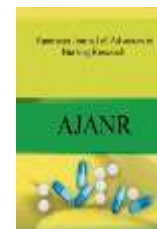




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EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON LEVEL OF KNOWLEDGE REGARDING MATERNAL AND CHILD HEALTH CARE AMONG RURAL PEOPLE IN SELECTED RURAL AREA GANAPATHIHALLI, BANGALORE

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ABSTRACT

Introduction: - Maternal and Child health refers to a package of comprehensive health care service which are develop to meet Promotive, preventive, curative, rehabilitative needs of pregnant women before, during and after delivery and after delivery and of infants and preschooler child from birth to 5 years. **Objectives:** - 1.To assesses the level of pre-test knowledge regarding Maternal and Child Health among rural people in rural area Ganapathihalli, Bangalore. 2. To assess the level of post-test knowledge regarding Maternal and Child Health among rural people in selected rural area Ganapathihalli, Bangalore. 3. To evaluate the effectiveness of structured teaching programme on Maternal and Child Health among rural people in rural area Ganapathihalli, Bangalore. **Design:** - Evaluative research approach was used for the study. Thirty rural people were recruited by non-probability purposive sampling method. Necessary administrative permission was obtained from concerned authority. Written informed consent was obtained from all subjects. Then the investigator collected the data pertaining to the demographic variables by using structured interview schedule. Ethical clearance was obtained from Institutional ethical committee. Content validity of the tool was established by split of method. The obtained score was 0.91 & it was found to reliable. Pre-testing of the tools was done. **Setting:** - The study was conducted in selected rural area, Bangalore, Karnataka. **Result:** - The findings of the study was revealed that the mean score of knowledge regarding maternal and child health care was 9.66 in pre-test and 13.86 in post-test out of maximum score of 20, which proved that structured teaching programme was effective in increasing the knowledge level of rural people regarding maternal and child health care. The paired 't' test found be statistically significance at 0.05 levels. **Conclusion:** - The present study attempted to assess the effectiveness of structured teaching programme on knowledge of rural people regarding maternal and child health care and it was found that the structured teaching programme was effective in improving the knowledge of rural people.

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INTRODUCTION

Maternal and Child Health Service were first organized in India in 1921 by a committee of "The lady Chelmsford league" which collected funds for child welfare and established demonstration services on an all-India



basis. Maternal and child health refers to the promotive, preventive, curative, and relatable health care for mothers and children, child health, family planning, school health, handicap children, adolescent and health aspects of children in special such as day care. Maternal and child health service are the most priorities of community health programmes. According to Indian culture mother is the foundation of the family and children are the future of the country. In any mother and children constitute a priority group. The problems affecting the health of mother of children are multifactorial. The current trend in many countries is to provide integrated Maternal and Child Health and Family planning services as compact family welfare services. Mothers and children not only constitute a large group, but they are also “vulnerable” or special group. They comprise 71.4% of population of the developing countries. In India, women of child bearing age(15-44) constitute 22.2% and children under 15 years of age about 35.3% of total population, together 57.5% of population consists of mothers and children. (Current population of India as on 22 March 2015 is 1.28 billion. And of Jharkhand are 32,966,238. Maternal and child health is recognized as one of the significant components of Family Welfare. Health of both mother and children is a matter of Public Health concern. It is also being observed that the deaths of mothers and children are the major contributors to mortality in any community in India. Maternal and Child Health care services are essential and specialized services because mothers and children have special health needs which are not catered to by general health care services. Maternal and child health .To reduce maternal, infant and childhood mortality and morbidity. To reduce perinatal and neonatal mortality and morbidity. Promoting and satisfying safe sex life. Regulate fertility so as to have wanted and healthy children when desired. Provide basic maternal and child Health Care to all mothers and children. Promote and protect health of mothers. To promote reproductive health. To promote physical and psychological development of children and adolescents within the family.

OBJECTIVES

1. To assess the level of pre-test knowledge regarding maternal and child health care among rural people in selected rural area Bangalore, Karnataka.
2. To assess the level of post-test knowledge regarding maternal and child health care among rural people in selected rural area, Bangalore, Karnataka.
3. To evaluate the effectiveness of structured teaching programme on maternal and child health care among

primary school children in selected schools, Bangalore, Karnataka.

4. To find out association between post-test knowledge score regarding maternal and child health care with selected demographic variables.

HYPOTHESIS

H₁– There's a significant difference in a pre-test and post-test level of knowledge regarding maternal and child health care among rural people in selected rural area, Bangalore.

MATERIAL AND METHODS

Evaluative research approach was used for the study. Thirty samples were recruited by non-probability purposive sampling method. Necessary administrative permission was obtained from concerned authority. Written informed consent was obtained from all subjects. Then the investigator collected the data pertaining to the demographic variables by using structured interview schedule. The instrument used for the data collection was structured knowledge questionnaire for assessing the knowledge score.

Phase I: Assess the pre-test knowledge of rural people regarding maternal and child health care by using structured questionnaire.

Phase II: A STP was administered on knowledge regarding maternal and child health care.

Phase II: Assess the post-test knowledge after a period of week within the group followed by same procedure.

Ethical clearance was obtained from Institutional ethical committee. Content validity of the tool was established by split of method. The obtained score was 0.91 & it was found to be reliable. Pre-testing of the tools was done. The obtained data were analyzed based on the objectives and hypothesis by using descriptive and inferential statistics,

The above table 2 shows the distribution of rural people according to the level of knowledge regarding maternal and child health care before and after structured teaching programme. It revealed that in pre-test, majority of the respondents 24 (80%) had moderately adequate knowledge, 6 (20%) had inadequate knowledge and none of them had adequate knowledge regarding maternal and child health care. And in post-test most of the respondents 17 (56.6%) had moderately adequate knowledge and 13 (43.4%) had adequate knowledge regarding maternal and child health care. The data presented in a table-3 shows that the obtained [t] value was 2.62, which was found statistically significant at 0.05 levels.



Table-1: Frequency, percentage and SD distribution of demographic variables of rural people regarding maternal and child health care n=30.

SL NO.	DEMOGRAPHIC ARIABLES	FREQUENCY	PERCENTAGE	SD
1.	Age: 15-25years	5	16%	2.12
	26-40years	25	84%	
2.	Exposuretomassmedia: MobileandinternetNewspaper	28	94%	2.23
		2	6%	
3.	Maritalstatus: Married	27	90%	2.2
	Unmarried	3	10%	
4.	Ageofthe1stDelivery: 17-20years	20	66%	1.92
	20-23years	10	34%	
5.	Socio-EconomicStatus Adequate	20	66%	1.97
	Inadequate	10	34%	
6.	Income: Rs.5000/-	20	66%	1.92
	Rs.80000/-	7	24%	
	Rs.120000/-	3	10%	
7.	LevelofEducation: HigherSecondary	5	16%	1.91
	Graduate	5	16%	
	Non-formal	20	66%	
8.	Occupation: House Wife	24	80%	2.07
	Profession	3	10%	
	Other	3	10%	

Table-2: Frequency and percentage distribution of rural people according to the level of knowledge regarding maternal and child health care before and after structured teaching programme. n=30.

Sl.No	LevelofKnowledge	RespondentsKnowledge			
		Pre-test		Post-test	
		Frequency	Percentage	Frequency	Percentage
1.	Inadequate(<50%)	6	20	0	0
2.	Moderate(50-75%)	24	80	17	56.6
3.	Adequate (>75%)	0	0	13	43.4
OVERALL		30	100	30	100

Table.3: Mean, Standard Deviation and paired‘t’ test to determine the effectiveness of structured teaching programme regarding knowledge on maternal and child health care among rural people. n=30

Max score	Mean	SD	Meandifference	paired “t”test	Significance
Pre-Test	9.66	5.53	4.2	2.62	0.05*
Post-Test	13.86	3.70			

IMPLICATION OF THE STUDY

The result of the study proceed that rural people had inadequate knowledge regarding maternal and child health care. The findings of the study have scope in the

following areas,

Nursing Practice

1. Nurses working in the community field should have



enough knowledge about maternal and child health care & able to find an opportunity to teach & improve knowledge regarding maternal and child health care.

2. Nursing professionals can play a key role in the enhancement of knowledge of rural people regarding maternal and child health care, which could improve the knowledge of rural people.

Nursing Education

1. Nursing curriculum can be modified with increased emphasis on maternal and child health care.

Nursing Administration

1. Administrators can organize the educational programs in rural people and community areas to provide knowledge regarding maternal and child health care.
2. The nurse administrator in the higher-level authority must hold discussions and meetings on maternal and child health care. Based on that, the knowledge of the rural people can be assessed and the program can be planned and implemented in school & community at various levels.

Nursing Research

Management & administration authorities give encouragement, motivation & also provide financial support to do research.

ASSUMPTIONS

- ✓ Rural people will have some knowledge regarding selected aspects maternal and child health care.
- ✓ Structured teaching programme may enhance the knowledge of rural people regarding selected aspects of maternal and child health care.

LIMITATIONS

1. The study was conducted in selected rural area, Bangalore.
2. Sample was selected only from one rural area hence generalization can only be made for the selected sample.
3. The study did not use control group. The investigator had no control over the events that took place between pre-test and post-test.

RECOMMENDATIONS

Based on the study findings the following recommendations have been made for further study:

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1. Similar study can be carried out on larger samples for broader generalization.
2. A comparative study could be conducted in different settings to find out the effectiveness of structured teaching programme.
3. An experimental study could be replicated with a control group.
4. A comparative study could be undertaken to evaluate different teaching strategies, self-instructional module (SIM), peer evaluation and education by students.

DISCUSSION

Structured teaching programme was found to be an effective educative method for improving the knowledge of rural people in the selected rural area regarding maternal and child health care. The findings were similar to other studies, which shown that rural people having good knowledge on house hold management. In the present study results revealed that obtained [t] value was 2.62, which were found with statistically significant at 0.05 levels.

CONCLUSION

The study concluded that the structured teaching programme on knowledge regarding maternal and child health care among rural people in selected rural area carried out was effective in improving the knowledge of rural people as evidenced by the significant change between pre-test and post-test knowledge score.

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CONFLICT OF INTEREST: Nil

SOURCE OF SUPPORT: Self Funded

ETHICAL CLEARANCE: Obtained from Institutional ethical committee



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