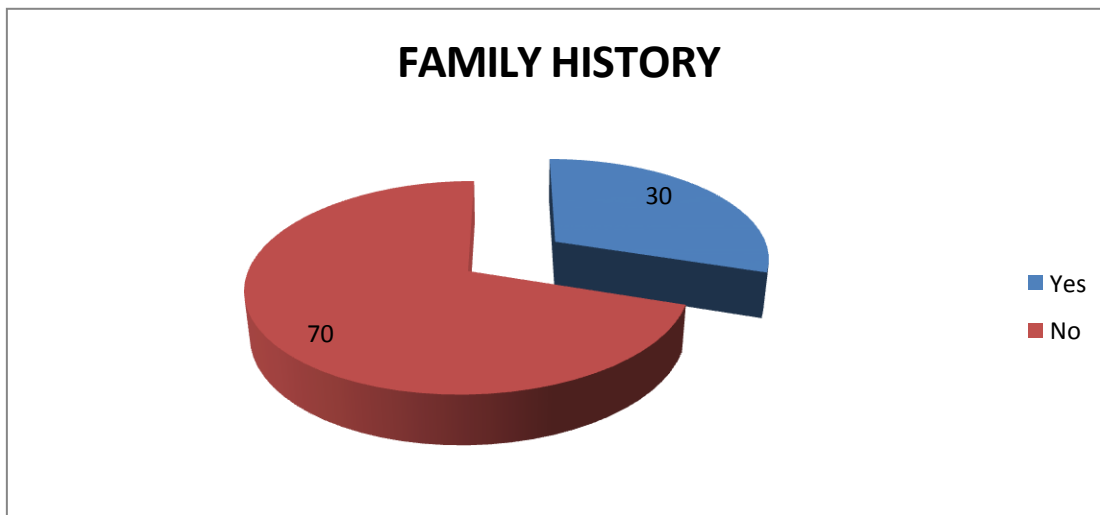**Figure 8 . Percentage distribution of samples on the basis of family history of bad obstetric history**

Fig .8 Shows that majority of samples 42(70%) had no family history and 18(30%) were had family history of bad obstetric history.

Figure 9.Percentage distribution of samples on the basis of source of information.
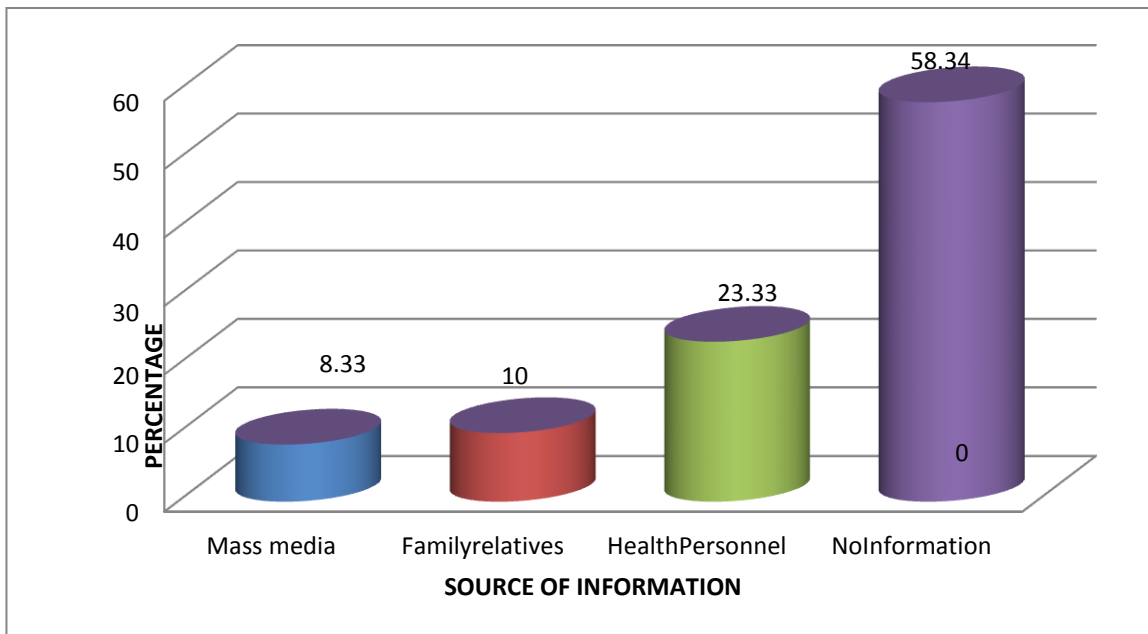

Fig .9 Shows that majority of the samples 35(58.34%) were had no information 14(23.33%) had information through health personnel, 6(10%) had through family relatives and 5(8.33%) had information through mass media.

SECTION-2

2.1. Assessment of knowledge of primigravida woman regarding selected bad obstetric history among before and after STP.

To assess the pre test knowledge of primigravida woman regarding selected bad obstetric history before and after STP.

Table 2.1.1: Percentage distribution of pre test level of knowledge of primigravida woman regarding selected selected bad obstetric history.

n=60

RESPONDENTS	LEVEL OF KNOWLEDGE					
	INADEQUATE (<50%)		MODERATE (50-75%)		ADEQUATE (>75%)	
	No	%	No	%	No	%
	52	86.67	8	13.33	-	-

Table 2.1.1 shows that the level of knowledge regarding selected bad obstetric history among primigravida woman in that 52(86.67%) were had inadequate knowledge and 8(13.33%) samples had moderate knowledge.
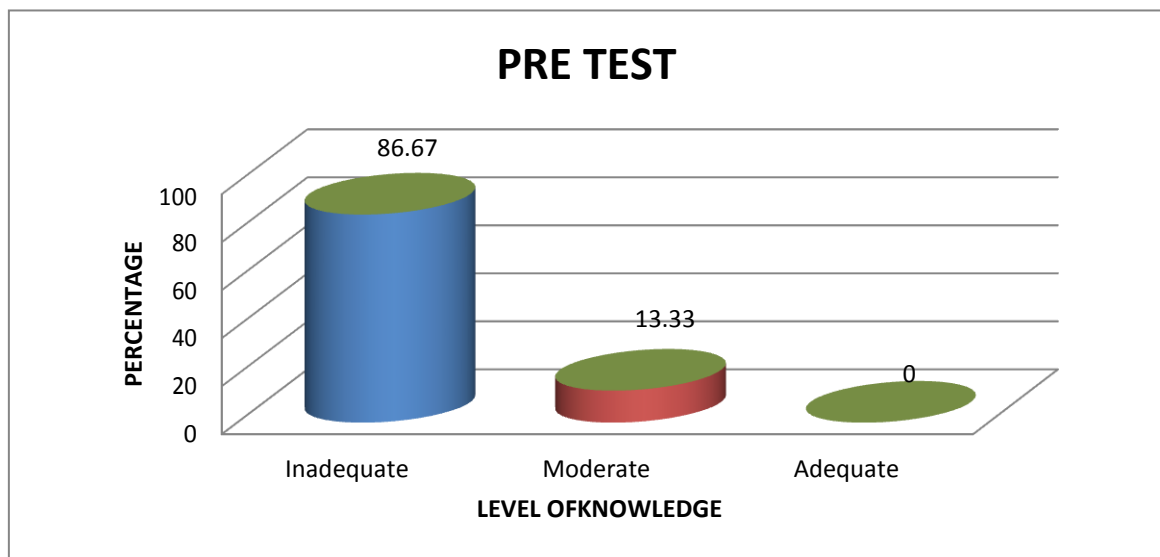
Fig .10. Pre test

Fig 10.shows that primigravidda woman's knowledge regarding selected bad obstetric history in pre test have 52(86.67%) inadequate knowledge and 8(13.33%) have moderate knowledge.

Table 2.1.2: Mean, Standard Deviation and Mean percentage for the level of knowledge variables of primigravida woman regarding selected selected bad obstetric history before STP.

n=60

Sl.No	Aspects of Knowledge	Maximumscore	Range score	Pre Test		
				Mean	SD	Mean%
I	Knowledge on general information on pregnency	6	2-5	3.11	0.94	51.83
II	Knowledge on bad obstetric history and causes	4	0-3	1.33	0.87	33.25
III	Knowledge on recurrent obortion	11	1-8	3.35	1.43	30.45
IV	Knowledge on still birth	7	0-5	1.95	1.50	27.85
V	Over all	28	4-19	9.55	3.14	34.10

The table 2.1.2 shows that in the pre test, Range score on General information on pregnancy was 2-5 with Mean score 3.11 and SD 0.94. Range score on Knowledge on bad obstetric history and causes was 0-3 with Mean score 1.33 and SD 0.87. Range score on Knowledge on recurrent obortion was 1-8 with Mean score 3.35 and SD 1.43. Range score on Knowledge on still birth was 0-5 with Mean score 1.95 and SD 1.50. The overall pre test Mean score was 9.55 with SD 3.14 and Mean percentage was 34.10

Fig .11. Mean, Standard Deviation and Mean percentage for the level of Knowledge variables of primigravida woman regarding selected bad obstetric history Before STP.
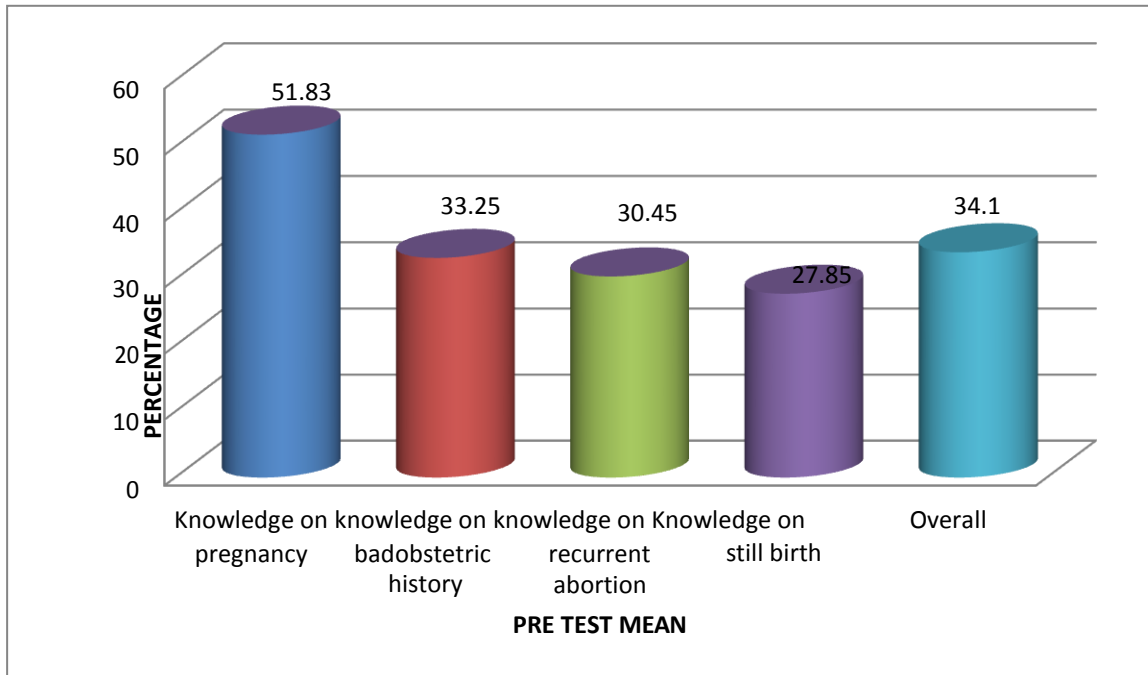
Fig .11. Shows that Mean percentage for the level of knowledge variables of primigravida woman regarding selected bad obstetric history before STP is knowledge on pregnancy 51.83%, knowledge on bad obstetric history 33.25% knowledge on recurrent abortion 30.45 % , knowledge on still birth 27.85% the overall knowledge shows that 34.1%.

Table 2.1.3: Frequency and Percentage distribution on knowledge regarding selected bad obstetric history among primigravida woman after STP.

n=60

Level of knowledge	Post test	
	Frequency	**Percentage**
Adequate knowledge (>75%)	22	36.67

Moderate knowledge (51-75%)	38	63.33
Inadequate knowledge (<50%)	0	0.00

Table 2.1.3 depicts that in the post test, majority of primigravida woman 38(63.333%) had moderate knowledge, 22(36.67%) had adequate knowledge and none of them had inadequate knowledge regarding selected bad obstetric history after STP.

Fig .12. Post test
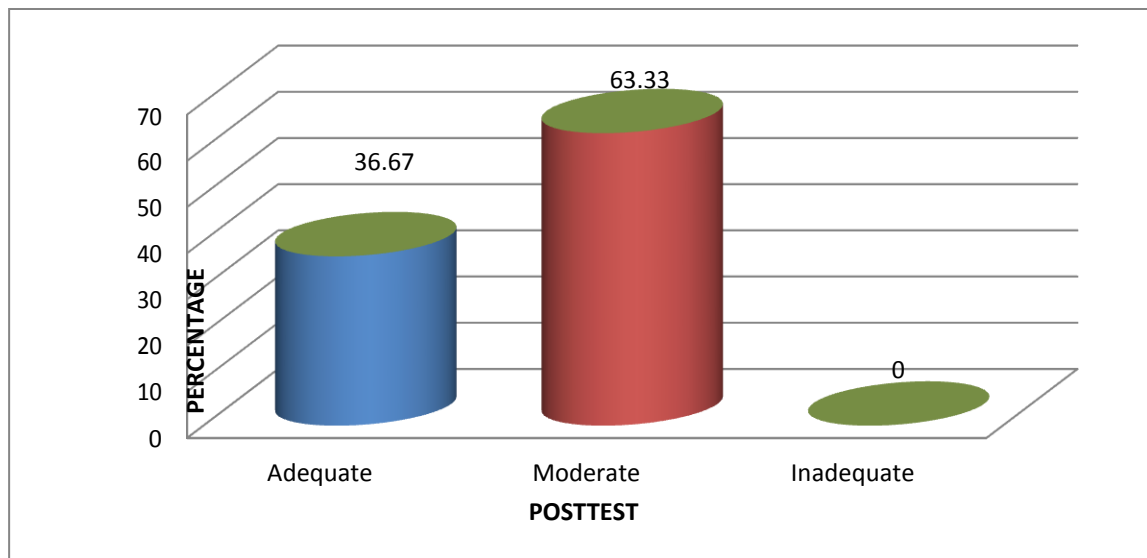
Fig 12. Percentage distribution on knowledge regarding selected bad obstetric history among primiigravida woman after STP shows that 38(63.33%) had moderate knowledge and 22(36.67%) had adequate knowledge.

Table 2.1.4: Mean, Standard Deviation and Mean Percentage for the level of knowledge variables of primigravida woman regarding selected bad obstetric history after STP.

n=60

Sl.No	Aspects of Knowledge	Maximumscore	Range score	Post Test		
				Mean	SD	Mean%
I	Knowledge on general information on pregnency	6	2-6	3.7	0.94	61.94

II	Knowledge on bad obstetric history and causes	4	1-4	2.33	0.68	58.3
III	Knowledge on recurrent obortion	11	6-10	8.9	0.98	80.90
IV	Knowledge on still birth	7	3-7	5.4	0.84	77.14
V	Over all	28	16-25	20.35	2.09	72.67

The table 2.1.4 shows that in the post test, Range score on General information on pregnancy was 2-6 with Mean score 3.7 and SD 0.94. Range score on Knowledge on bad obstetric history and causes was 1-4 with Mean score 2.33 and SD 0.68. Range score on Knowledge on recurrent obortion was 6-10 with Mean score 8.9 and SD 0.98. Range score on Knowledge on still birth was 3-7 with Mean score 5.4 and SD 0.84. The overall posttest Mean score was 20.35 with SD 2.09 and Mean percentage was72.67.

Fig .13.Posttest mean

FIG.13. Shows that Mean percentage for the level of knowledge variables of primigravida woman regarding selected bad obstetric history after STP is knowledge on pregnancy 61.94%, knowledge on bad obstetric history 58.33% knowledge on recurrent abortion 80.90 % , knowledge on still birth 77.14% the overall knowledge shows that 72.67%.
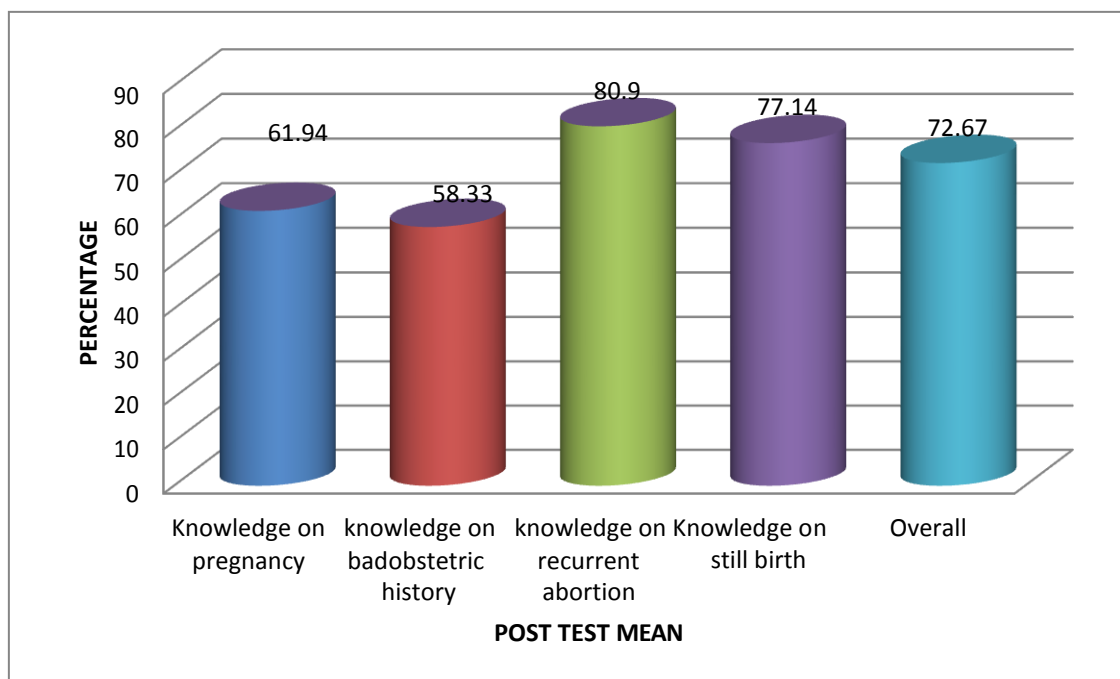
Table 2.1.5: Frequency and percentage distribution on knowledge regarding selected bad obstetric history among primigravida woman before and after STP.

N=60

Level of knowledge	Pre test		Post test	
	Frequency	centage (%)	Frequency	centage (%)
Adequate Knowledge (>75%)	-	-	22	36.67
Moderate Knowledge (51-75%)	08	13.33	38	63.33
Inadequate Knowledge (<50%)	52	86.67	-	-

Table 2.1.5 depicts that, in pre test, 52(86.67%) primigravida woman had inadequate knowledge and 08(13.33%) had moderate knowledge. In posttest, 22(36.67%) primigravida woman had adequate knowledge and 38(63.33%) had moderate knowledge.

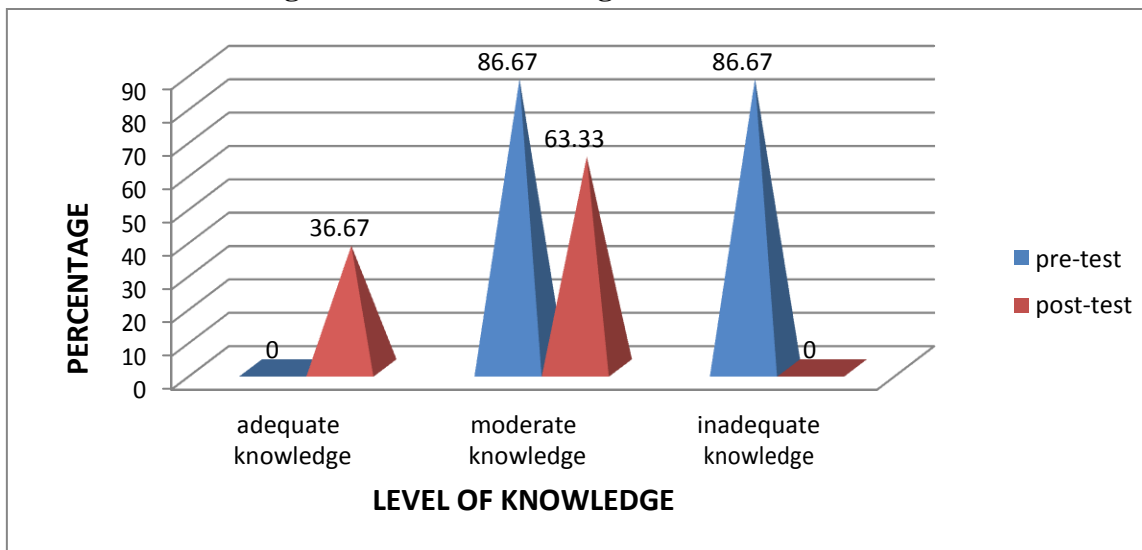**Fig .14. Level of knowledge before and after STP**

Fig .14. Percentage distribution on knowledge regarding selected bad obstetric history among primigravida woman before STP (pretest) 52(86.67%) inadequate knowledge, 8(13.33%) moderate knowledge and after STP (posttest) 22(36.67%) adequate knowledge,and 38(63.33%) are had moderate knowledge

Table 2.1.6: Mean and Standard deviation for overall improvement of knowledge regarding selected alternative medicine among adolescents before and after STP

n=60

SI.No	Aspects of knowledge	Maximumscore	Pre Test		Post Test		Enhancement in mean percentage
			Mean	SD	Mean	SD	
1.	Knowledge on general information on pregnancy	6	3.11	0.94	3.71	0.94	10.00
2.	Knowledge on bad obstetric history	4	1.33	0.87	2.33	0.68	25.00
3.	Knowledge on recurrent abortion	11	3.35	1.43	8.9	0.98	50.45
4	Knowledge on still birth	7	1.95	1.50	5.4	0.84	49.28
5	Overall	28	9.55	3.14	20.35	2.09	38.57

The above table 2.16 reveals the Mean, SD and Enhancement of knowledge score on bad obstetric history among primigravida woman. With regard to general information on pregnancy the enhancement in mean percentage was 10.00. With regard to knowledge on bad obstetric history in mean percentage was 25.00.With regard to knowledge recurrent abortion enhancement in mean percentage was 50.45. With regard to knowledge still birth enhancement in mean percentage was 49.28.The obtained posttest mean value 20.35 was higher than pretest 9.55. The overall enhancement in mean percentage score was 38.57.

Fig .15. Aspects of knowledge
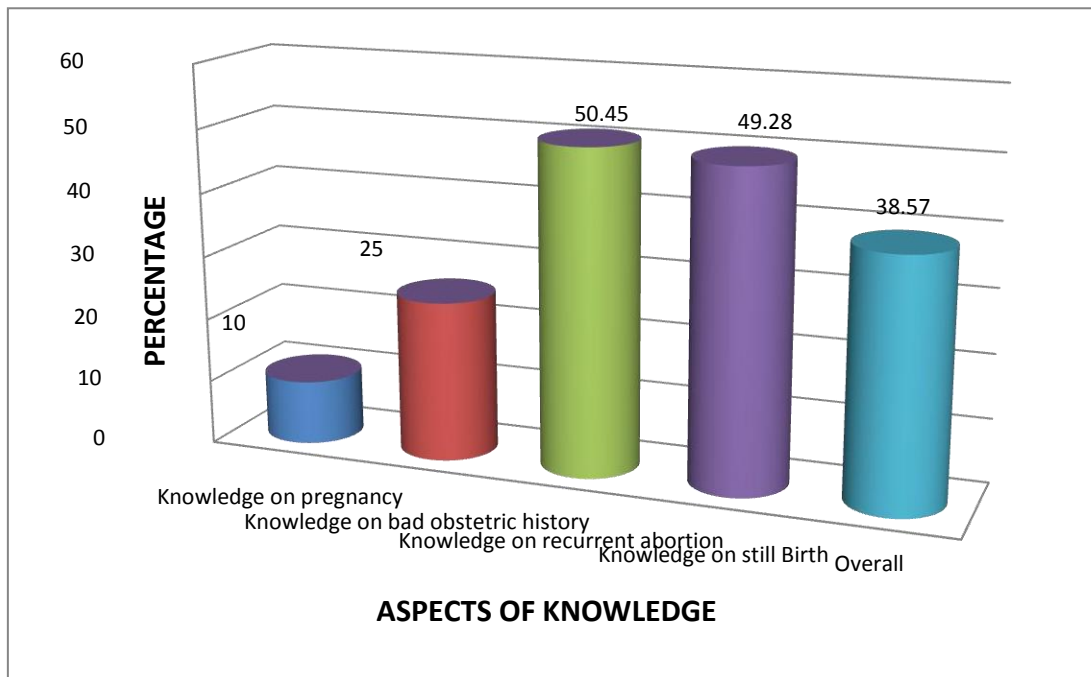
Fig .15. Distribution of gain in the knowledge regarding selected bad obstetric history among primigravida woman according to different aspects of knowledge shows that knowledge on pregnancy 10%, knowledge on bad obstetric history 25%, knowledge on recurrent abortion 50.45%, knowledge on still berth 49.28% and overall knowledge is38.57.

Section 2.2: EFFECTIVENESS OF STP

Table 2.2.1: **Mean and SD on knowledge scores before and after STP and statistical Significance.**

n=60

SI. No	Aspects of knowledge	Maximumscore	Pre Test		Post Test		Paired t test
			Mean	SD	Mean	SD	
1.	Knowledge on general information on pregnancy	6	3.11	0.94	3.7	0.94	0.03

2.	Knowledge on bad obstetric history and causes		4	1.33	0.87	2.33	0.68	5.80*
3.	Knowledge on recurrent abortion		11	3.35	1.43	8.9	0.98	1.02*
4	edge on still birth		7	1.95	1.50	5.4	0.84	1.51 *
5	overall		28	9.55	3.14	20.35	2.09	3.95*

Note: * Significant at 5% level for 59 df (i.e. $P<0.05$),

SECTION-3

To associate between the pretest levels of knowledge of primigravida woman regarding selected bad obstetric history and selected demographic variables.

Table 3.1 Distribution of association of pretest knowledge with selected demographic variable.

N=60

SL NO	Demographic variables	No	%	<median		>median		Chi-square
				No	%	No	%	
1	**Age in years**							
	a.18-21	25	41.67	12	20.00	13	21.67	2.753 df S#
	b.22-25	14	23.33	06	10.00	08	13.33	
	c.26-29	14	23.33	03	05.00	11	18.33	
	d.above 29	07	11.67	03	05.00	04	06.67	
2	**Religion**							
	a.Hindu	32	53.33	15	25.00	17	28.33	2.303
	b.Muslim	18	30.00	07	11.67	11	18.33	

	c.Christian	10	16.67	02	03.33	08	13.33	df S#
	d.Others	00	00.00	00	00.00	00	00.00	
3	**Educational Status**							
	a.illitarate	12	20.00	08	13.33	04	06.67	4.80 3 df S#
	b.Primary School	20	33.33	07	11.67	13	21.67	
	c.High school & PUC	21	35.00	06	10.00	15	25.00	
	d.Graduate	07	11.67	03	05.00	04	06.67	
4	**Occupational Status**							
	a.Private	13	21.67	04	06.67	09	15.00	4.12 3 df S#
	b.Govt	14	23.33	06	10.00	08	13.33	
	c.Daily Wages	18	30.00	05	08.33	13	21.67	
	d.Housemaid	15	25.00	09	15.00	06	10.00	
5	Type of Marriage							
	a.Consaguineous	26	43.33	13	21.67	13	21.67	
	b.NonConsaguineous	34	56.67	11	18.33	23	38.33	
6	Family income per month							
	a.belowRs 2000	00	00.00	00	00.00	00	00.00	
	b.Rs2001-4000	14	23.33	04	06.67	10	15.00	
	c.4001-6000	10	16.67	06	10.00	04	06.67	
	d.AboveRs 6001	36	60.00	14	23.33	22	36.67	
7	Family history of bad obstetric history							

	a.Yes	18	30.00	07	11.67	11	18.33
	b.No	42	70.00	17	28.33	25	41.67
8	Practice of antenatal visit						
	a.Regular	18	30.00	10	16.67	08	13.33
	b.Once in a month	21	35.00	08	13.33	13	21.67
	c.Occassionaly	14	23.33	03	05.00	11	18.33
	d.Whenever there is a problem	07	11.67	03	05.00	04	06.67
9	Sources of Information						
	a.Mass Media	05	08.33	01	01.66	04	06.67
	b.Family Relatives	04	10.00	02	03.33	04	06.67
	c.Health Personnel	14	23.33	03	05.00	11	18.33
	d.No Information	35	58.34	18	30.00	17	28.33

N. S = Not significant, S= Significant, ($P<0.05$),

IV.CONCLUSION

The present study describes the effectiveness of structured teaching program on selected bad obstetric history among primigravida woman .The findings reveals that maximum subjects 52(86.67%) had inadequate knowledge in pre-test and majority of subjects 38(63.33) had moderate knowledge in posttest and concluded that there was a significant improvement in the level of knowledge regarding selected bad obstetric history among primigravida woman in posttest after administration of structured teaching program. Thus, structured teaching

program was found to be effective in improving the knowledge regarding selected bad obstetric history among primigravidawoman.

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