

**“EFFECTIVENESS OF AWARENESS PROGRAMME ON  
KNOWLEDGE REGARDING HOME BASED POSTNATAL  
PRACTICES AMONG PRIMIGRAVID WOMEN IN SELECTED  
PRIVATE HOSPITALS, UDUPI ’**

Pavitra Ashok Nayak HK

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# Effectiveness of awareness programme on knowledge regarding home-based postnatal practices among primigravid women in selected private hospitals, Udupi.

Pavitra Nayak\*

Email: nayakpavitra24@gmail.com

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## Abstract

**Introduction:** Postnatal refers to the period that starts as soon as a child is born and lasts for roughly six weeks. The postpartum phase is important for the mother, the child, and the entire family. It is primarily a period of physiological adjustment for both the mother and the child. Second, it is a crucial time for all participants to make social and emotional adjustments. **Objectives:** To determine the level of knowledge and the effectiveness of an awareness programme on knowledge regarding home-based postnatal practices among primigravid women using a structured questionnaire. **Methods:** A pre-experimental design was adopted, comprising primigravid women from three selected hospitals in Udupi taluk, Karnataka. The research was conducted from 13 to 27 August 2013. They were given confidentiality guarantees. To gather data, a pretested structured questionnaire was used. **Results:** The post-test knowledge score had a mean $\pm$ SD (27.83 $\pm$ 4.639) that was higher than the pretest knowledge score's mean $\pm$ SD (12.26 $\pm$ 3.522). The computed 't' value (t<sub>29</sub>=12.1028) was higher than the table value (t<sub>29</sub>=2.045) at the 0.05 level of significance, suggesting that the awareness programme was successful in enhancing the understanding of primigravid women regarding home-based postnatal practices. **Conclusion:** According to the study's findings, primigravid women had average understanding prior to the implementation of the awareness programme. The knowledge scores following the post-test revealed a considerable improvement in both the knowledge level and that of primigravid women.

*Key words:* Awareness programme, effectiveness, home-based postnatal practices, knowledge, primigravid women.

## Introduction

Postnatal is the time after childbirth that begins as soon as the baby is delivered and lasts for around six weeks. Another term that pertains to the mother is the postpartum phase (postnatal refers to the child). The postpartum period is important for the mother, child, and family for two main reasons (Lopez, et al., 2022). First, there needs to be a period of physiological adjustment for both the mother and the child. Secondly, this is an important period for everyone to acclimatize

on an emotional and social level. Whether the birth occurred in a home, hospital, or birth centre, there are certain basic needs and services that must be met for the postpartum time to be adjusted. Rest and recovery, adaptation, support, education, and screening procedures are among these essential requirements and services (Cook & Loomis, 2012).

In most Indian tribes and regions, the postpartum phase is seen as a time for women to recuperate and acclimate to motherhood. During this critical period, certain traditional beliefs and practices are adhered to in order to guarantee recovery and prevent poor health in the future. However, some of these behaviours and beliefs may out to be dangerous and have an adverse effect on the health of the mother and the developing child (Finlayson, 2020). The postpartum period, as defined by the World Health Organization (WHO), begins as soon as the baby is born and lasts for roughly six weeks, or 42

## Pavitra Nayak\*

\* Research Scholar, Department of Obstetrics and Gynaecology Nursing, Manipal College of Nursing, Manipal, Udupi, Karnataka, India.

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\*Corresponding Author

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days. First of all, in Malappuram, Kerala, Dr Sakeena K, the district medical officer (DMO), and a group of obstetricians (OBs) expressed worry about a number of unpleasant practices being promoted (Moola et al., 2020).

Maternal fatalities reflect both “social disadvantage” and “health disadvantage”. Despite tremendous advancements in the country’s healthcare system, maternal mortality is still a major issue in India. In 2015, India accounted for 19% (or 45,000) of all maternal deaths globally. Furthermore, 1.2 million of the world’s under-5 child deaths, or a stunning 20% of the total toll, were attributable to India.<sup>2</sup> India was the first country in the world to implement the National Family Planning Programme in 1952. Its main objective was to stabilize the population by reducing the birth rate (Grover et al., 2019).

One of the measures the Indian government took in 2013 to follow up on postpartum mothers and their newborns for the first six weeks was home-based postnatal care (HBPNC). In accordance with HBPNC rules issued by the Government of India, institutional delivery-accredited social health activist (ASHA) workers are expected to make 6 home visits on the third, seventh, fourteenth, twenty-first, and forty-second days, and in the case of home delivery, seven home visits or an additional visit on the first day (Garg, 2022). HBPNC is the responsibility of all peripheral healthcare service providers, such as Anganwadi, auxiliary nursing midwives, and medical officers. However, ASHA employees working for the National Health Mission are the primary means of providing this (Kalne, 2022).

### Objectives of the study

- To determine the level of knowledge regarding home-based postnatal practices among primigravid women using a structured interview schedule.
- To find the effectiveness of an awareness programme on knowledge regarding home-based postnatal practices among primigravid women in terms of gain in knowledge score.

### Methods and materials

A pre-experimental study design was used to assess the effectiveness of an awareness programme on primigravid women’s understanding of home-based postnatal practices. The present study was conducted among 30 primigravid women who were selected by purposive sampling technique from selected hospitals, Udupi, during the period of 13/to 27 August 2023. The study included primigravid women in their third trimester, available during data collection, intellectually capable, and Kannada-speaking while excluding those who had attended similar teaching programs. Approval from the Institutional Ethics Committee and written informed consent from the participants were obtained for the study.

A structured interview schedule was used for the data collection, which consisted of Part 1: Baseline Characteristics and Part 2: Structured interview schedule regarding home-based postnatal practices. The prepared tool, along with the problem statement, objectives, operational definitions, hypotheses, a criterion rating scale for tool validation, and answer key, was submitted to twelve experts who specialize in obstetric and gynaecological nursing and were asked to rate the content’s accuracy, relevance, and appropriateness using a scale that included columns for “agree,” “disagree,” and “remarks.” Expert suggestions and recommendations were taken into consideration, and the necessary changes to the tool were implemented. Five primigravid women who met the requirements from the chosen hospitals in Udupi received the tool. Each interview took, on average, 10 to 15 minutes. It was discovered that the subjects grasped every term in its entirety. No alterations were made. The internal consistency was calculated using the split-half method of Spearman’s Brown Prophecy and the Karl Pearson correlation coefficient calculation. The reliability coefficient was  $r=0.93$ . The tool was discovered to be trustworthy.

Baseline characteristics included six questions to gather data on age, religion, family structure, educational attainment, occupation, and information source. Structured interview schedule regarding home-based postnatal practices. The 35 items covered topics such as introduction, diet, personal cleanliness, postnatal

exercises, breastfeeding, care of the newborn, and follow-up care. To select the best response, the subjects were instructed to tick the box. Every correct response earned a score of 1, while every untrue response earned a score of 0. The highest possible score was 35, and the lowest was 0 during the structured interview process. Arbitrary grading of knowledge scores.

To arbitrarily categorize the knowledge of primigravid women into poor, average and good levels, the scores were graded as follows:

Table 1: Arbitrary grading of knowledge scores

Percentage of score	Range	Level of knowledge
71 - 100%	25 – 35	Good
35 - 70%	13 – 24	Average
< 35%	0 – 12	poor

*Statistical analysis*

Analysis of data was performed using SPSS version 16. The normality of the data was checked using the chi-square test. Data are expressed as the mean, standard deviation (SD) and percentages. A paired t test was used to compare the means of pre- and post-test knowledge scores.

**Results**

To ascertain the effects of the awareness workshop on knowledge regarding home-based postnatal practices among primigravid women of selected hospitals, the following headings were used to present the data:

Section I: Description of baseline characteristics of primigravid women

Section II: Analysis of pretest knowledge of primigravid women regarding home-based postnatal practices

Section III: Effectiveness of awareness programmes regarding home-based postnatal practices

*Section I: Description of baseline characteristics of primigravid women*

The agewise distribution of primigravid women revealed that less than half (47%) were between 22-25 years, 33% were between 26-29 years, 13% were between 30 and above, and 7% were between the age group of 18-21 years. The majority (53%) of

primigravid women were Hindus, 27% were Muslims, and 20% were Christians. From the data, it is evident that the majority (53%) of women belonged to the nuclear family, while 47% belonged to the joint family. It is evident that an equal (33%) number of primigravid women had primary as well as high school education, while 24% were educated up to PUC, and 10% had a graduation degree and above. It is evident that the highest (77%) primigravid women were homemakers, 20% were private employees, and 3% were government employees. The data reveal that mass media (27%) was the main source of information on home-based postnatal practices, while 26% of the primigravid women received information from healthcare providers, whereas an equal (17%) number of primigravid women had family members, friends and peers as their source of information, and 13% had no information.

*Section II: Knowledge scores of women regarding home-based postnatal practices*

Table 2: Distribution of primigravid women according to their pretest and post-test knowledge scores.

Level of Knowledge	Pre-test		Post-test	
	frequency (f)	percentage (%)	frequency (f)	Percentage (%)
	Poor (<12%)	18	60	0
Average (13 - 24%)	12	40	8	27
Good (25 - 35%)	0	0	22	73

Maximum score = 35

Table 2 shows that most women (60%) had poor knowledge, while 40% had average knowledge in the pretest. In the post-test, 73% had good knowledge, 27% had average knowledge, and none had poor knowledge.

*Section III: Effectiveness of awareness programme regarding home-based postnatal practices.* The significant difference between the mean pretest and post-test knowledge scores on home-based postnatal practices among primigravid women was analysed using a paired 't' test and is presented in Table 3.

**Table 3**

Range, mean, median, standard deviation and 't' value of pretest and post-test knowledge scores of the women.

N=30					
Knowledge	Range	Mean	Median	Mean percentage	Standard deviation
Pre-test	4-20	12.26	12	35.02	3.522
Post-test	18-34	27.83	28	79.51	4.639

t<sub>29</sub> = 2.000, p < 0.05

\* Significant

The information in Table 3 demonstrates that there was a significant difference between the pretest and post-test knowledge scores since the mean and standard deviation of the post-test (27.83±4.639) were higher than the mean and standard deviation of the pretest (12.26±3.522), demonstrating a difference of 15.57. At a significance level of 0.05, the computed 't' value (t<sub>29</sub>=12.1028) was higher than the table value (t<sub>29</sub>=2.045). As a result, there was a significant difference between the mean knowledge scores of primigravid women before and after the awareness programme.

Table 4: Frequency and percentage distribution of pretest and post-test knowledge scores of primigravid women.

Knowledge score	Pre test			Post-test		
	f	%	Cf%	f	%	Cf%
4 - 8	2	7	7	-	-	-
9 - 13	20	67	74	-	-	-
14 - 18	5	16	90	1	3	3
19 - 23	3	10	100	6	20	23
24 - 28	-	-	-	9	30	53
29 - 33	-	-	-	10	33	86
34 - 38	-	-	-	4	14	100

Maximum score: 35

On the pretest, 7% of the women scored between 4 and 8, 67% between 9 and 13, 16% between 14 and 18, and 10% between 19 and 23. These results are shown in Table 4. The pretest had a maximum score of 20. Nevertheless, in the post-test, 33% of the female participants scored between 29 and 33, and 14% of the female participants scored between 34 and 38. None of

them received a score lower than 18, and the maximum score on the post-test was 34.

## Discussion

The postnatal period is a truly special time when women go through the motherhood adjustment. The danger of death for the mother and her child is greatest during labour and delivery or immediately afterward. It is essential to provide proper postnatal care to protect the health of both mothers and their newborns. (Buvana et al., n.d.)

### Baseline characteristics

Less than half (47%) of primigravid women were in the 22–25 age range, 7% of women were in the 18–21 age range, 33% of women were in the 26–29 age range, and 13% of women were under the age of 30.

The study's findings were in line with a study that looked at 60 primiparous women living in particular parts of Bengaluru's Uttarhalli hamlet to see how well a structured instruction programme affected their knowledge of infant feeding practices. The findings revealed that 29 people (48.33%) were between the ages of 24 and 27; 19 people (31.67%) were between the ages of 28 and 31; 7 people (11.67%) were between the ages of 20 and 23; and 5 people (8.33%) were between the ages of 32 and 35 (World Health Organization, 2013).

The findings show that the majority (53%) of primigravid women were Hindu, whereas 27% were Muslim and 20% were Christian and the majority (53%) of women were in a nuclear family, while 47% belonged to a joint family. The data with regard to educational status revealed that 33% of primigravid women had primary as well as high school education, 24% were educated up to PUC, and 10% had a graduation degree and above.

The study's findings were in line with another study that was performed to assess the confidence and knowledge of 110 primipara mothers in exclusive breastfeeding in postnatal wards of particular hospitals in Belgaum, Karnataka. The study results showed that 43 (39%) subjects had a primary level of education, while 5 (4.5%) had graduate education. (Ms Soumya V, 2013).

More than half (77%) of primigravid women were homemakers, followed by 20% of private employees

and 3% of government employees in terms of occupational position. According to the data gathered, 27% of women received their information on home-based postnatal practices from the media, 26% from healthcare providers, and the same percentage of primigravid women (17%) received their information from friends, family, and other primigravid women, while 13% had no information.

#### *Knowledge of primigravid women regarding home-based postnatal practices*

The study's findings were in line with another study that was performed to assess the confidence and knowledge of primigravid women. The results of this study showed that while the majority of primigravid women (60%) had poor knowledge in the pretest, the majority of primigravid women (73%) had good knowledge in the post-test, indicating that there were unhealthy practices prevalent in the lay community and that they needed to be eradicated through appropriate education during pregnancy.

#### *Effectiveness of the awareness programme in improving knowledge scores on home based postnatal practices.*

The effectiveness of an awareness programme on home-based postnatal practices revealed that the majority of primigravid women (60%) had poor knowledge prior to the test, and the majority (73%) did so thereafter. The study's findings were in line with another study that was performed to assess the confidence and knowledge of primigravid women. The mean percentage knowledge score on the pretest ranged from maximum (45.37%) to minimum (31.5%) in the areas of food and infant care, respectively. In contrast, the posttest ranged from maximum (87%) to minimum (73.25%) in the areas of introduction and exercises. The study's findings were in line with another study that was performed to assess the confidence and knowledge of primigravid women. Compared to the mean percentage pretest knowledge score mean $\pm$ SD (12.26 $\pm$ 3.52). The mean post-test knowledge score mean $\pm$ SD (27.83 $\pm$ 4.63) was greater. The calculated  $t$  value ( $t_{29}=12.10$ ,  $p<0.05$ ) revealed a significant difference, showing that the awareness programme was successful in improving primigravid women's knowledge of home-based postnatal practices. The study's findings were in line with another study that was performed to assess the confidence

and knowledge of primigravid women. The findings of the current study were supported by the outcomes of a quasi-experimental study conducted in a few hospitals to assess the effectiveness of a structured instruction programme on postpartum mothers' comprehension of the benefits of extended breastfeeding. The postnatal women's mean knowledge scores indicated that based on their total knowledge, 0% had inadequate knowledge, 62.5% had acceptable knowledge, and 37.5% had intermediate knowledge. Therefore, it is necessary to establish educational campaigns to raise postnatal mothers' understanding of breastfeeding (Belete, n.d.).

## **Conclusion**

The postnatal period begins from birth and ends when the baby is six weeks of age. Postnatal care (PNC) use has been unacceptably low in India given the risks of mortality for mothers and babies shortly after birth. However, it is not unusual for a woman to take time emotionally and personally to feel like they have 'become a mother'. The pretest findings revealed that most of the primigravid women had average knowledge of home-based postnatal practices that existed to varying degrees. The post-test findings showed a significant increase in the knowledge score of primigravid women on home-based postnatal practices. The awareness programme tested in the study was found to be effective in improving the knowledge of primigravid women.

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